

The Application Process

Individuals applying to Esthetic Dentistry, Implant Dentistry, Craniomandibular Disorders and Orofacial Pain, the Advanced Dental Technology and Research program (ADT), and the Master of Science program must complete the attached Tufts application.

Individuals applying to Endodontics, General Practice Residency, Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology and Prosthodontics must utilize the Postdoctoral Application Support Service (PASS) sponsored by the American Dental Education Association (ADEA). Please contact PASS at 617-612-2065, or visit www.adea.org. The PASS fax number is 202-667-4983. Individuals intending to apply to several schools are best served by utilizing the common PASS application, which will be accepted at Tufts in lieu of the separate Tufts application. **If applying through PASS, please do not complete the Tufts application in addition to the PASS application.**

Please be aware that applicants can submit **no more than** three applications during one application cycle. If an applicant submits materials for more than three programs, only the first three applications received will be processed. **Any additional applications will be returned unprocessed.**

The Office of Admissions processes the applications and facilitates the adherence to administrative policies designed to ensure equity in the treatment of all applicants. The respective department will only review applications when they are complete. **Incomplete applications will not be reviewed.** In addition, interviews are only granted to individuals whose applications have been reviewed by post-graduate faculty.

Application Requirements

Program Deadlines

Below is a list of program deadlines. With the exception of the ADT program which enrolls students in January and July, all programs begin in July 2013. Most departments conduct rolling admissions; it is therefore strongly advised to submit your application as early as possible. **Late applications will be returned unprocessed without exception.**

*If you are applying through PASS, you must submit **ALL** required materials to PASS by the PASS deadline (please see below for a complete list of requirements). Applications submitted to PASS after the PASS deadline **OR** not completed by the PASS deadline will **NOT** be processed by the Admissions Office.

Program	Tufts Deadline	PASS Deadline*	Requires Match?
Endodontics	Does not participate	August 15, 2012	No
Esthetic Dentistry	November 1, 2012	Does not participate	No
General Practice Residency	Does not participate	November 1, 2012	YES
Implant Dentistry	January 1, 2013	Does not participate	No
Master of Science Program	March 1, 2013	Does not participate	No
Oral/Maxillofacial Surgery	Does not participate	September 17, 2012	YES
Orthodontics	Does not participate	August 1, 2012	YES
Pediatric Dentistry	Does not participate	September 3, 2012	YES
Periodontology	Does not participate	September 17, 2012	No
Prosthodontics	Does not participate	September 3, 2012	No
CM Disorders & Orofacial Pain	March 1, 2013	Does not participate	No
Advanced Dental Technology and Research Program	September 3, 2012 for July 2013 start date March 1, 2013 for January 2014 start date	Does not participate	No

Individuals applying directly to Tufts must submit the following information:

- ◆ A complete application form (enclosed). Please submit it directly to the Office of Admissions. **Do not send materials directly to the department;**
- ◆ The DENTPIN is an identification number for applicants and students involved in the US dental education system and standardized testing programs. Please visit <http://www.ada.org/393.aspx> for more details.
- ◆ \$85 fee (check or money order drawn on a U.S. bank in U.S. dollars and made payable to Trustees of Tufts College). Include your name and DENTPIN on your form of payment;
- ◆ Official transcripts from all post-secondary education completed prior to enrolling in dental school. The transcripts must be sent in sealed and signed envelopes. If the university awarded you a degree, the degree conferral must be included on the transcript;
- ◆ An official dental school transcript. The transcripts must be sent in sealed and signed envelopes. If you have completed your degree, the degree conferral must be included on the transcript. If your university does not post your degree on the transcript, you must submit an official letter from the Registrar's Office at your dental school that verifies completion of the DMD or DDS degree;
- ◆ Three letters of recommendation (in English) from the following individuals –the dean of your dental school, a department chairperson or faculty member, and an additional reference of your choice. The identified individual must hold (or have held) the title associated with his/her name. Have the letters of reference returned to you in sealed and signed envelopes and forward them with your application;
- ◆ A copy of your *curriculum vitae* that includes a list of academic honors, military service with dates (if applicable), membership in dental societies, extracurricular activities while in dental school (including continuing education courses), and any additional activities (including continuing education courses) since completing dental school (if applicable);
- ◆ A personal statement. Please address the aspect(s) of the selected postdoctoral program that interest(s) you and your plans after completion of the program.
- ◆ **Individuals applying to the General Practice Residency, Oral and Maxillofacial Surgery program, Orthodontics program, or Pediatric Dentistry must participate in the National Matching Service. Please contact the service at (416) 977-3431 or <http://www.natmatch.com/dentres> for additional information. Please note applicants will now register for MATCH through ADEA PASS.**
- ◆ If you are a graduate of a US or Canadian dental school, an official copy of your National Dental Board (NDB) Examination, Part I and II results are required. You must also list your results, and the date you took the examination(s), on the designated section of the application form. Please visit <http://www.ada.org/JCNDE.aspx> to obtain a score report request form. Accepted students who are completing their dental education at a US or Canadian dental school will also be required to submit official National Dental Board (NDB) Examination, Part I upon application and Part II results prior to matriculation. If you are a foreign-trained applicant, you do not need to submit NDB examination results. If you have completed the examination, though, please submit your scores and list your results, and the date you took the examination(s), on the designated section of the application form. **Exception: All foreign-trained applicants to the Endodontics program are strongly encouraged to take and submit scores for Parts I and II of the National Dental Board Examination. Those foreign-trained applicants applying to the General Practice Residency or Orthodontics programs are required to submit scores for Parts I and II of the National Dental Board Examination at the time of application.**
- ◆ For Master of Science program applicants, additional references must be provided from a sponsoring department at Tufts and from faculty attesting to the student's research potential.

If you are a foreign applicant, you must also fulfill the following requirements:

1. Submit an official copy of an academic credentials evaluation (a course-by-course evaluation is required showing the degree earned.) Suggested providers of credentials evaluation are Educational Credential Evaluators – www.ece.org, and World Education Services – www.wes.org;
2. Provide documentation that you have adequate assurance of receiving sufficient funds to meet the normal expenses of life at the university for the expected period of stay, or an agreed part of it, including the cost of transportation home;

3. Demonstrate adequate command of the English language in reading, writing, speaking, and listening comprehension. Evidence of proficiency in the English language can be demonstrated by:

-Completion of the dental degree at a university in the United States, Canada, Australia, New Zealand, Ireland or the United Kingdom.

-Minimum scores achieved on the internet based Test of English as a Foreign Language (TOEFL)
Overall score of 90 with the following individual section minimums found below:

25 Written

24 Spoken

21 Reading

17 Listening

-Minimum scores of 7.0 achieved on the Academic format of the International English Language Testing System (IELTS)

Both the IELTS and TOEFL must be completed no more than 2 years before the application deadline. IELTS and TOEFL scores more than 2 years old on the date of the application deadline will no longer be valid. The requirement is mandatory, and any decisions made by the postgraduate department or Admissions Office may be rescinded if the required documentation is not provided by the requested date. To have your scores sent to Tufts University School of Dental Medicine use institution code 3902 and department code 38 on the TOEFL registration form. For more information regarding the TOEFL contact: TOEFL Educational Testing Services, Box 6151, Princeton, NJ 08541-6151, or telephone 609-771-7760. You may also visit the website at <http://www.ets.org>. To have IELTS scores sent to Tufts University School of Dental Medicine please visit the IELTS website http://www.ielts.org/contact_us.aspx

4. Meet the standards of health established by the university. For protection against hazards of illness or injury and to comply with Massachusetts state law, the student must enroll in the university's health insurance plan. Waiver of this requirement is possible if the student can demonstrate that comparable insurance coverage has been secured.

5. Those foreign-trained applicants applying to the **General Practice Residency** or **Orthodontics** programs are required to submit scores for Parts I and II of the National Dental Board Examination at the time of application.

Individuals Applying Through PASS

Please do not complete the Tufts application in addition to the PASS application. Applicants applying to Endodontics, General Practice Residency, Oral/Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology or Prosthodontics must utilize PASS unless specifically permitted by the department to use the Tufts application.

The Office of Admissions at Tufts University School of Dental Medicine reserves the right to request additional information **at any time** to complete an assessment of a candidate's abilities and capabilities.

2011-12 Schedule of Fees

The fee schedule below shows the actual costs for the 2011-2012 academic year. Tuition and fees are revised yearly. Figures for the 2012-2013 year will be released in late May 2012. Please anticipate a 5% increase in billed costs per academic year. Instrument and central sterilization costs vary by department or specialty. Accepted students can determine actual costs by consulting the office of the program director or department chair.

Fees for the Certificate Program – 2011-2012 Academic Year

Tuition	\$48,500
Student health insurance	\$3,384

Please visit http://dental.tufts.edu/financial_aid for more information on cost of education and financial aid programs.

Immunization Requirements

The School of Dental Medicine requires all students to complete the Hepatitis B (Recombivax) Vaccination series before matriculation. If an incoming student test positive for HBsAG and HBV DNA, matriculation will not be allowed. The Dental School requires testing for presence of infection prior to vaccination and testing for immunity once complete. Please visit Immunizations Requirements for a complete list of requirements from the Student Advisory and Health Administration Office.

Criminal Background Check & Disciplinary History Requirements

All students accepted to Tufts University School of Dental Medicine will be required to submit a completed Dean's Certification of Disciplinary History form and have a criminal background check completed. More information regarding both processes will be sent to accepted applicants at the time of admission. All offers of admission are contingent upon the Admissions Committee's favorable review of these items.

Equal Opportunity

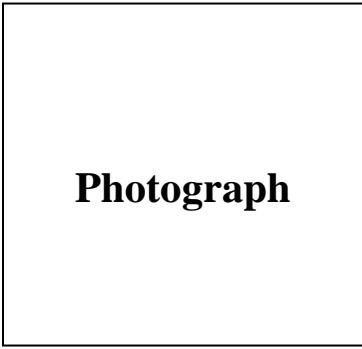
Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with Tufts University are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries or complaints concerning Tufts University's compliance with the regulations implementing Title VI, Title IX, Age Discrimination Act of 1975, or Section 504 is directed to contact the Medford/ Somerville campus, (617) 627-3298. The Special Assistant to the President/Director of the Office of Equal Opportunity has been designated by Tufts University to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, Age Discrimination Act of 1975, and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region One, Boston, Massachusetts 02109, regarding the institution's compliance with the regulations implementing Title VI, 34 C.F.R. Part 100; Title IX, 34 C.F.R. Part 106; Age Discrimination Act of 1975, 45 C.F.R. 90; or, Section 504, 34 C.F.R. Part 104.

Tufts has also formulated an administrative policy that educational and employment decisions be based on the principle of equal opportunity. The consideration of factors such as sex, race, color, sexual orientation, national or ethnic origin, age, religion, veteran status, or handicap unrelated to a person's ability, qualifications, and performance is inconsistent with this policy.

Tufts University School of Dental Medicine

Postdoctoral Application Form

Application Deadline – Please submit application by the deadline listed next to the program to which you wish to apply



Please submit application, along with additional information and \$85 application fee (payable to Trustees of Tufts College) to:

Tufts University School of Dental Medicine
Office of Admissions
1 Kneeland Street – DHS 15
Boston, MA 02111

Personal Information

DENTPIN

(foreign students will be assigned a number)

Date of Birth

____ / ____ / ____
month day year

Sex: female
 male

****Please List Legal Name (as it appears on your passport & other legal documents)** Other names under which your information may appear

Last Name (Family Name)

First Name

Middle Initial

E-mail Address

Daytime Phone Number

Fax Number (if available)

Mailing Address (no PO Boxes please)

Permanent Address (if different from mailing address)

Street 1

Street 1

Street 2

Street 2

City / Province State Zip Code

City / Province State Zip Code

Phone Number

Phone Number

Foreign country (if applicable)

Foreign country (if applicable)

Place of Birth

City, State and Country

Country of Citizenship

Citizenship (if you are NOT a U.S. Citizen)

- Foreign (I am not an American citizen or Permanent Resident of the U.S.)
- Permanent Resident of the U.S. (Green Card holder)

Program to which you wish to apply (Please only check one):

- Advanced Dental Technology and Research
- CM Disorders and Orofacial Pain¹
- Esthetic Dentistry¹
- Implant Dentistry¹
- Master of Science only

¹ If applying to a (1) Certificate/Fellowship Program, please mark your objective below:

- Certificate/Fellowship only
- Certificate/Fellowship and Master's Degree

Ethnicity*

- Not Spanish/Hispanic/Latino/Latina
 - Spanish/Hispanic/Latino/Latina (Check all that apply)
 - Mexican, Mexican American, Chicano/a
 - Other
 - Cuban
 - Puerto Rican
 - Other
- Please Specify: _____

Race

- American Indian or Alaska Native
Please specify name of enrolled/principal tribe: _____
 - Asian (Check all that apply)
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Other Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander (Check all that apply)
 - Guamanian or Chamorro
 - Native Hawaiian
 - Other Pacific Islander
 - Samoan
 - White
- Please Specify: _____

***Information is being collected in anticipation of the U.S. Department of Education "Final Guidance on Maintaining, Collecting and Reporting Racial and Ethnic Data." Please see Federal Register, Volume 72, Number 202, pp.59266-59279 for more information.**

Test Scores — Scores Must Be Recorded Here (please have official score reports forwarded to Tufts)

- 1) **National Dental Board Examination, Part I** – Date of Test _____ Score _____
- 2) **National Dental Board Examination, Part II** – Date of Test _____ Score _____
- 3) **TOEFL** – Date of Test: _____ Total Score: _____ Section 1: _____ Section 2: _____ Section 3: _____
- 4) **IELTS** – Date of Test: _____ Total Score: _____

Academic Record

College/University (full name)	Location (city, state, country)	Degree (date received or expected)
_____	_____	Degree _____ Date ____/____ month year
_____	_____	Degree _____ Date ____/____ month year
_____	_____	Degree _____ Date ____/____ month year

Letters of Recommendation

Dental School Dean _____
 Department Chairperson or faculty member _____
 Additional Reference (eg: specialist in your field of interest) _____

1) Are you financially able to complete the course of study without outside help? Document with supporting letters from sponsoring organizations, if applicable.

2) When will you be available for a personal interview?

Background Information (Yes or No Questions: Please explain if you answer yes.)

Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? (Yes/No)

Were you ever subject to any disciplinary action by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations? (Yes/No)

Have you ever been subject to disciplinary action by any professional licensing board? (Yes/No)

Additional Information

Please include the following information with your application:

- \$85 application fee (check or money order only made payable to Trustees of Tufts College). **Please note: your file will not be processed without an application fee;**
- Official transcripts from all post-secondary education completed prior to dental school (please submit in a sealed and signed envelope). If the institution awarded a degree, the transcript must confer it;
- Official transcript from dental school (please submit in a sealed and signed envelope). If you have completed your degree, the degree conferral must be included on the transcript. If your university does not post your degree on the transcript, you must submit an official letter from the Registrar's Office at your dental school that verifies completion of the DMD or DDS degree;
- Letters of evaluation (please make sure that they are in envelopes sealed and signed by your references);
- Curriculum Vitae listing academic honors, military service with dates (if applicable), membership in dental societies, extracurricular activities while in dental school (including continuing education courses), and any additional activities (including continuing education courses) since completing dental school (if applicable);
- Personal statement discussing your motivation for enrolling in a postdoctoral program in the United States of America, and the experiences and accomplishments that make you qualified for the program;
- Official National Dental Board Examination results **(US and Canadian dental students or graduates only; if you are a foreign student, you do not need to submit NDB scores, with the exception that those applying to the General Practice Residency and Orthodontics programs are required to do so.)**

If you are unable to submit any of the aforementioned information with your application form, you may send it separately. It may, however, delay review of your application.

I certify that the enclosed information is complete, accurate, and honest. If it is revealed that any of the enclosed information falsely represents me, I am aware that the Admissions Office will rescind any interview, acceptance, and/or waitlist offers. I am aware that once I submit the enclosed information to the Admissions Office, it becomes the property of the Admissions Office and cannot, under any circumstances, be returned to me.

Signature _____ Date _____

**Tufts University School of Dental Medicine
Postdoctoral Program Application**

Letter of Recommendation – Dental School Dean

Please return to applicant by ____/____/____
month day year

(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name _____ **DENTPIN (if applicable)** _____

Name of Reference _____

Title _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Tufts University. It is Tufts University policy that all letters of recommendation be used for the admissions process only and will be disposed of after they have served this purpose.

I waive _____ I do not waive _____ my right to inspect the contents of the following recommendation.

Signature _____ Date _____

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature _____ Date _____

Institution and address _____

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.

**Tufts University School of Dental Medicine
Postdoctoral Program Application**

Letter of Recommendation – Department Chair/Faculty Member

Please return to applicant by ____/____/____
month day year

(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name _____ **DENTPIN (if applicable)** _____

Name of Reference _____

Title _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Tufts University. It is Tufts University policy that all letters of recommendation be used for the admissions process only and will be disposed of after they have served this purpose.

I waive _____ I do not waive _____ my right to inspect the contents of the following recommendation.

Signature _____ Date _____

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature _____ Date _____

Institution and address _____

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.

**Tufts University School of Dental Medicine
Postdoctoral Program Application**

Letter of Recommendation – Additional Reference

Please return to applicant by ____/____/____
month day year

(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name _____ **DENTPIN (if applicable)** _____

Name of Reference _____

Title _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Tufts University. It is Tufts University policy that all letters of recommendation be used for the admissions process only and will be disposed of after they have served this purpose.

I waive _____ I do not waive _____ my right to inspect the contents of the following recommendation.

Signature _____ Date _____

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature _____ Date _____

Institution and address _____

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.