

## 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, Orthodontics, Oral and Maxillofacial Surgery, Pediatric Dentistry, Periodontics, Prosthodontics, and the General Practice Residency Program may apply directly to Tufts or may utilize the Postdoctoral Application Support Service (PASS) sponsored by the American Dental Education Association (ADEA). Please contact PASS at 1-800-353-2237 or 202-667-1887, or visit [www.adea.org](http://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 2009. 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). PASS will not forward applications until it receives ALL required documents. Applications submitted to PASS after the PASS deadline **OR** not completed by the PASS deadline will **NOT** be processed by the Admissions Office. If you miss the PASS deadline, but still wish to apply to a postdoctoral program at Tufts, you must complete the Tufts application and submit all required materials by the Tufts deadline listed below.

Program	Tufts Deadline	PASS Deadline*	Requires Match?
Endodontics	September 1, 2008	<b>August 19, 2008</b>	No
Esthetic Dentistry	November 1, 2008	Does not participate	No
General Practice Residency	November 1, 2008	<b>October 20, 2008</b>	<b>YES</b>
Implant Dentistry	March 15, 2009	Does not participate	No
Master of Science Program	March 1, 2009	Does not participate	No
Oral/Maxillofacial Surgery	October 1, 2008	<b>September 17, 2008</b>	<b>YES</b>
Orthodontics	September 1, 2008	<b>August 19, 2008</b>	<b>YES</b>
Pediatric Dentistry	October 15, 2008	<b>October 1, 2008</b>	<b>YES</b>
Periodontology	October 1, 2008	<b>September 17, 2008</b>	No
Prosthodontics	September 15, 2008	<b>September 2, 2008</b>	No
CM Disorders & Orofacial Pain	January 1, 2009	Does not participate	No
Advanced Dental Technology and Research Program	September 1, 2009 for July start date  March 1, 2009 for January 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;**
- ◆ A \$70 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 social security number (if applicable) 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.**
- ◆ If you are a student at or graduate of a US or Canadian dental school, an official copy of your National Dental Board (NDB) Examination, Part I results is 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/prof/prac/licensure/natboard/scoring.html> to obtain a score report request form. Accepted students who are completing or have completed their dental education at a US or Canadian dental school will also be required to submit official National Dental Board (NDB) Examination, 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 **Orthodontics** program are encouraged to take and submit scores for Parts I and II of the National Dental Board Examination.
- ◆ 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.
- ◆ Individuals applying to the General Practice Residency program must submit all information to: Fernald Program, 200 Trapelo Road, Waltham, MA 02452.

**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](http://www.ece.org), and World Education Services – [www.wes.org](http://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. Four years of verifiable study at a university in the United States, Canada, Australia, New Zealand, Ireland or the United Kingdom or a minimum of 213 on the computer-based version or 80 on the internet-based version (550 on the written version) on the Test of English as a Foreign Language (TOEFL) constitutes evidence of proficiency. The TOEFL must be completed no more than 2 years before the application deadline. A TOEFL score 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.toefl.com>;

4. Meet the standards of health established by the university. For protection against hazards of illness or injury, 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.

### **Individuals Applying Through PASS**

Please do not complete the Tufts application in addition to the PASS application. Applications received through PASS will include the application form, *curriculum vitae*, personal statement, recommendation letters, and dental school transcripts. Individuals utilizing PASS must submit the following information directly to Tufts by the program deadline:

- ♦ A \$70 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 social security number (if applicable) on your form of payment;
- ♦ A 2"x2" photograph;
- ♦ 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;
- ♦ If you are a US or Canadian dental student or graduate, you must submit official NDB exam, part I results. Accepted students who are completing or have completed their dental education at a US or Canadian dental school will also be required to submit official National Dental Board (NDB) Examination, Part II results prior to matriculation;;
- ♦ If you are a foreign applicant, and did not submit a copy of an academic credentials evaluation through PASS, you must submit an official copy (a course-by-course evaluation is required showing the degree earned) directly to Tufts. Suggested providers of credentials evaluation are Educational Credential Evaluators – [www.ece.org](http://www.ece.org), and World Education Services – [www.wes.org](http://www.wes.org);
- ♦ If you are a foreign applicant, and have not completed four years of verifiable study at a university in the United States, Canada, Australia, New Zealand, Ireland or the United Kingdom, you must submit TOEFL results;
- ♦ If you are interested in pursuing a Master of Science degree in conjunction with a specialty program, you must submit a letter stating your intent.

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.

### **2008-09 Schedule of Fees**

The fee schedule below shows the actual costs for the 2008-2009 academic year. Tuition and fees are revised yearly. Figures for the 2009-2010 year will be released in late May 2009. 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 – 2008-2009 Academic Year**

Tuition	\$41,100
Student health insurance	\$2,976
Health administration fee	\$196

Please visit [http://dental.tufts.edu/financial\\_aid](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 a student tests positive for the presence of both surface antigen (HBsAg) and 'e' antigen (HBeAg), matriculation will not be allowed. It is advised that immunity to Hepatitis B be determined by the physician before administration of the hepatitis B vaccine.

## ***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.

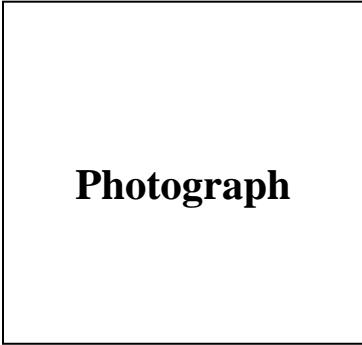
**Tufts University School of Dental Medicine  
Postdoctoral Application Form**

**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 \$70 application fee (payable to Trustees of Tufts College) to:**

Tufts University School of Dental Medicine  
Office of Admissions  
1 Kneeland Street – DHS 7  
Boston, MA 02111

(applicants to the General Practice Residency program must submit information to: Fernald Program, 200 Trapelo Road, Waltham, MA 02452)



**Personal Information**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  female  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  male  
(foreign students will be assigned a number) month day year

**\*\*Please List Legal Name (as it appears on your passport & other legal documents)**

Last Name (Family Name) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Other names under which  
your information may appear \_\_\_\_\_

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 2 \_\_\_\_\_  
City / Province State Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Foreign country (if applicable) \_\_\_\_\_

Street 1 \_\_\_\_\_  
Street 2 \_\_\_\_\_  
City / Province State Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Foreign country (if applicable) \_\_\_\_\_

**Place of Birth** \_\_\_\_\_  
City, State and Country

**Country of Citizenship** \_\_\_\_\_

**How Would You Describe Yourself?**

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African-American
- Hispanic
- White/Caucasian
- Do not wish to report

**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:**

- Endodontics<sup>1</sup>
- Esthetic Dentistry<sup>2</sup>
- General Practice Residency
- Implant Dentistry<sup>2</sup>
- Master of Science only
- CM Disorders and Orofacial Pain<sup>2</sup>
- Oral and Maxillofacial Surgery<sup>1</sup>
- Orthodontics<sup>1</sup>
- Pediatric Dentistry<sup>1</sup>
- Periodontology<sup>1</sup>
- Prosthodontics<sup>1</sup>
- Advanced Dental Technology and Research

<sup>1,2</sup> If applying to a (1) Certificate Program; or (2) Fellowship Program, please mark your objective below:

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

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**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: \_\_\_\_\_

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**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

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**Letters of Recommendation**

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

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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?

\_\_\_\_\_

\_\_\_\_\_

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**Additional Information**

**Please include the following information with your application:**

- \$70 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 recommendation (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. Ortho applicants are encouraged 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** \_\_\_\_\_ **Social Security Number (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 \_\_\_\_\_

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**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** \_\_\_\_\_ **Social Security Number (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 \_\_\_\_\_

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**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** \_\_\_\_\_ **Social Security Number (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 \_\_\_\_\_

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**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.**