

**Department of Endodontics  
School of Dentistry  
University of Washington**  
Questionnaire to Applicants for Postdoctoral Training  
at the University of Washington School of Dentistry

Name \_\_\_\_\_  
(Last) (First) (Middle) (Date of birth)

Permanent address \_\_\_\_\_  
(Street and number)

(City) (State) (ZIP) (Phone)

Present address (if different) \_\_\_\_\_

(City) (State) (ZIP) (Phone)

Phone number where you can be reached during the day \_\_\_\_\_

Email address \_\_\_\_\_

United States citizen: Yes  No  If not, what is your immigration status? \_\_\_\_\_

In what states are you licensed to practice? \_\_\_\_\_

Where do you intend to practice or teach? \_\_\_\_\_

List names of all collegiate schools attended, in order of attendance. Also include residencies and experience with military and/or federal service corps.

College or School Name	Location City, State, ZIP Code	Dates		Degree and dated received or expected
		From	To	

Additional training: Where? When? \_\_\_\_\_

Research experience, grants, publications, presentations (Attach additional sheet if necessary) \_\_\_\_\_

Academic or professional honors received \_\_\_\_\_

Have you applied previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_

(over)

Are you or were you in private practice? Where? When? \_\_\_\_\_  
\_\_\_\_\_

Are you now in the U.S. armed services, or have you served in the U.S. armed forces during the past fifteen years? If so, briefly give details, branches, locations, dates and include expected date of discharge.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate how and when you became interested in graduate or postgraduate work, and by whom you were advised to seek training at the University of Washington. (Attach additional sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Have you had any teaching experience? Where? When? How long? (Attach additional sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

What are your long-term career goals? (Attach additional sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application is for the class beginning Summer Quarter, 20\_\_\_\_\_.

Names, addresses, and ZIP Codes of three professional references:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

***NOTE TO APPLICANT: Letters of recommendation, in addition to references listed above, are required and may be submitted through the Graduate School online application.***

**This form should be mailed directly to:**

**University of Washington  
Department of Endodontics  
Box 357448  
Seattle, WA 98195-7448**