

**Oral Medicine Graduate Program
University of Washington School of Dentistry**

Supplemental Application

Name: _____
(Last) (First) (Middle) (Date of birth)

Permanent address: _____
(Street and Number)

(City) (State) (ZIP) Phone: (Area) (Number)

Present address (if different): _____
(Street and Number)

(City) (State) (ZIP) Phone: (Area) (Number)

Phone number where you can be reached during the day: _____
(Area) (Number)

E-mail:

Are you a United States citizen? Yes No **Are you a Native English Speaker?** Yes No

If no, what is your immigration status?

Have you applied previously? Yes No **If yes, when?**

What year did you graduate from dental school?

Do you have additional educational training/work history in the following areas? Check all that apply:

GPR AEGD Private dental practice Other post-graduate training

Briefly describe your clinical experience. (Years of practice after dental school, scope of practice, any specialty skills you have such as oral surgery, oral radiology etc., and your clinical experience if any with oral medicine and orofacial pain)

Briefly describe your research training/experience and skills (How many years? Types of skills developed?)

Briefly describe any teaching experience you have and briefly comment on your teaching philosophy.

Has your education or clinical practice ever been interrupted or affected adversely? Please explain and describe what you have subsequently done to prepare yourself for advanced post-graduate dental education.

Please indicate how and when you became interested in graduate work in Oral Medicine. Why did you choose the University of Washington for this training?

What are your long-term career goals? How will the UW Oral medicine graduate program help you achieve those goals?

Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise been disqualified, put on probation, suspended, dismissed, expelled, or otherwise been subject to disciplinary action at any college/university in connection to misconduct?

Have you ever been disqualified, suspended, dismissed, or otherwise subject to disciplinary action at any college or university in connection with your academic performance? If yes, provide an explanation regarding each disqualification, suspension, dismissal, or disciplinary action.

Are you currently under charge or have been convicted of a felony and/or misdemeanor? If yes, provide an explanation.

Have you ever been denied professional licensure; had a professional license revoked or suspended; or have been subject to disciplinary action by any licensure board or agency? If yes, please provide the dates and details.

Date of application
(Month/Day/Year)

Applicants
Name