DEPARTMENT OF PERIODONTICS GRADUATE TRAINING PROGRAM

UNIVERSITY OF WASHINGTON SCHOOL OF DENTISTRY

Questionnaire to Applicants for Postdoctoral Training

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*

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** *From*	*To*	**Degree and date received or expected**

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? _____

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, including expected discharge date.

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 provides equal opportunity in education without regard to race, color, national origin, sex, or handicap in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Vocational Rehabilitation Act of 1973, and Sections 799A and 855 of the Public Health Service Act.

NOTE TO APPLICANT: Letters of recommendation, in addition to references listed above, are desirable

MAIL DIRECTLY TO: Department of Periodontics
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