

Applying for Fall 20

APPLICATION FOR IEDP 2 YEAR AEGD

FOR INTERNATIONALLY-EDUCATED DENTISTS

PART II

Today's Date:

<input type="text"/> UFID (given at the completion of Part 1)	<input type="text"/> Social Security Number	<input type="text"/> Birth date (mm/dd/yyyy)	<input type="text"/> Gender
<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> MI	<input type="text"/> Nickname
<input type="text"/> Current Address		<input type="text"/> Apt/Unit #	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> Last date to use this address (if moving)
<input type="text"/> Permanent Address		<input type="text"/> Apt/Unit #	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	
<input type="text"/> Home Phone	<input type="text"/> Cell Phone	<input type="text"/> Work Phone	
<input type="text"/> Email Address			

Are you a bona fide Florida resident? Yes No If yes, how many years?

Are you a United States citizen? Yes No If yes, how many years?

If you are not a US citizen, what country are you a citizen of? When did you arrive in the US?

Non-US citizens: What type of visa do you currently hold?

Are you applying to any other programs at the University of Florida College of Dentistry? Yes No

Name of Programs:

Ethnicity

- I am Not Spanish/Hispanic/Latino/Latina
- I am Spanish/Hispanic/Latino/Latina

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Have you applied to the 2 year or 4 year Internationally Educated Dentist Program in the past? Yes No

If so, what year(s) did you apply?

Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution? Yes No

Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? Yes No

If you answered yes to either question, please include a full statement of the relevant facts with this application.

IMPORTANT:

- You will need to submit the following with this application:
- A copy of your dental school transcripts
 - Certified copies of your diploma and dental license
 - An Official ADA National Board Exam Part 1 and 2 score report
 - An Official TOEFL score report
 - Proof of US citizenship or copy of Resident Alien Visa (Green Card)

All application materials should be sent to:

Dr. Pamela Sandow
UF College of Dentistry
Office of Admissions
PO Box 100402
Gainesville, FL 32610-0445

Signature

Date