

# Application - UCSF Fellowship in Craniofacial and Special Care Orthodontics

**Complete all sections of the application and include supporting documentation:**

1. Personal Statement of Purpose: please include your goals of completing this training and plans after completion of the fellowship. Also provide your interests in craniofacial research.
2. Curriculum Vitae
3. Official copy of transcript(s) from all colleges/universities attended.
4. Official transcript(s) from foreign universities and Canadian institutions where English was not the official language of instruction (if applicable).
5. Official course-by-course evaluation from ECE or WES for ALL foreign transcripts received outside of the US including Canadian schools where English was not the official language of instruction.
6. Official TOEFL (Test of English as a Foreign Language) scores. Test is required for those applicants whose native language is not English and have not attended a US institution for at least one year.
7. Three letters of recommendation; at least two letters should be from faculty in the applicant's orthodontics program.
8. Non-refundable application fee of \$100 USD; personal check or money order made out to UC Regents

**Please note: Applicants will be considered only after this application and all other items are received by UCSF School of Dentistry, Office of Continuing Dental Education.**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Last, First, MI) (Daytime)

**Primary Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Street) (Other)

\_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(City, State, Zip Code, Country)

**Permanent Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City, State, Zip Code, Country)

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Number of Children** \_\_\_\_\_

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

**If in USA, current visa status:**  
 Passport-Current US Visa Status-Passport #: \_\_\_\_\_

\_\_\_\_\_ Permanent Resident \_\_\_\_\_ Green Card \_\_\_\_\_ H-4 \_\_\_\_\_ J-2 \_\_\_\_\_ Other (please specify)

**Languages Spoken:** \_\_\_\_\_

**Education:** (List colleges, universities, graduate and professional schools at which credit have been earned.)

Institution	Dates Attended From   To	Major and Minor Fields	Degree and Date

**Orthodontic Residency**

Institution	Dates Attended	Number of Patients Treated	Date Complete

**Experience**

<b>Institution or Organization</b>	<b>Dates Attended and Nature of Work</b>
<i>Teaching</i>	
<i>Private Practice</i>	
<i>Research</i>	
<i>Military Service</i>	
<i>Other</i>	

Are you currently a full-time/part-time faculty or part of a craniofacial team? \_\_\_ Yes \_\_\_ No

If yes, which craniofacial team or university?

Please share your interests outside of Orthodontics.

**Signature:**

*I certify that I have carefully considered each question and that my statements are true and complete to the best of my knowledge. Further, I understand that cancellation of my admission privileges may result if any information is found to be incomplete or inaccurate.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Return completed application form to:

UCSF School of Dentistry  
Fellowship in Craniofacial and  
Special Care Orthodontics  
513 Parnassus Avenue, Room S-630  
San Francisco, CA 94143-0430