

# FELLOWSHIP PROGRAMS IN PERIODONTICS AND IMPLANT DENTISTRY APPLICATION FORM



Please complete the following information and return completed form as instructed on page 3.

**Full Name** \_\_\_\_\_  
(Last, First, Middle)

Former names on transcripts, if different: \_\_\_\_\_

**Gender** ☐ Male ☐ Female

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM / DD / YYYY)

**Birth Place** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
(City, State/Country Country)

Which program I am interested  
☐ 6-months ☐ 12-months

Which cycle of application I am interested:  
☐ Spring: April 1 (July 1 start date)  
☐ Summer: June 1 (September 1 start date)  
☐ Fall: October 1 (January 1 start date)

*\*\*Please indicate which address should be used for mailings related to this application process*

☐ Current Address ☐ Permanent Address

## Current Address

\_\_\_\_\_  
Street, Apt#

\_\_\_\_\_  
City, State/Country, Mail/Zip Code

## Permanent Address (if different from Current Address)

\_\_\_\_\_  
Street, Apt#

\_\_\_\_\_  
City, State/Country, Mail/Zip Code

## Telephone Number

Preferred contact telephone number: ☐ Home ☐ Cell

Home: (\_\_\_\_\_) \_\_\_\_\_ (Area Code Phone)

Cell: (\_\_\_\_\_) \_\_\_\_\_ (Area Code Phone)

## Email

\_\_\_\_\_

## Education

Submit one official transcript from the dental school you attended.

The transcript of all dental education (pre- and post-doctoral) should be in the original language accompanied by a certified English translation.

Institution and location	Degree <i>(if applicable)</i>	MM/YY	Field of Study

## Certification of Dental Degree

A diploma from a recognized dental school in the original language accompanied by a certified English translation is required.

## Curriculum Vitae (CV)

*Please consider listing the following:*

- Professional work history, professional memberships
- Research and/or professional publications
- Significant activities during dental school, academic honors, awards
- Presentations at professional meetings, courses, or conferences
- Community service

## Letters of Recommendation

Two letters are required and should include an assessment of the applicant's dental background, knowledge, character, and clinical skills as well as potential for success in an advanced dental education program. Submit letters with this application, if possible.

Please list the contact information for those individuals' providing letters of recommendation

Name	Title	Institutional Affiliation	E-mail	Phone number

## Personal Statement

Your essay should be concise, well-written and original. Fellow candidates are encouraged to mention on their personal statement which research area they have interest and why. Discuss your future professional goals and plans and how this fellowship will help you to achieve that.

### Important Information

Evaluation of learning experience. Fellows will participate on the same written examinations, clinical assessment of hands-on exercises, case presentations and scientific writing exercises as the advanced periodontics residents.

I certify that I have read all of the instructions and that I have answered all of the questions completely and truthfully. I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for canceling my admission. I also understand that all credentials and documents that I submit become property of The University of Pittsburgh.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Submission

Applications that have been completed digitally (*PDF file*) may be emailed to Peggy Dawson at **mmc49@pitt.edu**

Applications that have been printed and completed may be mailed by post to:

University of Pittsburgh School of Dental Medicine  
Department Of Periodontics and Preventive Dentistry  
Salk B100  
3501 Terrace St.  
Pittsburgh, PA 15213