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EDUCATION & PROFESSIONAL BACKGROUND

Undergraduate / Pre-Doctoral Education

POST-SECONDARY SCHOOL	DATES ATTENDED	MAJOR	DEGREE	DATE REC'D

Graduate and Professional Dental Education.

PROFESSIONAL SCHOOL	DATES ATTENDED	GPA	DEGREE	DATE REC'D

Postgraduate Dental Educational (Residencies and Internships).

SCHOOL OR HOSPITAL	DATES ATTENDED	PROGRAM TYPE	CERTIFICATE/DEGREE	DATE REC'D

Details and additional information should be included in your Curriculum Vitae.

Professional research or teaching experience.

Scientific or clinical publications, abstracts or presentations at scientific or dental meetings.

Private practice or other dental related employment subsequent to completing dental school.

ASSOCIATE'S NAME / TYPE OF PRACTICE	LOCATION (City, State)	DATES

U.S. states in which you have a license to practice dentistry:

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YOUR OBJECTIVES AND GOALS

Discuss reasons for your interest in the Clinical Preceptorship program.

Discuss your immediate and long-range career plans (in clinical practice, academics, research, etc.)

Discuss any research area you wish to investigate during your course of study.



ADMISSION REQUIREMENTS

- Have a DDS/DMD degree or its equivalent from an accredited dental school.
- Payment of non-refundable applicant fee of \$200 U.S. (*This can be paid online, see website for link.*)
- Submission of a completed application form, including:
 - Documentation of your Objectives and Goals (see page 3 of the form).
 - Curriculum Vitae (attach or insert a small photo if available).
- Verified copies from your dental school of your Transcript and Dental School Diploma.
- Two to three original Letters of Recommendation (see page 4 of this form).
- Applicants with foreign degrees will be considered based upon an evaluation of their academic credentials. Submit an original Evaluation Report from one of the following:
 - Educational Credential Evaluators (ECE - preferred) –or- World Education Services (WES).
 - We recommend you request a report showing a breakdown by courses.
- Applicants with English as a second language must attain a TOEFL score of 80 or higher; or an International English Language Testing System (IELTS) overall score of 6 or greater. Submit an original report.
- Graduate Record Examination (GRE) and National Board scores are not required, but may be submitted in support of the application.
- Attend a personal interview when possible.
- Be a citizen or a permanent resident of the United States, or a foreign national with a visa status acceptable to the CE program.

Further Requirements

Upon notification of preliminary acceptance into the program, the applicant will also be required to:

- Pay a non-refundable deposit within 10 business days of pre-acceptance notification. The formal acceptance letter is sent after the deposit is received. (*See course outline for tuition information.*)
- Submit Health and Immunization Forms per University policy (“Student Immunization and Health Requirements.”) Instructions and the required form are sent with the formal acceptance letter.
- Submit proof of Cardio Pulmonary Resuscitation (CPR) certification for BLS that will be valid for the duration of program.
- Be cleared by a Background Check; an additional fee is required for this.
- Provide proof of Health Insurance from a U.S. based company. Insurance must remain active for full duration of the program.
- Licensed U.S. Dentists provide proof of Liability Insurance.

*Additional information is available on our website:
cde.sdm.rutgers.edu – click on Clinical Preceptorships*

Please read and understand the Student Essential Functions/Technical Standards that all students must satisfy for the program of study to which they are applying, with or without reasonable accommodation. I acknowledge that the Rutgers School of Dental Medicine has established these requirements. If I require accommodation, I will do so promptly in writing.

Your Signature: _____

Date: _____

Mail Documents and
Application Fee to:

Rutgers School of Dental Medicine
Continuing Dental Education
Attn: Clinical Preceptorship
110 Bergen Street, B701 • Newark, NJ 07103

(Provide 2 to 3 letters)

LETTER OF EVALUATION FROM FACULTY MEMBER

APPLICANT: _____ PROGRAM: _____

The above applicant is applying for admission to a Clinical Preceptorship at Rutgers School of Dental Medicine. Please complete this evaluation, or provide a separate letter of recommendation, that includes the factors listed below and return it to us.

The Rutgers School of Dental Medicine is grateful for any pertinent material regarding the character, integrity and personality of the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to pursue advanced studies in their field and to achieve a successful professional career. A careful discrimination between strong and weak characteristics is more valuable than routine praise.

Please rank the candidate in relation to other students in the same class or with other persons you have known of comparable experience. All information received will be kept confidential.

CLASS STANDING IN YOUR DEPARTMENT:

	OUTSTANDING Top 5% of class	EXCELLENT Upper 75% to 95%	GOOD Upper 50% to 75%	BELOW AVERAGE Lower half of class	NO BASIS FOR JUDGMENT
Native intellectual ability					
Breadth of interest					
Common sense, judgment					
Initiative, leadership					
Personality, friendliness					
Emotional maturity					
Appearance					
Attitude toward criticism					
Sense of responsibility					
Forcefulness, confidence					

How long have you known the candidate? _____

Is interest in graduate dental education genuine? _____

Overall opinion of candidate: Outstanding Good Fair Not Recommended

Please provide additional comments regarding this candidate. Attach additional page, if necessary.

Signature _____ Date _____

Print Name _____

Title _____

Department _____

School _____

Email Address _____

Return in sealed envelope to: Rutgers School of Dental Medicine
Continuing Dental Education
Attn: Clinical Preceptorship
110 Bergen Street, B701 • Newark, NJ 07103