



# Application Instruction Page

Application Deadline is **October 01, 2016**

Dear applicant:

Please complete the attached application in its entirety, including the personal essay on the last page of the application, and sign and date it. Digital copies can be sent to [Franklin.Hairston@hsc.wvu.edu](mailto:Franklin.Hairston@hsc.wvu.edu).

In addition, all letters of recommendation must be submitted to the address below:

**West Virginia University**  
Office of Dental Admissions & Recruitment  
PO Box 9407  
Rm G110-H  
Health Sciences Center North  
Medical Center Dr.  
Morgantown, WV 26506-9407

If you should have any further questions, please contact Franklin Hairston, Program Specialist, at (304) 293-6646, or email at [Franklin.Hairston@hsc.wvu.edu](mailto:Franklin.Hairston@hsc.wvu.edu)

**Periodontics Residency Program  
Application 2016-2017**

Date:

<b>Name:</b>	<b>Salutation (optional):</b> Dr. Mr. Ms. Mrs.
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**DEADLINE: October 01, 2016**

**Biographical Data**

**Current Address (City, State, & Zip):**

**Permanent Address (If different from current address):**

**Day Phone Number:**

**Preferred Phone Number:**

**Evening Phone Number:**

**Cell Phone Number:**

**Email Address:**

**Date of Birth:**

**Gender:**

**City of Birth:**

**State of Birth:**

**Country of Birth:**

**National Board & Examination Scores**

**Part 1      Test Date:                      Status:**

**Part 2      Test Date:                      Status:**

**Dental School GPA & Ranking \***

Cumulative GPA:

Cumulative Ranking:      /      Check box if your school does not rank dental students

GPA or ECE Conversion:

**Transcripts for foreign trained should be submitted to ECE for conversion**

**Background Information (Yes or No Questions: Please explain if you answer yes.)**

1. Are you licensed to practice dentistry or another profession Yes No  
If yes, indicate professional license held and date issued
  
2. Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation Yes No  
**If yes, please explain:**
  
  
  
  
  
  
  
  
  
  
3. Were you subject to any disciplinary action by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal etc.) or (2) conduct violations? Yes No  
**If yes, please explain:**
  
  
  
  
  
  
  
  
  
  
4. Have you ever been subject to disciplinary action by any professional licensing board?  
Yes No  
**If yes, please explain:**

**Practice of Dentistry Not Applicable**

<b>Employer:</b>	<b>Hours worked/week:</b>	<b>Date:</b>
<b>Employer:</b>	<b>Hours worked/week:</b>	<b>Date:</b>
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**Awards, Distinctions, Prizes**

<b>Award:</b>	<b>Organization:</b>	<b>Date Awarded:</b>
<b>Award:</b>	<b>Organization:</b>	<b>Date Awarded:</b>
<b>Award:</b>	<b>Organization:</b>	<b>Date Awarded:</b>

**Extracurricular Activities**

Type of Activity:

Date:

Type of Activity:

Date:

Type of Activity:

Date:

**Teaching Experience**

Course/Role:

Date:

Course/Role:

Date:

Course/Role:

Date:

Course/Role:

Date:

**Research Experience**

Employer:

Hours Worked/Week:

Dates:

Type/Duties:

**Scientific Publications & Presentations (list appropriate titles, journals, and conferences by date)**

Date:

Date:

Date:

Date:

Date:

**Military Service**

Branch:

Duties:

Dates:

Name:

Signature: