

FORMAT - Dental Curriculum Vitae

NOTE – For the Dental Curriculum Vitae (CV), provide information on your educational credentials and dental experience starting after your initial dental degree. Please classify your dental experience by International and/or United States / Canada and elaborate in each of the bold heading. If any heading is not applicable, then omit typing the heading in the CV. Follow the format presented below.

APPLICANT NAME Dr. LAST NAME, First Name

DENTAL DEGREE BDS/DDS/DMD/Odontology/Stomatology Degree Conferred Date – (Mon, Day, Year)
Dental School Name, City, State/Province, Country

INTERNATIONAL DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any degree (masters, doctorate) earned/(anticipate earning) after initial dental degree)
Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/(Anticipated) Date – (Mon, Day, Year)
School Name, City, State/Province, Country

CERTIFICATED PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree)
Mon Year – Mon Year Certificate of (state discipline) Degree/(Anticipated) Date – (Mon, Day, Year)
School Name, City, State/Province, Country

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree)
Mon Year – Mon Year CE Course Title (identify classroom –OR– online)
School/Dental Association Name, City, State/Province, Country

DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)
Mon Year – Mon Year Work / Volunteer Title – City, Country
School/Dental Association Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)
Mon Year – Mon Year Work / Volunteer Title / Community Service – City, Country
Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS / PRESENTATIONS / RESEARCH

(In chronological order, provide publication and presentation information during dental school to present, research information performed after earning your initial dental degree)
Mon Year "Article Title" – Publication Title, Country of Publication
Mon Year "Presentation Title" – Presentation Audience/Venue, City, Country
Mon Year "Research Title" – Research Organization, City, Country [Provide a brief summary (max of 2 lines)]

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)
Mon Year Name of Dental Association, Country

AWARDS & HONORS

(In chronological order, provide information about awards and honors received during dental school to present)
Mon Year Award Title, School/Association Name, City, Country

UNITED STATES / CANADA DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any degree (masters, doctorate) earned/(anticipate earning) after initial dental degree)
Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/(Anticipated) Date – (Mon, Day, Year)
School Name, City, State/Province, Country

CERTIFICATED PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree)
Mon Year – Mon Year Certificate of (state discipline) Degree/(Anticipated) Date – (Mon, Day, Year)
School Name, City, State/Province, Country

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree)
Mon Year – Mon Year CE Course Title (identify classroom –OR– online)
School/Dental Association Name, City, State/Province, Country

DENTAL EXPERIENCE (work, volunteer, observership, community service)

(In chronological order, provide work, volunteer, observership, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer Title – City, Country
School/Dental Association Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer Title / Community Service – City, Country
Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS / PRESENTATIONS / RESEARCH

(In chronological order, provide publication and presentation information SINCE dental school to present, research information performed after earning your initial dental degree)

Mon Year "Article Title" – Publication Title, Country of Publication
Mon Year "Presentation Title" – Presentation Audience/Venue, City, Country
Mon Year "Research Title" – Research Organization, City, Country [Provide a brief summary (max of 2 lines)]

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)

Mon Year Name of Dental Association, Country

AWARDS & HONORS

(In chronological order, provide information about awards and honors received during dental school to present)

Mon Year Award Title, School/Association Name, City, Country

SAMPLE - Dental Curriculum Vitae

APPLICANT NAME Dr. LAST NAME, First Name

DENTAL DEGREE BDS/DDS/DMD/Odontology/Stomatology Degree Conferred Date – (Month, Day, Year)
Dental School Name, City, State/Province, COUNTRY

INTERNATIONAL DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any degree (masters, doctorate) earned/(anticipate earning) after initial dental degree)

Sep 2006 – Oct 2010 Philosophy Degree in Dentistry Graduation Date – Oct 31, 2010
West China School of Stomatology, Sichuan University, Chengdu, China

CERTIFICATED PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree)

Mar 2004 – Jul 2005 Certificate of Dental Radiology Completion Date – Jul 30, 2005
Seoul National Dental University, Seoul, South Korea

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree)

Apr 2007 – Apr 2007 Plastic and Reconstructive Surgery Program (classroom)
University of Gottingen, Rotenburg, Germany

DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

May 2001 – Nov 2003 Associate Dentist – Cairo, Egypt
Dental Hospital
Dr. Ahmed Elkhateb, Director
phone – 95-351-297648 email – aelkhatieb@gmail.com
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer Title / Community Service – City, Country
Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS / PRESENTATIONS / RESEARCH

(In chronological order, provide publication and presentation information during dental school to present, research information performed after earning your initial dental degree)

Jul 2010 "First Smiles – Dental Health Begins at Birth" – Hong Kong Dental Society, Hong Kong, China

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)

Oct 2002 Singapore Dental Association, Singapore

AWARDS & HONORS

(In chronological order, provide information about awards and honors received during dental school to present)

Jun 2000 Dean's Valedictorian Award, University of Singapore, School of Dentistry, Singapore, Singapore

UNITED STATES / CANADA DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any degree (masters, doctorate) earned/(anticipate earning) after initial dental degree)

Aug 2004 – Jul 2006 Masters degree in Orthodontics Graduation Date – Jul 15, 2006
New York University, New York, New York, United States

CERTIFICATED PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree)

Mar 2004 – Jul 2005 Certificate of Dental Radiology Completion Date – Jul 30, 2005
Seoul National Dental University, Seoul, South Korea

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree)

Sep 2008 – Oct 2008 Infection Control and the California Dental Practice Act
University of the Pacific Dugoni School of Dentistry, San Francisco, California
United States

DENTAL EXPERIENCE (work, volunteer, observership, community service)

(In chronological order, provide work, volunteer, observership, community service information after earning your initial dental degree)

Jun 2007 – Jun 2007 Volunteer – Phoenix, Arizona, United States
Phoenician Dental Care Clinic
Dr. John Kingman, Director
phone – 715-581-3156 email – smichael@gmail.com
Duties – [Provide a brief description of experience (max of 2 lines)]

Feb 2009 – Nov 2009 Dental Assistant – Dallas, Texas, United States
Hyland Dental
Ryan O'Neill, DDS
phone – 816-376-9563 email – roneill@yahoo.com
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mar 2010 – Mar 2010 Volunteer – San Francisco, California, United States
Project Homeless Connect
Rita Smiles, Coordinator
Phone – 415-543-7321 email – rsmiles@gmail.com
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS / PRESENTATIONS / RESEARCH

(In chronological order, provide publication and presentation information SINCE dental school to present, research information performed after earning your initial dental degree)

May 2009 "Prevalence of Malocclusions in Children" – *Inside Dentistry*, United States

Sep 2011 "Efficacy of Plaque Removal" – Oral X, San Antonio, United States
– compared efficacy of plaque removal by manual and powered toothbrushes

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)

Apr 2010 American Dental Association, United States

AWARDS & HONORS

(In chronological order, provide information about awards and honors received during dental school to present)

Dec 2008 Mobil Dental Award, Mobil Dental Association, Miami, Florida, United States



Evaluator's Name / Organization
Address
City, State/Province Postal Code Country
Contact Information (telephone, website address, email address)

To Whom It May Concern / IDS Admissions Committee / Untitled

- Provide 2 letters written in English by U.S. or international dental professionals (dentists, dental school faculty) with whom you have worked recently
- A dean's letter is not required
- Address the letters to To Whom It May Concern / *IDS Admissions Committee / left untitled* (not mandatory, but as a suggestion)
- Must send 2 letters in the PDF supplemental document
- Place the 2 letters in the following order (latest to oldest date)

Note

- If the letter is not in English, provide the letter in its original language along with an English translation from a bona fide English translator.
- Letters should be provided on school or company letterhead with the evaluator's contact details. Emails from the evaluators will not be accepted.
- Letters must be hand-signed by the evaluator. Digitally signed letters will not be accepted.
- If more than 2 letters are submitted, your PDF supplemental document will be returned for resubmittal with the 2 letters of your choice.

Evaluator's Signature (must be hand-signed, no digital signature)
Evaluator's Name
Evaluator's Title
Contact Information



Evaluator's Name / Organization
Address
City, State/Province Postal Code Country
Contact Information (telephone, website address, email address)

To Whom It May Concern / IDS Admissions Committee / Untitled

Evaluator's Signature (must be hand-signed, no digital signature)

Evaluator's Name

Evaluator's Title

Contact Information

JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS
211 East Chicago Avenue, Suite 600, Chicago, IL 60611-2637

Report Date:

DENTPIN®

NATIONAL BOARD DENTAL EXAMINATIONS (NBDE)

Name

DENTPIN®

Graduation†

School

****GRADUATE OF A NON-ACCREDITED DENTAL SCHOOL

NBDE Part I

Comprehensive Part I Examination

Test Date (MM/YYYY)

Score‡

Status

NBDE Part II

Comprehensive Part II Examination

Test Date (MM/YYYY)

Score‡

Status

*Candidate has achieved a standard score of 75 on the NBDE Part II and has therefore successfully completed requirements for the National Dental Certificate.

NBDE PART I

NBDE PART II

Test Date

Score

Test Date

Score‡

Status

SAMPLE

Note

† The number listed is the candidate's self reported year of graduation.

‡ Numerical score is reported only for candidates who tested prior to January 1, 2012.

Name: [Redacted]
Last (Family/Surname) Name, First (Given) Name Middle Name
Email: [Redacted]
Gender: [Redacted]
Date of Birth: [Redacted]

Registration Number: [Redacted]
Test Date: [Redacted]

Country of Birth: [Redacted]
Native Language: [Redacted]
Inst. Code: [Redacted] Dept. Code: [Redacted] Dept. Description: [Redacted]
Test Center: [Redacted]
Test Center Country: [Redacted]

Security Identification
ID Type: [Redacted] ID No.: [Redacted] Issued Country: [Redacted]

TOEFL iBT Scores table with columns for Reading, Listening, Speaking, Writing, and Total Score (92).

INFORMATION ABOUT TOEFL iBT TEST RESULTS AND VALIDITY OF SCORES

For the TOEFL iBT test, there are four section scores and a total score. A total score is reported when one or more sections have not been administered. Scores have the following ranges:

Because English proficiency can change considerably in a relatively short period, scores more than two years old cannot be reported or validated. Please note the date on which the test was taken.

Table with 2 columns: Sections (Reading, Listening, Speaking, Writing, Total) and Score Ranges (0-30, 0-30, 0-30, 0-30, 0-120).

Additional information about TOEFL iBT scores can be found on the TOEFL website at www.ets.org/toefl.

IMPORTANT MESSAGE TO SCORE RECIPIENTS: This report of TOEFL iBT test scores is valid ONLY if received directly from ETS. Photocopies should never be accepted.

TOEFL iBT scores are confidential and are not to be released by the recipient without written permission from the test taker. All staff with access to score records should be advised of their confidential nature.

If you have any reason to believe that someone has tampered with this score report, please call the TOEFL Score Verification Service at 1-800-257-9547 or 609-771-7100. Scores more than two years old cannot be reported or validated.

ETS® Security Guard text is printed with a special heat sensitive ink for security. To activate this security feature, apply heat to the text, either by rubbing it or blowing on it, and the ETS® Security Guard text will disappear.

University Name

We the Chancellor, Vice Chancellor and Members of the Board of Management,
on the Recommendation of the Academic Council, certify that

Applicant Name

of School of Dentistry has passed the

(BDS, DDS, DMD, Odontology, Stomatology)

degree examination held in Month Year.

The said Degree has been conferred at the convocation held on this Day of Month in Year.

In testimony whereof are set the seal of the University and the signatures of the

Registrar, Chancellor and Vice Chancellor.

Signature
Registrar

Signature
Chancellor

Signature
Vice Chancellor



Educational Credential Evaluators, Inc.
 P.O. Box 514070
 Milwaukee, Wisconsin 53203-3470 USA
<http://www.ece.org>
 Telephone 414-289-3400

COURSE BY COURSE EVALUATION REPORT

Name:

Reference:

Date of Birth:

Date:

Purpose:

U.S. Equivalence: Doctor of Dental Surgery degree

Grade Average:

Credential: Completion of four years of study in a dentistry program and a one-year compulsory of rotating internship

Institution:

Country:

Date:

Comments: Admission to this program required completion of the United States equivalent of a high school diploma

The academic work completed in this program can be converted to U.S. credits and grades as follows:

| Courses | U.S. Credits | U.S. Grades |
|---------------------------------------|--------------|-------------|
| Introduction to Logic | 3.00 | A |
| Chemistry for Health Sciences | 3.00 | A |
| Introduction to Computer | 1.00 | A |
| Biophysics | 3.00 | A |
| English Language | 5.00 | B |
| Principles of Economics | 3.00 | A |
| Biostatistics and Epidemiology | 3.00 | A |
| Health Sciences | 4.00 | A |
| English Language | 5.00 | A |
| English | 5.00 | B |
| Introduction to Anatomy & Physiology | 5.00 | A |
| Introduction to Dental Profession | 2.00 | P |
| Sociodemographics of Health & Illness | 3.00 | A |
| Introduction to Biochemistry | 3.00 | A |
| Respiratory System | 8.00 | B |
| Cardiovascular System | 8.00 | B |



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| Courses | U.S. Credits | U.S. Grades |
|--|--------------|-------------|
| Foundation Block | 2.00 | B |
| Oral Science I (4) | 8.00 | B |
| Endocrinology System (4) | 8.00 | B |
| Oral Science II (4) | 8.00 | B |
| Elective | 2.00 | A |
| Nervous System: Central Nervous System (4) | 8.00 | B |
| Blood & Lymph (4) | 8.00 | B |
| Urogenital System (4) | 8.00 | B |
| Preclinical Dentistry (4) | 12.00 | B |
| Consolidation Block (4) | 4.00 | B |
| Preclinical Operative Dentistry (4) | 2.00 | B |
| Periodontology I (4) | 2.00 | A |
| Oral & Maxillofacial Radiology I (4) | 2.00 | B |
| Prosthodontics I: Fixed (4) | 2.00 | B |
| Comprehensive Dental Care Clinic I (4) | 3.00 | B |
| Removable Prosthodontics (4) | 2.00 | A |
| Prosthodontics II: Removable (4) | 2.00 | A |
| Pediatric Dentistry I (4) | 2.00 | B |
| Orthodontics I (4) | 2.00 | A |
| Endodontics I (4) | 2.00 | B |
| Oral & Maxillofacial Surgery I (4) | 1.00 | B |
| Operative Dentistry (4) | 3.00 | B |
| Oral & Maxillofacial Surgery II (4) | 1.00 | B |
| Periodontology II (4) | 2.00 | A |
| Medical Problems in Dentistry (4) | 4.00 | A |
| Comprehensive Dental Care Clinic II (4) | 3.00 | B |
| Endodontics II (4) | 2.00 | B |
| Pediatric Dentistry II (4) | 2.00 | B |
| Dental Public Health I (4) | 2.00 | A |
| Orthodontics II (4) | 2.00 | A |
| Prosthodontics III: Fixed (4) | 2.00 | B |
| Comprehensive Dental Care (4) | 6.00 | B |
| Orthodontics III (4) | 2.00 | A |
| Pediatric Dentistry III (4) | 2.00 | B |



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| Courses | U.S. Credits | U.S. Grades |
|---|--------------|-------------|
| Dental Public Health III: Oral Epidemiology (4) | 2.00 | B |
| Periodontology III (4) | 2.00 | A |
| Community Rotation I (4) | 2.00 | P |
| Dental Public Health II: Preventive Dentistry (4) | 2.00 | B |
| Comprehensive Dental Care Clinic III (4) | 6.00 | B |
| Clinical Operative & Aesthetic Dentistry (4) | 2.00 | B |
| Prosthodontics IV: Clinical I (4) | 2.00 | B |
| Oral & Maxillofacial Surgery III (4) | 2.00 | A |
| Oral Medicine & Clinical Oral Pathology I (4) | 2.00 | A |
| Orthodontics IV (4) | 2.00 | A |
| Oral & Maxillofacial Radiology II (4) | 2.00 | A |
| Oral Medicine & Clinical Oral Pathology II (4) | 2.00 | A |
| Community Rotation II (4) | 2.00 | P |
| Dental Public Health IV (4) | 2.00 | B |
| Oral & Maxillofacial Surgery IV (4) | 2.00 | A |
| Pediatric Dentistry IV (4) | 2.00 | B |
| Periodontology IV (4) | 2.00 | A |
| Comprehensive Dental Care Clinic IV (4) | 7.00 | B |
| Prosthodontics V (4) | 2.00 | B |
| Comprehensive Dental Care: Summer (4) | 6.00 | B |
| Community Rotation III (4) | 3.00 | P |
| Elective Project Study (4) | 2.00 | A |
| Comprehensive Dental Care: Winter (4) | 8.00 | B |
| Total semester hours of credit: 253.00 | | |

Grades of "P" fall within the range of the grades of "A," "B," "C," and "D."

Summary

It is the judgment of Educational Credential Evaluators, Inc. that _____ has the United States equivalent of:

~ Doctor of Dental Surgery degree

BPM/ptk(1)

THE BACK OF THIS DOCUMENT CONTAINS THERMOCHROMIC (HEAT SENSITIVE) INK

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

University Name

The Trustees of the University Name

on recommendation of the faculty of

School/College Name

have conferred upon

Applicant Name

the Degree of

(Masters, Doctorate)

Major

Given at City, State, this Day of Month, Year.



Signature
Registrar



Signature
Chancellor

Signature
Vice Chancellor

University Name

Official Transcript

University ID: 123456789

----- Degree Awarded -----

Degree: **Masters / Doctorate**

Record: Student Name

Confer Date: Month Day Year

Date Issued: Month Day Year

College: College Name

Major: Major Name

| <i>Subject No.</i> | <i>Course Title</i> | <i>Credit</i> | <i>Grade</i> | <i>Points</i> |
|--------------------|---------------------|---------------|--------------|---------------|
|--------------------|---------------------|---------------|--------------|---------------|

Term 1 Year

Term 2 Year

Term 3 Year

Term 4 Year

Term 5 Year

Term 6 Year

Term 7 Year

----- *End of Transcript* -----

2017 APPLICATION CHECKLIST

All applicants (first-time or returning) interested in the International Dental Studies (IDS) program for the IDS 2019 class that starts in July 2017 must complete the following two steps on or before deadline - Friday, June 3, 2016 at 1:00PM (Pacific Time). An incomplete application will not be considered for review should any supplemental documents: (1) do not meet the IDS requirements, (2) are missing from the PDF email attachment, and/or (3) received after the deadline.

| STEP 1: Complete with ADEA CAAPID (Select appropriate response from the dropdown list) | |
|--|---|
| ADEA CAAPID Application - Submit an online application with ADEA CAAPID | Submitted? <input type="text" value="Yes"/> |

| STEP 2: Send documents to Pacific – IDS Office (Select appropriate response from the dropdown list) | |
|--|---|
| \$100 Application Fee - Submit a credit card payment via Pacific dental school - Provide the paid application Receipt/Transaction # (6-digit # starting with a 3) | Paid Fee? <input type="text" value="Yes"/> Receipt/Transaction# <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> |
| Dental Curriculum Vitae (CV) - Provide a dental CV (resume) that includes your educational credentials and dental experience starting after earning your initial dental degree - Sample dental CV is provided in the Sample PDF - All Supplemental Documents | CV Provided? <input type="text" value="Yes"/> |
| 2 Letters of Evaluation - Provide recent letters written in English by international or U.S. dental professionals (dentists, dental school faculty) with whom you have worked recently | 2 Letters? <input type="text" value="Yes"/> |
| National Board Dental Examination - Parts 1 & 2 (NBDE) - Provide a report with both Parts 1 & 2 results (Pass or score of 75 or higher) - A Fail result or a score of 74 or less will not be considered | NBDE-I Result? <input type="text" value="Pass"/> NBDE-II Result? <input type="text" value="Pass"/> |
| Test of English as a Foreign Language (TOEFL) - Provide a score report with a total score earned between January 2014 and present - Internet-based test (iBT) total score of 92 or higher - Paper-based test (PBT) total score of 580 or higher - A total score of 91 or less (iBT) or 579 or less (PBT) will not be considered | TOEFL? <input type="text" value="Yes- iBT"/> Enter Score: <input type="text" value="92"/> |
| Dental Diploma / Certificate - Provide a school-issued document confirming your conferred dental degree (BDS, DDS, DMD, Odontology, Stomatology) - If document is in a language other than English, submit that document along with the original notarized English translation from a bona fide English translator - Provisional dental degree is not accepted | Submitted? <input type="text" value="Yes"/> Printed in English? <input type="text" value="Yes"/> Provisional Degree? <input type="text" value="No"/> |
| Educational Credential Evaluators (ECE) - Provide a course-by-course evaluation report with a U.S. GPA of 2.00 or higher - A GPA of 1.99 or less will not be eligible to apply to the IDS program | Submitted? <input type="text" value="Yes"/> Enter GPA: <input type="text" value="2.00"/> |

As an IDS program applicant, I fully understand and agree to the following terms: (1) I am responsible for completing the CAAPID application with ADEA by deadline - Friday, June 3, 2016 at 11:59pm (Eastern Time) and sending a single PDF file email attachment with all supplemental documents to be received by the IDS Office deadline - Friday, June 3, 2016 at 1:00pm (Pacific Time), (2) I understand that any falsification of my application and records are grounds for an immediate and non-refundable cancellation of my application or enrollment, (3) My submitted CAAPID application and supplemental documents will become the property of the University of the Pacific, Arthur A. Dugoni School of Dentistry and will not be returned, (4) In meeting the interview and technical examination invitation offer, I will provide the original or actual notarized version of all supplemental documents for verification.

| | | |
|---|--|---|
| <input type="text" value="Chang"/> Family Name (Last Name) | <input type="text" value="Warren"/> Given Name (First Name) | <input type="text" value="0123456789"/> CAAPID # |
|---|--|---|

| | |
|---|--|
| <input type="text" value="Applicant's Signature"/> Applicant's Signature | <input type="text" value="March 1, 2016"/> Date |
|---|--|

Application Processing Schedule (dependent on when Pacific receives both the CAAPID application and the PDF supplemental document):
Applications received March 1 - June 3, 2016, allow 2 weeks from the date of submission before receiving an email confirmation with your application status.
Applications received after May 2, 2016, allow 3 weeks from the date of submission before receiving an email confirmation with your application status.