



# UT Health San Antonio

## ADVANCED EDUCATION in GENERAL DENTISTRY APPLICATION FOR ADMISSION

This application should be typed or completed in black ink.



1. Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YR.

2. Projected entry date: July \_\_\_\_\_

3. Legal Name \_\_\_\_\_  
(Last) (First) (MI) (Other, if applicable)

4. \_\_\_\_\_  
E-mail address

CURRENT MAILING ADDRESS \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ During Hours \_\_\_\_\_

to \_\_\_\_\_

5. PERMANENT MAILING ADDRESS \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Note: this address should be (Street)  
constant-one where your mail can be

forwarded now and in future years. \_\_\_\_\_  
(City) (State) (Zip)

6.  Male  Female 7. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Place of birth \_\_\_\_\_  
MO. DAY YR. (City) (State) (County)

9. Ethnicity: \_\_\_\_\_  
(Requested by HEW; Not Required) **Use Appropriate Code from List:** I – American Indian P-Mainland Puerto Rican  
M- Mexican American S-Other Spanish Surnamed  
N-Black American X-White Caucasian  
O-Oriental American E-Other Minority

10. U.S. Citizen?  Yes  No  If No, give country of citizenship: \_\_\_\_\_

11. Type of Visa? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

12. Legal Resident of Texas?  Yes  No  If No, give county: \_\_\_\_\_ How Long? \_\_\_\_\_

13. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

14. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

15. Are you a member of the Armed Forces on active duty in Texas, or dependent or spouse?  Yes  No

Military experience: Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_

Date and type of dismissal or discharge \_\_\_\_\_

16. Have you applied to any of The University of Texas System’s graduate or professional schools in prior years? List schools and dates. \_\_\_\_\_

17. List below continuing education courses completed.

Date	Course Title	Clock Hours	Instructor	School

(If additional spaced is needed, use a separate sheet of paper)

18. List states or countries in which you are licensed to practice dentistry.

19. Please address the following questions on a separate sheet of paper:

- A. Why have you applied for postdoctoral training in general dentistry and what are your expectations of a program?
- B. How do you expect to utilize this training?
- C. Why have you applied to this specific program and how did you learn about it?
- D. What are your long-term dental career plans?
- E. Please describe *in detail* what you have been doing since graduation from dental school. If currently in dental school, then you can skip this question.

I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I affirm that, if I claimed to be a legal resident of Texas in this application, that I am a legal Texas resident and will, if required by the institution, provide substantiating evidence.

I certify that the information in the application is complete and correct to the best of my knowledge and belief and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.

\_\_\_\_\_  
Signature of Applicant

Additional information required to complete your application file:

- 1) Completed PASS application (<https://www.adea.org/pass/>)
- 2) Passed Part I of National Dental Board Examination

If you did not attend an ADA-accredited dental school, then the following additional items are required to complete your application:

- 1) Passed Part II of National Dental Board Examination
- 2) TOEFL (iBT score)
- 3) Translated and evaluated transcripts

Please see our website for further clarification of these application requirements:

<http://www.uthscsa.edu/academics/dental/advanced-general-dentistry-international-and-non-ada-applicants-page>

Mailing address for application, reports, transcripts, recommendations and correspondence regarding this application:

UT School of Dentistry  
Department of Comprehensive Dentistry  
AEGD Program, Attn: Lupita Gomez  
8210 Floyd Curl Drive, MC 8103  
San Antonio, TX 78229-3923

Phone: (210) 450-3273  
FAX: (210) 450-2223  
E-mail: [gomezl@uthscsa.edu](mailto:gomezl@uthscsa.edu)

<http://www.uthscsa.edu/academics/dental/programs/aegd-advanced-dentistry>