

## APPLICATION FOR ADMISSION DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PERIODONTICS

*This application should be typed or printed in black ink.*

1. Social Security Number\* \_\_\_\_\_

2. Date of application: \_\_\_\_\_ MO/DAY/YR

3. Projected entry date: \_\_\_\_\_

4. Legal Name: \_\_\_\_\_  
(Last) (First) (M) (Other, if applicable)

5. Current Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

6. Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Day Phone: \_\_\_\_\_ During Hours: \_\_\_\_\_ to \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7.  Male  Female

8. Date of Birth: \_\_\_\_\_  
MO/DAY/YR

9. Place of Birth: \_\_\_\_\_  
CITY/STATE/COUNTY

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 yes, county of residence:  
\_\_\_\_\_

How long? \_\_\_\_\_

If No, state of legal residence:  
\_\_\_\_\_

13. Are you a member of the Armed Forces on duty in Texas, or a dependent or spouse?

Yes  No

Branch of Service: \_\_\_\_\_

Active Duty  Reserves

Date of Entry: \_\_\_\_\_

14. Have you applied to any of The University of Texas System's graduate or professional schools in prior years? List schools and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Check below to indicate the admissions tests which you have taken.

- All graduates of dental schools not accredited by the Commission of Dental Accreditation (CODA) must take either the GRE or the Advanced Dental Admission Test (ADAT); applicants may take both exams if they desire but must take at least one. GRE scores taken more than 5 years before the application date will not be accepted.
- While not mandatory for applicants from CODA-accredited dental schools, ADAT or GRE exam are recommended, especially those from schools that do not rank or provide grades
- The TOEFL is required of applicants from countries where English is not the native language. A minimum TOEFL-iBT test score of 92 is required for consideration of application. We do not accept the IELTS test.

\*\*\*\*\*All scores must be submitted through ADEA PASS.

\_\_\_ Graduate Record Examination Aptitude Test (GRE)

Date taken/scheduled \_\_\_\_\_

Score: Verbal \_\_\_\_\_ Quant. \_\_\_\_\_ Analyt. \_\_\_\_\_

\_\_\_ Test of English as a Foreign Language (TOEFL)

Date taken/scheduled \_\_\_\_\_

Score: \_\_\_\_\_

Advanced Dental Admission Test (ADAT)

Date taken/scheduled \_\_\_\_\_

ADAT Overall (ADAT) score \_\_\_\_\_

Critical Thinking (CRT) score \_\_\_\_\_

Biomedical Sciences (BIO) score \_\_\_\_\_

Clinical Sciences (CLI) score \_\_\_\_\_

Data/Research/EBD (DRI) score \_\_\_\_\_

Ethics/Patient Mgmt (PEPM) score \_\_\_\_\_

**(If additional space is necessary, please attach separate sheet.)**

16. In the space below, list ALL colleges, universities, and professional schools attended in chronological order. *Include any you plan to attend prior to enrollment. An OFFICIAL transcript from each college, university, or professional school is required.*

Month & Year Attended		Name of School	Location (City & State)	Major	Diploma/Degree and Date (conferred or expected)
From	To				

17. List below continuing education courses completed.

Date	Course Title	Clock Hours	Instructor	School

18. List employment SINCE dental school graduation, if applicable.

Name of Firm or Organization Street Address, City & State	Title & Name of Immediate Supervisor	From - To Mo/Yr - Mo/Yr	Your Title & Job Duties

**(If additional space is necessary for any of the sections below, please attach separate sheet.)**

19. List publications and research completed:

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20. Honors, awards, or special recognition while in college or dental school:

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21. List states in which you are licensed to practice dentistry.

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22. How do you plan to finance your postgraduate education?

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23. Please attach a 1-page personal statement describing your reasons for pursuing residency training in periodontics and your professional goals in doing so:

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I understand that applications are not regarded as complete until all supporting documentation has been received; therefore, it is in my interest to see that these documents are submitted as promptly as possible.

I affirm that, if I have 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 understand that prior to acceptance into any residency program at UTHSCSA, applicants must clear a screening process to ensure they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgments rendered about federally issued student loans, Medicare, Medicaid and other federal fraud, and for males, the Selective Service System.

I am not currently under charge or have not been convicted of a felony or misdemeanor other than minor traffic violations, or an equivalent charge or conviction in any non-U.S. jurisdiction.

I have not been subject in the U.S. or elsewhere, to disciplinary actions related to professional competence or conduct by any state or other dental licensing board, hospital, health care organization or professional association; such licensure actions to include revocation, suspension, censure, reprimand, probation or surrender.

I certify that the information in this 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. I understand that the information supplied in this application is subject to verification.

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Signature of Applicant

## INFORMATION AND DOCUMENTATION REQUIRED FOR APPLICATION:

Applicants should visit the program website for further information. [www.uthscsa.edu/academics/dental](http://www.uthscsa.edu/academics/dental)

1. Applications are accepted between mid-May and August 1, through ADEA PASS. In addition, applicants must submit this Graduate Periodontics Application for Admission form with a brief C.V. directly to our office along with a \$ 50.00 application fee. We accept either a check from a U.S. bank or a money order in U.S. dollars.
2. Transcripts: Official transcripts are required from each college/university and dental school attended. These documents should be uploaded into ADEA PASS. If you have attended a non-US college/university, it is required that all international transcripts be evaluated by ECE or WES foreign credentialing service and submitted through ADEA PASS.
3. The Institution Evaluation Form completed by the Office of the Dean of the Dental School you attended. This form will include GPA, Class Rank and National Board Examination scores.
4. National Board Examination scores submitted to ADEA PASS. Copy must be submitted directly to our office.
5. Internet-based Test of English as a Foreign Language (TOEFL iBT), if international applicant. We do not accept IELTS test. Reports should be uploaded into ADEA PASS with a copy submitted directly to our office.
  - a. A minimum TOEFL iBT test score of 92 is required for consideration of the application. TOEFL test scores taken more than 3 years before application date will not be accepted.
6. Advanced Dental Admissions Test (ADAT) and/or Graduate Record Examination (GRE) scores. Reports should be uploaded into ADEA PASS with a copy submitted directly to our office.
  - a. All applicants who graduated from a dental school not accredited by CODA are required to take either the GRE or the Advanced Dental Admission Test (ADAT); applicants may take both exams if they desire, but must take at least one. GRE scores must be within 5 years of application.
  - b. ADAT or GRE exam are recommended for all applicants from CODA-accredited schools, especially those from schools that do not rank or provide grades.
7. Three Professional Evaluation Forms (Letters of Recommendation) uploaded to ADEA PASS.
8. Applicants who are Permanent Residents of the US must supply a certified copy of both the front and back sides of their federal Green Card. All international students must provide their full legal name as it appears on immigration documents.

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

Brian L. Mealey, DDS, MS  
Graduate Program Director  
Department of Periodontics – Graduate Division  
The University of Texas Health Science Center at San Antonio  
7703 Floyd Curl Drive MSC 7894  
San Antonio, Texas 78229-3900  
Phone: (210) 567-3589 Fax: (210) 567-3761  
Email: [krafts@uthscsa.edu](mailto:krafts@uthscsa.edu) or [mealey@uthscsa.edu](mailto:mealey@uthscsa.edu)



**APPLICATION  
DEADLINE:**

**AUGUST 1<sup>st</sup>**

**CLASS RANK / GPA  
DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PERIODONTICS**

This form may only be used by applicants graduating from dental schools outside of the United States. Applicants who attended dental school in the U.S. must use the ADEA PASS Institutional Evaluation Form, which will be submitted by the Dean's Office of the dental school.

Applicants to Advanced Education Programs in Dentistry need to submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.

Applicant's Name *(please print)* \_\_\_\_\_ Dental School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Dean, Dental School

	GPA	Rank in Class	No. of Students in Class
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			
Cumulative			

*This form should be returned to:*

**Dr. Brian L. Mealey, Graduate Program Director  
UT Health Science Center, Dept of Periodontics, MSC 7894  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900**

The University of Texas Science Center at San Antonio

**NOTICE FOR REQUEST OF SOCIAL SECURITY NUMBER FOR  
EMPLOYMENT PURPOSES**

Disclosure of your social security number (“SSN”) is requested as part of your application for employment with The University of Texas Health Science Center at San Antonio. During the employment application process, your SSN will be used as a unique number in order to identify you within the University’s current applicant tracking system. Disclosure of your SSN at the time that you apply for employment is voluntary, but disclosure of your SSN is mandatory before you may be employed by the University. Federal law requires the University to report income and SSNs for all employees to whom compensation is paid. Employee SSNs are maintained and used by the University for payroll, benefits, internal verification, and administrative purposes, to verify employment, and to conduct background checks for security sensitive positions. The University reports SSNs to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**NOTICE ABOUT INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

All requests for documents under that Act should be directed to:  
The Office of the Vice President and Chief Financial Officer  
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900  
By e-mail to: [Publicinfo@uthscsa.edu](mailto:Publicinfo@uthscsa.edu)  
By fax to: (210) 567-7020  
In person at: Academic and Administration Building. Room 442