Orthodontic Fellowship Application Form

Full Name: [Blank]
  First               Middle               Last

Address: [Blank]
  City                State               Zip Code

Telephone: [Blank]

Cell Phone: [Blank]

Email: [Blank]

Birth Date (mm/dd/yyyy): [Blank]

Country of legal permanent residence: [Blank]

Citizenship: (if other than country of residence): [Blank]

Dental School: [Blank]
Please list your specific goals and expectations for this fellowship:

Signed: _______________________________ Date: _________________
Checklist and Instructions for Application

US Applicant Checklist:
1. Complete Orthodontic Fellowship Application Form
2. Current CV
3. Two letters of reference
4. Certification of Disciplinary History from Dental School (must be sent by School)
5. Immunization Records
6. Official* copies of dental and college transcripts

International Applicant Checklist:
1. Complete Orthodontic Fellowship Application Form
2. Documentation of funding from funding source
3. Current CV
4. Two letters of reference
5. Certification of Disciplinary History from Dental School (must be sent by School)
6. Immunization Records
7. Official* copies of dental and college transcripts
8. Official* TOEFL Scores – A minimum TOEFL score of 550+ (paper version); 213+ (computer based); or 79+ (internet based) is required.

* Official” indicates that the documents cannot be sent electronically and must come directly from the issuing institution. Copies received from applicants will not be accepted and applications will remain incomplete.

An interview will be required before a position can be offered. If accepted to the Fellowship Program, further requirements will be conveyed to you. The fellow must be a self-starter and capable of learning and working independently. Each fellow is responsible for using their time and the time of the faculty constructively.

Please return all documentation to:
Office of Graduate Education
Indiana University School of Dentistry
1121 W Michigan Street, Room 280B
Indianapolis, IN 46202
USA