Indiana University International Dentist Program
2014 Application Checklist

NOTE: ALL DOCUMENTS LISTED BELOW MUST BE RECEIVED BY THE DEADLINE DATE OF OCTOBER 20, 2013.

 ✓ COMPLETED APPLICATION PACKET
Submit a fully completed application packet with all forms signed and dated by the individual applying to the program.

 ✓ APPLICATION FEE
The international application and fee of $60.00 should be submitted online at www.iupui.edu/~gradoff/admissions/. Under Graduate Programs: choose “Online Application” and create a guest account. Then select “Dental Professional,” then select “Summer 2014” term. Only answer the questions with an asterisk (*). DO NOT SELECT “IU PAYPLUS.”

 ✓ DENTAL EDUCATION, DENTAL RELATED ACTIVITIES, AND PROFESSIONAL GOALS
Submit a signed and dated typewritten essay of applicant’s dental education experiences, dental related activities, and professional goals on the form provided in the application packet. A Curriculum Vitae and/or continuing education documents may also be included.

 ✓ FOREIGN DENTAL DEGREE (DIPLOMA)
Submit an official school certified or notarized copy of applicant’s foreign dental diploma to the OFFICE FOR ADMISSIONS AND STUDENT AFFAIRS at Indiana University School of Dentistry. If the diploma is in a language other than English, it must be accompanied by a certified or notarized English translation from an accredited U.S. translator. This program does not accept a provisional degree as a substitute for the actual dental degree.

 ✓ OFFICIAL SCHOOL CERTIFIED DENTAL SCHOOL TRANSCRIPT
An official school certified copy of the applicant’s dental school transcript must be sent in a sealed envelope directly to the office at Indiana University School of Dentistry from the university associated with the foreign dental school. All certified copies must bear an original official school seal. Any copy not bearing an original seal will not be accepted as a required official school certified document. Photocopies notarized in the U.S. or Canada by a Public Notary of the original transcripts are not acceptable as substitutes for the official dental school certified copy of the transcripts received from the dental school in a sealed envelope.

 ✓ COURSE-BY-COURSE DENTAL SCHOOL TRANSCRIPT EVALUATION
Submit an original ECE “course-by-course” evaluation of applicant’s foreign dental school transcripts directly from Educational Credential Evaluators, Inc. to the Office for Admissions and Student Affairs at Indiana University School of Dentistry.

 ✓ NATIONAL BOARD DENTAL EXAMINATION - Part 1 and Part II
Submit an original score report of the applicant’s National Board Dental Examination from the American Dental Association to the Office for Admissions and Student Affairs at Indiana University School of Dentistry. A status of “pass” is required of all applicants on both sections of the NBDE.

 ✓ TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)
Submit an original score report of the applicant’s TOEFL examination (IBT format) earned within the past two (2) years directly from the Educational Testing Service to the Office for Admissions and Student Affairs at Indiana University School of Dentistry (institution code 1325, department code 38). A score of ninety (90) or above on the internet-based format of the TOEFL examination is required. Only the IBT TOEFL examination is accepted. No waivers are granted for the TOEFL for personal circumstances or for scores below the minimum application requirement.

 ✓ LETTERS OF RECOMMENDATION
Submit three (3) official or original letters written in English within twelve (12) months of the date of the submission of the application. One of the letters of recommendation should be from a dental professional who has worked with the applicant within the past 12 months.

 ✓ PERSONAL PHOTOGRAPH
Submit one (1) recent passport size photograph of the applicant, with the applicant’s signature on the back of the photograph.

 ✓ RESIDENCY STATUS
Ensure that you have indicated your current residency status in question #14.

 ✓ NAME CHANGE
If applicable, include documentation to verify any name change.

REFERENCES:
1. National Board Dental Examination, contact the Joint Commission of National Dental Examinations at www.ada.org.
2. Information on the TOEFL examination, contact TOEFL/TSE Services Testing at www.ets.org/toefl.
3. Information on course-by-course transcript translation, contact: Educational Credential Evaluators, Inc. (ECE) at www.ece.org. Only a course-by-course” evaluation from ECE will be accepted.
APPLICANT INFORMATION

1. Family Name: _____________________________________________________________

2. First Name: ___________________ Middle Name: ___________________

3. Other Name (list any other name that appears on your academic records and provide appropriate documentation): ____________________________________________

4. Preferred Name (name you would like to be called): _____________________________

5. Gender: □ Male □ Female

6. Marital Status: □ Single □ Married

7. Date of Birth: ______/_____/_____

8. Place of Birth: _____________________________________________________________
   City: __________________________ Country: ____________________________

9. United States Social Security Number (if available): ______-____-_____

CONTACT INFORMATION

10. Current Mailing Address: ________________________________________________
    City: __________________________ State/Province: _________________________
    Country: __________________________ Postal Code: _________________
    Current Telephone Number: (____) ____-_______ Mobile/Work Number: (____) ____-_______
    Email Address: __________________________________________________________

11. Permanent Mailing Address (provide only if different from current address):
    _________________________________________________________________
    City: __________________________ State/Province: _________________________
    Country: __________________________ Postal Code: _________________
    Current Telephone Number: (____) ____-_______ Mobile/Work Number: (____) ____-_______
    Email Address: __________________________________________________________
CITIZENSHIP INFORMATION

Please indicate if you are a United States citizen, provide your Social Security Number on line 9 and proceed to Question Number 15.

12. Country of Citizenship: ____________________________________________________

13. Are you a United States permanent resident? □ YES □ NO

If YES, Alien Registration Number: A-______________ Expiration Date: _____/_____/

VISA INFORMATION

Complete this section if you are a non-United States citizen or non-United States permanent resident.

14. Do you hold a United States Visa? □ YES □ NO

If YES, circle your Visa status: F-1  J-2  B-2  H-4

Other: __________________ Expiration Date: _____/_____/

If NO, what type of visa will you apply for? ______________________________________________

ETHNICITY INFORMATION

Completion of this section is optional. For data collection purposes, please check only one box.

15. □ Native American  □ African American (not of Hispanic Origin)
      □ Asian or Pacific Islander  □ White (not of Hispanic origin)
      □ Mexican American  □ Puerto Rican  □ Cuban
      □ Other Hispanic ________________ (please specify)

DATES OF EXAMINATIONS

16. Test of English as a Foreign Language (IBT TOEFL):

   Date (month/year): _____/_____  Total Score: ________________

17. National Board Dental Examination, Part 1:

   Date (month/year): _____/_____  Total Score: ________________

18. National Board Dental Examination, Part 2:

   Date (month/year): _____/_____  Total Score: ________________
APPLICATION FEE

Please submit the $60 application fee online at www.iupui.edu/~gradoff/admissions/.

- Under Graduate Programs choose “Online Application”
- select “Create a Guest Account”
- select “Dental Professional”
- select “Summer 2014” term
- answer only the questions marked with an asterisk (*)
- **DO NOT SELECT “IU PAYPLUS”**.

STATISTICAL INFORMATION

19. Have you ever been licensed in any country as a dentist? □ YES □ NO

If YES, which country? ____________________________________________

License Number: ___________ Date Issued: _____/_____/_____

20. Have you ever had any disciplinary action taken against you and/or revocation of your foreign dental license? □ YES □ NO

*If you answered “Yes,” you must attach an explanation on a separate sheet.*

21. What is your native language? ________________________________

22. Language(s) other than English:

__________________________  □ Speak  □ Read  □ Write

__________________________  □ Speak  □ Read  □ Write

23. How many years have you studied English? ______

In which country did you study English? __________________

24. How did you hear about the Indiana University International Dentist Program?

___________________________________________________________

INDIANA UNIVERSITY-INTERNATIONAL DENTIST PROGRAM

APPLICANT’S STATEMENT

OF

DENTAL EDUCATION EXPERIENCES, RECENT DENTAL RELATED ACTIVITIES,

AND PROFESSIONAL GOALS

25. Please complete on a separate page and attach to this application. Feel free to include anything that you feel will make you a more competitive candidate. Please sign and date this application and send the application with all supplemental documents attached to:
I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand that I am responsible for insuring that any required documents are forwarded directly to the International Dentist Program Office from testing institutions and dental schools and are received by the deadline date. I understand that the information I have provided is true and correct and any falsification of my application or irregularities of records are grounds for an immediate cancellation of my application or enrollment and dismissal from the Dental School.

Applicant’s Signature: ______________________________ Date Signed: _____/_____/_____
If you answered "Yes" to the above question, please attach a statement of explanation to this report of your formal records.

I hereby certify that to the best of my knowledge the information above is true and complete. I understand that if found to be otherwise, it is sufficient cause for possible rejection of my application or dismissal from the Indiana University School of Dentistry.

Printed Name of Applicant: __________________________________________________________

Signature: ___________________________________________ Date: _____/_____/_____