



Advanced Education in General Dentistry
Application for Admission

**TO BE COMPLETED ~~ONLY~~ IF PASS
DEADLINE HAS BEEN MISSED**

All Application materials should be emailed to
Program Director Dr. Christina Van Dam
pitterch@udmercy.edu

UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY
2700 MARTIN LUTHER KING JR. BOULEVARD
DETROIT, MI 48208-2576

Give titles of articles, publications, or research completed; state nature of project or article (i.e., research paper, essay, table clinic, etc.). If published, cite source:

Work experience:

Job Description	Employer	Dates
<hr/>	<hr/>	<hr/>
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Military service:

Position	Dates
<hr/>	<hr/>
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List three persons as references who are familiar with you and your professional record: (See #3 of "Application Procedure" on Page 4)

Name	Position	Address
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What factor, or factors, prompted you to pursue an AEGD residency position at this time in your career?
On a separate sheet of paper, please write a personal essay outlining your desire to pursue an AEGD residency position.

I hereby certify that the above information is complete to the best of my knowledge.

Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL INFORMATION

This application should ONLY be completed if the PASS deadline has been missed.

1. The Detroit Mercy Dental AEGD application is processed through PASS prior to February 1.
2. After the PASS deadline, February 1, interested applicants should contact the AEGD Program Director directly.
3. Applicants must be graduates of or graduating from a CODA accredited dental school within the United States or Canada. Applicants must be United States citizens or permanent residents.
4. The AEGD program is designed to fulfill the standards for advanced education in general dentistry as specified by the Commission on Dental Accreditation (CODA).
5. The program is a full-time, 5 day/week program lasting 12 months. A second year is optional as negotiated between the resident and the AEGD Program Director. First year residents are prohibited from working outside of the program.
6. The completion of an application in no way implies or guarantees the acceptance of the applicant as a resident in this program. Acceptance comes through an official notification from the AEGD Program Director. In determining an applicant's eligibility, the committee will give careful consideration to the applicant's academic preparation, essay, experience, faculty recommendations and extracurricular activities.
7. Detroit Mercy Dental is committed to diversifying its student body and the dental workforce. Guided by our mission as a Jesuit & Mercy institution, in alignment with the values of social justice and equity, our vision of diversity also includes individuals from educationally and economically disadvantaged populations, as defined by HRSA (Health Resources and Services Administration).
8. On notice of acceptance, a non-refundable deposit of approximately \$700.00 must be received with your signed letter of acceptance to reserve your position. The letter of acceptance and the non-refundable fee must be received within 7 days of the date on the letter. Your position will not be guaranteed beyond the 7 days.

APPLICATION PROCEDURE

1. Read this application form carefully and type or print the answers. If additional space is required to answer the questions, use an additional sheet of paper.
2. A separate sheet of paper should be used to complete your essay.
3. You are asked to list three faculty members who are familiar with you as an individual and with your academic record. Two of these faculty should be familiar with your clinical skills. Please ask these individuals to forward letters of reference concerning your character and professional ability directly to the School of Dentistry. In addition, a letter must come from the Dean or other administrative officer of the dental school last attended.
4. An official dental school transcript must be sent to the University of Detroit Mercy School of Dentistry at the email address shown below. Transcripts cannot be accepted unless transmitted directly from the school attended.
5. Official National Board Examination results must be submitted to the same email address.
6. Please email a passport type photograph of yourself (approx 2" x 2").
7. The completed application form should be accompanied by a check or postal money order in the amount of \$75.00 (U.S. Currency) made payable to the University of Detroit Mercy School of Dentistry. The application fee is not refundable.
8. Applicants will not be considered until all records (official transcripts, official NBDE results, and recommendation letters) 2x2 photo and fees have been received.

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