

University of Southern Nevada
College of Dental Medicine
4 Sunset Way, Building C
Henderson, NV 89014

Supplemental Application for Admission to:

University of Southern Nevada College of Dental Medicine's Advanced Education in Orthodontics and Dentofacial Orthopedics/Master of Business Administration (AEODO/MBA) Residency Program

Supplemental Application Instructions and Checklist

Please initial each item as it is completed:

1. Please review the program information provided at <http://www.usn.edu/dental/>.
2. You must also review the information available on the PASS website and complete the **PASS Application**.
 - University of Southern Nevada Advanced Education in Orthodontics and Dentofacial Orthopedics/Master of Business Administration Residency Program PASS Code:
ORTHO946
3. You must complete, sign and return the **Supplemental Application** to the address provided below.
4. Please **type** or **legibly print** your answers to all questions on the Supplemental Application.
5. Please be as detailed as possible. Should you need more space for an answer or explanation, please attach an additional sheet of paper.
 - In case additional space is needed, please be certain to always provide the question number pertaining to your response and/or explanation.
 - Make sure to include your name and social security number on the additional paper to be included with your application
6. Please be sure to provide a non-refundable check or money-order in the amount of U.S. \$50 along with your application.
 - Make your check or money-order payable to "University of Southern Nevada"
 - Please make sure your name is included on the check or money-order
7. Letters of recommendation must be mailed **directly to PASS**. The letters of recommendation must include:
 - One letter from Dean (or Dean/Associate Dean of Student Affairs) of your dental school.
 - One letter from your predoctoral orthodontic program director
 - One letter from other dental school faculty or orthodontic private practitioner with whom you have worked closely

8. You must include a current curriculum vitae (CV) along with your Supplemental Application packet.
9. Official, current dental school transcripts must be sent **directly to PASS**.
10. All provided information must be correct, current and complete to the best of your knowledge.
11. Please sign the last page of this application (*Certification*) to attest to the completeness and accuracy of all provided information.

Please note: In order for your application to be processed or reviewed, all requested documents must be provided to the University of Southern Nevada College of Dental Medicine by the Program Deadline stated on the PASS website.

Please send your Supplemental Application and all other required documents to the address below:

University of Southern Nevada
Attention: Dr. Jaleh Pourhamidi
Director of Student Affairs
College of Dental Medicine
4 Sunset Way, Building C
Henderson, NV 89014

Supplemental Application For Admission To:

Advanced Education in Orthodontics and Dentofacial Orthopedics/Master of Business Administration (AEODO/MBA) Residency Program

Please complete all items of the application (a typed application is preferred).

PERSONAL/BIOGRAPHICAL INFORMATION

1. Full Legal Name: _____
(Last) (First) (Middle) 2. Social Security #: _____

3. Phonetic Spelling (How do you say your name?): _____
(Last) (First) (Middle)

4. Current Mailing Address: _____
(Street) 5. Cell Phone #: _____

(City) (State) (Zip Code) 6. E-mail: _____

7. Permanent Mailing Address: _____
(Street) 8. Date of Birth: _____

(City) (State) (Zip Code) 9. Place of Birth: _____

10. Gender: Male Female 11. Marital Status (optional): _____

ETHNICITY (optional)

12. Indicate in which of the following classifications you consider yourself:

- | | |
|--|---|
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Filipino/Filipino American |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Japanese/Japanese American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Korean/Korean American |
| <input type="checkbox"/> Chicano/Mexican American | <input type="checkbox"/> Latino/Other Spanish American |
| <input type="checkbox"/> Chinese/Chinese American | <input type="checkbox"/> White/Caucasian (including Middle Eastern) |
| <input type="checkbox"/> East Indian/Pakistani | <input type="checkbox"/> Other Asian (not including Middle Eastern) _____ |
| <input type="checkbox"/> Pacific Islander (including Polynesian, Micronesian and other Pacific Islander) | |
| <input type="checkbox"/> Other _____ | |

CITIZENSHIP

13. Are you currently a U.S. citizen? Yes No
- U.S. Citizen:
 Birth Naturalization- Certificate #: _____
- Non-U.S. Citizen
 Permanent U.S. Resident – Permanent Resident Card #: _____
- Student Visa Holder: F-1 Student Visa #: _____
 **You must have a valid, current Student Visa (F-1 Visa) and a U.S. Social Security Number to enroll at USN

14. Emergency Contact Information:

(Name) (Relationship) (Telephone #)

POSTDOCTORAL EDUCATION INFORMATION

15. What score did you receive on the National Boards Part I? ____ When was the exam taken? _____

16. Have you ever applied to a postdoctoral residency in orthodontics and dentofacial orthopedics prior to this year?

- Yes No

If so, please provide name(s) of program(s) and year(s) you applied.

17. Have you ever applied to a postdoctoral dental specialty other than orthodontics and dentofacial orthopedics?

- Yes No

If so, please provide a brief description and be sure to include: Type(s) of residency, name(s) of program(s) and year(s) applied, and reason(s) for not attending or leaving the program, if any.

DENTAL LICENSURE INFORMATION

18. Have you taken any regional or state **dental licensure examination(s)**?

- Yes No

If so, please specify state(s), region(s), date(s) and whether or not you successfully completed the examination(s).

19. Are you currently **licensed** to practiced dentistry?

- Yes No

If so, please specify state(s), license number(s), and state the date(s) you were granted the license(s).

20. Have you ever been denied a license to practice dentistry, or had an existing license restricted, suspended, or revoked?

- Yes No

If so, please provide detailed explanation for each incident.

BACKGROUND INFORMATION

21. Have you ever **withdrawn from, faced disciplinary action** (including suspension) or been **dismissed** by a predoctoral (dental school), postdoctoral or graduate program?

- Yes No

If so, please provide detailed explanation for each incident and its outcome.

22. Have you ever been convicted of, or have pending, a **misdemeanor or felony charge** (excluding minor traffic violations)?

Yes No

If so, please provide detailed explanation for each incident.

23. Do you have any health related conditions that would hinder your ability to participate in any portion of your education?

Yes No

If so, please provide detailed explanation for each condition.

CERTIFICATION

This certification must be signed and dated by the applicant to proceed with the application process.

I certify that the information on this application is complete and correct and understand that the submission of false information or omission of information is grounds for rejection of my application, withdrawal for any offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions. I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to the University of Southern Nevada. I agree to notify the proper officials of the institution of any changes in the information provided on this application. I also agree to pay all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount owed to the University of Southern Nevada.

Applicant Signature

Date