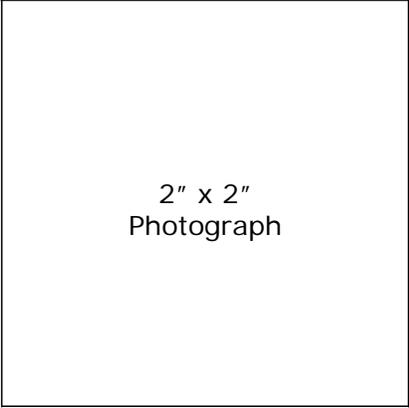


**Louisiana State University Health Sciences Center**  
**SCHOOL OF DENTISTRY**  
**1100 Florida Avenue, Box 230**  
**New Orleans, Louisiana 70119**  
**FAX (504) 619-8740**



2" x 2"  
Photograph

\*(PLEASE SEE NOTATION AT BOTTOM OF PAGE)

**Application to Advanced Education Program for Implant Restorative Fellowship Department of Periodontics**

Program beginning in \_\_\_\_\_ (Academic Year)

Have you applied previously to this institution? Yes? \_\_\_ No \_\_\_. If yes, specify year \_\_\_\_\_

Name in full \_\_\_\_\_  
(Optional Information) Last First Middle

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Number of children and ages of each \_\_\_\_\_

Mailing address \_\_\_\_\_  
Number and street City

County or Parish State and Zip Code Country

Permanent home address \_\_\_\_\_  
Number and street City

County or Parish State and Zip Code Country

Telephone number \_\_\_\_\_  
Office or School Number Home Number Fax Number

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Month Day Year City State Country

Social Security Number \_\_\_\_\_ Race (optional information) \_\_\_\_\_

Citizenship \_\_\_\_\_ E-mail \_\_\_\_\_

Military service obligations or experience \_\_\_\_\_

Licensed to practice dentistry in following states \_\_\_\_\_

If you have taken the following, please indicate scores; if not, indicate date to be taken:  
National Boards, Part I \_\_\_\_\_ Part II \_\_\_\_\_; Test of English as a Foreign Language,  
Total: \_\_\_\_\_ \*Graduate Record Examination, Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_  
Analytical \_\_\_\_\_

I plan to take the following on the date(s) indicated: \_\_\_\_\_

Are you available for a personal interview at your own expense? Yes \_\_\_\_\_ No \_\_\_\_\_

\*STUDENTS FROM ABROAD: All credentials submitted in the English language, or accompanied by a certified translation.

Private practice experience/internship/residency\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List colleges/dental school in chronological order.

| Name of institution | Location | Dates Attended | Degree | Year  |
|---------------------|----------|----------------|--------|-------|
| _____               | _____    | _____          | _____  | _____ |
| _____               | _____    | _____          | _____  | _____ |
| _____               | _____    | _____          | _____  | _____ |
| _____               | _____    | _____          | _____  | _____ |
| _____               | _____    | _____          | _____  | _____ |

Honors and Awards\_\_\_\_\_

Membership in professional organizations\_\_\_\_\_

Research interests, experience and publications\_\_\_\_\_

Matching Number \_\_\_\_\_ High School Graduation Date \_\_\_\_\_  
(if applicable)

Indicate your motivations and reasons for seeking Advanced Education in the particular area of your choice.

List names, addresses, and phone numbers of the dean of your dental school, department chairman (in the area of specialty applying for) and an individual who professionally and socially can give us information relevant to your potential for a successful career in your chosen area of specialization. Graduates of Louisiana State University School of Dentistry should request a letter of reference from someone in the particular area of interest other than the department head or a full time faculty member of the department, since these individuals serve on the respective departmental selection committee. Please have these individuals forward letters of reference to the Assistant Dean for Advanced Education.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**YOUR APPLICATION IS INCOMPLETE AND CANNOT BE PRESENTED TO THE DEPARTMENTAL SELECTION COMMITTEE AND THE ADVANCED EDUCATION COMMITTEE UNTIL ALL CREDENTIALS ARE RECEIVED. THIS INCLUDES THE APPLICATION, APPLICATION FEE, PHOTOGRAPH, OFFICIAL TRANSCRIPTS, LETTERS OF REFERENCE, NATIONAL BOARD SCORES AND GRADUATE RECORD EXAMINATION (APTITUDE TEST) SCORES, WHERE APPLICABLE. TEST OF ENGLISH AS FOREIGN LANGUAGE (TOEFL) SCORES ARE REQUIRED OF APPLICANTS WHOSE FIRST LANGUAGE IS NOT ENGLISH.**

**I hereby certify that all statements made in connection with this application are correct. I hereby give my permission to the Louisiana State University School of Dentistry to release information regarding my admission credentials to those agencies the School authorizes as appropriate.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_