



**APPLICATION FOR ADMISSION**  
 Advanced Education Program  
 General Practice Residency Program

**APPLICANT INFORMATION**

Name:	DOB:	SSN:
Email:	Cell Phone:	Alt. Phone:
Current address:		
City:	State:	Zip:
Permanent address:		
City:	State:	Zip:
U.S. Citizen:	Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	Place of Birth:
Number of Dependents		
If you are not a citizen of the United States, please provide status here:		
Country of Citizenship _____		
Are you a resident of Tennessee?      No   or   Yes (Please circle)		
Have you served in the U.S. Armed Forces?   No <input type="checkbox"/> or   Yes <input type="checkbox"/> (Please check one)      Date Discharged:		

**ETHNIC BACKGROUND**

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other

**EMPLOYMENT INFORMATION**

Current Employer:	Date Hired?		
Private Practice:   No <input type="checkbox"/> or   Yes <input type="checkbox"/> If yes, provide details of practice on separate sheet	Phone:		
Address:	Fax:		
City:	State:	ZIP Code:	Other:

**DENTAL EDUCATION**

School Attended:			
From:	To:	Degree:	
School Attended:			
From:	To:	Degree:	
National Dental Board:	NDBE Average Part 1:	NDBE Average Part 2:	Average Total:
NBME Comprehensive Basic Science Exam	Score:	Year Taken:	
Dental School Class Standing (If ranked)			

**POST GRADUATE TRAINING**

Program Attended:		
From:	To:	Degree:





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**COLLEGE EDUCATION**

College Attended:

From:	To:	Degree:
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College Attended:

From:	To:	Degree:
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**REFERENCES**

Name	Address	Phone

**ACADEMIC HONORS**


**ORGANIZATIONS/MEMBERSHIPS**


**GOALS AND OBJECTIVES**

(Please provide the committee with a brief overview of your decision to become a General Practice Resident. Include any factors you think may affect your progress through this program. (Use additional pages if necessary))


**Have you been dismissed from a residency program? If so, Please explain.**

Are you available for on-site interview? No  or Yes  (Please check one)





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Submit the completed application with **APPLICATION FEE** \$50 cashier's check or money order made payable to:  
 Meharry Medical College General Residency Program

**SUBMIT TO:**

Donald Odom, Program Coordinator  
 Oral and Maxillofacial Surgery Residency Program  
 Meharry Medical College  
 1005 Dr. D. B. Todd Boulevard  
 Nashville, TN 37208-3599

**SUBMIT BY:**

Completed applications must include the following:

- Recent passport photograph notarized and signed on back. Staple to application \*
- Dental School transcript \*
- Copy of National Board scores \*
- National Board of Medical Examiners® (NBME®) Comprehensive Basic Science Examination (CBSE) Scores
- Personal Statement of Interest\*
- Curriculum Vitae\*
- Three letters of recommendation, one of which should be from the Dean of the Dental School from which you graduated\*

\* denotes required items

**SIGNATURES**

I certify that the above information is true and accurate to the best of my ability. I understand that any misrepresentation of the facts presented herein will jeopardize my chances for admission to this program, and may carry legal implications.

Signature of applicant:

Date:

**PROGRAM USE ONLY**

Date of Receipt:

Date of Review:

Reviewer's Signature:

Action Taken:

Additional materials solicited:

**PLEASE PLACE  
 REQUIRED PHOTO HERE**

MEHARRY MEDICAL COLLEGE SCHOOL OF DENTISTRY  
GENERAL PRACTICE RESIDENCY PROGRAM

\_\_\_\_\_ is applying for admission to the General Practice Residency Program at Meharry Medical College School of Dentistry. Please complete this evaluation and a separate letter of recommendation.

CLASS STANDING IN YOUR DEPARTMENT:

	<b>OUTSTANDING</b> Upper 5% of class	<b>GOOD</b> Upper half but not upper 25%	<b>BELOW AVERAGE</b> Lower half of class	<b>NO BASIS FOR JUDGEMENT</b>
Intellectual Ability				
Breadth of Interest				
Common sense. Judgment				
Initiative, Leadership				
Personality, Friendliness				
Emotional Maturity				
Appearance				
Attitude towards Criticism				
Sense of Responsibility, work				
Confidence				

The General Residency Program at Meharry is grateful for any pertinent material regarding the character, integrity, and personality of the applicant. We particularly appreciate the writer's opinion of the candidate's ability to pursue advance studies in this field and to achieve a successful professional career.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department: \_\_\_\_\_ Title \_\_\_\_\_

School: \_\_\_\_\_

\*\*Please fax the evaluation and recommendation letter to 615-327-723