UF UNIVERSITY of FLORIDA
College of Dentistry

Application for Preceptorship

(*Non-degree seeking*)

Specialty Interest: (check one) ☐ Endodontics ☐ Implant Center ☐ Oral and Maxillofacial Pathology ☐ Oral Medicine ☐ Orthodontics ☐ Periodontics and Implant Dentistry ☐ Restorative Dental Sciences

Dates of proposed study:

Beginning date ____/____/____ (Month / Day / Year) End date ____/____/____ (Month / Day / Year)

Name: _____ (Last) _____ (First) _____ (Middle/Maiden)

Are you a citizen of the U.S.?

☐ Yes ☐ No **Non-U.S. Citizens**, please provide your citizenship country: _____

Permanent residents of the U.S., please provide your alien registration number: _____

Current Mailing Address:

_____ (Street Address) _____ (Apt. #)

_____ (City) _____ (State) _____ (ZIP code) _____ (Country)

Telephone: _____

Email: _____

Permanent Legal Address: (If different from current address)

_____ (Street Address) _____ (Apt. #)

_____ (City) _____ (State) _____ (ZIP code) _____ (Country)

Permanent Telephone: _____

Permanent Email: _____

Gender: ☐ Female ☐ Male Date of Birth: ____/____/____ (Month / Day / Year) Place of Birth: _____ (City, State (and/or) Country)

Marital Status: ☐ Single ☐ Married ☐ Other Number of Dependents: _____

Ethnic Background:
(This information is requested due to federal regulation. This in no way influences your admission decision.)

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black (Not Hispanic) ☐ Hispanic ☐ White (Not Hispanic)

In what states/countries are you licensed to practice? Please indicate a license number.

Location	License Number	Location	License Number

Have you ever been denied licensure? ☐ Yes ☐ No

If licensed, during your course of licensure, have your privileges ever been modified, suspended or revoked? ☐ Yes ☐ No

If yes to either of the above questions, please explain the circumstances.

Please describe your professional experience; indicate the nature of the experience (private and /or associate practice, research, teaching) and the length of your involvement. Indicate area of specialty, if any:

List any scientific or clinical publications or presentations you have given at scientific meetings or dental societies:

Please provide a description of the types of activities you would like to engage in during your time at the UF College of Dentistry (be specific):

What would you like to accomplish during your time at the University Of Florida College Of Dentistry?

What particular area(s) of interests do you have - for example: research, clinical dentistry, endodontics, etc? Please be as specific as possible.

How do you plan to use the experience you gain at UFCD?

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Please note that all instruction at the University Of Florida College Of Dentistry is conducted at an accelerated pace and in English.

*Preceptorship fees vary and are determined by department.

I certify the information I have recorded to be complete and accurate, and that I have attended, or am attending no institutions other than those listed. I understand that all documents submitted for admissions consideration become the property of the University of Florida and will not be returned to me, nor duplicated for me, for any reason. If I am accepted to the UF College of Dentistry CE Program, my admission is subject to verification of all official records from the institutions. I further acknowledge that the application fee only partially covers the cost of processing my application and that the application fee is non-refundable.

	Please type your initials; *your initials will be used as your digital signature*		*Date*

Submit saved PDF and required documents to SADS online submission website ($50 application fee due immediately upon submission)