

Special Study Program: 9-Month Prosthodontics Internship

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: _____
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Current Mailing Address: _____ **Permanent Legal Address:** (If different from current address) _____

Street Address _____ Apt. # _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP code _____ Country _____

City _____ State _____ ZIP code _____ Country _____

Telephone: _____

Permanent Telephone: _____

Email: _____

Permanent Email: _____

Gender: Female Male Date of Birth: _____ / _____ / _____ Place of Birth: _____

Month Day Year City, State (and/or) Country

Marital Status: Single Married Other Number of Dependents: _____

Ethnic Background: American Indian or Alaskan Native Asian or Pacific Islander Black (Not Hispanic) Hispanic White (Not Hispanic)
 (This information is requested due to federal regulation. This in no way influences your admission decision.)

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, or 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?

Payment Method: Self - Pay Loan

Upon acceptance, tuition is \$26,250 and is payable at one time or in four equal installments of \$6,562.50. All fees and tuition are non-refundable, regardless of program completion. Tuition must be paid in full before your exit date.

If you are choosing to **pay in full**, due immediately with your acceptance is a \$100 processing fee and \$26,250 tuition, non-refundable.

If you are choosing to **pay in installments**, due immediately with your acceptance is a \$100 processing fee and a non-refundable deposit of \$6,562.50 which must be submitted to the Office of Continuing Dental Education by September 1. The program will follow a semester schedule similar to the university's schedule. The remaining three (3) non-refundable payments of \$6,562.50 must be submitted to the Department of Continuing Education before October 1, January 1, and April 1.

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 (\$25 application fee due immediately upon submission)