

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?

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)