

UNIVERSITY OF MINNESOTA
 Program for Advanced Standing Students
 School of Dentistry
 University of Minnesota
 Minneapolis, MN 55455



APPLICATION FORM

FOR PASS CLASS 2021 STARTING JANUARY 2019

Applications **must** include **all** of the following documentation. Receipt of application will be acknowledged via email.

- Completed application form for starting year of 2019 (Class of 2021). Application form is interactive (see instructions). Type on designated lines or boxes. NOTE: The application form has changed and previous years' forms will not be accepted.
- Copy of **transcripts** including **mark sheets (grades) by year or semester** from non-U.S. dental school granting the dental degree. All schools do not issue mark sheets.
- Copy of English translation of **transcripts** and **mark sheets** by **authorized** translator, if original document(s) is/are in any language other than English.
- Copy of the E.C.E evaluation report of **all courses based on mark sheets and transcripts. Our requirement for credit hours** is 126 and above.
 Please note that a copy of the E.C.E. document **or** an original **must be included** in the application package. We will **not accept** evaluations submitted directly by E.C.E. (see FAQ #3).
- Copy of official twelve month internship certificate, for those who graduate from a four year dental program. (**Six month internships with four and one half year dental programs will not be accepted**).
- Copy of official diploma or graduation certificate from dental school granting degree. (We do not accept temporary/provisional diplomas).
- Copy of English translation of diploma or graduation certificate by authorized translator, if original document is in any language other than English.
- Copy of English translation of internship certificate by authorized translator.
- Copies of diplomas **and** transcripts from any degree granted in the US (if applicable).
- National Dental Board Part I and Part II examination results. Include a copy or a duplicate of the ADA original, or printout of your electronic result. **Examination must have been completed within the last ten (10) years. Candidates who have passed the NBDE Part I, II, may not retake the exam unless required by a state board or relevant regulatory agency.**
- The English as a Foreign Language (TOEFL) Internet Based Test (iBT) examination results. (**Examination must have been completed within the last three (3) years**). The TOEFL Internet based test (iBT) is **mandatory**. A copy of the score sheet, computer printout, or an extra original document must be included in the application package (include the back of the score sheet). We will not accept evaluations submitted directly by TOEFL (see FAQ #3). **The iBT average score must be 94 or above AND with a score of 20 or above in each of the four evaluations.**
- Curriculum Vitae or Resume
- Personal statement
- 2 Letters of Reference (see FAQ #16)
- A \$150.00 non-refundable application fee payable to the University of Minnesota School of Dentistry. We accept United States/international money orders or cashier's checks. Applicants name **MUST** be on the check (See FAQ #29)

Translations by **authorized** translator **must** accompany all submitted documents mentioned above or any other submitted document(s) that is/are not in English. **We accept non-notarized copies or duplicates of the original (ECE evaluation, ADA NDB PI and PII exam result, and TOEFL iBT score).**

It is not necessary to have copied documents notarized. Applicants who are granted an interview must bring **ALL original application documents** to the interview to establish authenticity.

Send completed application and supporting documents to:

Janet Campanaro
School of Dentistry
University of Minnesota
15-136 Malcolm Moos Health Sciences Tower
515 Delaware Street S.E.
Minneapolis, MN 55455

Application Period Beginning:

Applications are accepted and review of applications will start Monday, January 15, 2018. Interview of qualified applicants may start in February, 2018 and run throughout the application period.

Application Deadline

Applications must be received by Tuesday, May 15, 2018 at 4:00 p.m. Central Standard Time (CST) to be considered. **NOTE:** Application deadline has changed from previous year.

It is advisable to send applications and check via a courier (FedEx, DHL, or UPS). Please do not send your application via the US Postal service. All mailing via the post office are delivered to the UMN central mailing processing facility, and will take several days to reach the School of Dentistry.

NOTE: Once received, applications are not returned.

CAAPID

At the present time, the University of Minnesota School of Dentistry is NOT participating in CAAPID.

Further Questions?

READ ALL FREQUENTLY ASKED QUESTIONS (FAQ) ON THE WEBSITE

Many questions are new or have updated answers from last year based on new circumstances.

Most of your questions are answered on this web page.

Instructions for completing the application form

The UMN PASS application form for PASS Class of 2021 beginning January 2019 is an interactive PDF file.

Using the interactive function to complete the form

1. Download the form.
2. Each interactive field is highlighted in light blue. When you put the cursor on the field, a box pops up. Click in the box and you can start typing the requested information. Use the spacebar to add a space, e.g. between your family name and first name. **Note:** You can still fill out the form even if the highlight does not show. You may have to turn on the highlight function in your PDF reader.
3. You can click in the checkboxes and a checkmark will appear. You can move the checkmark to another box by clicking in that box, but you cannot remove the checkmark.
4. Once the form is completed, print it. It is voluntary to complete page 8. This page is **not** interactive.
5. Sign and date application on page 8.
6. We suggest that you print a copy for your files.

Note: You **cannot** submit the form electronically.

For your convenience, we have marked areas where previous applicants have forgotten to fully complete their response or not followed the instruction. These areas are **highlighted in red**.

PERSONAL INFORMATION

Applicant's Full Name:

Last (Family Name)

First

Middle

Male Female

Right-handed

Re-application

Married (Optional)

Left-handed

Applied year(s).....

Birth Date: _____ Place of Birth: _____

Permanent Address (Anyone residing in the US on a **temporary visa must have an address outside of the US**):

Telephone Number: _____ Mobile Number: _____

Email Address (print clearly): _____

Repeat email address (for verification): _____

Mailing Address in the US (if different from permanent address above. If appropriate use **C/O** to assure delivery):

Telephone Number: _____ Mobile Number: _____

Passport –Sized Photo

Immigration status:

- U.S. Citizen
- U.S. Permanent Resident
- U.S. Permanent Resident Application in Process
(Please, fill out **current visa status** below **even if** your application for Permanent Resident Application is being processed.)

Please paste
passport sized
photo in the box

Country of Citizenship: _____

US Visa Type: H-1 J-1

H-4 J-2

F-1 B-1/B-2

Other Visa (i.e. K, M) _____

EXAMINATIONS COMPLETED AND SUMMARY

National Dental Board (Part I):
(Required)

Date Taken: _____

(Test results **must** be submitted w/ application)

National Dental Board (Part II):
(Required)

Taken: _____

(Test results **must** be submitted w/application)

Test of English as a Foreign Language Examination:
(TOEFL. Test results **must** be submitted w/ application)

Date Taken: _____

Score: _____

Transcript evaluation by E.C.E.
(results **must** be submitted w/ application)

GPA: _____

Country of birth: _____

Citizen of Country: _____

Graduated in Country: _____

Graduated (year): _____

Immigration Status in the US: _____

Have been living in the U.S. since: _____

If you have an F-1 visa, where do you study and what do you study?

Anticipated graduation (**month/year**) _____

Do you currently study full time [] part time []?

If you work part time, how many hours do you work per week? _____ **Hours/Week.**

EDUCATION

(PLEASE COMPLETE PAGE EVEN IF YOU SUBMIT A CV)

NOTE: Include both date, month and year where requested (MM/DD/YYYY). Note format. Be specific.

1. Dental/Oral Health Education:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (Month/Date/Year)
(starting date of program FAQ #45)

Degree Awarded: _____

2. Post Graduate Training in Home Country (does **not** include mandatory internship):

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (Month/Date/Year)

Degree Awarded: _____

3. Post Graduate Training in dentistry in the United States:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (Month/Date/Year)

Degree Awarded: _____

4. Additional Training and Degrees in the US i.e. MPH, MS, MA (specify discipline), or PhD:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (Month/Date/Year)

Degree Awarded: _____

WORK EXPERIENCE

(PLEASE COMPLETE PAGE(S) EVEN IF YOU SUBMIT A CV)

1. Summarize your professional dental experience **in your home country**:

(Begin with the most recent employment. Use an additional sheet of paper if needed. For US and dual citizens raised and schooled outside of the US should give information about work experience from country where raised.).

NOTE: Include both month, date and year where requested (MM/DD/YYYY). You must indicate start date and end date or ongoing. You must include how many hours per week you work.

Mandatory internship/houseman ship does not count as Work Experience. It is schooling.

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
 (Start and end dates, or start date - ongoing)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
 (Start and end dates, or start date - ongoing)

2. List **any** work experience **within the United States or Canada** (include non-dental related work)

(Begin with the most recent employment. Use an additional sheet of paper if needed)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours/Week** _____
 (Start and end dates, or start date - ongoing)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
 (Start and end dates, or start date - ongoing)

WORK EXPERIENCE (CONTINUED)

If you work, do you have a work permit? Yes [] No [] Date on permit _____

If you work and have a F-1 visa, is this work part of your OPT? Yes [] No []

How much do you work? Full time [] Part time [] Irregular (on and off) []

If you work part time how many hours per week? _____

If you currently observe/volunteer somewhere, is that Full time [] Part time [] Now and then []

If you observe or volunteer part time, how many **hours per week?** _____ beginning when _____

PERSONAL STATEMENT

Type statement on separate sheet(s) of paper and include with the application. The statement should preferably be one page but no more than a page and a half single spaced (in size point 12). The statement must include applicants name current home address and email address. Please use font Arial or Times Roman. Email addresses might be difficult to read if “fancy” fonts are used.

CURRICULUM VITAE OR RESUME

TWO LETTERS OF REFERENCE

ADDITIONAL INFORMATION

Please tell us where you heard about the UMN PASS program:

Expenses for your dental education will be financed by:

NOTE: ACCEPTANCE DOWNPAYMENT CANNOT BE FUNDED VIA STUDENT LOANS. IT MUST COME FROM PERSONAL/FAMILY FUNDS.

Signature: _____

Date: _____

Note: The additional form requesting information about Ethnicity and Race is optional but requested to be included by the Federal Government.

Applicant Name: _____

ETHNICITY AND RACE

The information provided below is voluntary and will not be used in a discriminatory manner. The questions below comply with the U.S. Department of Education's new mandated standards for ethnic and racial data collection.

1. **Ethnicity:** Are you Hispanic or Latino? Yes No
2. **Race:** Please check any or all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Two or more races. Please list: _____

Ethnic and racial definitions

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the original Black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

APPLICATION CHECK-OFF SHEET

(NOTE: DEADLINE IS MAY 15, 2018 AT 4:00 PM CENTRAL STANDARD TIME)

- Completed and signed application form. Line for signature and date is on page 8.
 - Recent passport size photo
- Copies of transcripts (**including grades/mark sheets**) from previous dental school
 - Translations by **authorized** translator
- Copy or duplicate of the original E.C.E evaluation report of **all** courses
 - Education is **126 credit hours** or more (according to the E.C.E. report).
- Copy of official diploma or graduation certification from dental school
 - Translations by **authorized** translator
- Copy of official twelve month internship certificate for those with a four year dental education
 - Translations by **authorized** translator
- Copies of diplomas and transcripts from any degree granted in the US (if applicable)
- Copy of ADA original or duplicate, or electronic results of National Dental Boards Part I, Part II
 - Examination must have been completed within the last **ten (10)** years
- Result of Test of English as a Foreign Language (TOEFL) **only** the **iBT** examination is accepted
 - Examination must have been completed within the last **three (3)** years
- A US \$150.00 non-refundable application fee payable to the University of Minnesota
 - International money order or Cashier's check US money order or Cashier's check
 - Applicants name is on check/money order**
- Typed personal statement included (No longer than a page and a half).
- Curriculum Vitae or Resume included
- Two letters of reference
- Accurate email address included
- It is advisable to send applications and your check via a courier (FedEx, DHL, or UPS). Please do not send your application via the US Postal service. All mailing via the post office are delivered to the UMN central mailing processing facility, and will take several days to reach the School of Dentistry.

Make sure that all appropriate boxes are checked and all documents are included and inserted into a full size envelope. Please keep a copy of the whole application for your files. Do NOT fold application, double-side or staple any of the forms or copies of forms. Do NOT use plastic folders. Do NOT use tabs or Post-It to separate documents. Do NOT use thick paper. We acknowledge receipt of application within ten days.

Incomplete applications will not be considered. We will try notify the applicant about missing documents, however, this is no guaranteed. Double check that all documents are included.

If you are called for an interview, all original documents **must be brought for the interview and examined for authenticity. An application will not be further processed, if original documents are not available at the interview date.**