

Application Form

Program to which you wish to apply (Please check only one):

- Clinical Fellowship in Orthodontics
- Clinical Fellowship in Dentofacial Orthopedics

Section 1: Personal Information

First/Given Name		Middle Initial
Family/Last Name		
Gender	<input type="radio"/> Female <input type="radio"/> Male	Date of Birth (MM/DD/YYYY)
Country of Citizenship	US Permanent Resident <input type="radio"/> Yes <input type="radio"/> No	Country of Birth
US address _____		
City _____ State _____ Postal code _____		
International address _____		
City _____ State _____ Postal code _____		

Mailing address Same as US address Same as International address
If different, please fill below

City _____ State _____ Postal code _____

Phone (Including Country/City code) _____

Mobile (Including Country/City code) _____

Email _____

Emergency Contact Information #1

Name/Relationship _____

Phone (Including Country/City code) _____

Mobile (Including Country/City code) _____

Email _____

Emergency Contact Information #2

Name/Relationship _____

Phone (Including Country/City code) _____

Mobile (Including Country/City code) _____

Email _____

Section 2: Academic Background

College/University	Location (City/State/Country)	Degree	From (MM/YYYY)	To (MM/YYYY)

GPA of your main degree:

(please specify degree)

Test Scores

Please indicate if you took any of the following tests. Write N/A if you did not take the test. Send official score reports for any tests you have taken to CTOR Academy.

	Date of Test	Score
NBDE Part 1		
NBDE Part 2		
GRE		
TOEFL		
Other English Tests (IELTS)		
Other <i>(please specify)</i> _____		

Letter of Recommendations

Please list your Personal Reference (name, title, institution and e-mail address) who prepared your Letter of Recommendation. Recommendation should be from faculty that have worked with you.

Faculty Name & E-mail Address	Title	Institution

Section 3: Professional Work Experience

Employer and Supervisor's Name	City/Country	From (MM/YYYY)	To (MM/YYYY)	Your responsibilities

Section 4: Research Experience

Research Institute	Research Topics	From (MM/YYYY)	To (MM/YYYY)	Supervisor's Name

Section 5: Background Information

	Yes	No
Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation?	<input type="radio"/>	<input type="radio"/>
Were you ever been subject to any disciplinary action by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations?	<input type="radio"/>	<input type="radio"/>
Have you ever been subject to disciplinary action by any professional licensing board?	<input type="radio"/>	<input type="radio"/>

Please explain if you answered "Yes" to any of the question. (Use additional pages if needed.)

Section 6: Financial Support

Are you financially able to complete the Program at CTOR Academy without outside help? Provide supporting letters from sponsoring organizations, if applicable.

- Self-Support
- Sponsorship (please specify)_____

Applicant's Declaration

By signing below, you certify that the personal statement you are submitting is your own work, and that all information submitted in the CTOR Academy admission process—including the application and any other supporting materials—is, to the best of your knowledge, factually true, and honestly presented.

By signing below, you also acknowledge that you may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information you have certified be false. You also acknowledge that you understand that if you receive an offer of admission to CTOR Academy based on unofficial documents provided by you that any such offer is conditional, pending receipt of final, official documents showing work comparable in quality to that upon which the offer was based.

Signature_____

Date_____

Print or Type Name _____

Application Checklist

Please include the following information with your application:

- CTOR Academy Application form
- Application Fee: \$50 USD.
- Official transcript from dental school (in sealed and signed envelope)
- Letter of recommendation/s from the dental Dean, Professor or Supervisor (in English, signed and in official letter-header)
- Curriculum Vitae (listing academic honors, military service with dates (if applicable), membership in dental societies, extracurricular activities while in dental school (including continuing education courses), and any additional activities since completing dental school)
- Personal statement discussing your motivation for enrolling in CTOR Academy Fellowship Program, experiences and accomplishments that make you qualified for the program. (Maximum 1 page, double-spaced, in 12-point font)
- Official National Board Dental Examination scores, highly recommended but not required.

Please mail Complete Documents and Application Fee to:

CTOR Academy
Admissions Office
79 Hudson Street, Suite 201
Hoboken, NJ 07030 USA