



Application Form

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

- ☐ Orthodontics and Dentofacial Orthopedics
- ☐ Orthodontics and Dentofacial Orthopedics/Master's Degree in Bioengineering
- ☐ Orthodontics and Dentofacial Orthopedics/PhD in Biomedical Sciences
- ☐ Fellowship in Translational Research
- ☐ 1-Year Full-time Fellowship in Clinical Orthodontics
- ☐ 2-Year Part-time Fellowship in Clinical Orthodontics
- ☐ Fellowship/Master's Degree in Bioengineering
- ☐ Fellowship/PhD in Biomedical Sciences

Section 1: Personal Information

First/Given Name		Middle Initial
Family/Last Name		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	
Country of Citizenship	US Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> 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 (please specify)	

Letter of Recommendations

Please list 3 Personal References (name, title, institution and e-mail address) who prepared your Letters of Recommendations. Recommendations 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="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to disciplinary action by any professional licensing board?	<input type="checkbox"/>	<input type="checkbox"/>

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 course of study at CTOR Academy without outside help? Provide supporting letters from sponsoring organizations, if applicable.

☐ Self-Support

☐ Sponsorship (please specify) _____

Application Checklist

Please include the following information with your application:

- ☐ Application Fee: \$50 USD
- ☐ Official transcript from dental school (in sealed and signed envelope)
- ☐ Three letters of recommendation. Recommendations should be limited to the relevant department chair or a professor who is familiar with your academic performance. Please make sure that the letters are in sealed envelopes and are signed by your references.
- ☐ 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 the advanced program in CTOR Academy, 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 (U.S. and Canadian dental students or graduates only); NBDE is highly recommended but is not required for international students
- ☐ Standardized test scores (e.g. GRE) are recommended but not required
- ☐ To meet the financial requirement, you may provide an official bank statement/letter showing sufficient funding for at least one year's total cost. Only liquid accounts (such as savings, checking) can be used as proof; non-liquid funding (such as stocks, bonds, other investments) cannot be used as proof of financial funds. If a government or organization will be providing the funding, a signed letter of sponsorship is required.

Additional Requirements for Internationally Trained Dentists

- ☐ Official course-by-course ECE (www.ece.org)
- ☐ TOEFEL or IELT score (A minimum score of 90 is required on TOEFL iBT or a 6.5 on the IELTS)

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 _____