

Supplemental Application Form

Program to which you are applying (Please check only one):

- Orthodontics and Dentofacial Orthopedics Certificate
- Orthodontics and Dentofacial Orthopedics Certificate + Master's Degree in Bioengineering
- Orthodontics and Dentofacial Orthopedics Certificate + PhD in Biomedical Engineering

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 _____

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: Personal Statement

In this Supplemental Application we ask you to tell us why you want to pursue your training in Orthodontics & Dentofacial Orthopedics at CTOR Academy. What are your expectations and why do you think you would be a good fit to our team?

Please limit your statement to one page (font size at least 10).

Application Checklist

Please include the following information with your application:

- Application Fee of \$100 USD. Please make check out to “CTOR Academy”
- 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 in 10-point font)
- Complete CTOR Academy Application and submission of all required documentation through PASS (<https://www.adea.org/pass/>).
- Complete CTOR Academy Application and submission of all required documentation through Dental Match (<https://natmatch.com/dentres/schedule.html>)

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 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.

Signature _____ Date _____

Print or Type Name _____