Application Form

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

- ○ Fellowship in Translational Research (1 year)
- ○ Fellowship/Master's Degree in Bioengineering (2 year)
- ○ Fellowship/PhD programs in Biomedical Engineering or Biomedical Sciences (4 years)

Section 1: Personal Information

First/Given Name		**Middle Initial**
Family/Last Name		
Gender ○ Female ○ Male	**Date of Birth** *(MM/DD/YYYY)*	
Country of Citizenship	**US Permanent Resident** ○ Yes ○ 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?	○	○
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?	○	○
Have you ever been subject to disciplinary action by any professional licensing board?	○	○

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)_____
- ○ CTOR Research Scholarship (Please consider my application for a CTOR Scholarship)

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 _____

CTOR. academy

Join the Future of Orthodontics!

Application Checklist

Please include the following information with your application:

- ○ Application Fee: $250 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
- ○ **Mail complete application and all required documents to:**

  CTOR Academy Admissions Office 79 Hudson Street, Suite 201

  Hoboken, NJ 07030 USA

Additional Requirements for Internationally Trained Dentists

- ○ Official course-by-course ECE (www.ece.org)
- ○ TOEFL or IELT score (A minimum score of 74 is required on TOEFL iBT 74-78 or a 6 on the IELTS)
- ○ To meet the financial requirement of J1 visa, 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) can not be used as proof of financial funds. If a government or organization will be providing the funding, a signed letter of sponsorship is required.