

Advanced Standing Program Application Form

Advanced Education Program in Orthodontics and Dentofacial Orthopedics

Section 1: Applicant Information

Name		Current Mailing Address	
First: _____		Street: _____	
Middle (optional): _____		City, State, Zip: _____	
Last: _____		Country: _____	
Phone Number		E-mail	
Current Status			
<input type="radio"/> Student/Resident in an Orthodontics and Dentofacial Orthopedics Program (go to Section 2)			
<input type="radio"/> Internationally-trained Orthodontist (go to Section 3)			
<input type="radio"/> Other (please specify) _____			

Section 2: Program Information For Currently Enrolled Applicants

Program Name	Program Street Address	Program City/State/Zip
Program Phone Number	Program Fax Number	Program E-mail
Program Website URL	Program Director	Program Director E-mail
Credit Requested (number of months advanced standing)	Date of Entry into Current Program	Expected Graduation Date from Current Program

Section 3: Graduation Information For Internationally-Trained Orthodontists

School that awarded the Certificate in Orthodontics	School Street Address	School City/Country/Country Code
School Phone Number	School E-mail	School Website URL
Dates of Attendance	Program Director	Program Director E-mail
Credit Requested (number of months advanced standing)		

Section 4: Academic Background

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

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 (e.g.: IELTS)		
Other (please specify)		

Letters of Recommendations

Please list 3 Personal References who prepared your Letters of Recommendations. Recommendations should be from faculty that have worked with you in the clinic, classroom and/or laboratory.

Faculty Name, Department & E-mail Address	Title	Institution

Section 5: Professional Work Experience

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

Section 6: Research Experience

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

Section 7: 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?		
Have 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 8. Applicant Personal Statement

Tell us why you want to transfer to CTOR Academy Advanced Standing Program.
Please limit your statement to one page (font size at least 10).

Application Checklist

Please include the following with your application:

- Application Fee (\$250 USD). Please make check out to “CTOR”
- Official transcript from Dental school and Orthodontics program (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, clinic and/or research 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 Standing program in CTOR Academy, experiences and accomplishments that make you qualified for the program.
- Official National Board Dental Examination scores (U.S. and Canadian dental students or graduates only); is highly recommended but is not required for international students
- Standardized test scores (e.g. GRE) are recommended but not required

Additional Requirements for Internationally Trained Dentists

- Official course-by-course ECE (www.ece.org)
- TOEFL or IELTS score

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 _____