|  |
| --- |
| **APPLICATION** North Carolina Dental Public Health Residency Program |

**HOW TO APPLY**

1. **Documents required for application:**

**To be considered, the applicant must provide all required documents and answer all questions in the Residency Application. Only completed application packets will be considered by the Residency Admissions Committee. All application materials must be postmarked by November 1 for an application packet to be considered complete.**

* Completed, dated and signed Residency Application Form.
* Provide only the last four digits of your Social Security number.
* Give complete information on your education (“See Resume” is not acceptable).
* Three Letters of Recommendation, two of which must be from dental school or master’s program instructors who are familiar with the applicant’s academic potential. Please ask your references to address their knowledge of your academic potential, and to **send letters directly** to the address or email below.
* Curriculum Vitae (with emphasis on dental public health experience). Include beginning and end dates.
* A Statement of Intent written by the applicant. Describe your reasons for choosing a career path in dental public health, for seeking residency training in dental public health and why you are applying specifically to the NC Dental Public Health Residency Program. Also discuss your expectations of outcomes from your course of study in the Residency Program, if accepted, and your future expectations for employment.
* Original transcript of dental school, **sent directly by the institution**.
* Original transcript of public health graduate education, **sent directly by the institution**.
* If applicable, credentials evaluation service report(s) **sent directly by the service**.
* If applicable, TOEFL score **sent directly by testing agency**. Minimum required score for consideration is 100. Waived if dental or public health degree received in a predominantly English-speaking country.
* Proof of citizenship status, such as a copy of data page and signature page of your passport or your permanent U.S. residence visa (alien registration receipt card I-151 or I-551, known as the green card).
1. **Send all materials to:**

Dental Public Health Residency Program
NC Oral Health Section
MSC #1910

Raleigh NC  27699-1910

or DPHResidency@dhhs.nc.gov

THANK YOU FOR YOUR INTEREST IN the NORTH CAROLINA Dental Public Health Residency Program. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE accepted, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

|  |
| --- |
| Equal Opportunity InformationThe North Carolina Dental Public Health Residency Program does not discriminatebased on race, sex, color, creed, national origin, age or disability. |
| Date of Application      | Last Name      | First Name      | Middle Name      |
| Address (Street number and name)      | City      | State      |
| Zip Code      | Country      |  Phone where you can be reached       | Fax      |
|  Email Address       | Social Security Number    XXX - XX -         |
| Race   [ ]  White [ ]  Native Hawaiian or Other  Pacific Islander [ ]  Black or African American [ ]  Two or more races  [ ]  American Indian or Alaska Native [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Asian [ ]  Prefer not to answer    [ ]  Prefer not to answer  | Ethnicity [ ]  Hispanic/Latinx [ ]  Not Hispanic/Latinx  [ ]  Prefer not to answer |
|  **Citizenship**A federally funded stipend may be available *only* for residents who are U.S.  citizens, non-citizen nationals and foreign nationals with permanent residence  visas.  Which category reflects your current citizenship status? [ ]  U.S. Citizen [ ]  U.S. Non-citizen national.  See [Immigration and Nationality Act, Section 308](https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title8-section1408&num=0&edition=prelim) for definition.  [ ]  Foreign national with permanent U.S. residence visa  [ ]  None of the above. List your country of citizenship:       |  Date of Birth                   (Month) (Day) (Year) Sex **[ ]** Male **[ ]** Female  **Pronouns (optional)** **[ ]** He/Him **[ ]** She/Her [ ]  They/Them |

|  |
| --- |
| **Academic History** |
| Schools | Name and City/State/Country | Dates Attended (mo/yr)From: To: | Type of Degree Received | Date Degree Received (mo/yr) |
| College(s)University (s) |            |             |       |       |
| Dental School |            |             |       |       |
| Graduate School (MPH or equivalent) |            |             |       |       |
|  Other  educational,  internships,  etc. |            |             |       |       |
| **Professional Status:** (List relevant fields of work for which you have been registered/licensed, currently and in the past.)License/Registration:       State:       No.      License/Registration:       State:       No.      **Certifications, if any (List, giving dates and sources of issuance):**       |
| **Current membership in professional, honorary or technical societies (list):** |
| **Do you have (experience with) the following:** |
|   YES NO  [ ]  [ ]  Driver’s License?  State      Number        [ ]  [ ]  Car for use during residency?  |   YES NO  [ ]  [ ]  Word processing?  [ ]  [ ]  Spreadsheets?  [ ]  [ ]  PowerPoint? |   YES NO  [ ]  [ ]  Statistical software?  (Specify)        |
| **Enrollment Preference:** Part-time (24 months) [ ]  Full-time (12 months) [ ]  |
| Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be selected. The offense and how recently you were convicted will be evaluated in relation to the residency for which you are applying.) [ ]  YES [ ]  NO (If yes, explain fully on an additional sheet.) |
| **Recommendations** List the names and email addresses of the three individuals who will be submitting recommendations on your behalf. Two must be from dental school or master’s program instructors who are familiar with, and can address their knowledge of, your academic potential. **1.****2.****3.** |
| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my application, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am selected, and (or) criminal action. |
| Signature of Applicant  |     Date |

Revised 09.01.2022