

UCLA SCHOOL OF DENTISTRY
Advanced Clinical Training Program & Preceptorship
Application Form

Application Instructions:

- 1) Complete all sections of the application form.
- 2) Paperclip passport-sized photo to this application
- 3) Include an official copy of your dental school transcripts (translated into English or ECE course by course evaluation)
- 4) Complete English Language Proficiency Form and include official TOEFL/IELTS scores
- 5) Select three persons with knowledge of your skills and potential to serve as references and have each complete and return a Confidential Recommendation Report. Reports must be signed and sealed.
- 6) Submit \$150 application fee paid in U.S. dollars in the form of either traveler's checks or a check drawn from a U.S. bank.
- 7) Submit all materials to: ACT & Preceptorship Programs, UCLA School of Dentistry, Office of Student Affairs, 10833 Le Conte Avenue, Room A0-111 CHS, Los Angeles, CA 90095-1668

Applications will be considered only after all above items are received by UCLA School of Dentistry.

Section I: Program Information

Program Name: _____

Program Start Date: _____
(Summer, Fall, Winter, Spring) (Year)

Program Length: _____
(One, two, three or 4 quarters/ one or two years)

Section II: Personal & Contact Information

Name (Last, First): _____

Local U.S. Address (address, city, country, postal code):

Permanent/foreign Address (address, city, country, postal code):

Telephone: _____

Email Address: _____

Fax Number: _____

Languages: _____

Gender: _____

Marital Status (Optional): _____

Date of Birth: _____

Country and Place of Birth: _____

Country of Citizenship: _____

Current U.S. immigration/visa status: _____

Section III: Education, Discipline & Licensure Information

EDUCATION

Give names of all community colleges, universities, graduate, postgraduate, professional schools, and hospitals at which credit has been received.

INSTITUTION	DATES ATTENDED		MAJOR AND MINOR FIELDS	CERTIFICATES DEGREE AND DATE
	FROM	TO		

EXPERIENCE

TYPE*	INSTITUTION OR ORGANIZATION	DATES		NATURE OF WORK
		FROM	TO	
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				

*Type of Experience: C=Clinical; R=Research; T= Teaching

PROFESSIONAL ORGANIZATIONS/ PUBLICATIONS/ HONORS OR AWARDS

Are you currently under investigation for or have you ever been subject to a disciplinary action at any college, university, dental school or other training program in connection with misconduct or violation of an honor code which investigation could have resulted or did result in disqualification, suspension, dismissal or other sanctions? Yes No

If yes, please explain: _____

If yes, I authorize you to contact the Dean of Students at _____ (specify institution) for further details about this incident.

Please disclose and explain any suspensions, restrictions or revocations on your ability to practice dentistry in any jurisdiction: _____

Please describe your dental licensure status, including any states or countries in which you have been license:

Have you ever been convicted or plead no contest to any offense, misdemeanor, or felony in any state, the United States, or a foreign country (excluding violations in traffic laws resulting in fines of \$200 or less)? Yes No
If yes, please explain:

Section IV: Personal Statement

Insert below, a statement describing your general interests. Include (a) your reasons for seeking advanced training and education in this subject, (b) your career goals as to your plans for practice, research, teaching, community health programs, etc., (c) the type of program you feel would best suit your needs (i.e., university and/or hospital), and (d) any additional information you feel pertinent.

Section V: Certification

Applicants who fail to submit all necessary documents for consideration may be excluded from the admissions process. It is the responsibility of the applicant to insure that all pertinent records have been received by the Office of Admissions.

I understand that it is my responsibility to ensure that all pertinent records have been submitted to and received by the UCLA School of Dentistry Office of Admissions and further that if I fail to submit all necessary documents for consideration, I may be excluded from the admissions review process. By signing below, I am confirming that all of the statements made by me in this form are complete, true and accurate to the best of my knowledge. I understand that falsification of any of the information contained in my admissions credentials including this form may subject me to elimination from any further consideration by the admissions committee and/or dismissal from the Advanced Clinical Training Program/Preceptorship.

(Signature)

(Date)

**CONFIDENTIAL REPORT ON CANDIDATE SEEKING
ADMISSION FOR ADVANCED CLINICAL TRAINING PROGRAM OR PRECEPTORSHIP**

Name of Applicant: _____
(Last) (First)

Name of Program: _____

NOTE TO RESPONDENTS: You have been selected as a reference by the above named applicant who wishes to pursue a course of Postgraduate study in the Preceptorship Program. Your cooperation in completing this inquiry and mailing to the address below will be appreciated.

GENERAL IMPRESSION	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Professional attitude				
Habits and manners				
Poise				
Speech				
Honesty/ethics				
Appearance, neatness, care with personal image				
Social attitude and ability to get along with people				

PERSONALITY: ___ Outgoing ___ Average ___ Quiet ___ Other: _____

MATURITY: ___ Mature ___ Will Mature Well ___ Good ___ Average ___ Poor

Comment: _____

ETHICS: ___ Excellent ___ Recommend ___ Average ___ Other: _____

Comment: _____

PROFESSIONAL ABILITIES	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic skills				
Clinical knowledge				
Clinical performance				
Patient relations				
Student relations				
Faculty relations				

MOTIVATION: ___ Makes strong, independent decisions ___ Average desire and intentions
 ___ Casual/adequate ___ Unusual, outside influence

Comment: _____

INDUSTRY: ___ Works at capacity ___ Works well, has reserve capacity
 ___ Average ___ Satisfactory work, not always best

Comment: _____

COMMUNICATION	IMPAIRED BY SPEECH OR PHYSICAL DEFECT	POOR EXPRESSION	VERBOSE	ACCURATE/ APPROPRIATE
Oral				
Written				

In addition to the ratings you have provided, please add any special observations or comments which might be of value in considering this applicant's admission to a course of advanced study:

I have been acquainted with this applicant for approximately _____ (yrs., mos.) in the capacity of _____ (Teacher, Advisor, Colleague)

Based upon my contact and knowledge of this applicant he/she would rank _____ in the class of _____ students..

1. My recommendation is :

_____ Strong _____ Good _____ Adequate

2. _____ I do not recommend

AFTER SIGNING AND SEALING IN EVELOP

Please mail to:

ACT & Preceptor Programs
Office of Student Affairs
UCLA School of Dentistry
Box 951668, Room A0-111 CHS
Los Angeles, CA 90095-1668 USA

If you wish to use a courier service please use this address:

ACT & Preceptor Programs
Office of Student Affairs
UCLA School of Dentistry
Room A0-111 CHS
650 Charles E. Young Drive South
Los Angeles, CA 90095-1668

Name: _____

Signature: _____

Title: _____

Address: _____

Date: _____

SCHOOL OF DENTISTRY
UNIVERSITY OF CALIFORNIA, LOS ANGELES
ADVANCED CLINICAL TRAINING PROGRAM & PRECEPTORSHIP

ENGLISH LANGUAGE PROFICIENCY

Applicant Name: _____

Program Name: _____

Any applicant whose first language is not English must certify proficiency in English when applying to UCLA.

Such applicants must submit scores received on the *Test of English as a Foreign Language (TOEFL)* or the *International English Language Testing System (IELTS)* as part of their application. The [TOEFL](#) is administered by the Educational Testing Service (ETS). *IELTS* is administered by local *IELTS* test centers throughout the world. Applicants should consult [IELTS](#) for the nearest test center.

A *TOEFL* score of at least 560 on the paper and pencil test or 220 on the computer based test is the minimum required.

For the internet-based *TOEFL (TOEFL iBT)*, the following are minimum passing scores for each section and the minimum total passing score:

- Writing: 25
- Speaking: 24
- Reading: 21
- Listening: 17
- Total minimum passing score: 87

An *IELTS* overall band score of at least 7.0 is the minimum required.

Applicants who hold a bachelor's or higher degree from a university located in the United States or in another country in which English is both the primary spoken language of daily life and the language of instruction (i.e., Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, United Kingdom) and the medium of instruction, or who have completed at least two years of full-time study at such an institution, are exempted from both the TOEFL/IELTS requirement.

Please note the TOEFL school code for the UCLA School of Dentistry is: **8354**. It is necessary that you send the official score to the following address in addition to completing this form: ACT & Preceptorship Program, UCLA School of Dentistry, 10833 Le Conte Ave, Rm A0-111 CHS, Los Angeles, CA 90024-1762, USA.

TOEFL score: _____

IELTS score: _____

Reason for exemption from English language proficiency requirement:
