

University of Colorado School of Dental Medicine Graduate Program in Orthodontics and Dentofacial Orthopedics APPLICATION REQUIREMENTS

The University of Colorado School of Dental Medicine Graduate Orthodontics and Dentofacial Orthopedics Program accepts 12 residents each year from a variety of backgrounds and life experiences. We use a holistic review process when considering applicants by reviewing a number of factors with an emphasis on academic achievement, service, research, class rank and an invitation only interview.

The ideal applicant would exhibit the following attributes:

- Dental school GPA of 3.5 or higher
- GRE scores (top quartile)
- Class rank (top 30%)
- Research experience is highly desirable
- Record of service activities
- Excellent letters of recommendation (A strong recommendation from the applicant's department of orthodontics is preferable)
- [Advanced Dental Admission Test](#) (ADAT) - While not required, applicants may submit their ADAT score to supplement their application

Prerequisite Requirements

- Graduate from an ADA accredited dental school in the United States or Canada with a DDS or DMD degree
 - Pass the National Board Dental Examinations (NBDE) Part I. Applicant must pass the NBDE Part II before enrollment into the program.
- OR**
- Pass the Integrated National Board Dental Examination (INBDE) before enrollment into program.

Application Requirements

Applications are accepted May 8, 2024. Please apply using one of the following methods:

1. **PASS Application**

Applicants may apply by submitting a portion of the application requirements via the web-based application, [Postdoctoral Application Support Service](#) (PASS). The PASS application includes:

- Personal statement
- Curriculum Vitae/Resume
- Institution Evaluation Form (IEF)
- Three (3) letters of recommendation
- Official dental school transcript
- Official NBDE/INBDE score(s)

Email the following items to orthoadmissions@ucdenver.edu

- Supplemental Application (first three pages of the CU Orthodontics and Dentofacial Orthopedics Application - found below)
- Small photo (passport size)

Fee

- [\\$100 application fee paid online- click to pay](#)

Official GRE scores (Institutional code: 7209)

OR

2. CU Orthodontics and Dentofacial Orthopedics Application

Applicants may apply by submitting all the following required items directly to the CU Orthodontics and Dentofacial Orthopedics program via email or at the address below (your preference):

- Completed application
- Personal essay
- Curriculum Vitae/Resume
- Academic Performance Evaluation Form
- Three (3) letters of recommendation
- Official dental school transcript
- Official NBDE/INBDE score(s)
- Official GRE scores (Institutional code: 7209)
- [\\$100 application fee paid online- click to pay](#)
- Small photo (passport size)

Mailing Address

Graduate Orthodontics and Dentofacial Orthopedics
Program Application
University of Colorado School of Dental Medicine
13065 East 17th Avenue
Mail Stop F849
Aurora, CO 80045

Interviews

Invitation-only interviews are typically held in late September/early October of the year prior to admission.

Acceptance Offers

Acceptance offers will be sent no later than December 1. Applicants not initially selected may elect to remain as an alternate.

Nondiscrimination Policy

The CU School of Dental Medicine Graduate Program in Orthodontics and Dentofacial Orthopedics does not discriminate on the basis of race, color, national origin, sex, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation, or political philosophy in admission and access to, and treatment and employment in, its educational programs and activities. Individuals of all ethnic minority groups are encouraged to apply for admission.



**University of Colorado School of Dental
Medicine Graduate Program in Orthodontics and
Dentofacial Orthopedics
APPLICATION FOR ADMISSION**

Personal Information:

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

Permanent Address: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship Status: _____

Social Security No.: _____ Gender: Male Female Ethnicity: _____

Languages spoken fluently: _____

Education:

Dental School Attended: _____

4 Year Program: _____ 2 Year Advanced Standing Program: _____

Expected Graduation Date: _____ GPA: _____ Class Rank: _____ Class Size: _____

National Board Scores: (list all scores/dates taken) GRE Scores: (list all scores/dates taken)

Part I: _____

Part II: _____

Integrated National Dental Board Scores: (Pass/Fail & dates taken): _____

ADAT Score: _____

Have you withdrawn from/been dismissed by a Postdoctoral or Graduate Program in Dentistry?
No Yes (if yes, please explain)

Have you applied to the CU Graduate Orthodontics Program before? _____

If yes, please indicate the most recent year of your application: _____

Licensure:

State Dental License(s) held:

State: _____ Year of Issue: _____ License Number: _____ Current: _____

License Restricted or Suspended: No Yes License Revoked: No Yes

Have you ever been the subject of actions resulting from professional misconduct or are any such cases pending? No Yes

Have you ever been convicted of a felony: No Yes

Letters of Recommendation: 3 required

List the name/position/institution of the individuals you requested recommendations

Name	Position Held	Institution / Address / Phone No.
1)		
2)		
3)		

Education: List all colleges and universities attended, beginning with most recent

Institution	Dates Attended	Major	Degree & Date

Honors – Academic and Professional:

List any academic distinctions, fellowships, awards, prizes, etc.

Title of Award	Awarded by	Date

Residency Experience:

Institution	Type of Residency	Dates

Private Practice Experience:

Name of Practice	Address of Practice	Dates Employed

Work Experience: (other than private practice)

Name of Practice	Address of Practice	Dates Employed

Teaching Experience:

Institution (Department & Address)	Position Held	Dates Employed

Professional Memberships:

Organization	Position Held	Dates

Professional Publications/Presentations:

Title of Publication or Presentation	Journal/Group Presented To	Date

RESEARCH EXPERIENCE:

(Please include focus of research, level of involvement, dates)

I, the applicant, attest that the information given with this application is, to the best of my knowledge, true and accurate.

Signature of Applicant

Date of Application

**University of Colorado School of Dental
Medicine Graduate Program in Orthodontics and
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ACADEMIC PERFORMANCE EVALUATION**

Applicant Information:
(to be completed by the applicant)

Name of Applicant: _____ Date of Graduation: _____

I authorize the release of requested information to the University of Colorado School of Dental Medicine Department of Orthodontics and Dentofacial Orthopedics.

Signature of Applicant

Date

Dean's Section

(to be completed by the Dean of the dental school the applicant attended)

Dental Class Ranking

Cumulative GPA: _____

Cumulative Class Ranking: _____

Class Size: _____

National Board Examination Scores

PART 1: PASS FAIL PART 2: PASS FAIL Exam Date(s): _____

Integrated National Board Examination Score

PASS FAIL

Exam Date: _____

COMMENTS:

Dean's Name

Dean's Signature

Dental School

Date

**University of Colorado School of Dental
Medicine Graduate Program in Orthodontics and
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LETTER OF RECOMMENDATION**

Applicant's Name: _____

I waive I do not waive my right of access to this letter of recommendation.

Signature of Applicant

Date

Evaluator's Section

	Superior Upper 5%	Excellent Upper 5-25%	Good Upper 25-50%	Fair Lower 0-50%	No basis for judgment
Intellectual ability					
Academic dental knowledge					
Clinical ability					
Manual dexterity					
Capacity for analytical thinking					
Problem-solving skills					
Writing skills					
Personal & social skills					
Emotional maturity					
Common sense & judgment					
Leadership ability/Initiative					
Ability to work independently					
Responsibility & reliability					
Ability to handle large work load					
Ability to accept criticism					
Professionalism					
Overall opinion of applicant					

List the courses completed under the person giving this recommendation (if applicable)

Course No: _____ Course Title: _____ Dates: _____ Grade: _____
Course No: _____ Course Title: _____ Dates: _____ Grade: _____

How long have you known applicant? _____ In what capacity? _____

Overall endorsement of this applicant:

Highly recommend Recommend Recommend with reservations Do not recommend

Please provide a separate letter of evaluation that includes any pertinent information regarding the following characteristics of the applicant:

- Character, integrity, personality
- Specific strengths and weaknesses
- Ability to carry on advanced studies in orthodontics
- Comparison of this individual with other students you have known

Name: _____

Signature: _____

Title: _____

Date: _____

Dental Institution: _____

Phone: _____

Address: _____

PERSONAL ESSAY

An autobiographical sketch at least one page in length including any previous orthodontic experiences and your reasons for desiring orthodontic training.