

## University of Colorado School of Dental Medicine Graduate Program in Orthodontics APPLICATION REQUIREMENTS

The University of Colorado School of Dental Medicine Graduate Orthodontics Program accepts 15 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

### Application Requirements

**Applications are accepted May 1 - August 14 of each year. 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 essay
- Academic Performance Evaluation Form
- Three (3) letters of recommendation
- Official transcripts from all colleges/universities attended
- National Board Dental Examination scores

The remaining items must be submitted to the address below to complete your application:

- First three pages of the CU Orthodontics Application (found below)
- Official GRE scores (Institutional code: 7209)
- \$75 application fee payable to “CU Orthodontics”
- Small photo (passport size)

**OR**

## **2. CU Orthodontics Application**

Applicants may apply by submitting all the following required items directly to the CU Orthodontics program at the address below:

- Completed application
- Personal essay
- Academic Performance Evaluation Form
- Three (3) letters of recommendation
- Official transcripts from all colleges/universities attended
- National Board Dental Examination scores
- Official GRE scores (Institutional code: 7209)
- \$75 application fee payable to “CU Orthodontics”
- Small photo (passport size)

### **Mailing Address**

Graduate Orthodontics 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 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 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  
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: \_\_\_\_\_

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  
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.

\_\_\_\_\_  
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:**

**PART 2**

Exam Date	Anat Sci	Biochem Physio	Micro Path	Dent Anat	Average	Reference Number		Exam Date	Average

**Dean's Endorsement of the Candidate:**

Highly recommend    Recommend    Recommend with reservations    Do not recommend

**COMMENTS:**

\_\_\_\_\_  
Dean's Name

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Dental School

\_\_\_\_\_  
Date

**University of Colorado School of Dental Medicine  
Graduate Program in Orthodontics  
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**

	<b>Superior</b> Upper 5%	<b>Excellent</b> Upper 5-25%	<b>Good</b> Upper 25-50%	<b>Fair</b> Lower 0-50%	<b>No basis for judgment</b>
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.