

FOR INTERNAL USE ONLY		
Date Received: _____	Fee: <input type="checkbox"/> \$90.00	
Residence: <input type="checkbox"/> In-State	<input type="checkbox"/> Out-Of-State	<input type="checkbox"/> International

**PLEASE ATTACH A 2X2 PHOTOGRAPH TO THIS APPLICATION.
PLEASE TYPE OR PRINT IN INK. ANSWER ALL QUESTIONS.**

Name: _____
Last *First* *M.I.*

Former Name(s), if applicable: _____
Last *First* *M.I.*

Current Home Address: _____
Number & Street *Apartment/Unit*

_____ *City* _____ *State or Country* _____ *Postal Code* Cell Phone: _____
(Area Code) Telephone Number

Permanent Address: _____
Number & Street *Apartment/Unit*

_____ *City* _____ *State or Country* _____ *Postal Code* Other Phone: _____
(Area Code) Telephone Number

Email Address: _____

Are you eligible to work in the United States through 12/31/22? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Program Application Fee

A non-refundable \$90 application fee must accompany this application (*check or money order made out to University of Maryland*)

Statement of Intent

On a separate sheet, please provide a *Statement of Intent* including individual goals and expectations for the IPP Program and how you believe the program will benefit you professionally.

LIST BELOW THE OFFICIAL NAME OF EACH ACADEMIC INSTITUTION ATTENDED. You must provide an official copy of the transcript from each academic institution attended. **YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL ALL TRANSCRIPTS AND ALL OTHER ACCEPTANCE REQUIREMENTS ARE MET.**

Foreign University Transcripts: Please provide a course-by-course evaluation from either ECE or WES.

	SCHOOL NAME	STATE or COUNTRY	DATES ATTENDED FROM TO		MAJOR	DEGREE AWARDED	DATE DEGREE AWARDED	CUM GPA (Undergraduate & Professional) CLASS STANDING _____ _____ (Graduate)
Undergraduate								
Graduate								
Professional								

Test of English as a Foreign Language (TOEFL) is required for non-native English speaking individuals. Please have the testing agency send an official copy of the test results.

Date Taken: _____ Score: _____ Computer-based Test

List academic honors, awards, certificates, honorary scholarships, memberships, and offices held in professional societies.

Please provide the names of three (3) academic or professional references from whom you will be submitting a letter of reference

1. _____
2. _____
3. _____

In what state(s) are you licensed to practice dentistry? N/A

State(s): _____ License No(s): _____

Research Activities: Give dates, research topic, your position in the research project, and a very brief description of the project.

List publications and any other academic or professional awards that would be relevant to the IPP Program

List employment for the past two years or since dental school.

TITLE OR POSITION	ORGANIZATION NAME & ADDRESS	DATES	
		FROM	TO

I certify that the information recorded on this application is true and correct. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted into the IPP Program. If the conditions affecting my eligibility to participate in the IPP Program change, I will notify the University of Maryland School of Dentistry in writing within fifteen (15) days of such change.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____