

## INDIVIDUALIZED ADVANCED EDUCATION PROGRAM

The UB Individualized Advanced Education Program (IAEP) offers customized didactic and research opportunities tailored to the needs of licensed dentists seeking advanced knowledge. As such, the program is a Continuing Dental Education offering and does not result in any type of degree. Dentists from the US or other countries can enroll for as little as 1 month or as long as twelve months depending on goals and interests. **These are NOT college credit-bearing, certificate or degree programs.**

Accepted applicants pay a minimum monthly fee of \$3,000 for a specific program designed and administered by UB School of Dental Medicine faculty.

*Participation is subject to faculty availability. We cannot guarantee faculty will be available at any given time to oversee a program.*

### Application

Full name:	<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	Date:	
Current Address:	<div style="display: flex; justify-content: space-between;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	Cell Phone:	
	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Country:	
Permanent Address:	<div style="display: flex; justify-content: space-between;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	Phone:	
	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Country:	
Email address:			
TOEFL Score:		Date:	
What kind of program are you seeking?			
How many months (Min. 1 / Max. 12)			
When do you wish to begin?			

Programs are didactic and/or research only (Available for J1 Visa holders and Licensed US dentists)



**Education**

Dental School:

Address:

From:

To:

Grad year:

Degree:

**References**

Please list two professional references:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

**Employment**

Company:

Phone:

Address:

Supervisor:

Job title:

From:

To:

Responsibilities:

May we contact your previous supervisor for a reference?

Yes

No



University at Buffalo

# Office of Continuing Dental Education

School of Dental Medicine

## Documents

**Please attach your complete CV and copies of your passport and dental degree and/or license.**

**After you receive** a letter of invitation (acceptance letter) from the Department Chair of your desired program, you will be asked to provide the additional information below so our faculty can submit a request to the J-1 visitor exchange program.

- Financial documentation (e.g. employment letter, bank statement)
- Signed copy of Medical Insurance Attestation
- Signed original Certification and Fee Agreement
- Copy of current DS-2019 and I-94, if currently in the U.S.
- Copy of pertinent provisions of Exchange Agreement, if applicable
- 'Research Plan' on page 3 of the J-1 application, i.e. outline of your individualized program as provided by the inviting UB faculty

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_