



University at Buffalo

Department of Oral and
Maxillofacial Surgery

School of Dental Medicine

Full Name:	
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Biographical Data	
Current Address:	Permanent Address:
Phone	Demographics
Day:	Gender:
Evening:	Date of Birth:
Cell:	Citizenship:
Preferred:	*If not US Citizen Permanent Resident: YES or NO
E-mail	Birth Place (City, State)
Preferred e-mail:	Birth Country:
Alternate e-mail:	Alternate names:

National Board of Examination Scores (including New and Old NBES Formats)				
Part 1	2012 or later	Test Date	Status	Future Test Date
Part 2	2012 or later	Test Date	Status	Future Test Date

Dental Class Ranking (N/R – Not Reported)				
YEAR	Class Size	Yearly GPA	Yearly Rank	*Overall Cum GPA Cum Ranking Cum GPA Range <input type="checkbox"/> This school does not rank dental students
1 st				
2 nd				
3 rd				
4 th				

Background Information (Yes or No Questions: Please explain if you answer yes)
Are you licensed to practice dentistry or another profession?
If yes: indicate professional license held and date of issue:
Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? (Yes/No)
Were you subject to any disciplinary action by any college, university, or professional school for: (1) unacceptable student academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violation? (Yes/No)

Postdoctoral Program Applicant Report - OMS262 - State University of New York at Buffalo

Ethnicity	Race
<input type="checkbox"/> Spanish/Hispanic: <input type="checkbox"/> Mexican, Mexican American, <input type="checkbox"/> Chicano/Chicana: <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South or Central American <input type="checkbox"/> Other Spanish Culture Origin If other, please specify: <input type="checkbox"/> Not Spanish/Hispanic/Latino/Latina	<input type="checkbox"/> American Indian or Alaska Native Please specify the name of your enrolled or principal tribe: <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Vietnamese

<input type="checkbox"/> Other Asian If other, please specify: <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander If other, please specify: <input type="checkbox"/> White

Undergraduate and Graduate Schools

Name of Institution							
Dates	Major	GPA	Credit Hours	Degree			

Name of Institution							
Dates	Major	GPA	Credit Hours	Degree			

Dental Schools

Name of Institution			
Dates	Degree	Request for Exception	

Name of Institution			
Dates	Degree	Request for Exception	

Postgraduate Schools Attended

Name of Institution	
Dates	Degree

Awards, Distinctions, and Prizes

Award	Organization	Date Awarded

Extracurricular Activities

Type of Activity	Dates

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Practice of Dentistry		
Employer	Hours worked per week	Dates

Teaching Experience		
Employer	Hours worked per week	Dates

Research Experience			
Employer	Hours worked per week	Dates	Type

Other information
<p>Please attach the following to this application:</p> <ul style="list-style-type: none"> • Personal Statement • CV • 2" x 2" passport-style photo • Copy of undergraduate and dental transcripts

References												
<p><i>Please indicate the contact information for three references, and have them send a letter of recommendation to: Rebecca Godfrey, Residency Program Coordinator</i> E-mail: Godfrey6@buffalo.edu US Mail: 3435 Main Street, 112 Squire Hall, Buffalo, NY 14214</p>												
<table border="1"> <thead> <tr> <th>Name / Title</th> <th>Institution</th> <th>e-mail address or phone number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td> </td> <td> </td> </tr> <tr> <td>2.</td> <td> </td> <td> </td> </tr> <tr> <td>3.</td> <td> </td> <td> </td> </tr> </tbody> </table>	Name / Title	Institution	e-mail address or phone number	1.			2.			3.		
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