

## APPLICATION

### International Endodontic Program: A Continuing Education Program

This comprehensive program includes over 150 hours of online didactic training through the EndoLit online forum. All participants have to completely meet the following requirements to participate in the program:

#### Requirements for admitting students

- Applicants must show proof of having a dental degree from a dental school (US or international.)
- Applicants must show proof of having access properly equipped private or institutionally based dental office or dental clinic with surgical microscope.

### STUDENT INFORMATION

#### PART 1: Please answer all questions.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last / family), (first / given), (middle) month day year

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Visa type: F-1 \_\_\_\_ J-1 \_\_\_\_ Other \_\_\_\_ E-mail: \_\_\_\_\_

Dental Degree: \_\_\_\_\_ Dental School: \_\_\_\_\_

When did you graduate? Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ I have access to a properly equipped private or institutionally-based dental office or dental clinic with surgical microscope

Location and contact: \_\_\_\_\_

#### Mailing Address

Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Country Phone Number (include country code): \_\_\_\_\_

*I CERTIFY THE INFORMATION SUBMITTED FOR THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR MISSING INFORMATION MAY DISQUALIFY ME FROM THIS PROGRAM AND/OR IF ACCEPTED WILL RESULT IN MY DISMISSAL FROM THE PROGRAM WITHOUT REFUND.*

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Signature

Print Name

Date

*No person, in whatever relationship with the State University of New York at Buffalo, shall be subject to discrimination on the basis of age, creed, 1 color, handicap, national origin, race, religion, sex, marital or veteran status.*