

**APPLICATION**  
Pre-Specialty Training Program

This comprehensive program includes over 30 hours of online didactic training through the EndoLit online forum followed by an oral exam. All participants must show proof of having a dental degree from a dental school (US or international)

**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 \_\_\_\_\_

**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.*