Destination Dental School 2023 Application Components

First Name:  
Last Name:  
Email:  
Phone Number:  
Current Address:  
Age at time of application:  
Date of birth:  
Birthplace:  

Which of the following best describes you?:

- Male
- Female
- Non-Binary
- Transgender
- Prefer not to say

Which category(ies) describe you? Please select all that apply:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hispanic/Latinx
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White
- Mixed race/ethnicity
- Prefer not to disclose
- Other

If selected ‘Other’ please describe:

Citizenship:

- USA
- Permanent Resident
- Other

International Citizen:
Yes
No

Academics

Current level of education:
- Undergrad Freshman
- Undergrad Sophomore
- Undergrad Junior
- Undergrad Senior
- Bachelor’s Degree
- Graduate School
- Graduate’s Degree
- Doctoral/Professional Degree

Undergraduate Institution:
State:
Overall Undergraduate GPA:
Undergraduate Graduation Date (or expected date) [Spring/Fall, Year]:
Undergraduate Major(s):
Undergraduate Major GPA:
Undergraduate Minor (if applicable):

Eligibility

COVID-19 Vaccination Status
The UB SDM requires visitors who are to be in the clinics to be fully vaccinated (including a booster if eligible) or to produce a negative COVID-19 test result administered within 72 hours of the visit. Documentation must show testing was administered by a medical professional (at home tests do not meet this requirement).

Vaccination Status:
- I am fully vaccinated (including a booster if eligible)
- I will provide a negative COVID-19 test result, administered within 72 hours of the in-person component

Underrepresented Status
This program seeks to increase the representation of students who are currently
underrepresented in the profession. Underrepresented categories include ‘historically underrepresented by race or ethnicity’, ‘disadvantaged’ or ‘other disadvantaged or underrepresented status’. You must qualify under at least one of these categories to be eligible for this program:

**Historically Underrepresented Status by Race/Ethnicity:**

- African American/Black
- Alaskan Native
- Hawaiian or Pacific Islander
- Hispanic or Latinx
- Native American
- Other underrepresented minority (please specify below)

If you selected “other underrepresented minority” above, please provide details here:

**Disadvantaged Status** (eligible candidates must meet two or more of the following criteria)

[Select all that apply]:

- Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act;
- Were or currently are in the foster care system, as defined by the Administration for Children and Families;
- Were eligible for the Federal Free and Reduced Lunch Program for two or more years;
- Have/had no parents or legal guardians who completed a bachelor’s degree;
- Were or currently are eligible for Federal Pell grants;
- Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child;
- Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas.

**Other Disadvantaged or Underrepresented Status** (if you do not meet eligibility requirements based on the above categories, please share details regarding a disadvantage or underrepresented status that you would like us to consider):

**Research Experience**

Do you have experience conducting research?:

- Yes
- No

What research areas do you find most interesting? (250 words/1000 characters max):
If yes, please describe (250 words/1000 characters max):

Please indicate if you are currently a participant in a funded program such as an Educational Opportunity Program (EOP), Collegiate Science and Technology Entry Program (CSTEP) or a similar mechanism at your school. (250 words/1000 characters max):  

**Career Aspirations**

Have you previously applied to dental school?:

- Yes
- No

What do you expect/aspire to do after graduating from your undergraduate program? (Select all that apply):

- Pursue DDS
- Pursue MD
- Pursue Master’s degree
- Pursue PhD
- Pursue MPH
- Pursue dual degree
- Professional School
- Explore job opportunities
- Undecided
- Other

Explain (optional) (250 words/1000 characters max):

Do you anticipate any challenges that might impact your career aspirations? If yes, what are they and how do you plan to overcome them?:

**Personal Statement**

Please state your reasons for applying to this program. Your 600-word response (max) should cover why you want to pursue a career in dentistry and how this program will assist you in your pursuit. Consider responding to one or more of these prompts: what experiences (professional, educational, life) might qualify you for this career, how have you shown dedication to the pursuit of a career in dental medicine, what challenges have you overcome and what information will help us to evaluate your preparation and ability to succeed.

Your personal statement will be evaluated on how clearly you respond to the prompt, the evidence of your strengths and educational goals, and clear indication of your intent to pursue a career in dentistry. In addition, reviewers expect applicants to stay within the word limit and recommend applicants have their personal statements reviewed for spelling and grammar before submission.
Resume

Please upload your most recent resume highlighting the professional/lived/volunteer/educational experiences that provide you with the skills needed to be a successful dental student. Evaluators expect resumes to be organized and free of errors.

Latest Academic Transcript (unofficial copies are acceptable)

Letters of Recommendation

Two (2) letters of recommendation from people who know you well (professor, advisor, supervisor, etc.) should be sent directly to the program by your recommenders. Individuals submitting letters of recommendation on your behalf can access the information on the letters of recommendation form page.

Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. By signing this application, and if selected, I understand that it is my responsibility to attend all DDS functions* and educational activities, both virtual and in-person, to maintain my DDS Fellow status. I also understand that all DDS activities are mandatory, unless specified otherwise, and that failure to comply with program guidelines may jeopardize my benefits.

*A portion of Destination Dental School 2023 will be held in person at the University at Buffalo. If accepted to the program, this may require travel. If a physical disability precludes you from traveling, please inform our program administrators within your application.

Do you agree?

- Yes, I agree with this statement
- No