Advanced Graduate Education Program in Endodontics

Medical University of South Carolina Application for Admission



For Class Commencing June 6, 2024

I. INSTRUCTIONS FOR APPLICANT

- A. <u>Type or print all information</u> for this application. Applications and all requested documents may be submitted beginning April 15, 2023 through the application deadline of June 28, 2023, but early submission is strongly recommended. Only <u>completed</u> applications will be considered. Qualified applicants are invited for interview at MUSC.
- B. Request that an <u>OFFICIAL transcript</u> be sent directly to MUSC from all college(s) and dental school(s) attended. Dental school transcripts <u>must</u> include the <u>applicant's class rank</u>, (if available). It is the **applicant's responsibility** to assure that all transcripts are received by the deadline.
- C. At least three (3) <u>letters of recommendation</u> should be requested. An Endodontic faculty member from the applicant's dental school MUST submit one of these letters. All letters should be sent directly to MUSC.
- D. A **processing fee** of US \$100.00 is required with the submitted application and made payable to "MUSC Postgraduate Endodontic Program." The fee is **NONREFUNDABLE**.
- E. Attach a **passport style** photograph taken within three (3) months of the dated application. Once received, the application and all associated documents become the property of MUSC and cannot be returned.
- F. Have **ALL** transcripts, recommendation letters, NDBE (see Section VII) or GRE results (see Section VIII), and this completed application (with processing fee, passport style photo and narrative) sent to:

Dr. Theodore Ravenel, DMD
Director, Graduate Endodontics
Medical University of South Carolina
James B. Edwards College of Dental Medicine
Room 542-B, Basic Science Building 173 Ashley
Ave, MSC 507 Charleston, SC 29425-5070

Communications:

Phone: (843) 792-2216 Fax: (843) 792-3397

Email: ravenelt@musc.edu

**Email is the preferred format for

all communications.

II.	PERSONAL DATA						
	A.	Name	Last	First	Middle		
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				Please attach a recent passport			

style photograph in this space

B.	Present Home Address							
		Street		(Apartment No.)				
	City	State	Zip	(Area Code)	Home Telephon			
	(Area Code) Cell Telephone		E-mail Address					
Afte	er you submit this application p ad	lease notify us of any cha dress, phone number, cel			ding mailing			
C.	Permanent Address (if differen	at from above)	Street					
	City	State	Zip	(Area Co	de) Telephone			
D.	Name and Address of Parent of			(11104 00)				
			Last		First			
	City	State	Zip	(Area Co	de) Telephone			
E.	Date of BirthPlace of Birth (City, State)							
F.	State of Legal ResidenceCitizenship (Country)							
]	If non US citizen, Visa	status:				
STAT	TE LICENSURE							
None	State / Number	State / Number	State / Number	State	/ Number			
	/							
<u>HIGH</u>	HIGHER EDUCATION (List all colleges and universities attended.)							
Name	of Institution	City, State		res Attended Month/Year)	Degree Conferred			
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If you already possess a dental degree from a US or foreign dental school, briefly describe your professional activities since graduation. National Dental Board Examination (NDBE) Parts I and II scores are required from US dental sch graduates applying to the postgraduate endodontic program and must be sent directly to MUSC from the Joint Commission on National Dental Examinations (JCNDE). Applicants who are seniors in US dental schools: NDBE Part II scores must be sent directly to MUSC from the JCNDE as soon as they are available. The Graduate Record Exam (GRE) is required from all foreign trained dentists applying to the postgraduate endodontic program and results must be sent directly to MUSC and received no later that the application deadline of June 28, 2023 (see program overview). Names, addresses, phone and e-mail data of the three primary individuals from whom you have requested letters of recommendation (one must be an Endodontic faculty member): Name Address AC/Phone: E-mail: 2. AC/Phone: E-mail: 3. AC/Phone: E-mail:	No	Yes	If yes, when?		 Year	Which program?
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Χ.	Please attach a brief narrative describing your motivation to enroll in an advanced graduate education program in endodontics and outline your career goals.					
Signa	ture of Applicant	Date of Application				
The I	Medical University of South Carolina is an Affirmative Action/Equal O	pportunity Employer.				
DIVIS	SION OF ENDODONTICS - DEPARTMENT OF ORAL REHABILITATION	Revised March 2023				