Advanced Graduate Education Program in Endodontics

Medical University of South Carolina Application for Admission

For Class Commencing June 7, 2022

MUSC Medical University of South Carolina

I. INSTRUCTIONS FOR APPLICANT

A. **Type or print all information** for this application**.** Applications and all requested documents may be submitted beginning April 15, 2021 through the application deadline of June 28, 2021, but early submission is strongly recommended. Only completed applications will be considered. Qualified applicants are invited for interview at MUSC.

B. Request that an **OFFICIAL transcript** be sent directly to MUSC from all college(s) and dental school(s) attended. Dental school transcripts **must** include the applicant's class rank. It is the **applicant's responsibility** to assure that all transcripts are received by the deadline.

C. At least three (3) **letters of recommendation** 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, with a business card enclosed and the sealed outside flap signed by the sender.

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
JBE 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

Please attach a recent passport style photograph in this space

B. Present Home Address _____
Street (Apartment No.)

_____
City State Zip (Area Code) Home Telephone

_____ _____
(Area Code) Cell Telephone E-mail Address

After you submit this application please notify us of any change in your contact information including mailing address, phone number, cell phone number and email address.

C. Permanent Address (if different from above) _____
Street

_____
City State Zip (Area Code) Telephone

D. Name and Address of Parent or Closest Relative _____
Last First

_____
City State Zip (Area Code) Telephone

E. Date of Birth_____Place of Birth (City, State) _____

F. State of Legal Residence_____Citizenship (Country) _____

If non US citizen, Visa status: _____

III. STATE LICENSURE

None State / Number State / Number State / Number State / Number

_____ _____/_____ _____/_____ _____/_____ _____/_____

IV. HIGHER EDUCATION (List all colleges and universities attended.)

Name of Institution	City, State	Dates Attended (Month/Year)	Degree Conferred
		to	
		to	
		to	
		to	

V. Have you previously applied for admission to MUSC?

No____Yes_____ If yes, when?_____/_____ Which program? _____
Month Year

VI. If you already possess a dental degree from a US or foreign dental school, briefly describe your professional activities since graduation.

_____

_____

_____

_____

VII. National Dental Board Examination (NDBE) Parts I and II scores are required from US dental school 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.

VIII. 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 than the application deadline of June 28, 2019 (see program overview).

IX. 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**
1.	_____	_____
	AC/Phone:_____	_____
	E-mail:_____	_____
2.	_____	_____
	AC/Phone:_____	_____
	E-mail:_____	_____
3.	_____	_____
	AC/Phone:_____	_____
	E-mail:_____	_____

X. Please attach a brief narrative describing your motivation to enroll in an advanced graduate education program in endodontics and outline your career goals.

Signature of Applicant

Date of Application

The Medical University of South Carolina is an Affirmative Action/Equal Opportunity Employer.