



POST-DOCTORAL Digital Dentistry

Medical University of South Carolina

Application for Admission

To Begin July 1, 2019



I. INSTRUCTIONS FOR APPLICANT

The Application Deadline is May 10th. Please send all information to the contact person below. All applicants who graduated from a dental school not accredited by the Commission on Dental Accreditation are required to take either the GRE or the Advanced Dental Admission Test (ADAT); applicants may take both exams if they desire but must take at least one. GRE scores taken more than 5 years before the application date will not be accepted. While not mandatory for applicants from CODA-accredited dental schools, ADAT or GRE exam are still recommended, especially for applicants from schools that do not rank or provide grades.

Test of English as a Foreign Language (TOEFL iBT) scores should be sent in for international applicants. We do not accept the IELTS test. A minimum TOEFL iBT test score of 92 is required for application consideration. TOEFL test scores taken more than 3 years before application date will not be accepted. At least three (3) letters of recommendation should be requested. All letters should be sent directly to MUSC, with a business card attached to the recommendation and the sealed outside flap of the envelope signed by the sender.

Dr. Walter Renne
Director, Digital Dentistry College
of Dental Medicine
Medical University of South Carolina
173 Ashley Avenue
BSB 550F
Charleston, South Carolina 29425

Communications

Phone: (843) 792-2503
E-Mail: Renne@musc.edu

II. PERSONAL DATA

A. Name _____
Last First Middle

**Recent
photograph
here**

B. Present Mailing Address _____
Street Apartment No.

City State Zip Area Code – Telephone

Cell Phone (if available) _____ email address (if available) _____

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. Present School or Office Address _____
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. Place of Birth _____

F. State of Legal Residence _____ Citizenship (Country) _____
 Status if not US citizen _____

III. STATE LICENSURE

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

IV. EDUCATION (List all colleges and universities attended)

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

V. If you graduated from dental school more than six months ago, briefly describe how and where you have spent your time since graduating.

VI. Have you ever made an application to this institution before?

No Yes If yes, when? _____ / _____ Which college? _____
Month Year

VII. **Send Scores from Part 1 of the National Dental Board Examination.**

Scores from Part II of the National Dental Board Examination must be sent to us as soon as they are available.

VIII. Have you taken and completed the Graduate Record Examination (GRE) or the Advanced Dental Admission Test (ADAT)?

I do not plan on taking the GRE and/or ADAT

No, but I anticipate completing the GRE/ADAT by _____ / _____
Month Year

Yes Date _____ / _____
Month Year

IX. Names and addresses of the three persons from whom you have requested letters of reference:

	<u>Name</u>	<u>Address</u>
A.	_____	_____
	email address _____	_____
	phone number _____	_____
B.	_____	_____
	email address _____	_____
	phone number _____	_____
C.	_____	_____
	email address _____	_____
	phone number _____	_____

- X. Please attach a brief narrative describing your motivation to pursue post-doctoral training in Digital Dentistry and outline your career goals. Include whether you are interested in pursuing the Master of Science in Dentistry (M.S.D.).

Signature of Applicant

Date of Application

The Medical University of South Carolina does not discriminate on the basis of race, creed, national origin, sex, age, or handicap, in the recruitment and admission of students, employment of faculty and staff, and the operation of other educational activities and programs, as specified by federal laws and regulations; Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

DIVISION OF Digital Dentistry - DEPARTMENT OF Oral Rehabilitation

Revised – March 16, 2019