Advanced Graduate Education Program in Endodontics Medical University of South Carolina Application for Admission

For Class Commencing June 6, 2025



I. INSTRUCTIONS FOR APPLICANT

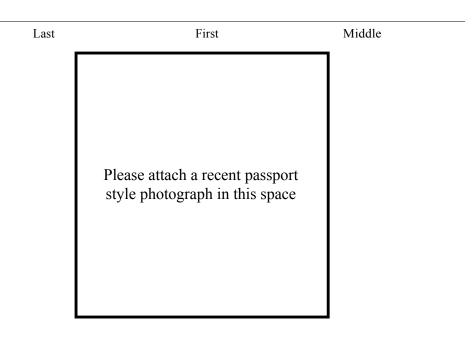
- A. <u>Type or print all information</u> for this application. Applications and all requested documents may be submitted beginning April 15, 2024 through the application deadline of June 28, 2024, but early submission is strongly recommended. Only <u>completed</u> applications will be considered. Qualified applicants are invited for interview at MUSC.
- B. Request that an **OFFICIAL transcript** be sent directly to MUSC from all college(s) and dental school(s) attended. Dental school transcripts **must** 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





B.	Present Home Address							
		Street	(Apartment No.)					
	City	State	Zip	(Area Code) H	Iome Telephone			
	(Area Code) Cell Telephone		E-mail Address					
Afte	er you submit this application p ad	lease notify us of any char dress, phone number, cell			ling mailing			
C.	Permanent Address (if differen	nt from above)	Street					
	City	State	Zip	(Area Cod	e) Telephone			
D.		ame and Address of Parent or Closest Relative						
			Last	First				
	City	State	Zip	(Area Cod	e) Telephone			
E.	Date of Birth							
F.	State of Legal Residence							
		1	f non US citizen, Visa s	status:				
<u>SIAI</u> None	<u>TE LICENSURE</u> State / Number	State / Number	State / Number	State /	Number			
	. /		/		/			
HIGH	IER EDUCATION_(List all							
Name	of Institution	City, State		Dates AttendedDep(Month/Year)Cont				
				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 <u>are required</u> 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).

<u>Applicants who are seniors in US dental schools</u>: 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, 2024 (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 <u>must</u> be an Endodontic faculty member):

	<u>Name</u>	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.

DEPARTMENT OF BIOMEDICAL & COMMUNITY HEALTH SCIENCES DIVISION OF EMERGENCY SERVICES

Revised February 2024