

University of Texas Health Science Center at San Antonio (UTHSCSA)  
Dental School  
International Dentist Education Program (IDEP)  
7703 Floyd Curl Drive, Mail Code 7897  
San Antonio, TX 78229  
Phone: (210) 567-1411  
Email: [IDEP@uthscsa.edu](mailto:IDEP@uthscsa.edu)

## 2015 IDEP APPLICATION CHECKLIST

(Applications will only be accepted from August 1 through October 31, 2014)

**NOTE: All documents listed below must be received by the deadline date of October 31, 2014.**

**COMPLETED APPLICATION PACKET**

Submit a fully completed application packet with all forms signed and dated by the individual applying to the program.

**APPLICATION FEE**

A nonrefundable application fee of \$150 US dollars must be submitted with the application. A cashiers check or money order for the application fee should be made payable to **UTHSCSA Dental School - IDEP**.

**DENTAL EDUCATION EXPERIENCES, DENTAL RELATED ACTIVITIES, AND PROFESSIONAL GOALS**

Submit a signed and dated typewritten essay of applicant's dental education experiences, dental related activities, and professional goals on the form provided in the application packet. A Curriculum Vitae and/or continuing education documents are not required.

**FOREIGN DENTAL DEGREE (DIPLOMA)**

Submit an official school certified\* or notarized copy of applicant's foreign dental diploma to the IDEP Office at UTHSCSA Dental School. If the diploma is in a language other than English, it must be accompanied by a certified or notarized English translation from an accredited U.S. translator. This program does not accept a provisional degree as a substitute for the actual dental degree.

**OFFICIAL SCHOOL CERTIFIED\* DENTAL SCHOOL TRANSCRIPT**

An official school certified\* copy of the applicant's dental school transcript must be sent in a sealed envelope to the IDEP office at UTHSCSA Dental School from the foreign dental school. All certified copies must bear an original official school seal. Any copy not bearing an original seal will not be accepted as a required official school certified document. Photocopies notarized in the U.S. or Canada by a Public Notary of the original transcripts are not acceptable as substitutes for the official dental school certified copy of the transcripts received from the dental school in a sealed envelope.

**COURSE-BY-COURSE DENTAL SCHOOL TRANSCRIPT EVALUATION**

Submit an original ECE "course-by-course" evaluation of applicant's foreign dental school transcripts from Educational Credential Evaluators, Inc. to the IDEP office at UTHSCSA Dental School. A minimum U.S. GPA of 2.50 or above is required.

**NATIONAL BOARD DENTAL EXAMINATION - Part 1**

Submit an original score report of the applicant's National Board Dental Examination from the American Dental Association to the IDEP Office at UTHSCSA Dental School. An NBDE Part I "Status" of PASS is required of all applicants. If the NBDE has been taken or will be taken by the applicant, scores must be received before the October 31, 2014 application deadline.

**TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)**

Submit an original score report of the applicant's TOEFL examination (iBT format) earned within the past 2 years from the Educational Testing Service to the IDEP Office at UTHSCSA Dental School (institution code 0345, undergraduate). A score of 92 or above on the internet-based format of the TOEFL examination is required. Only the iBT TOEFL examination is accepted. No waivers are granted for the TOEFL for personal circumstances or for scores below the minimum application requirement.

**LETTERS OF RECOMMENDATION**

Submit 3 official or original letters written in English within 12 months of the date of the submission of the application. One of the letters of recommendation should be from a dental professional who has worked with the applicant within the past 12 months.

**PERSONAL PHOTOGRAPHS**

Submit 2 recent passport size photographs of the individual applying to IDEP, signed and dated on the back by the applicant.

**REFERENCES:**

1. Information on the National Board Dental Examination, contact: Joint Commission of National Dental Examinations at [www.ada.org](http://www.ada.org).
2. Information on the TOEFL examination: TOEFL/TSE Services Testing at [www.ets.org/toefl](http://www.ets.org/toefl).
3. Information on course-by-course transcript translation: Educational Credential Evaluators, Inc. (ECE) at [www.ece.org](http://www.ece.org). Only a "course-by-course" evaluation from ECE will be accepted.

**UTHSCSA Dental School IDEP Application**

- Application for IDEP Class starting in **2015** received on \_\_\_\_\_
- Cashiers check or money order for \$150 received on \_\_\_\_\_

**APPLICANT INFORMATION**

1. Family Name \_\_\_\_\_
2. First Name \_\_\_\_\_
3. Middle Name \_\_\_\_\_
4. Other Name (List any other name that appears on your academic records) \_\_\_\_\_
5. Preferred Name (Name you would like to be called) \_\_\_\_\_
6. Gender  Male  Female      7. Marital Status  Single  Married
8. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_
9. U.S. Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ **Please see Notice for Request of SSN provided with this application form.**

**CONTACT INFORMATION**

Provide permanent address if different from current address, otherwise proceed to Question #12.

10. Current Mailing Address \_\_\_\_\_
- City \_\_\_\_\_ State/Province \_\_\_\_\_
- Country \_\_\_\_\_ Postal Code \_\_\_\_\_
- Current Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Work # (\_\_\_\_) \_\_\_\_\_
- Email \_\_\_\_\_
11. Permanent Mailing Address (if different from above address) \_\_\_\_\_
- City \_\_\_\_\_ State/Province \_\_\_\_\_
- Country \_\_\_\_\_ Postal Code \_\_\_\_\_
- Current Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Work # (\_\_\_\_) \_\_\_\_\_
- Email \_\_\_\_\_

**CITIZENSHIP INFORMATION**

Please indicate if U.S. citizen; provide your Social Security # on line 9 and proceed to Question #15.

12. Country of Citizenship \_\_\_\_\_
13. Are you a United States permanent resident?  YES  NO
- If YES, Alien Registration Number **A-** \_\_\_\_\_ Expiration Date \_\_\_\_\_

**VISA INFORMATION**

Complete this section if you are a non-United States citizen or non-United States permanent resident.

14. Do you hold a United States Visa?  YES  NO
- If YES, circle your Visa status F-1 J-2 B-2 H-4 Other: Specify \_\_\_\_\_ Expiration Date \_\_\_\_\_
- If NO, what type of visa will you apply for? \_\_\_\_\_

**ETHNICITY INFORMATION**

Completion of this section is optional. For data collection purposes, please check only one box.

15.  Native American  African American (not of Hispanic Origin)  Asian or Pacific Islander  White, not of Hispanic origin
16.  Mexican American  Puerto Rican  Cuban  Other Hispanic \_\_\_\_\_ (please specify)

**EDUCATIONAL HISTORY -- PRINT CLEARLY OR TYPE**

17. List all post secondary schools you attended in chronological order starting on the top line with the Dental School you attended and finishing with your college/university (undergraduate) education. List the course of study (major), the degree(s) earned and the date in month/year (MM/YYYY) format. *Listing of Junior High and High School studies are not required.*

Full Name of Institution	Location of Institution (City, Country)	Date Entered (Month/Year)	Date Withdrew (Month/Year)	Course of Study	Degree Earned	Degree Earned (Month/Year)

*If you have ever been dismissed from any college, graduate school, or professional school, attach an explanation on a separate sheet.*

**DATES OF EXAMINATIONS**

18. Test of English as a Foreign Language (iBT TOEFL): Date (Month/Year) \_\_\_\_\_ Total Score \_\_\_\_\_
19. National Board Dental Examination, Part 1: Date (Month/Year) \_\_\_\_\_ Total Score \_\_\_\_\_
20. National Board Dental Examination, Part 2, if taken: Date (Month/Year) \_\_\_\_\_ Total Score \_\_\_\_\_

**STATISTICAL INFORMATION**

21. Have you ever been licensed in any country as a dentist?  YES  NO  
 If YES, which country? \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_
22. Have you ever had any disciplinary action taken against you and/or revocation of your foreign dental license?  YES  NO  
*(If you answered Yes, you must attach an explanation on a separate sheet.)*
23. What is your native language? \_\_\_\_\_
24. Language(s) other than English \_\_\_\_\_  Speak  Read  Write  
 \_\_\_\_\_  Speak  Read  Write
25. How many years have you studied English? \_\_\_\_\_ 25. In which country did you study English? \_\_\_\_\_
26. How did you hear about the UTHSCSA International Dentist Education Program? \_\_\_\_\_

Please sign and date this application and send the application with the application fee attached to:

ATTN: Barbara Sturm  
 International Dentist Education Program (IDEP)  
 UTHSCSA Dental School  
 7703 Floyd Curl Drive, Mail Code 7897  
 San Antonio, TX 78229  
 United States

I certify that the information given in this application is accurate and complete to the best of my knowledge. ***I understand that I am responsible for insuring that any required documents are forwarded directly to the International Dentist Education Program Office from testing institutions and dental schools and are received by the deadline date of October 31, 2014.*** I understand that the information I have provided is true and correct and any falsification of my application or irregularities of records are grounds for an immediate cancellation of my application or enrollment and dismissal from the Dental School.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

NOTE: Once application documents are received by the IDEP office, they become the property of the UTHSCSA Dental School.

**UTHSCSA Dental School IDEP Applicant's  
STATEMENT OF DENTAL Education EXPERIENCES, Recent DENTAL RELATED ACTIVITIES,  
AND PROFESSIONAL GOALS**

Printed Name of Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**UTHSCSA Dental School IDEP Applicant's  
REPORT OF FORMAL RECORDS**

The University Of Texas Health Science Center School Of Dentistry requests that all applicants to the International Dentist Education Program provide information concerning any past felony or misdemeanor records.

While the record of a conviction would not necessarily prevent an applicant from being accepted or enrolled at the School of Dentistry, failure on the part of an applicant to provide information concerning such conviction would prevent matriculation or result in dismissal from the educational program if the information were later revealed, thus indicating that the applicant had falsified the report of formal records.

In order to comply with this request, please sign below on this form after correctly answering the question. Thank you for your compliance with this request. We are pleased that you are an applicant to the University Of Texas Health Science Center Dental School for the International Dentist Education Program.

As requested, you must answer the following question by placing your initials in the space provided next to either "yes" or "no". You must then sign and submit this report of your formal records with your IDEP application packet.

***Have you ever been convicted of a felony or misdemeanor other than traffic violations?***

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If you answered "Yes" to the above question, please attach a statement of explanation to this report of your formal records.

I hereby certify that to the best of my knowledge the information above is true and complete.

I understand that if found to be otherwise, it is sufficient cause for possible rejection or dismissal at the University Of Texas Health Science Center Dental School.

Printed Name of Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**UTHSCSA Notice for Request  
Of Social Security Number  
For Student Application Process**

Disclosure of your Social Security Number is requested for the student records system of The University of Texas Health Science Center at San Antonio and for compliance with Federal and State reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing your application or in the University's inability to match your application with transcripts, test scores, and other materials. Student SSNs are maintained and used by the University for criminal background checks, financial aid, internal verification, and administrative purposes, and for reports to Federal and State as required by law. Law protects the privacy and confidentiality of student records and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. In accordance with Section 559.003(a) of the Texas Government Code, with few exceptions, the individual is entitled on request to be informed about the information that the institution collects about the individual; under Sections 552.021 and 552.023 to receive and review information; and under Section 559.004 to have the institution correct information about the individual that is correct.