

Application Form

Continuing Dental Education Programs for International Dentists

Program: _____

Personal Information			Date of birth (YYYY/MM/DD)		Gender Male Female Other
First name	Last name		_____		
Mailing address			Country of birth		
City	Prov./State	Postal code		Country of citizenship	
Country			Phone (home)		Phone (work)
Permanent address (if different from mailing address)			Email		
City	Prov./State	Postal code		Primary spoken language	
Country			_____		

Dental Education		
Dental school	Degree	Year of graduation

I have a post-graduate degree/specialty training.		
Dental school	Degree/program	Year of graduation

I have a license to practice dentistry.	Prov./State	Country
	_____	_____

Required Documents

I have attached the following required documents with my application. *(For further details on required documents, see website.)*

official transcripts of dental education

proof of English language proficiency

CV

personal statement

photo

letters of recommendation

I certify that the information provided on this form and in any documents submitted with this application is true and correct.

Sign here _____ **Date:** _____

Please email the completed application form and required documents to continuinged@dentistry.utoronto.ca.