APPLICANT BIOGRAPHY FOR GRADUATING SENIOR DENTAL STUDENTS

Name: _____
Last First Middle

Dental School Attended: _____

I. Check ONLY ONE of the following choices:

_____I am applying to a General Practice Residency program only.

_____I am applying to an Advanced Education in General Dentistry program only.

_____I will accept assignment to EITHER an AEGD or GPR; but if given the option, my choice would be: _____ AEGD _____ GPR (check one)

_____I will accept assignment to EITHER an AEGD or GPR. I have no preference.

_____I do not desire to attend an AEGD or GPR program. I want an assignment to a credentialing tour directly from dental school.

II. Applicant Information

a. Accession Program (circle one): HPSP HSCP 1925i DA

b. Home Phone: (_____)_____

c. Cell Phone: (_____)_____

d. Address: _____
_____
_____
_____

e. E-mail: _____

III. Provide a statement regarding your desire to attend a APR or AEGD program. If additional space is needed, attach separate sheets.

_____
_____
_____
_____
_____
_____
_____
_____

IV. Provide a list of programs for which you wish to be considered, starting with your first choice. A list of training programs can be found in enclosure (1) and at the Web site links noted in the 1520 Notice.

1. _____

2. _____

3. _____

4. _____

5. _____

V. Provide any additional information that may impact geographic placement. (Spousal co-location, special needs children, etc.). If additional space is needed, attach additional sheets.

_____

Signature
and Date _____