In order to be officially considered for admission to the University of Louisville School of Dentistry Postgraduate Program in Endodontics, please send the following to:

Dr. Stephen J. Clark  
Director, Postgraduate Program in Endodontics  
Department of Oral Health and Rehabilitation  
University of Louisville  
School of Dentistry  
501 S. Preston Street, Room 334  
Louisville, Kentucky 40292

1. The enclosed application form.

2. Official transcript of all previous college and dental school grades.

3. Recommendations from three persons who are well acquainted with your abilities.

4. A recent photograph of yourself.

5. National Board scores.

6. A fifty-dollar ($50.00) non-refundable fee. (Make check or money order payable to the University of Louisville-Endodontics.)

7. TOEFL Examination official results, if applicable. Applicants for whom English is a second language must also take the TOEFL examination (to test the applicant's proficiency in spoken and written English). Applications for this examination can be obtained from:

   Test of English as a Foreign Language  
   Educational Testing Service  
   Princeton, New Jersey 08540
Date of Application ______________________, 20__

Name ____________________________________________

Last                        First                        Middle

Present Mailing Address _______________________________________________________________

Number and Street

City                                      State                                      Country                                      Zip

Permanent Mailing Address ______________________________________________________________

Number and Street

City                                      State                                      Country                                      Zip

E-Mail Address ________________________________________________________________

Telephone (Present) __________________________ (Permanent)________________________(Daytime)________________________

Date of Birth _____/____/_______ Place of Birth _______________________________________

Citizenship (Country) ________________________________________________ Marital Status ________________________________

Name of Spouse (if any) __________________________________________________________

Last                        First                        Middle

Number of Children ______________________________________ Social Security Number ________________________________

Dental License(s) ________________________________________________________________

State or Country   Number   Date of Expiration

State or Country   Number   Date of Expiration

State or Country   Number   Date of Expiration

Have you served in the federal services?  □ Yes  □ No

If yes, give details ________________________________________________________________

Service                                      Capacity                                      Dates

Service                                      Capacity                                      Dates

Have you applied for admission to the University of Louisville previously?  □ Yes  □ No

If yes, give details ________________________________________________________________

List all colleges and universities attended, beginning with the most recent

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<th>Major Area of Study</th>
<th>Degree Received or to be Received, w/date</th>
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List previous professional experience

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List present professional activities


List any academic distinctions, fellowships, scholarships, awards, or prizes obtained in college, graduate school, or subsequently.


List any teaching or research experience.


List any scientific or clinical publications, abstracts or presentations given at meetings of scientific or dental societies.


List academic and professional organizations in which you have been active or are a member.


Please state your academic interests and goals and relate these to your career goals, include current and long range interests in research, teaching, or other professional activities.


List your personal interests and hobbies.

________________________________________________________________________________________

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The candidate may attach a personal statement to this application. This statement should explain their interest in endodontics and any special circumstances that the committee should consider in reviewing the application. COMPLETED APPLICATIONS MUST BE RECEIVED BY JULY 15.

Notice to Applicants:
The University of Louisville complies with all state and federal regulations regarding control of bloodborne and infectious diseases. Everyone engaged in patient care is expected to comply with these regulations, including maintaining immunizations (such as hepatitis B, mumps, measles, rubella, influenza and others).