

ADVANCED AND GRADUATE EDUCATION 2016

Dr. Probert

How to Apply ...

□ DEANS LETTER

- AKA Institutional Evaluation

- Needed for all programs

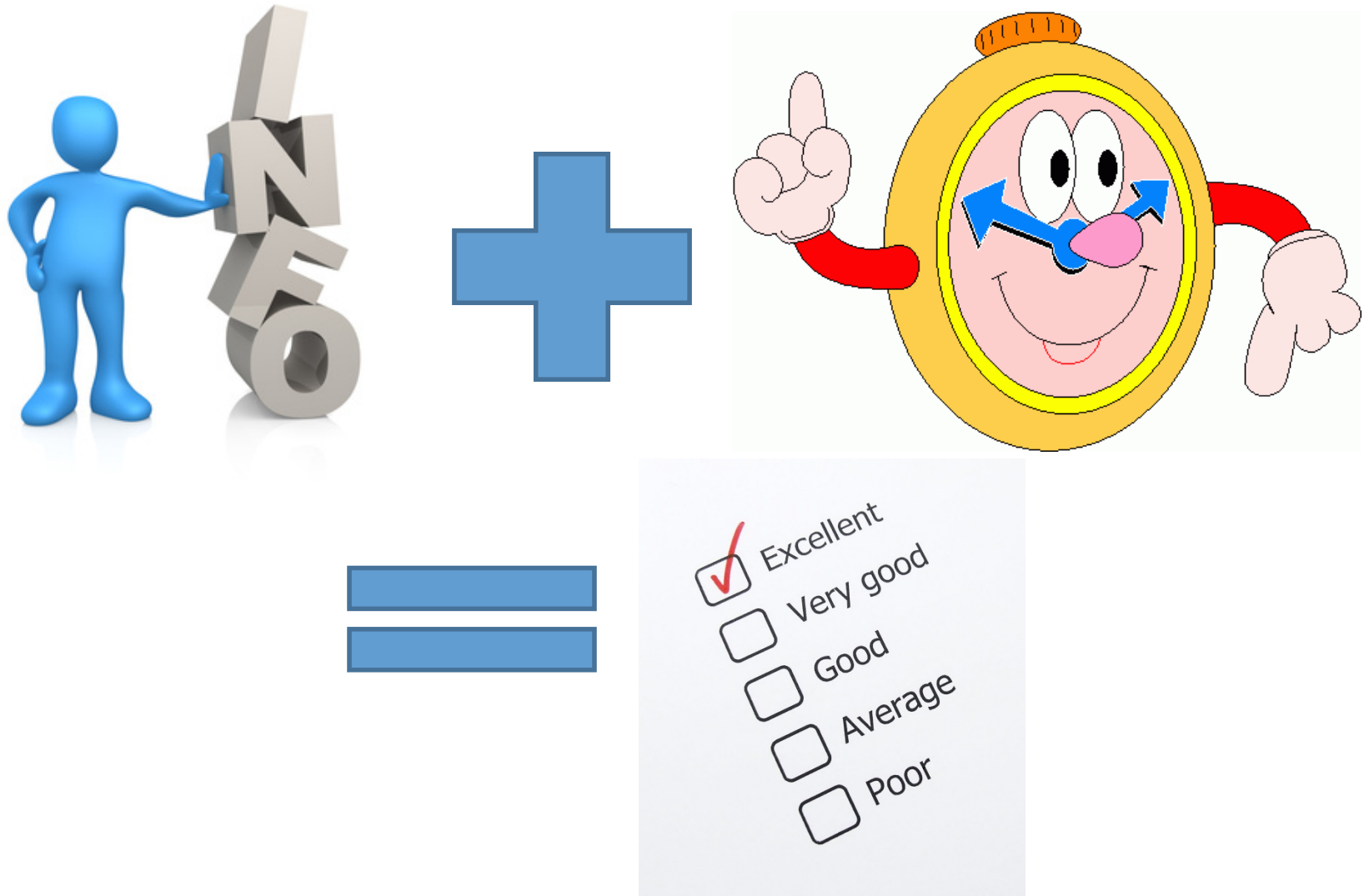
- PASS, MATCH

- PASS & MATCH

- no PASS & no MATCH

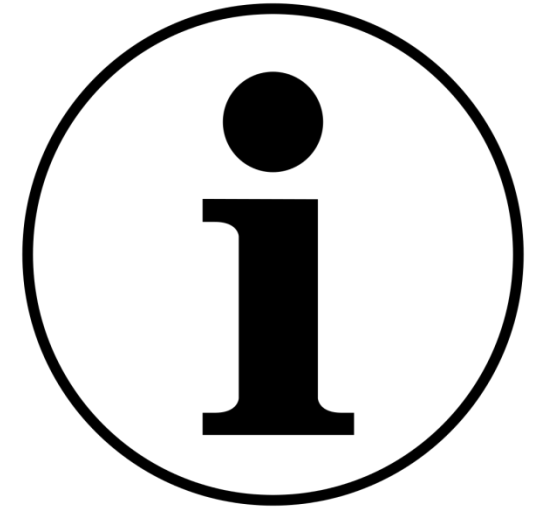
Dean's Letter?

- ❑ A letter that includes:
 - ❑ Class ranking
 - ❑ GPA
 - ❑ National Board Part 1 date/Pass
 - ❑ Highlights your accomplishments



Good Letter = Win/Win

The INFO



- CV
- A signed Release Form
- A list of programs

□ **Email** to Anthony Licari



1. Your Curriculum Vitae (CV)

- ❑ UFCD website: dental.ufl.edu
 - ❑ Education/Residency Application Information
- ❑ Career Resource Center
 - ❑ <http://www.crc.ufl.edu/>

1. CV

- Make it short
- Easy to read at a glance
- Most important stuff first
- Check spelling, grammar, format

2. Signed “Release for Letter of Recommendation”

- I need Your permission to write a letter including FERPA-protected information like your grades, etc.
 - **PS: each faculty** you ask for a letter, PEF or PPI **also needs a signed permission form.**
- PEF=Professional Evaluation Form (2-4 for each program)

2. Signed “Release for Letter of Recommendation”

Also found in the

Resident Application Information

Instructions for Faculty and Staff: This form may be used when a student requests you, as a school official, to write a letter of recommendation. A signed release is necessary to document written consent from the student. Student consent should include: (1) a description of the information to be disclosed, (2) to whom the information will be disclosed, and (3) the student's signature and date.

. If a letter of recommendation contains **non-directory information**;

- **A written release is recommended** for letters sent to other educational institutions in which the student seeks to enroll, including professional school admission services.
- **A written release is required** for general letters of recommendation sent to an employer or for any other purpose.

Examples of non-directory information include: disciplinary status, GPA, UFID or social security number, grades/exam scores and standardized test scores.

Instructions for Students: Complete, sign and return to the faculty or staff member.

I give my permission to _____ (Faculty or Staff Member Name) to write a letter of recommendation and/or to provide an oral reference to:

- All persons or entities listed here: _____.

I give my permission for _____ (Faculty or Staff Member Name) to include the following non-directory information in this letter of recommendation or oral reference:

- Any information on my UF transcript including my grades and courses taken.
- Any information on the attached curriculum vitae or résumé.
- Any information included in my attached personal statement.
- Any educational and other records to which the recommender has (or has had) access in making academic and/or employee evaluations and decisions, (including but not limited to examinations, essays, terms papers, teaching evaluations, graduate committee evaluations, and so forth.)
- Other (please specify)

I hereby

- Waive
- Do Not Waive

my right to review this recommendation letter or to know the contents of any oral communication .

Student's Name *(please print)* _____ UFID: _____

(Optional) Student's Phone: _____ Student's Email: _____

Student's Signature: _____ Date: _____

Remember to....

SIGN the form



3. A list of Programs

- ❑ Name and Type of Program
- ❑ **List the DEADLINES.**
- ❑ Include – PASS, Match, & address, if not PASS

Sample Program List

Program list for



Program

Deadline

University of Florida, University Partnership Center,
Seminole (12 months)

FL 10/01/2014

Advanced Education in General
Dentistry

University of Maryland (12 months)

MD 10/01/2014

Advanced Education in General
Dentistry

Medical University of South Carolina (12 months)

SC 10/15/2014

Advanced Education in General
Dentistry

Dept. of Veteran's Affairs Hospital, San Antonio (12
months)

TX 10/01/2014

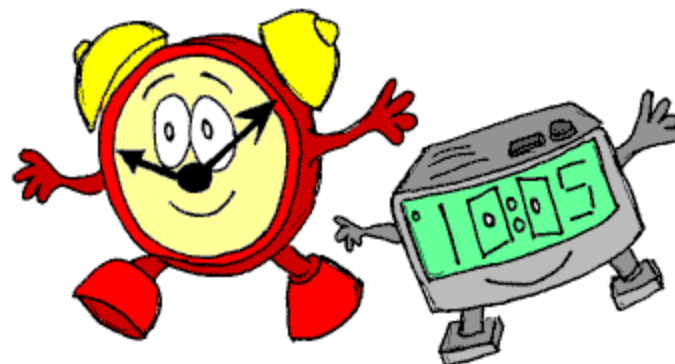
Advanced Education in General
Dentistry

For Each Non-Pass Application

- ❑ 1 stamped envelope with the TYPED recipient address

- ❑ LEAVE THE RETURN ADDRESS AREA BLANK.

The TIME



- CV, Signed Release Form & List
 - **30 Days**
 - Before the deadline

Applying = \$\$\$

- Dental Board, Residency & Relocation Loans
 - Private lenders
 - Must be a senior
- www.finaid.org/loans/privatestudentloans.phtml

Paying for all this?

Meredith Dungar

Financial Aid Coordinator

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P.O. Box 100445

Gainesville FL 32610-0445

Phone: 352-273-5999 Fax: 352-846-0311

QUESTIONS?
