

## COLLEGE OF DENTISTRY GRADUATION CLEARANCE CHECKLIST

STUDENT NAME: \_\_\_\_\_

**INSTRUCTIONS:** Excluding the very last signature the other 3 sections do not have to be done in any particular order, it's just within the section the order must be maintained. All signatures must be obtained before a student will be recommended for graduation.

Signature	Task
<b>These tasks may be done in any order:</b>	
Meredith Dungar D3-22	Cleared by Financial Aid Office <b>**Make appointment in Office of Education**</b>
Aaron Miller Henry Schein Store	Store account has been resolved
Censeri Abare D3-11	ADEA Senior Survey completed
	CE Credits completed
	Mandatory University graduation survey done
	All university holds have been resolved
	Post-graduation Information completed – on reverse side
Christina Haskins D3-11	UFCD Senior Confidence Survey
	Clinical faculty evaluations completed.
Graduating Student	First floor dropbox is cleared of all material Exit counseling for Direct Loans completed on ISIS
<b>These two must be done in this order:</b>	
Patient Coordinator  Team Leader	Patient Assignment: All patients assigned to student are complete, discharged, reassigned, or accounted for and records are in an acceptable condition All unevaluated treatment has been cleared
Allene Aaron Business Office	Verify patient accounts have been cleared and resolved
<b>Lee first; the other two in any order:</b>	
Lee Mintz D3-42	Cleared from Instrument Leasing Program All instruments returned in good order, including those used for mock boards <b>**Make appointment in Clinic Administration **</b>
Sterilization	Cleared from Sterilization
Marilyn Vaughn	Verify all items have been removed from locker; cleanliness of locker and Jr/Sr lab cubby Return two (2) combination locks <b>**Make appointment in Clinic Administration **</b>
<b>Very last Clinic Admin signature:</b>	
Clinic Admin D3-9	Sign Letter of Attestation All electronic devices are purged of patient information (computers, cell phones, tablets, etc.)
<b>When all signatures are complete, please bring form to Office of Education</b>	

**POST-GRADUATION INFORMATION**

Student Name: \_\_\_\_\_ Graduation Yr \_\_\_\_\_

Address following graduation: Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ non-UF email address: \_\_\_\_\_

If applicable, spouse's name: \_\_\_\_\_

If we have difficulty contacting you, whom may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Immediate plans following graduation (check all that apply):

- Work in own practice (sole or part-owner)
- Associate in a dental practice – please circle appropriate type: Corporate Private  
If either of the above, Practice name: \_\_\_\_\_  
Work address with **zip code**: \_\_\_\_\_  
Work telephone: \_\_\_\_\_
- Advanced Education program:  
Specialty: \_\_\_\_\_ Name of institution: \_\_\_\_\_
- Armed Services: Branch \_\_\_\_\_ Duty Station: \_\_\_\_\_
- Rural practice/medically underserved community \_\_\_\_\_
- Community Health/Dental Clinic \_\_\_\_\_
- National Health Service Corps \_\_\_\_\_
- Undecided
- Other, please describe: \_\_\_\_\_

Please indicate if you applied to any of the following advanced education programs:

- advanced education in general dentistry (AEGD)
- general practice residency (GPR)
- endodontics
- pediatric dentistry
- periodontology
- prosthodontics
- public health dentistry
- oral medicine/radiology/pathology
- orthodontics
- oral and maxillofacial surgery
- other: describe \_\_\_\_\_

Number of advanced education programs to which you applied \_\_\_\_\_