



Department of Dental Medicine
Division of Orthodontics

2018-2020 APPLICATION FOR POSTDOCTORAL PROGRAM IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

APPLICANT INFORMATION (Please Print Clearly)

Full Name: Last First M.I. Date:
Dentpin: SS #: - -
D.O.B. MM / DD / YYYY Citizenship: Gender: Male Female
Mailing Address: Street Address Apartment/Unit #
City State ZIP Code
Phone: Email: (personal - not a university email)

BACKGROUND INFORMATION

Are you licensed to practice dentistry in New York State? YES NO
If NO, are you eligible for licensure in New York State? YES NO N/A
Have you ever been: charged with convicted of a felony or misdemeanor other than a minor traffic violation?
If YES, please explain:
Have you ever been the subject of any disciplinary action by any college, university, or professional school relating to:
Academic performance (probation, suspension, dismissal, etc.)? YES NO
Conduct code violations including sexual and/or personal harassment? YES NO
If YES, please explain:
Have you ever been the subject of any action or hearing by any professional licensing board? YES NO
If YES, please explain:
Have you ever been a party to any malpractice liability claims, suits, or settlements? YES NO
If YES, please explain:

EDUCATION

Undergraduate College / University:
Dates Attended: From: To: Degree/Area of Study:
Graduate School:
Dates Attended: From: To: Degree/Area of Study:
Dental School:
Dates Attended: From: To: Degree/Area of Study:
Other professional / post-doctoral school:
Dates Attended: From: To: Degree/Area of Study:
Other relevant educational experience:
Dates Attended: From: To: Degree/Area of Study:

**EXTRACURRICULAR ACTIVITIES / INTERESTS / AWARDS / HONORS / WORK EXP. / MILITARY SERVICE / ETC.**

Please describe type, sponsor/grantor, prize, date, etc.) List only pertinent information you deem appropriate to this application

Type of Activity:

Honor / Award:

Teaching Experience:

Research Experience:

Practice Experience:

Other Work / Military:

Publications / Presentations:

Leadership / Mentoring:

Competitive Athletics:

**ATTESTATION**

NYU Lutheran will be relying on the truthfulness of the data and information supplied in this application. If it is found that any of the information or data supplied is false or misleading in any respect, NYU Lutheran reserves the right to withdraw any acceptance granted or in the event that a candidate has been admitted to the program and is serving therein as a resident at the time the false or misleading information is discovered, to terminate that candidate's employment regardless of the amount of time remaining in the program.

By signing this application I certify that the information and data supplied herein is truthful, is not false or misleading, I hereby give my permission to verify any information or data submitted, and I fully accept, without recourse, any consequences as a result of my having provided NYU Lutheran with any false or misleading information or data associated with submitting this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>PLEASE SUBMIT <u>WITH</u> APPLICATION:</b>	<b>PLEASE HAVE FORWARDED TO US:</b>	<b>SEND REQUESTED MATERIALS TO:</b>
<input type="checkbox"/> Application Fee: \$ 90.00* <input type="checkbox"/> Passport size (2 X 2) photo <input type="checkbox"/> Philosophy of Learning** <input type="checkbox"/> Resume or C.V.	<input type="checkbox"/> Dental School Transcript (including class rank if available) <input type="checkbox"/> National Board Scores (Part 1 and Part 2) <input type="checkbox"/> Letters of Recommendation***	Attn.: Sara Torres Lutheran Medical Center Department of Dental Medicine 5800 3rd Avenue Brooklyn, NY 11220

\* Application Fee should be made payable to Lutheran Hospital Department of Dental Medicine (ortho app on reference line)

\*\* See instructions for the Philosophy of Learning Statement on Page 3.

\*\*\* **No more than (6)** letters in total broken down as follows: **no more than (2)** from: dental school administration, an orthodontic faculty member who taught you, or AEGD/GPR Program Director; **no more than (2)** letters from any health care professionals who know of your academic or professional background; and **no more than (2)** letters from individuals who can attest to your personal character or achievements in some manner. All letters should be sent directly from the author to the above address.

**Questions Regarding the Orthodontics and Dentofacial Orthopedics Program Contact:**

**Ms. Sara Torres**  
 Office Manager & Clinical Coordinator  
 Phone:(347) 377-5100 / Email: [Sara.Torres@nyumc.org](mailto:Sara.Torres@nyumc.org)

**NYU Lutheran Orthodontics is Directed By:**

**Laurance Jerrold DDS, JD, ABO**  
 Chair and Program Director, Orthodontics & Dentofacial Orthopedics  
 Phone:(347) 377-4485 / Email: [Laurance.Jerrold@nyumc.org](mailto:Laurance.Jerrold@nyumc.org)

**APPLICATIONS MUST BE SUBMITTED BY SEPTEMBER 29, 2017**  
 APPLICATIONS SUBMITTED AFTER SEPTEMBER 29<sup>TH</sup> WILL NOT BE REVIEWED

## GUIDELINES FOR PHILOSOPHY OF LEARNING STATEMENT

Please submit a philosophy of learning statement in lieu of a personal statement. You may choose to write your own statement OR utilize the following questions to develop your statement. What we are interested in determining is what type of student you are, what is important to you in the educational milieu, how you like to learn, what you expect from a post-doctoral education, and how you will utilize your education during your career.

There is no limit to the number of questions you may select but we believe you should be able to provide us with your philosophy of learning statement in no more than two pages.

1. What are the core values / commitments / beliefs that drive you as a learner?
2. What practices / actions / activities do you utilize to ensure that you learn effectively?
3. What method(s) / styles of learning do you prefer in general, in a classroom or seminar setting, and in the clinical environment?
4. What are your educational expectations from an orthodontic residency?
5. What are your expectations of the faculty / the administration / the institution?
6. What role will education and or learning play throughout your career insofar as your professional goals / aspirations / responsibilities are concerned?
7. Reflecting on your past actions / practices / performance since beginning dental school, how did they work for you in the past, and what changes if any you do or do not plan to make during your residency?
8. What role should technology play in a post-doctoral orthodontic education?
9. What is/are the 1 or 2 most important thing(s) you can do to maximize your orthodontic educational experience?
10. What role should vendor / supply company research play in the professional educational milieu?