

Loma Linda University School of Dentistry
Office of Advanced Dental Education
Application for Admission to a Non-degree Program
IMPLANT DENTISTRY PRACTICUM COURSE

**For Loma Linda University
Student Services Use only**

Date Accepted _____
School _____
Class _____
Completion Date _____
LLU ID _____

Date of Application

Fill in form, Print, Sign and Return

**Section 1
PERSONAL DATA**

Last Name First Name Middle

Address City

State/Province Zip Code Country

Phone Number Cell Phone Number Email

Have you applied to Loma Linda University Before? Yes No

Have you attended Loma Linda University Before? Yes No If Yes, What Year

Birthdate Male Female State and/or Country of Birth
Example mm/dd/yyyy

Country of Citizenship If not U.S., Type of Visa Social Security Number
Example 111/11/1111

**Section 2
ETHNIC ORIGIN/RELIGIOUS AFFILIATION** Religion/Denomination SDA Home Conference

Ethnic Category: *Note this information will be used for purposes of statistical analysis and required reporting to the Federal Government.

Hispanic or Latino Non-Hispanic or Non-Latino

Ethnic Background: (Please check ALL that apply)

American Indian/Alaska Native Asian: Chinese Asian: Cambodian Asian: Filipino Asian: Asian Indian Asian: Japanese

Asian: Korean Asian: Malayasian Asian: Other Asian: Pakistani Asian: Thai Asian: Vietnamese

Black or African American Native Hawaiian or Pacific Islander Caucasian Middle East

**Section 3
MARITAL DATA**

Single Married Separated Divorced Widowed Other

**Section 4
EDUCATIONAL DATA**

List in **reverse** chronological order, colleges, universities and professional schools you have attended.

Dental School for **Specialty** Dates Attended Year Degree Conferred
Example 2000-2002 Example 2000

Specialty Degrees Earned/Major Field of Study

Do you have a dental license? Yes No If Yes, what state/country?

Has your dental license ever been suspended or revoked? Yes No Comments

Section 4
EDUCATIONAL DATA CONTINUED

Dental School	Dates Attended	Year Degree Conferred
Example 2000-2002	Example 2000	
Degrees Earned/Major Field of Study		
College or University	Dates Attended	Year Degree Conferred
Example 2000-2002	Example 2000	
Degrees Earned/Major Field of Study		

Section 5
PROGRAM OF CHOICE

1st Choice Start Date
 (example: July 1, 20__)

2nd Choice Start Date
 (example: July 1, 20__)

<input type="checkbox"/> Two-year Course (24-months)		
<input type="checkbox"/> One-year Course (12-months) *		

*To qualify for the one-year course the applicant must have completed one of the following : (check applicable and provide proof of completion. One-year Practicum Course must be approved by the Program Director.

General Residency

General Practice Residency (GPR) Advanced Education in General Dentistry Program (AEGD)

Federal Dental Service (Check all that apply and include years of service)

United States Air Force
 United States Army
 United States Navy
 Veterans Affairs (VA)
 Indian Health Service
 Public Health Service
 Years of Service

Please submit the following items:

- | | | |
|--|---|---|
| <input type="checkbox"/> Three Letters of Recommendation | <input type="checkbox"/> Official Dental School Transcripts * | <input type="checkbox"/> Official ECE Evaluation * |
| <input type="checkbox"/> Brief Personal Statement | <input type="checkbox"/> Brief Statement of Academic Interest | <input type="checkbox"/> Planned Objectives for Study at LLU |
| <input type="checkbox"/> TOEFL Score (foreign applicants only) | <input type="checkbox"/> CV (curriculum vitae) | <input type="checkbox"/> Certified Copy of Current Dental License |
| <input type="checkbox"/> Passport Photo | <input type="checkbox"/> Copy of Dental Degree | <input type="checkbox"/> Official Copy of Specialty Certificate * |
| <input type="checkbox"/> Current CPR Certification | <input type="checkbox"/> \$60.00 Application Fee | |

** Official transcripts must be mailed directly from the issuing institution(s) to the Advanced Education Program in Implant Dentistry. If the only transcript is in the possession of the applicant, a copy must be submitted to the issuing institution for stamped and signed verification, then mailed by the institution directly to LLU. Transcripts that are hand-carried or mailed by the student or anyone other than the issuing institution, even if in a sealed envelope, are not considered official.*

Return this form, above supporting documents and fee to the program directly to:

Advanced Education Program in Implant Dentistry
 Loma Linda University School of Dentistry
 Loma Linda, Ca 92350

Because Loma Linda University vigorously advocates healthful living on moral and prudential grounds, the School of Dentistry expects students to exclude alcohol, tobacco and illegal drugs from their lives while at the University, or while involved in University-related activities. I accept the above expectations of my behavior and hereby apply for admission to Loma Linda University School of Dentistry certifying that, to the best of my knowledge, this information given in this form is true.

Applicant Signature