



## **GSO SUPPLEMENTARY APPLICATION**

Please complete this document and mail it to the Office of Admissions at the address listed below, or email it to [admissions@gaorthodontics.org](mailto:admissions@gaorthodontics.org). Applicant must provide full legal name as it appears on his/her passport. If appropriate, please also provide maiden name in order to match application documents.

LAST NAME \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_  Male  Female

PASS ID # \_\_\_\_\_ DENT PIN # \_\_\_\_\_

All correspondence will be sent to your current address listed on your PASS application. If you prefer other arrangements, please indicate your preferred mailing address below:

### **PREFERRED MAILING ADDRESS**

Street Address \_\_\_\_\_

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

Country \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ Cell/Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

### **GENERAL QUESTIONS**

1. Have you applied to the Georgia School of Orthodontics before? Yes No

2. If yes, please indicate the most recent application year \_\_\_\_\_

### **WORK EXPERIENCE**

1. Are you licensed to practice dentistry in any state and/or country?  Yes  No

2. If yes, which state(s) and/or countries? \_\_\_\_\_



3. Do you have additional educational training/work history in the following areas? Check all that apply

- AEGD  GPR  Private Practice  Previous postdoctoral dental specialty; please list \_\_\_\_\_

**ADDITIONAL INFORMATION**

For “yes” responses below, attach sheet(s) of paper with explanation/answers to the Supplemental Application.

1. Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance?  Yes  No If yes, please describe.
2. Have you ever been disqualified, suspended, dismissed, or otherwise subject to disciplinary action at any college or university in connection with your academic performance?  Yes  No

If you answered yes, provide an explanation regarding each disqualification, suspension, dismissal, or disciplinary action. Include 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.

3. Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise been disqualified, put on probation, suspended, dismissed, expelled, or otherwise been subject to disciplinary action at any college/university in connection to misconduct? Please include any and all instances of misconduct, regardless of whether the school maintains a record of such misconduct or formal action, or whether it appears on your transcript.  Yes  No

If you answered yes, provide an explanation regarding each violation. Include 1) a brief description of the incident, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.

4. Are you currently under charge or have been convicted of a felony and/or misdemeanor?  Yes  No

If yes, provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) the specific charge made, 3) related dates, 4) consequences, and 5) a reflection on the incident and how the incident has impacted your life.

5. Have you ever been denied professional licensure; had a professional license revoked or suspended; or have been subject to disciplinary action by any licensure board or agency?  Yes  No If yes, please provide the dates and details.

6. Postdoctoral students interact with patients from many backgrounds. Other than English, indicate any languages in which you feel comfortable conversing with native speakers: \_\_\_\_\_

7. Please write an autobiographical sketch of at least 1 page in length, and include any previous orthodontic experiences and



## GEORGIA SCHOOL OF ORTHODONTICS

your reasons for desiring orthodontic training. Please attach this personal statement to the Supplemental Application.

### **CERTIFICATION**

Please read and sign the certification below:

I hereby certify that I provided accurate information in this application. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*PLEASE SUBMIT THIS COMPLETED SUPPLEMENTAL APPLICATION AND REQUIRED ATTACHMENTS. ALL APPLICATION MATERIALS BECOME PROPERTY OF THE GEORGIA SCHOOL OF ORTHODONTICS AND WILL NOT BE RETURNED TO THE APPLICANT. EMAIL TO [ADMISSIONS@GAORTHODONTICS.ORG](mailto:ADMISSIONS@GAORTHODONTICS.ORG), OR MAIL TO:*

Georgia School of Orthodontics  
Office of Admissions  
8200 Roberts Drive, Suite 550  
Atlanta, Georgia 30350  
Phone: 770 538 1527  
Fax: 770 538 1531  
Email: [admissions@gaorthodontics.org](mailto:admissions@gaorthodontics.org)



# GEORGIA SCHOOL OF ORTHODONTICS

## DECLARATION AND CERTIFICATION OF FINANCES

The Georgia School of Orthodontics currently accepts applicants who are United States citizens or permanent residents. You cannot be admitted to the Orthodontic and Dentofacial Orthopedic Residency Program if you have not graduated from a CODA Accredited dental school. To be qualified for the program applicants must complete this form and return it with any appropriate attachments (explained below) to the Georgia School of Orthodontics.

In filling out this form, please refer to the current enclosed itemization of estimated academic and living expenses. The funds which you certify as available to finance your study at the Georgia School of Orthodontics must equal, minimally, tuition, fees, and living expenses for the 36-month program. All submitted letters of support, from responsible persons, agencies or institutions, must specifically refer to the Georgia School of Orthodontics. Upon being granted an interview, you must return a signed Resident and Guarantor Payment Agreement.

1. Name: \_\_\_\_\_  
Last First Middle

2. Home Address: \_\_\_\_\_  
City State or Province Country

3. What is your marital status?  Single  Widowed  Married  
 Divorced Number of children: \_\_\_\_\_

4. List below the persons financially dependent upon you:

Name	Age	Relationship	Will the person come to Georgia with you, join you later, or stay home?

5. How will you support your dependents if they will be joining you in Georgia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your current total outstanding student debt amount? \_\_\_\_\_

**SOURCES OF FUNDS**

CERTIFICATION IS REQUIRED AND MUST BE ATTACHED TO THIS FORM.

**Support Amounts in U.S. \$**

		Assured	Projected	Projected
Source	Certification Required	First Year	Second Year	Third Year
Personal or Family Savings	Official letter from bank giving account number and dollar amount	\$ _____	\$ _____	\$ _____
Parents, Relatives, Friends and/or Sponsors (please print name of each)	Official letter from bank giving account number and dollar amount	\$ _____	\$ _____	\$ _____
Loans	Official letter of certification from lending institution	\$ _____	\$ _____	\$ _____
Name of Institution				
TOTALS*		\$ _____	\$ _____	\$ _____

\*These figures represent the estimated total cost of attendance for the Georgia School of Orthodontics – Orthodontic & Dentofacial Orthodontic Residency Program for all three (3) Academic Years (20\_\_ to 20\_\_). Refer to attached expense sheet for breakdown.

I certify the information above is correct and complete.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## GSO COST OF ATTENDANCE SCHEDULE

	<b>Actual</b>	<b>Projected</b>	<b>Projected</b>
<b>Academic Year</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Tuition	\$ 78,000.00	\$ 78,000.00	\$ 78,000.00
Program Fees <sup>1</sup>	\$ 10,500.00	\$ 10,500.00	\$ 10,500.00
Estimated Living Expenses	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
<b>Total Cost of Attendance</b>	<b>\$ 113,500.00</b>	<b>\$ 113,500.00</b>	<b>\$ 113,500.00</b>

<sup>1</sup> Program Fees are subject to change annually.

\* Residents are responsible for their own health insurance.

\* Resident & Guarantor(s) acknowledge the obligation to pay the full tuition and program fees for the 36-month program, which is \$83,000 per year.



## DEMOGRAPHIC INFORMATION ON RESIDENT APPLICANTS

Name (Last, First, M.I.):
DOB:
Place of Birth:

Please complete the following voluntary demographic information below. Note that completion is not required as part of your application. Your application will be considered complete whether you complete the information or not.

If you choose to complete the information below, know that **your privacy is protected. Your responses are not released to the public.** No information taken from this form is ever placed in your resident file. It is solely for the use of GSO so that we may have a better idea of our applicant pool and improve our admissions process.

### 1. Gender or Sex (Check One):

1. Male                      2. Female

### 2. Ethnicity (Check One):

Hispanic or Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino.

### 3. Race (Check all that apply):

American Indian or Alaska Native—a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American—a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

White—a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### 4. Are you a Legacy (Circle One):

1. Yes                                      2. No