



## GSO SUPPLEMENTARY APPLICATION - U.S. RESIDENTS/PERMANENT RESIDENTS

Please complete this document and upload it via our online application portal. 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 VIA OUR ONLINE APPLICATION PORTAL. ALL APPLICATION MATERIALS BECOME PROPERTY OF THE GEORGIA SCHOOL OF ORTHODONTICS AND WILL NOT BE RETURNED TO THE APPLICANT.*

Georgia School of Orthodontics  
Office of Admissions  
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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

To be qualified for the Georgia School of Orthodontics, applicants must complete this form and return it with any appropriate attachments (explained below) to the School.

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.



GEORGIA SCHOOL OF  
ORTHODONTICS

## Doctor Gasper Lazzara Scholarship for Diversity in the Field of Orthodontics

The Georgia School of Orthodontics is proud to award one resident of the Class of 2021 with the Doctor Gasper Lazzara Scholarship for Diversity in the Field of Orthodontics. The Doctor Gasper Lazzara Scholarship for Diversity in the Field of Orthodontics was established in 2018 to support the resident training of minority students pursuing careers in orthodontics. The Scholarship is named after Georgia School of Orthodontics' Board of Trustees Member Dr. Gasper Lazzara, who has worked tirelessly throughout his life to promote diversity and accessibility in the orthodontic field and in his local community.

As Founder, CEO, President, and Chairman of Orthodontic Centers of America, Dr. Lazzara revolutionized the orthodontic industry by providing more affordable access to orthodontic care to communities throughout the United States. He was named Florida Entrepreneur of the Year by Ernst and Young in recognition of his achievements. In addition, the Lazzara Family Foundation has funded diversity scholarship endowments at the University of North Florida, Edward Waters College, the Louisiana State University Health Sciences Center, and the University of Colorado. He has received Honorary Doctorates from Edward Waters College and the University of Colorado to acknowledge these efforts, as well as the President's Medal from Jacksonville University.

The Doctor Gasper Lazzara Scholarship promotes GSO's mission and commitment to diversity in the field of orthodontics by supporting culturally diverse residents who will ultimately provide orthodontic services to diverse patient populations. It seeks to lower financial barriers to orthodontic training and to highlight the accomplishments of promising future orthodontists.

Each year, an incoming first-year resident will receive a full-tuition scholarship for all three years of the Program. The recipient will still be responsible for paying program fees and cost of living expenses. Potential recipients can apply by completing a one-page personal statement on how they exhibit the characteristics required of a scholarship recipient and any other relevant information on why they should be selected. The scholarship will be awarded based on a multitude of factors, including merit, academic credentials, personal and work experience.

**If you wish to be considered for the scholarship, please complete the information on the next page.** Please note that this information will be considered with all of the information provided in your application. If you do not wish to be considered, you do not need to complete the information below. Your application to our Resident Class of 2021 will be considered complete if you have finished the rest of the Supplementary Application requirements and choose not to apply for the scholarship.



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## Recipient Information

Identification Data		
Name (Last, First, Middle Initial)		
Permanent Address	City, State/ Province, Country, Zip Code/ Postal Code	
Address 2:	Date of Birth Month    Day    Year	Gender (Voluntary) M-Male    F-Female
Day Telephone (include area code):	Evening Telephone (include country / area code):	Primary Email Address:

## Personal Essay

In one page or less, please describe the qualities and experiences that would make you the ideal candidate for this scholarship.





## 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