



GEORGIA SCHOOL OF  
ORTHODONTICS

## GEORGIA SCHOOL OF ORTHODONTICS APPLICATION INTERNATIONAL RESIDENTS

### REQUIREMENTS FOR ADMISSION

The Georgia School of Orthodontics is currently accepting applications for its Residency Program. GSO accepts graduates who have completed an accredited dental school in the United States or an equivalent foreign dental school. GSO is now certified to enroll F-1 nonimmigrant students. If you are a U.S. Citizen/Permanent Resident, please go to our website and download the application for U.S. citizens/permanent residents.

All applications must be filled out using our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website <http://www.gsorthodontics.org>.

Applicants must submit certain documentation via the online application portal. It will not be accepted if mailed. Please carefully read the requirements on which documents may be accepted via the application portal and which must be mailed directly to the Office of Admissions. **Specifically, only the following documents may be and must be submitted via the application portal:**

1. Application Form
2. Applicant’s Curriculum Vitae
3. Applicant’s Photograph
4. Personal Essay
5. Declaration and Certification of Finances

**The following documents must be sent directly from the issuing institution/provider in sealed envelopes to the Georgia School of Orthodontics:**

1. Official Transcripts – *Please read below for requirements on transcript translation.*
2. Letters of Recommendation
3. Academic Performance Evaluation
4. TOEFL Scores

**The following documents must be sent directly from the issuing institution/provider via email to the Georgia School of Orthodontics Office of Admissions at [admissions@gaorthodontics.org](mailto:admissions@gaorthodontics.org):**

1. National Board of Dental Examiners Scores

Applicants should ask the issuing institutions/providers to send official documents such as transcripts and transcript translations, GPA and class rank letter, and test scores directly to the Office of Admissions at the following address:

**Georgia School of Orthodontics  
Office of Admissions  
8200 Roberts Drive, Suite 550**



# GEORGIA SCHOOL OF ORTHODONTICS

Atlanta, Georgia 30350

[Admissions@gaorthodontics.org](mailto:Admissions@gaorthodontics.org)

Please note all applications must be received by July 3, 2020. Applications are reviewed on a rolling basis, so the earlier you send in your materials, the better.

## **DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION**

- Documents that must be submitted via the online application portal:
  1. Completed Application Form
  2. Curriculum Vitae
  3. 2" X 2" photograph
  4. Personal Essay
  5. Declaration and Certification of Finances
- \$75 Application Fee paid via Paypal

### **APPLICATION FORM**

All applications must be filled out using our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website: <http://www.gsorthodontics.org>.

### **CURRICULUM VITAE**

Applicants must provide their curriculum vitae via our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website: <http://www.gsorthodontics.org>.

### **PHOTOGRAPH**

Applicants must provide a passport-style photograph (2” x 2” in size) via our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website: <http://www.gsorthodontics.org>.

### **PERSONAL ESSAY**

Applicants must submit a personal essay as part of the admissions process via our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website: <http://www.gsorthodontics.org>.

The essay should be an autobiographical sketch of at least 1 page in length, and include any previous orthodontic experiences and the Applicant’s reasons for desiring orthodontic training.

### **DECLARATION AND CERTIFICATION OF FINANCES**

Applicants must demonstrate financial resources adequate to cover the cost of the program and living expenses while in Atlanta. Applicants must complete the Declaration and Certification of Finances Form included in this application, and submit it through the application portal. Financial responsibility may be proven by a variety of methods. These include the following:

- Personal or family funds
- Pre-approval for private student loans

If using personal or family funds, a bank statement from within the past six months must be provided. Additionally, if



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the Applicant is receiving financial support from a friend or family member, that person must also write a letter specifying the exact amount of funding he or she will provide during the program.

The Declaration and Certification of Finances information is included in this application and must be submitted via our online application portal. This can be accessed via the “Apply Now” button in the header bar of our website: <http://www.gsorthodontics.org>.

### **OFFICIAL TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES ATTENDED**

Official transcripts from all post-secondary institutions from which Applicants received credit are required- regardless of whether the course pertained to a degree program. Transcripts must be sent directly by the issuing institution to the Office of Admissions at the address given above in a sealed institutional envelope. Applicants must have a DDS or DMD from an accredited dental school in the United States or an equivalent foreign dental school.

**If your undergraduate and dental degrees are in a language other than English, they must be accompanied by a notarized translation from an official translator. Thus, both the translation and the original degree must both be notarized. Provisional degrees are NOT accepted.**

### **OFFICIAL NATIONAL BOARD PART I & II SCORES**

Successful completion of the NBDE, Part I and Part II (when available) is required of all Applicants. Scores for Part I and Part II are due by the application deadline of July 3, 2020. Applicants must have their scores emailed directly from the American Dental Association to the Office of Admissions at [admissions@gaorthodontics.org](mailto:admissions@gaorthodontics.org). Applicants are advised to request NBDE scores as early as possible as it can take some time for them to be received. Contact the National Board at (312) 440-2678 or get a request form at their website [www.ADA.org/en/jcnde](http://www.ADA.org/en/jcnde) (click on “Examinations”, then “NBDE Part I and Part II Results Request”, then “log in” and follow the instructions from there).

### **TOEFL SCORES**

All international applicants must be proficient in the English language in order to be considered for admission. Applicants whose first language is not English must provide valid TOEFL scores. TOEFL score reports must be no more than two years old. Applicants should self-report their TOEFL results in the PASS application. In addition, applicants must arrange to have an official TOEFL score report sent directly from the test agency to the Georgia School of Orthodontics at the address listed below under “Contact.” U.S. citizens and U.S. permanent residents are not required to submit TOEFL scores. International applicants who have earned a degree from a U.S. or English-speaking Canadian university may be exempted from the TOEFL requirement. Georgia School of Orthodontics English Proficiency TOEFL Minimum Requirements:

**iBT** (Internet based TOEFL) minimum total score: 96

**PBT** (Paper-based TOEFL) minimum total score: 600

### **LETTERS OF RECOMMENDATION**

Three letters of recommendation from individuals who have known and worked closely with Applicants are required. Specifically, there must be:

1. Minimum of one letter from a dental school faculty member, preferably in the Department Orthodontics.
2. Two remaining recommendations from faculty members or practicing orthodontists.

The recommenders must submit the letters in sealed envelopes, with their signatures across the seal, by mail directly to the



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Office of Admissions at the address given above.

### **ACADEMIC PERFORMANCE EVALUATION FORM**

Applicants must request that the dean of their dental school complete the Academic Performance Evaluation included in the Application. This must indicate the Applicants' official GPA and class rank. This form must be mailed from the Dean directly to the Office of Admissions at the address given above in a sealed envelope.

### **APPLICATION FEE**

The Applicant must submit a nonrefundable \$75 Application Fee prior to the initial review of their application. The Application Fee must be paid through PayPal. After clicking the "Apply Now" button in the header bar of our website and submitting your initial application information, you will see a PayPal button that will take you to the payment page.

### **ADDITIONAL REQUIREMENTS**

The following are additional requirements not requiring official documentation at the time the application is submitted:

#### **PERSONAL INTERVIEW**

Invited Applicants will be required to complete a personal interview with the admissions committee. Applicants will be notified directly if they have received an interview.

### **TUITION**

The tuition for the Georgia School of Orthodontics for international residents is \$157,500/year. Program fees for the 2020/2021 academic year are \$15,750/year. **If you are a U.S. citizen/permanent resident, please complete the U.S. Citizen/Permanent Resident Application, which includes information on the tuition.**

One resident will be selected to receive the Doctor Gasper Lazzara Scholarship for Diversity in the Field of Orthodontics, a full tuition scholarship. If you wish to be considered for the scholarship, please complete the application located near the end of the document.

*\*Please note all applications must be received by July 3, 2020. Applications are reviewed on a rolling basis, so the earlier you send in your materials, the better.*

### **OFFICE OF ADMISSIONS**

Please do not hesitate to contact us should you have any questions, or need any additional information. We can be reached at:

**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)**

Please note that email submissions are the preferred method of contact, and will receive a prompt response.



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## **GSO APPLICATION - INTERNATIONAL 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

DENT PIN #

PASS ID #: \_\_\_\_\_

\_\_\_\_\_

All correspondence will be sent to your current address listed on your application. 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 \_\_\_\_\_

3. Please indicate your TOEFL Score(s). Only one method of testing is required. Note that the minimum iBT score is 96, and the minimum PBT score is 600. Applicants must arrange to have an official TOEFL score report sent directly from the test agency.

iBT (Internet based TOEFL) Score: \_\_\_\_\_

PBT (Paper-based TOEFL) Score: \_\_\_\_\_



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## 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: \_\_\_\_\_



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7. Please write an autobiographical sketch of at least 1 page in length, and include any previous orthodontic experiences and the 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 GDE SUPPLEMENTAL APPLICATION AND REQUIRED ATTACHMENTS VIA THE ONLINE APPLICATION PORTAL. ALL APPLICATION MATERIALS BECOME PROPERTY OF THE GEORGIA SCHOOL OF ORTHODONTICS AND WILL NOT BE RETURNED TO THE APPLICANT.*

### **CONTACT INFORMATION**

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)



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## ACADEMIC PERFORMANCE EVALUATION

(To be completed by the Dean of the Dental School attended)

Name of Applicant: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Applicant's Statement:

I authorize the release of requested information to the Georgia School of Orthodontics.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

### Dean's Section

#### Dental Class Ranking

Cumulative GPA: \_\_\_\_\_

Cumulative Class Ranking: \_\_\_\_\_

Class Size: \_\_\_\_\_

#### National Board Examination Scores

##### PART 1

##### PART 2

Exam Date	Anat Sci	Biochem Physio	Micro Path	Dent Anat	Average	Reference Number		Exam Date	Average

#### Dean's Endorsement of the Candidate:

\_\_\_\_ Highly recommend    \_\_\_\_ Recommend    \_\_\_\_ Recommend with reservations    \_\_\_\_ Do not recommend

#### COMMENTS:





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## LETTER OF RECOMMENDATION

Candidate's Name: \_\_\_\_\_

\_\_\_\_\_ I do waive \_\_\_\_\_ do not waive my right of access to this letter of recommendation

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### Evaluator's Section

	Superior Upper 5%	Excellent Upper 5-25%	Good Upper 25-50%	Fair Lower 0-50%	No basis for judgment
Intellectual ability					
Academic dental knowledge					
Clinical ability					
Manual dexterity					
Capacity for analytical thinking					
Problem-solving skills					
Writing skills					
Personal & social skills					
Emotional maturity					
Common sense & judgment					
Leadership ability/Initiative					
Ability to work independently					
Responsibility & reliability					
Ability to handle large work load					
Ability to accept criticism					
Professionalism					
Overall opinion of applicant					

List the courses completed under the person giving this recommendation (if applicable)

Course No.	Course Title	Dates
Grade		

How long have you known Applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Overall endorsement of this Applicant:

Highly recommend     
  Recommend     
  Recommend with reservations     
  Do not Recommend



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Please provide a separate letter of evaluation which includes any pertinent information regarding the following characteristics of the Applicant:

- Character, integrity personality
- Specific strengths & weaknesses
- Ability to carry on advanced studies in orthodontics
- Comparison of this individual with other students you have known

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

Name \_\_\_\_\_ Institution \_\_\_\_\_

Title \_\_\_\_\_ Phone No \_\_\_\_\_



**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>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
Tuition	\$157,500	\$165,375-\$173,250	\$173,644-\$190,575
Program Fees <sup>1</sup>	\$15,750	\$ 16,890	\$ 15,750
Estimated Living Expenses	\$25,000	\$25,000	\$25,000
<b>Total Cost of Attendance</b>	<b>\$ 198,250</b>	<b>\$207,265-\$215,140</b>	<b>\$214,394-\$231,325</b>

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

\* Residents are responsible for their own health insurance. Health insurance is required for enrollment in the program.

\* Resident & Guarantor(s) acknowledge the obligation to pay the full tuition and program fees for the 36-month program, which is \$198,250-\$206,325 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 underrepresented minority resident of the Class of 2023 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 2023 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.



# GEORGIA SCHOOL OF ORTHODONTICS

## DEMOGRAPHIC INFORMATION ON RESIDENT APPLICANTS

<b>Name (Last, First, M.I.):</b>
<b>DOB:</b>
<b>Place of Birth:</b>

**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