



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:

1. National Board of Dental Examiners Scores - Please note that submission of NBDE scores is recommended, but not required, for graduates of non-CODA accredited institutions.

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

Please note all applications must be received by September 1, 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>.

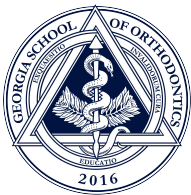
The essay should be an autobiographical sketch of at least 1 page in length, and include any previous orthodontic experiences and the Applicant’s reasons for desiring orthodontic training.

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

Please note that submission of NBDE scores is recommended, but not required, for graduates of non-CODA accredited institutions. Scores for Part I and Part II are due by the application deadline of September 1, 2020. Applicants must have their scores emailed directly from the American Dental Association to the Office of Admissions at 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 (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 September 1, 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

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



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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 (If Applicable)

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_____



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DECLARATION AND CERTIFICATION OF FINANCES

To be qualified for admittance into 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

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

¹ 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: | | <table><tr><td>Date of Birth</td><td>Gender (Voluntary)</td></tr><tr><td>Month Day Year</td><td>M-Male F-Female</td></tr></table> | Date of Birth | Gender (Voluntary) | Month Day Year | M-Male F-Female |
| Date of Birth | Gender (Voluntary) | | | | | |
| Month Day Year | 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.



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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