



## GEORGIA SCHOOL OF ORTHODONTICS

### GEORGIA SCHOOL OF ORTHODONTICS FELLOWSHIP APPLICATION

#### REQUIREMENTS FOR ADMISSION

The Georgia School of Orthodontics is currently accepting applications for its Fellowship 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.

**This completed document must be uploaded onto our online application portal.** This can be accessed via the “Apply Now” button on the top left of the Admissions Page of our website: <http://www.gsorthodontics.org>. The portions of this document that are required to be completed by a third party must be sent directly by that third party following the instructions below, including your Official Transcripts, Letters of Recommendation, and Academic Performance Evaluation.

Applicants must submit certain supporting application materials via the online application portal, and others must be mailed directly to the Office of Admissions. Please carefully read the requirements below on which documents may be accepted via the 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 portal:**

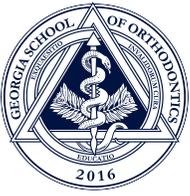
1. Application Form
2. Applicant’s Curriculum Vitae
3. Applicant’s Photograph
4. Personal Essay
5. Declaration and Certification of Finances

**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 note that if your college or university is closed due to the COVID-19 pandemic, we will accept transcripts sent directly from the clearing house to our Office of Admissions.
2. Letters of Recommendation - Please note that if your dental school is closed due to the COVID-19 pandemic, we will accept this form via email sent directly from the recommender to our Office of Admissions.
3. Academic Performance Evaluation - Please note that if your dental school is closed due to the COVID-19 pandemic, we will accept this form via email sent directly from the Dean to our Office of Admissions.

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  
Atlanta, Georgia 30350  
[Admissions@gaorthodontics.org](mailto:Admissions@gaorthodontics.org)**



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Please note all applications must be received by August 1, 2022. 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 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 on the top left of the Admissions Page 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 on the top left of the Admissions Page 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 on the top left of the Admissions Page 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 on the top left of the Admissions Page 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 Fellowship. 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: (i) Personal or family funds; (ii) Pre-approval of private student loans. If using personal or family funds, a bank statement from within the past six months must be provided. Additionally, if 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 Fellowship. The Declaration and Certification of Finances information is included in this application and must be submitted via our online application portal.

#### **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



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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. Please note that if your college or university is closed due to the COVID-19 pandemic, we will accept transcripts sent directly from the clearing house to our Office of Admissions.

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.

### **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 Office of Admissions at the address given above. Please note that if your dental school is closed due to the COVID-19 pandemic, we will accept this form via email sent directly from the recommender to our Office of Admissions.

### **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. Please note that if your dental school is closed due to the COVID-19 pandemic, we will accept this form via email sent directly from the Dean to our Office of Admissions.

### **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 on the top left of our Admission Page and submitting your initial application information, you will see a PayPal button that will take you to the payment page.

### **ADDITIONAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS ONLY**

The following are additional requirements for international applicants only:

#### **TRANSCRIPT TRANSLATION**

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.

#### **PROFICIENCY IN ENGLISH**

Georgia School of Orthodontics does not require completion of TOEFL for entry into the Fellowship Program. However, applicants must demonstrate a proficiency in English through a personal essay and online interview (if selected). In addition, the Dean of the applicant's dental school must attest to the applicant's English proficiency in the Academic Performance Evaluation. If you have taken and chose to submit your TOEFL score, please use report code C760 to have them submitted electronically.



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Prior to entry into the Orthodontic Residency Program, fellowship participants must complete TOEFL with a minimum required iBT score of 86 and PBT score of 567. Fellowship participants who meet all other requirements for entry into the Orthodontic Program will not be enrolled if they do not possess the minimum required 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.

### **TUITION**

The tuition and program fees for the Georgia School of Orthodontics Fellowship Program are \$25,500/year.

### **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:

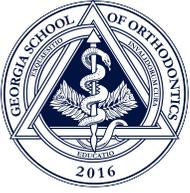
**Georgia School of Orthodontics Office of Admissions**  
**8200 Roberts Drive, Suite 550**  
**Atlanta, Georgia 30350**

**Phone: 770 538 1502**

**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 FELLOWSHIP APPLICATION

Please complete this document and 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:

### PREFERRED MAILING ADDRESS

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

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

Country: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ Cell/Mobile Number: \_\_\_\_\_

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

### GENERAL QUESTIONS

**For International Applicants ONLY:** Please indicate your TOEFL Score(s), if taken. Please note that this is not required for acceptance into the Fellowship Program, but will be required before enrollment into the Orthodontic Residency Program.

Applicants who have taken TOEFL should arrange to have an official TOEFL score report sent directly from the test agency.

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

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? \_\_\_\_\_



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



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8. Are you interested in enrolling in the School's Orthodontic Residency Program after successful completion of the Fellowship?  Yes  No

### **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.*

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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: \_\_\_\_\_

#### NBDE Scores (if applicable)

#### PART 1

#### PART 2

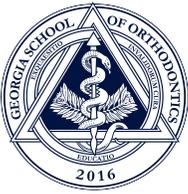
Exam Date	Anat Sci	Biochem Physio	Micro Path	Dent Anat	Average	Reference Number		Exam Date	Average

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

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

#### COMMENTS:

Please indicate the applicant's level of English proficiency:



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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.

Assured

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Source	Certification Required	
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*	\$ _____

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\*These figures represent the estimated total cost of tuition and program fees for the Georgia School of Orthodontics – Orthodontic & Dentofacial Orthodontic Fellowship Program, which is \$25,500. \_\_ \_\_

I certify the information above is correct and complete.

Fellow's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DEMOGRAPHIC INFORMATION ON FELLOWSHIP 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 (Circle 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