

GEORGIA SCHOOL OF  
ORTHODONTICS

## **GEORGIA SCHOOL OF ORTHODONTICS MALAYSIA FELLOWSHIP APPLICATION**

### **REQUIREMENTS FOR ADMISSION**

The Georgia School of Orthodontics is currently accepting applications for its Malaysia Fellowship Program. **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>. Please note all applications must be received by March 31, 2023.

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

1. Completed Application Form
2. \$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>.

### **APPLICATION FEE**

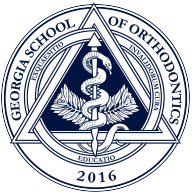
The Applicant must submit a nonrefundable \$75 Application Fee prior to the initial review of their application. The Application Fee must be paid through PayPal. After clicking the “Apply Now” button on the top left of our Admission Page and submitting your initial application information, you will see a PayPal button that will take you to the payment page

### **TUITION**

The tuition and program fees for the Georgia School of Orthodontics Fellowship Program are \$25,000/year.

### **OFFICE OF ADMISSIONS**

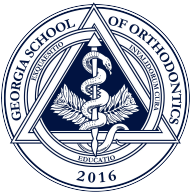
Please do not hesitate to contact us should you have any questions, or need any additional information. We can be reached at:



## GEORGIA SCHOOL OF ORTHODONTICS

Georgia School of Orthodontics Office of Admissions  
8200 Roberts Drive, Suite 550  
Atlanta, Georgia 30350  
Email: [rharrell@gaorthodontics.org](mailto:rharrell@gaorthodontics.org)

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



# GEORGIA SCHOOL OF ORTHODONTICS

## **GSO FELLOWSHIP APPLICATION**

Please complete this document and upload it to 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: ☐

### **PREFERRED MAILING ADDRESS**

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

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

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

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

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

### **GENERAL QUESTIONS**

Please indicate your TOEFL Score(s), if taken. Please note that this is not required for acceptance into the Fellowship 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? \_\_\_\_\_



## GEORGIA SCHOOL OF ORTHODONTICS

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.



## GEORGIA SCHOOL OF ORTHODONTICS

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 APPLICATION AND REQUIRED ATTACHMENTS VIA OUR ONLINE APPLICATION PORTAL. ALL APPLICATION MATERIALS BECOME PROPERTY OF THE GEORGLA SCHOOL OF ORTHODONTICS AND WILL NOT BE RETURNED TO THE APPLICANT.*

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