



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 May 5, 2023. 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>.

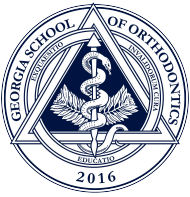
The essay should be an autobiographical sketch of at least 1 page in length, and include any previous orthodontic experiences and the Applicant’s reasons for desiring orthodontic training.

### **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. Please note that there no typical loan providers currently available to GSO residents.

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**

**International applicants are not required to submit their NBDE scores as part of the application process.** If an applicant has completed any part of the exam, they 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: 86

**PBT** (Paper-based TOEFL) minimum total score: 567

### **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 for the 2023/2024 academic year is \$172,640/year. Program fees for the 2023/2024 academic year are \$16,994/year. **If you are a U.S. citizen/permanent resident, please complete the appropriate application on our website, which includes information on the tuition.**

*\*Please note all applications must be received by May 5, 2023. 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**

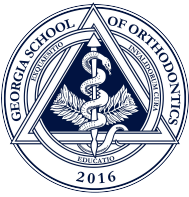
1. Have you applied to the Georgia School of Orthodontics before? Yes ☐ No ☐

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:

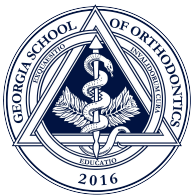
I hereby certify that I provided accurate information in this application. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion.

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

*PLEASE SUBMIT THIS COMPLETED 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

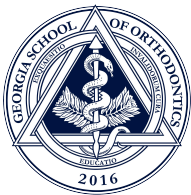
Exam Date	Anat Sci	Biochem Physio	Micro Path	Dent Anat	Average	Reference Number		Exam Date	Average

#### 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
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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*		\$ _____	\$ _____	\$ _____

**GSO COST OF ATTENDANCE SCHEDULE**

	Projected	Projected	Projected
Academic Year	2023-24	2024-25	2025-26
Tuition	\$172,640	\$181,272-189,904	\$190,335-208,895
Program Fees	\$16,994	\$18,134	\$16,994
Estimated Living Expenses	\$26,975	\$26,975	\$26,975
<b>Total Cost of Attendance</b>	<b>\$216,609</b>	<b>\$226,381-\$235,013</b>	<b>\$232,329-\$252,864</b>

\* Inflation and other factors may require increases in tuition and fees. GSO reserves the right to change tuition, fees, and other charges without advance notice and to make such changes applicable to present as well as future students.

\* 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 \$189,634-\$225,889 per year.



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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 2023 to 2026.

I certify the information above is correct and complete.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Hand Signature Only**



## 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