



GEORGIA SCHOOL OF
ORTHODONTICS

GEORGIA SCHOOL OF ORTHODONTICS APPLICATION U.S. CITIZENS/PERMANENT RESIDENTS NON-CODA TRAINED

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.

This form is for U.S. Citizens or Permanent Residents who did NOT graduate from a CODA accredited dental school. If you are a U.S. Citizen or Permanent Resident who did graduate from a CODA accredited dental school, or if you are an international applicant, please go to our website and download the appropriate application.

All applications must be filled out using our online application portal. This can be accessed via the “Apply Now” button on the Admissions page 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:

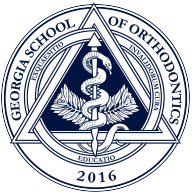
1. Official Transcripts
2. Letters of Recommendation
3. Academic Performance Evaluation

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

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**



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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 on 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 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 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 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 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 the Applicant is receiving financial support from a friend or family member, that person must also write a letter specifying



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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 on the Admissions page 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.

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 May 5, 2023. 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).

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.

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 on the Admissions page 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.



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TUITION

The tuition for the Georgia School of Orthodontics for the 2023/2024 academic year for **U.S. citizens and permanent residents who did not graduate from a CODA accredited dental school** is \$129,133/year. Program fees for the 2023/2024 academic year are \$16,994/year. **If you are a U.S. Citizen or Permanent Resident who did graduate from a CODA accredited dental school, or if you are an international applicant, please go to our website and download the appropriate application.**

**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:

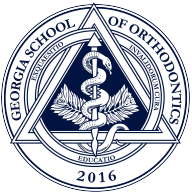
Georgia School of Orthodontics Office of Admissions
8200 Roberts Drive, Suite 550
Atlanta, Georgia 30350

Phone: 770 538 1502

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 - U.S. CITIZENS/PERMANENT RESIDENTS NON-CODA

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: ☐

PASS ID #: _____ DENT PIN #: _____

All correspondence will be sent to your current address listed on your PASS application. If you prefer other arrangements, 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 _____

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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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.

Georgia School of Orthodontics
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8200 Roberts Drive, Suite 550
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Phone: 770 538 1502
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

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)

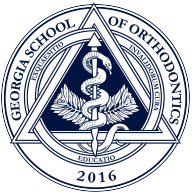
Course No.	Course Title	Dates
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Grade

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	\$129,133	\$135,590-142,046	\$142,370-156,250
Program Fees	\$16,994	\$18,134	\$16,994
Estimated Living Expenses	\$26,975	\$26,975	\$26,975
Total Cost of Attendance	\$173,102	\$180,699-\$187,155	\$186,339-\$200,219

* 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 \$146,127-\$173,244 per year.



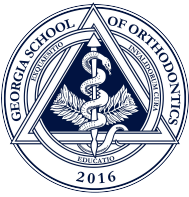
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These figures represent the estimated total cost of attendance for the Georgia School of Orthodontics – Orthodontic & Dentofacial Orthodontic Residency Program for all three (3) Academic Years 2023 to 2026.

I certify the information above is correct and complete.

Resident's Signature: _____ Date: _____

Hand Signature Only



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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