



Whitney Young Health
Advanced Education in General Dentistry
Residency Application

PERSONAL INFORMATION

BIOGRAPHIC INFORMATION

Legal Name: Last: _____ First: _____ Middle: _____

Suffix (*Jr., Sr., III, etc.*) _____

Do you have any materials under a former legal name? Yes No

If yes, indicate former name: _____

Biological Sex: Female Male Decline to State **Gender Identity:** I identify as: _____

Date of Birth (*MM/DD/YYYY*): _____ Country of Birth: _____

City of Birth: _____ State/Province of Birth: _____

CONTACT INFORMATION

Current Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Preferred Phone Number: _____ Alternate Phone Number: _____

Email: _____

CITIZENSHIP INFORMATION

Country of Citizenship: _____

Do you have a U.S. Visa? Yes No N/A

Have you applied for and been accepted to DACA? Yes No N/A

RACE & ETHNICITY

Please select all that apply:

RACE: Native Indian or Alaska Native Native Hawaiian Asian
 Pacific Islander Black or African American White Other

ETHNICITY: Hispanic or Latino Non-Hispanic or Latino

LANGUAGE PROFICIENCY

What is your primary language? _____ Other languages spoken? _____

MILITARY STATUS

Select Military Status Below

Active Duty Veteran Reserve National Guard Recently Separated Veteran Disabled Veteran
No Military Service Prefer Not to Answer



Whitney Young Health
**Advanced Education in General Dentistry
Residency Application**

ACADEMIC HISTORY

DENTAL DEGREE INFORMATION

Enter the name of the institution/university/degree granting your dental degree: _____

Select the dental degree type earned: _____ Enter the year your degree was conferred: _____

COLLEGES AND DENTAL SCHOOLS ATTENDED

In this section, list all undergraduate, graduate and dental schools attended.

ADA STANDARDIZED TESTS

Please indicate the most recent test results and date the exam was taken

ADAT: _____ INBDE: _____

NBDE Part 1: _____ NBDE Part 2: _____

Have you ever been disciplined for academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? Yes No

Have you ever been disciplined for student conduct violations (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? Yes No

Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? Yes No

SUPPORTING INFORMATION

EXPERIENCES

Enter your professional experiences in this section.

ACHIEVEMENTS

Enter any relevant professional or academic achievements.



Whitney Young Health
Advanced Education in General Dentistry
Residency Application

LICENSES

Add any current professional licenses that you have in this section.

ADDITIONAL INFORMATION

Please submit this completed application and the following documents:

- CV/Resume
- Personal Statement
- References
- Unofficial Transcript(s)

SEND YOUR APPLICATION

Email application and requested documents to **aegd@wmyhealth.org** or mail to:

Whitney Young Health Dental Department
Attn: AEGD Residency
900 Lark Drive
Albany, NY 12207

APPLICANT AGREEMENTS

The application and admissions process includes the application, supporting documents, interviews, and communication with program representatives. You agree to behave in a manner consistent with the professional, ethical, and legal standards of the dental professions as outlined in the ADA Principles of Ethics and Code of Conduct, including in your interactions with program staff and faculty.

You have read and understand the application instructions and agree to provide accurate and complete information and acknowledge that misrepresenting information, omitting information in such a way as to make a statement false, erroneous, or misleading, or (iii) providing false, erroneous, or misleading information in the application and admissions process may jeopardize your application.

By signing below, you confirm that you have read, understand, and agree to the applicant agreements.

Applicant Signature: _____ Date: _____