

THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Dentistry
General Practice Residency Program
Rm. 338 – 2194 Health Sciences Mall
Vancouver, B.C. Canada V6T 1Z3
Telephone: (604) 822-0345
Fax: (604) 822-4532
www.dentistry.ubc.ca

**UBC GENERAL PRACTICE RESIDENCY PROGRAMS
AND PEDIATRIC DENTAL RESIDENCY TRAINING PROGRAM**

APPLICATION FOR A HOSPITAL DENTAL RESIDENT I

INSTRUCTIONS:

1. Submit the **FULLY DOCUMENTED** application and a letter of interest **BEFORE OCTOBER 15TH**
2. Submit the application fee of \$175.00 Cdn. in the form of money order made payable to "UBC Faculty of Dentistry" with the application.
3. Please forward **ALL** transcripts of university marks to the address in No. 5.
4. Three letters of reference should be forwarded by the referees under separate cover to the address in No. 5.
5. Dr. Christopher Zed
C/o Ms. Dorothy K. Stanfield
Manager, Postgraduate Community Programs
Faculty of Dentistry
The University of British Columbia
#338 - 2194 Health Sciences Mall
Vancouver, B.C. V6T 1Z3
(604) 822-0345
6. Please notify us of any change of address.

Please tape a recent colour photo (passport size) in this space. Do not use staples.

I, _____, hereby make application for a:
(Please Print Last Name First)

Dental Resident I for the 2013-2014 session.

Date: _____ Signature: _____

Present Address: _____

(Please Print) _____ Postal Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

Name, Address and Phone No. of Next of Kin:

1. Personal Data

- a) Date of Birth: _____ b) Age: _____
- c) Place of Birth: _____ d) Social Insurance Number: _____
- e) Citizenship: _____ f) Male _____ Female _____
- g) Do you have any disability which might make it necessary to modify your training?
No _____ Yes _____ (specify: _____)

2. Education

- a) Predental education: where and when: _____
- b) Dental university attending: _____
- c) Date of graduation: _____
- d) Degree to be granted: _____
- e) Degrees held other than dental degree: _____
- f) N.D.E.B. Certificate - if applicable - (please send photocopy): _____
- g) If known, please indicate standing in last two professional education years.
(Transcripts of marks to be forwarded).
Year I _____ in class of _____ students
Year II _____ in class of _____ students
- h) Research and hospital undergraduate and/or postgraduate experience:

Position

Name & Location

Dates of Activity

3. Ultimate Professional Aim (indicate in appropriate space):

General Practice Dentist _____ Specialist _____ Specify: _____
Other _____ (specify: _____) Undecided : _____

I am applying to the following Residency Program (CHOOSE ONLY ONE):

B.C.'s Childrens' Hospital (Pediatric Dental Residency) _____

OR

General Practice/Community Residency _____

4. Present Membership in Organizations (scientific, professional, etc.):

5. Please list any academic awards, achievements, honours or other distinctions you have received.

6. **List three referees - all of whom know your work well. (Please Print)**

Processing of your application would be facilitated if you would encourage your referees to write letters of reference immediately. No application will be considered without three reference letters.

Name

Position

Address

a) _____

b) _____

c) _____

7. Please describe any professional employment experience you have had that you feel is relevant to the field of studies you plan to pursue.

8. In terms of your personal, research and work ethic, what are some of the things you particularly value?

Give an example of a decision you made that was dictated by those values.

9. Describe what you believe it means to work in a team. Describe your views on the positive and negative aspects of working in a team.

If this application form does not provide sufficient space, then additional personal information, in the form of a curriculum vitae or resumé, is encouraged and may be provided on separate sheets. **Indications of your reasons for applying to this dental residency program would be helpful to the selection committee.**