

5. List academic distinctions, fellowships, scholarships, awards or prizes awarded in college, dental school or subsequently:

6. Indicate your professional experiences after dental school, if applicable:

7. List scientific publications, poster or scientific presentations, if applicable:

8. If your dental education to date has not been continuous, or if you are now in dental school or hospital, please give details:

9. List the state in which you are licensed to practice dentistry, if applicable.

10. If you are accepted in our preceptorship program, how do you plan to finance your tuition, fees and associated traveling and living expenses?

Signature: _____

Date: _____

Feel free to attach more information that may not fit the space provided as well as a complete CV. Please mail complete application with fee along with supplemental information and documentation (letters of recommendation, copy of diploma and dental school transcripts) to:

Ms. Stephanie Ward
Administrative Coordinator
Graduate Periodontics Program
University of Oklahoma College of Dentistry
Department of Periodontics
1201 N. Stonewall Avenue, Room 274B
Oklahoma City, OK 73117-8802
Email: stephanie-ward@ouhsc.edu