

**University of Washington School of Dentistry
Department of Pediatric Dentistry**

VISITING INTERNATIONAL DENTIST APPLICATION *(fillable PDF format)*

1. PROGRAMS AND FEES:

<p>Visiting Dentist Program: This program is designed for dental professionals from around the world who wish to broaden their knowledge of pediatric dentistry through participation in our educational, clinical and research activities. The clinical activities are observational in nature; no hands-on experience with patients is offered. The program varies from one week to twelve months in length, determined by the availability of both the applicant and The Center for Pediatric Dentistry. Applications are open year-round.</p>	<p>\$2000/one week stay \$5,000/one month stay \$9,000/quarter (three months) \$16,000/two quarters/six months \$30,000/four quarters/one year</p>
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2. PERSONAL INFORMATION:

Name (Last):	First:	Middle:
Current Academic Title:	Current Employer (Department, School, University or Hospital)	
Mailing Address:	E-Mail:	
	Work Phone:	
	Home Phone:	
	Cell Phone:	
	Fax Number:	

3. COLLEGE EDUCATION:

Name of Institution	Location	Degree	Date

4. ENGLISH PROFICIENCY:

Number of years you have studied English?	_____year(s)		
Have you ever taken a TOEFL test?	___Yes ___No	Date Taken:	Score:
Other Standard English Tests:	Name:	Date Taken:	Score:

5. PROPOSED VISIT DATES:

Start Date of Visit:	End Date of Visit:
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6. FACULTY MENTOR:

UW Pediatric Dentistry faculty member you would like to work with (if known): _____

(NOTE: We will assign faculty mentors on the basis of faculty availability, and will try to match a faculty member with your study proposal/interest.)

7. PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

Required Attachments: (all in PDF format; no paper forms accepted)

- **Curriculum Vitae**
- **Statement of Purpose** *(It should be a statement of intent that outlines your goals for your visit to Pediatric Dentistry. In short, why do you want to visit and why is the UW Department of Pediatric Dentistry a preferred site to attain your goals.)*
- **Two letters of recommendation** *(Letters should come from faculty or other professionals in dentistry who can best evaluate you for a positive experience in the United States. Letters should be addressed to the Visiting International Dentist Program Director, Dr. Ana Lucia Seminario.)*
- **A Copy of a Current License** *from the applicant's home country.*

8. Please send application and attachments electronically (PDF format only) to:

Dr. Ana Lucia Seminario, DDS, MPH, PhD, Director, Visiting International Dentist Program
alsadem@uw.edu

(The Center for Pediatric Dentistry
6222 NE 74th Street
Seattle, WA 98105)