

St. Vincent Charity Hospital/Saint Luke's Medical Center  
Application for General Practice Residency in Dentistry



\_\_\_\_\_  
SSN \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_  
Current Street Address \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_  
Email Address \_\_\_\_\_



\_\_\_\_\_  
Permanent Street Address (if different than above) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_



\_\_\_\_\_  
Birthplace City \_\_\_\_\_ State \_\_\_\_\_ Birth date \_\_\_\_\_ 

M	F
Gender	

\_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_  
Visa Type \_\_\_\_\_ Visa # \_\_\_\_\_ City of Visa \_\_\_\_\_

\_\_\_\_\_  
Match Code Number (If applicable) \_\_\_\_\_ TOEFL Score (If applicable) \_\_\_\_\_ Cumulative GRE Score (If applicable) \_\_\_\_\_

List Undergraduate/Graduate Colleges Attended	Years Attended	Major	Degree
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List Dental Schools Attended	Years Attended	Degree
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List Postdoctoral Programs Attended	Years Attended	Program Type	Degree/Certificate
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List academic honors, prizes, scholarships, special degrees, etc

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List extra-curricular activities while in dental school:

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Enter a Y if Yes or N if No to the following questions.

Have you completed your education? If no, provide the expected date of completion: \_\_\_\_\_

Have you received awards, distinctions, or prizes? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Are you licensed to practice dentistry or another profession? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever practiced dentistry? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Do you have military or public health experience? If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?

Were you ever the recipient of any disciplinary action by any college or professional school for unacceptable academic performance, academic probation, suspension, dismissal, or conduct violations  
If yes, provide details:

\_\_\_\_\_

Have you ever been subject to disciplinary action by any professional licensing board? If yes, provide details:

\_\_\_\_\_

It is the policy of our medical center to recruit, hire and promote for all job classification on the basis of merit qualification and competence. This applies to all categories of employment, such as managerial, professional, technical and all other staff. No aspect of employment shall be influenced by race, color, national origin, religion, sex, age or a qualified physical or mental handicap. All employment decision will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled.

I certify that the information I have recorded is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Name (Please print legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date