



( ) *Application Fee:\$70*

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)

\_\_\_\_\_

Current Phone #: \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_

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

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Citizenship: ( ) U.S.A. ( ) Permanent U.S.A. Resident ( ) Other \_\_\_\_\_

Visa Status: \_\_\_\_\_

List names and phone numbers of 3 individuals that may provide additional information regarding your interaction with pediatric patients.

Name	Phone
1. _____	
2. _____	
3. _____	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Nicklaus  
Children's  
Hospital**

Outpatient Centers

**PLEASE SELECT THE CHARACTERISTIC  
THAT APPLYS TO YOU.**

NAME OF APPLICANT: \_\_\_\_\_

GENDER	AGE	ETHNICITY	RACE	RURAL/URBAN/ SUBURBAN/ FRONTIER BACKGROUND	DISADVANTAGED BACKGROUND
Male	Under 20 years	Hispanic or Latino	American Indian or Alaskan Native	Rural	Yes
	20-29 years		Asian (Not Underrepresented)		
	30-39 years		Asian (Underrepresented)		
	40-49 years		Black or African-American		
Female	50-59 years	Non-Hispanic or Non-Latino	Native Hawaiian or Other Pacific Islander	Urban	No
	60-69 years		White		
	70 years or older		More Than One Race	Unknown	Unknown
	Unknown		Unknown		

Dear Applicant:

Thank you for submitting your Postdoctoral Program Application to PASS. [Please check your PASS Application and make sure you have completed everything on it.](#) If you haven't done so, remember that you must [also](#) fill out another application and send it directly to Nicklaus Children's Hospital Pediatric Dentistry Residency Program.

You may visit [www.nicklauschildrens.org](http://www.nicklauschildrens.org) and under [Medical Services](#) tab, go to [Dental Services/Dentistry Residency Program](#), click on [How to Apply](#), scroll down to the [Application](#) and click on the 'completed application' hyperlink where you will find the supplemental application. However, for your convenience, I have attached the application in this e-mail as well:

**Admission Requirements  
Checklist for Application:**

- The applicant must have a DMD or DDS degree, or its equivalent from an ADA recognized School of Dentistry. US Citizens from foreign dental schools will be considered.
- Candidates must have a minimum grade point average of 3.00.
- Application fee \$70. Make money order or cashier's check to NCH Pediatric Dentistry Residency. No personal checks please or cash on delivery.
- A completed application with two recent 2x2 photographs and curriculum vitae.
- Complete PASS application.
- Register with MATCH.
- Interview is required for acceptance.
- Optional ADA/ADAT scores

**Submit Application and Supplemental Information (Curriculum Vitae, photographs, and application fee) to:**

Ms. Kelly Reardon, DA  
Dr. Oscar Arevalo DDS, ScD, MBA, MS  
Pediatric Dentistry  
Nicklaus Children's Hospital  
3601 NW 107th Ave 3rd Floor  
Doral, FL 33178

If any questions should arise, please don't hesitate to contact us.