



() **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		

Admission Requirements Checklist for Application Requirements

- 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.
- The applicant must have passed Part I and II National Dental Board Examination
- The applicant may be considered for admission if graduated from non-ADA accredited international dental school
- The applicant must register in PASS and with MATCH
- The applicant must submit a complete **PASS** application including 3 professional evaluations and 1 Dean's Letter
- Most recent TOEFL score must be reported in PASS application
- Residents are selected through the National Matching Services
- Must visit program website for additional requirements:
 - A completed supplemental **application** with two recent 2x2 photographs and curriculum vitae.
 - Application fee \$70. Make money order or cashier's check payable to Nicklaus Children's Hospital Doral Pediatric Dentistry Residency.
NO PERSONAL CHECKS PLEASE.
- Interview is required for acceptance

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

Mrs. Kayleen Logo
Dr. Oscar Arevalo
Pediatric Dentistry
Nicklaus Children's Doral Outpatient Center
3601 NW 107 Avenue
3rd Floor
Doral, FL 33178

If you may have any questions, please call:
Mrs. Kayleen Logo
Phone (305) 418-7771
Fax: (305) 418-7777
Email: Kayleen.logo@nicklaushealth.org