

## Supplemental Application Form

**Program to which you are applying (Please check only one):**

- Orthodontics and Dentofacial Orthopedics Certificate
- Orthodontics and Dentofacial Orthopedics Certificate + Master's Degree in Bioengineering
- Orthodontics and Dentofacial Orthopedics Certificate + PhD in Biomedical Engineering

### Section 1: Personal Information

<b>First/Given Name</b>		<b>Middle Initial</b>
<b>Family/Last Name</b>		
<b>Gender</b>	<input type="radio"/> Female  <input type="radio"/> Male	<b>Date of Birth (MM/DD/YYYY)</b>
<b>Country of Citizenship</b>	<b>US Permanent Resident</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Country of Birth</b>
<b>US address</b> _____		
City _____ State _____ Postal code _____		
<b>International address</b> _____		
City _____ State _____ Postal code _____		

**Mailing address**    Same as US address    Same as International address  
*If different, please fill below*

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact Information #1**

Name/Relationship \_\_\_\_\_

Phone (Including Country/City code) \_\_\_\_\_

Mobile (Including Country/City code) \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact Information #2**

Name/Relationship \_\_\_\_\_

Phone (Including Country/City code) \_\_\_\_\_

Mobile (Including Country/City code) \_\_\_\_\_

Email \_\_\_\_\_

**Section 2: Personal Statement**

In this Supplemental Application we ask you to tell us why you want to pursue your training in Orthodontics & Dentofacial Orthopedics at CTOR Academy. What are your expectations and why do you think you would be a good fit to our team?

Please limit your statement to one page (font size at least 10).

**Application Checklist**

*Please include the following information with your application:*

- Application Fee of \$150 USD. Please make check out to “CTOR Academy”
- Personal statement discussing your motivation for enrolling in the advanced program in CTOR Academy, experiences and accomplishments that make you qualified for the program. (Maximum 1 page in 10-point font)
- Complete CTOR Academy Application and submission of all required documentation through PASS (<https://www.adea.org/pass/>).
- Complete CTOR Academy Application and submission of all required documentation through Dental Match (<https://natmatch.com/dentres/schedule.html>)

**Applicant's Declaration**

By signing below, you certify that the personal statement you are submitting is your own work, and that all information submitted in the CTOR Academy admission process is, to the best of your knowledge, factually true, and honestly presented.

By signing below, you also acknowledge that you may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information you have certified be false.

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

Print or Type Name \_\_\_\_\_