



**APPLICATION DEADLINE IS MARCH 29, 2019**

**NAME (CORRECT LEGAL NAME IN FULL)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Former Last Name (if applicable)

**PERMANENT ADDRESS**

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

\_\_\_\_\_  
Apt./ Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/ State

\_\_\_\_\_  
Postal/ Zip Code

\_\_\_\_\_  
Area Code + Telephone

**Email Address (Mandatory)**

All correspondence will be done via e-mail only.

**MAILING ADDRESS** (only complete if different from your permanent address)

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

\_\_\_\_\_  
Apt./ Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/ State

\_\_\_\_\_  
Postal/ Zip Code

\_\_\_\_\_  
Area Code +Telephone

\_\_\_\_\_  
Expiry Date

**BIOGRAPHICAL INFORMATION**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

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

\_\_\_\_\_  
Date of Entry Into Canada

\_\_\_\_\_  
First Language

\_\_\_\_\_  
Gender

Male

Female

**ENGLISH FACILITY TEST**

All applicants whose first language is not English must submit proof of English facility by **March 29, 2019**. Test scores submitted after this date will not be accepted. Please review the list of acceptable English facility tests and the minimum test scores required listed on our website. Test scores which are below the minimum requirements will not be accepted.

\_\_\_\_\_  
Name of Test

\_\_\_\_\_  
Date Test Written

\_\_\_\_\_  
Overall Score

TOEFL TWE/ Essay/ Writing Rating (**Must be a minimum of 5.0 or 22 for internet test.**)

**EDUCATION SINCE HIGH SCHOOL**

Pre-Dental, Dental, Graduate (Master or Ph.D.) or Other Training

Years Attended	University or College Attended	Country	Degree/ Diploma Obtained

**ACFD DENTAL SPECIALTY CORE KNOWLEDGE EXAMINATION RESULTS**

This exam must have been taken within two calendar years prior to the application deadline. **The valid test dates for summer 2019 entry are: September 2017, February 2018, September 2018, and February 2019.**

Test Date:	Test Date:	Test Date:
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**EMPLOYMENT RECORD - FULL TIME or PART TIME**

Dates	Employer	City/ Country	Position/ Occupation

**DECLARATION**

I certify that the information and documents submitted in or with this application or to be submitted (all of which together constitute the application) are true, complete and correct, and that all information material to a decision on the application has been disclosed. I understand that the discovery that any information or document submitted in support of an application is false or misleading or that any material information has been concealed or withheld will invalidate this application and will result in its immediate rejection, or in the immediate revocation and cancellation of my admission and/or registration if I am admitted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **APPLICATION CHECKLIST**

(Refer to our website for information on admission requirements.)

- Ensure you have completed all sections of the application form and signed it.
- \$275 CDN application service fee (certified cheque or money order payable to the University of Toronto).
- Proof of Canadian Citizenship or Permanent Resident Status (photocopy only).
- Dental School Diploma (notarized copy accompanied by a notarized English translation, if applicable).
- Dental School Marks (notarized copy accompanied by a notarized English translation, if applicable).
- Dental Specialty Program Diploma (notarized copy accompanied by a notarized English translation, if applicable).
- Dental Specialty Program Marks (notarized copy accompanied by a notarized English translation, if applicable).
- ACFD Dental Specialty Core Knowledge Exam Results (photocopy only).
- Detailed Curriculum Vitae/Resume.
- One page Statement of Interest including current activities and when you last practiced your Specialty.
- Letters of recommendation. A minimum of two are required.
- Proof of name change, if applicable.
- Proof of English facility, if applicable.