



**UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY**

**Application for Admission
OMFS Clerkship**

APPLICANT INFORMATION

Surname

Given names

Street Number and Name

Apt./Suite No.

City

Province / State

Postal / Zip Code

Area Code + Telephone Number

Email Address

Is there a particular rotation date of the six you prefer?

(Eligible rotations: June 2-13, June 16-27, June 30- July 11, July 14-25, July 28-August 8, August 11-22.)

Student's Signature

Date

Only complete applications will be considered and processed

Please mail complete application to:

ADMISSIONS OFFICE

104-124 Edward Street, Toronto/Ontario/ M5G 1G6/ Canada

Tel: +1 416-864-8113 • <http://www.dentistry.utoronto.ca>



APPLICATION CHECKLIST

| | |
|---|--|
| Documents to be submitted at the time of application | 1. Completed application form. |
| | 2. \$50 CDN application service fee (bank draft or money order, payable to the University of Toronto.) You can also pay online by credit card on the Student Services Payment page . |
| | 3. Official Transcripts (notarized copy accompanied by a notarized English translation, if applicable). |
| | 4. Curriculum Vitae/Resume together with Covering Letter of Intent. |
| | 5. Two letters of recommendation. |
| Documents to be arranged for once acceptance letter to the program has been received | 1. Immunization Record |
| | 2. Current Basic CPR or ACLS Certification |
| | 3. Malpractice Insurance under Canadian University Reciprocal Insurance Exchange /or University of Toronto Risk Management Insurance (applies to non UofT applicants) |
| | 4. Evidence of health insurance (applies to International Applicants) |
| | 5. Externship fee (bank draft or money order, payable to the University of Toronto.) You can also pay online by credit card on the Student Services Payment page |

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