



**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>

**To be completed by the Dean or Designate of the Visiting Student's University or the Program Director for the Visiting Clinical Specialty Students from Canadian and International Programs**

STUDENT'S NAME: \_\_\_\_\_

NAME OF DENTAL SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please provide the start and end dates of their current academic term: \_\_\_\_\_  
DD/MM/YR to DD/MM/YR

Check the appropriate box:

The above-named student is presently registered in their \_\_\_\_ year of a \_\_\_\_ year program towards a doctor of dental surgery degree.

The above-named student is presently registered in their \_\_\_\_ year of a \_\_\_\_ year general residency program.

Assessment of academic ability:      above average ☐      average ☐      below average ☐

Assessment of clinical ability:      above average ☐      average ☐      below average ☐

Student's knowledge of English:      above average ☐      average ☐      below average ☐

Liability Insurance by your Institution: Yes ☐      No ☐      Amount: \_\_\_\_\_

Will the student be covered by personal Health Insurance: Yes ☐      No ☐

The above-named student is in good standing at this institution. The student is authorized to take this clinical instruction and (will / will not) receive academic credit for the experience.

\_\_\_\_\_  
NAME                                      TITLE                                      DATE

\_\_\_\_\_  
AUTHORIZING SIGNATURE



SEAL OF INSTITUTION

***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

<b>Documents to be submitted at the time of application</b>	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 <a href="#">Student Services Payment page</a> .
	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.
<b>Documents to be arranged for once acceptance letter to the program has been received</b>	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 <a href="#">Student Services Payment page</a>

***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>