



Forensic Dentistry Fellowship Application

(This application should be typed or completed in black ink.)

Date of Application: _____ Projected Entry Date: _____

Name: _____
(Last) (Middle) (First)

Social Security Number (if applicable): _____

Male Female Date of Birth: _____
(Month/Day/Year)

City/State and Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence (if different): _____

Office Address: _____

Home Address: _____

Telephone: Work (____) _____ Home (____) _____

Fax Number: Work (____) _____ Home (____) _____

E-mail Address: _____

Webpage Address: _____

EDUCATION: List Colleges, Universities, and Professional Schools attended

School	Degree	Graduation Date
School	Degree	Graduation Date
School	Degree	Graduation Date

Are you a citizen of the United States of America? Y N

If no, will you obtain health insurance while in the United States? Y N

IF YOU ARE A CITIZEN OF ANOTHER COUNTRY, BUT PRESENTLY RESIDING IN THE U.S.A.

Type of VISA: _____ Visa Expiration Date: _____

Please list two (2) references within the field of Forensics and attach letters of recommendation from both:

Name	() Telephone	email address
Name	() Telephone	email address

Describe your level of experience with computers.

None Beginner Intermediate Experienced

What word processing program(s) do you use? _____

Do you have experience using Adobe Photoshop? Y N

Do you take intraoral photographs in your practice? Y N

What type of camera do you use? _____

Below, please write a narrative explaining your interest in Forensic Odontology, defining your goals and aspirations relating to this Fellowship and your future as a forensic odontologist.

Instructions and Release for Forensic Dentistry Fellowship Applicants

1. Complete the application.
2. Attach a copy of your curriculum vitae to the application.
3. Attach or send a copy of your State dental license.
4. Attach a recent portrait photograph of you showing your head and shoulders. Color passport type photographs are preferred; but, good quality snapshots are acceptable. You may insert a digital image.
5. Attach or have reference letters sent to martha.gale@lmunet.edu.
6. Complete, sign, and return the release below with your application.

I, (print your name) _____

Social Security or Passport number _____, state that I am licensed to practice dentistry in the following States or Countries:

I also assert that I have not been convicted of any felony or a misdemeanor involving moral turpitude.

Additionally, I Lincoln Memorial University permission to request and obtain a criminal and financial background examination report based on the information above. I understand that the information contained in these reports will be held in the strictest confidence and will be used for determining acceptability for this Fellowship only.

Signature

Date

All Application and Release materials, transcripts, CV must be received by the Forensic Dentistry, LMU faculty prior to October 1st for consideration for the upcoming Fellowship class.

Email Address: Martha.Gale@lmunet.edu