



EDUCATIONAL BACKGROUND: Please request all colleges and professional schools attended to send official transcripts (photocopy not acceptable). Please send available National Dental Board Scores (photocopy acceptable).

COLLEGES AND UNIVERSITIES ATTENDED (Include Dates and Degrees):

	DATES		MAJOR	DEGREE	CUMULATIVE GPA
	Mo/Yr	to Mo/YR			

DENTAL SCHOOL (Include Dates): \_\_\_\_\_

\_\_\_\_\_

DENTAL SCHOOL GPA: \_\_\_\_\_ DENTAL SCHOOL CLASS RANK: \_\_\_\_\_

ACADEMIC HONORS (College and Dental School): \_\_\_\_\_

\_\_\_\_\_

POSTGRADUATE TRAINING (Fellowships, Summer Research, Externship, Residencies, etc. Include Location, Type of Activity, and Dates and Names of persons under whom you trained):

\_\_\_\_\_

\_\_\_\_\_

CONTINUING EDUCATIONAL COURSES (Institution, Date, Title of Course): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL PUBLICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LICENSURE: Are you currently licensed to practice dentistry? \_\_\_\_\_ If so, please indicate:

STATE(S) \_\_\_\_\_ LICENSE NUMBER(S) \_\_\_\_\_

LETTER OF RECOMMENDATION: Please obtain letters of recommendation from the following individuals. Please give each recommender an applicant evaluation form.

1. Dean of Dental School Attended \_\_\_\_\_

2. Teacher \_\_\_\_\_

3. Orthodontist \_\_\_\_\_

4. Employer (if applicable) \_\_\_\_\_

PROFESSIONAL EXPERIENCE:

List Chronologically Past Five Years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_

\_\_\_\_\_

EXTRAMURAL ACTIVITIES, HOBBIES/INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL STATEMENT (Not longer than 500 words)

In compliance with federal law, Vanderbilt University does not discriminate on the basis of race, religion, color, sex (as required by Title IX of the Education Amendments of 1972), age, military service, handicap, or national or ethnic origin in its administration of education policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment.

If I accept the appointment on the House Staff of Vanderbilt University Medical Center, I agree to serve the full term and to abide by the rules and regulations of the Medical Center and Service to which I am attached.

I certify that the information provided in this application is true and correct.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Return this completed application form to:

Dr. Harry L. Legan  
Professor and Chairman  
Vanderbilt Orthodontic Center  
1500 21st Ave. South, Suite 3400  
Nashville, TN 37212

Please include a check for \$55.00 for the application processing fee. Make checks payable to: Vanderbilt Orthodontic Center. This is a non-refundable check. Thank You!