

Dental Curriculum Vitae (CV) – Instructions

- Provide the most comprehensive snapshot of information on your educational and experience credentials since earning your initial dental degree.
- It is in your best interest to follow the CV format provided below, as it was compiled for you to use as a template guide by the IDS Admissions Committee.
- Please classify your dental experience by International and/or United States / Canada separately under the green banners in the template and elaborate on each of the categorical headings below.
- If any heading is not applicable, then you may remove that heading from the CV document.

Categorical Headings (Sort By International & US/Canada)

- Advanced Degrees
 - Certificated Programs
 - Continuing Dental Education
 - Compensated Practicing/Clinical Dental Experience
 - Compensated Non-Dental Work Experience
 - Non-Compensated / Volunteer Dental Experience
 - Non-Compensated / Volunteer Non-Dental Experience
 - Dental-Related Research
 - Non-Dental Research
 - Dental Associations
 - Publications
 - Presentations
 - Awards & Honors
- Present all information in chronological order from earliest (after earning your initial dental degree) to the latest (present).
 - Note – publications, presentations, research, associations, and awards & honors gained DURING your time earning your initial dental degree can also be included if applicable. Those sections will be specified as such in the template below.
 - For items that are ongoing or in progress at the time of the CAAPID application submission, you may omit an end date, and add “– to present” in its place. (Example: September 2020 – to present).
 - **Dental-Specific Experience Sections** | **Non-Dental Specific Experience Sections**

Dental Curriculum Vitae (CV) - Frequently Asked Questions

Q: Do I need to copy the same format of the provided sample dental CV?

A: We strongly recommend using the sample CV as a guide to ensure the admissions committee thoroughly reviews your experiences and accomplishments. Applicants should provide information about their dental experience from the time of earning their initial dental degree to present (unless noted otherwise). It is recommended that you replicate the sample CV and classify your dental experience by International and/or United States / Canada.

Q: Can I submit updates to my dental CV after my CAAPID application is submitted?

A: No, the IDS Admissions office will not be accepting any application updates after the CAAPID application is submitted. Make sure to submit your application with as much information on your file as possible, to ensure the admissions committee has all the information needed to make an informed decision regarding your application.

Q: What if I do not have anything to include under one of the categorical heading options (i.e., I never received an advanced degree)?

A: If do not have any information to provide under a specific category, you can leave out that section header.

Q: When I am logging my research experience, do I also log any associated publications I have completed with the research section, or do I also log publications in the section for publications (presentations, etc.).

A: If you published any writing during your research experience, you would log your total research hours for each project in the research section AND log the publication you were a part of under the publications section.

Q: How would I list conferences that I have attended or presented on my dental CV?

A: If you are PRESENTING at a conference, list the presentation itself under “presentations.” If you ATTENDED the conference, this would likely go under Continuing Education, if CE credits were earned at this conference. If no CE credits were earned by attending the conference, do not include it on your CV.

Q: Should I include any experiences, dental or non-dental related, from the time prior to receiving my initial dental degree?

A: No, the committee will only score and consider experiences that are gained AFTER the receipt of your initial dental degree. Note – any internships, preceptorships, etc. that are part of your dental degree graduation requirements should not be included on the Dental CV, as they are part of your degree requirements.

Q: When I am listing my Continuing Dental Education (CDE) credits, do I list a summary of the hours, or should I list every course that I have taken?

A: We prefer and recommend that applicants list ALL CDE related courses, both online and in-person on their Dental CVs. Please make sure to still sort them by International CDE courses and US/Canada CDE courses, as with all section categories on your CV.

Q: I have applied in a previous application year, and in the past I had to include all my other documents and files with my dental CV and send it as a PDF directly to admissions. Is this still required?

A: No, we no longer ask for or accept additional files outside of the CAAPID application. There is a section on the CAAPID application where you can upload additional files, including your Dental CV. **Applications will not be considered complete without having uploaded your Dental CV.**

Q: What if I have dental experience I'd like to include in my application that was completed before my dental degree. Can I put it on my CV?

A: The CV is geared towards getting information on experiences after dental school only (some sections allow items from during dental school). However, you will also be logging experiences directly on your CAAPID application as well. In the CAAPID experiences sections, you may include any experiences gained prior to your dental degree in this area.

Dental Curriculum Vitae (CV) – Template

APPLICANT NAME

DR. LAST NAME, FIRST NAME

INITIAL DENTAL DEGREE

Degree Type (i.e., DDS/DDS/DMD/Odontology/Stomatology, etc.):

Degree Conferral Date (Date on Diploma) (*Month, Year*):

Name of Dental School Parent Institution:

Name of Satellite Campus (if applicable):

City, State/Province, Country:

INTERNATIONAL

Note: Each of the following sections should have items written in chronological order which **begin after the conferral date of your initial dental degree and end at the time of CAAPID Application submission.**

ADVANCED DEGREES

Include: Any masters or doctorate degree(s) earned/anticipated earning after your initial dental degree.

Amount of Time Spent in Program (*Month, Year – Month, Year*):

Degree Earned/Anticipated Date (*Month, Year*):

Degree Type:

Degree Discipline:

School Name:

City, State/Province, Country:

Full-time or Part-time:

CERTIFICATED PROGRAM

Include: All certificate information after earning your initial dental degree.

Amount of Time Spent in Program (*Month, Year – Month, Year*):

Certificate Earned/Anticipated Date (*Month, Year*):

Name of Certificate:

School Name:

City, State/Province, Country:

Full-time or Part-time:

CONTINUING DENTAL EDUCATION

Include: All continuing dental education courses (online or in-person) taken after earning your initial dental degree.

Amount of Time Spent on Course (*Month, Year – Month, Year*):

CE Course Title:

Type of Course (i.e., hands-on, lecture, etc.):

Online or In-Person:

School/Dental Association Name:

City, State/Province, Country:

DENTAL-SPECIFIC EXPERIENCE

COMPENSATED PRACTICING / CLINICAL DENTAL EXPERIENCE

Include: All compensated practicing/clinical dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):

Company/Practice/Organization Name:

Job Title:

City, State/Province, Country:

Supervisor's Name:

Phone Number (including country code):

Brief Description of Duties (max 2 sentences):

NON-COMPENSATED / VOLUNTEER DENTAL EXPERIENCE

Include: All non-compensated or volunteer dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):

Company/Practice/Organization Name:

Job Title:

City, State/Province, Country:

Supervisor's Name:

Phone Number (including country code):

Brief Description of Duties (max 2 sentences):

DENTAL-RELATED RESEARCH

Include: All research performed after earning your initial dental degree. This can include compensated or non-compensated research experience but must be dental related.

Amount of Time Spent on Research (*Month, Year – Month, Year*):

Research Title:

Research Organization:

City, Country:

Brief Summary of Research (max 2 sentences):

NON-DENTAL SPECIFIC EXPERIENCE

COMPENSATED NON-DENTAL WORK EXPERIENCE

Include: All compensated non-dental work experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):

Company/Practice/Organization Name:

Job Title:

City, State/Province, Country:

Supervisor's Name:

Phone Number (including country code):

Brief Description of Duties (max 2 sentences):

NON-COMPENSATED / VOLUNTEER NON-DENTAL EXPERIENCE

Include: All non-compensated or volunteer non-dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):

Company/Practice/Organization Name:

Job Title:

City, State/Province, Country:

Supervisor's Name:

Phone Number (including country code):

Brief Description of Duties (max 2 sentences):

NON-DENTAL RESEARCH

In chronological order, provide research information performed after earning your initial dental degree. This can include compensated or non-compensated research experience but must be non-dental related.

Amount of Time Spent on Research (*Month, Year – Month, Year*):

Research Title:

Research Organization:

City, Country:

Brief Summary of Research (max 2 sentences):

DENTAL ASSOCIATION(S)

In chronological order, provide information of any association(s) you have belonged or currently belong to after earning your initial dental degree.

Start Date of Association Membership (*Month, Year*):

Name of Dental Association:

Current Membership or Inactive:

Country of Association:

*Note: Each of the following sections should have items written in chronological order which can **begin during the completion of your initial dental degree and end at the time of CAAPID Application submission.***

PUBLICATIONS

Include: All publications completed **during** dental school to present.

Date of Publication (*Month, Year*):

Article Title:

Publication Title:

Country of Publication:

PRESENTATIONS

Include: All presentations completed during dental school to present.

Date of Publication (*Month, Year*):

Presentation Title:

Presentation Audience/Venue:

City, Country:

AWARDS & HONORS

In chronological order, provide information about awards and honors received during dental school to present.

Date Received (*Month, Year*):

Award/Honor Title:

School/Association Name:

City, Country:

UNITED STATES / CANADA

*Note: Each of the following sections should have items written in chronological order which **begin after the conferral date of your initial dental degree and end at the time of CAAPID Application submission.***

ADVANCED DEGREE(S)

Include: Any masters or doctorate degree(s) earned/anticipated earning after your initial dental degree.

Amount of Time Spent in Program (*Month, Year – Month, Year*):

Degree Earned/Anticipated Date (*Month, Year*):

Degree Type:

Degree Discipline:

School Name:

City, State/Province, Country:

Full-time or Part-time:

CERTIFICATED PROGRAM

Include: All certificate information after earning your initial dental degree.

Amount of Time Spent in Program (*Month, Year – Month, Year*):

Certificate Earned/Anticipated Date (*Month, Year*):

Name of Certificate:

School Name:

City, State/Province, Country:

Full-time or Part-time:

CONTINUING DENTAL EDUCATION

Include: All continuing dental education courses (online or in-person) taken after earning your initial dental degree.

Amount of Time Spent on Course (*Month, Year – Month, Year*):

CE Course Title:

Type of Course (i.e., hands-on, lecture, etc.):

Online or In-Person:

School/Dental Association Name:

City, State/Province, Country:

DENTAL-SPECIFIC EXPERIENCE

COMPENSATED PRACTICING / CLINICAL DENTAL EXPERIENCE

Include: All compensated practicing/clinical dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):

Company/Practice/Organization Name:
Job Title:
City, State/Province, Country:
Supervisor's Name:
Phone Number (including country code):
Brief Description of Duties (max 2 sentences):

NON-COMPENSATED / VOLUNTEER DENTAL EXPERIENCE

Include: All non-compensated or volunteer dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):
Company/Practice/Organization Name:
Job Title:
City, State/Province, Country:
Supervisor's Name:
Phone Number (including country code):
Brief Description of Duties (max 2 sentences):

DENTAL-RELATED RESEARCH

Include: All research performed after earning your initial dental degree. This can include compensated or non-compensated research experience but must be dental related.

Amount of Time Spent on Research (*Month, Year – Month, Year*):
Research Title:
Research Organization:
City, Country:
Brief Summary of Research (max 2 sentences):

NON-DENTAL SPECIFIC EXPERIENCE

COMPENSATED NON-DENTAL WORK EXPERIENCE

Include: All compensated non-dental work experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):
Company/Practice/Organization Name:
Job Title:
City, State/Province, Country:
Supervisor's Name:
Phone Number (including country code):
Brief Description of Duties (max 2 sentences):

NON-COMPENSATED / VOLUNTEER NON-DENTAL EXPERIENCE

Include: All non-compensated or volunteer non-dental experience completed after earning your initial dental degree.

Time Elapsed (*Month, Year – Month, Year*):
Company/Practice/Organization Name:
Job Title:
City, State/Province, Country:
Supervisor's Name:

Phone Number (including country code):

Brief Description of Duties (max 2 sentences):

NON-DENTAL RESEARCH

In chronological order, provide research information performed after earning your initial dental degree. This can include compensated or non-compensated research experience but must be non-dental related.

Amount of Time Spent on Research (*Month, Year – Month, Year*):

Research Title:

Research Organization:

City, Country:

Brief Summary of Research (max 2 sentences):

DENTAL ASSOCIATION(S)

In chronological order, provide information of any association(s) you have belonged or currently belong to after earning your initial dental degree.

Start Date of Association Membership (*Month, Year*):

Name of Dental Association:

Current Membership or Inactive:

Country of Association:

Note: Each of the following sections should have items written in chronological order which can *begin during the completion of your initial dental degree and end at the time of CAAPID Application submission.*

PUBLICATIONS

Include: All publications completed **during** dental school to present.

Date of Publication (*Month, Year*):

Article Title:

Publication Title:

Country of Publication:

PRESENTATIONS

Include: All presentations completed during dental school to present.

Date of Publication (*Month, Year*):

Presentation Title:

Presentation Audience/Venue:

City, Country:

AWARDS & HONORS

In chronological order, provide information about awards and honors received during dental school to present.

Date Received (*Month, Year*):

Award/Honor Title:

School/Association Name:

City, Country: