

Dental Curriculum Vitae (CV) – Instructions

- Provide the most comprehensive snapshot of 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
 - Certificate 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 chronologically from the earliest (after earning your initial dental degree) to the latest (present).
 - Note – publications, presentations, research, associations, awards, and honors gained DURING your time earning your initial dental degree can also be included. 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 – 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 earning their initial dental degree to the present (unless noted otherwise). You should 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 submitting my CAAPID application?

A: No, the IDS Admissions office will not accept any application updates after submitting the CAAPID application. 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 need something 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 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 I have attended or presented on my dental CV?

A: If you are PRESENTING at a conference, list the presentation 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 before receiving my initial dental degree?

A: No, the committee will only score and consider experiences gained AFTER receiving 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 listing my Continuing Dental Education (CDE) credits, do I summarize the hours, or should I list every course 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 still sort them by International CDE courses and US/Canada CDE courses, as with all section categories on your CV.

Q: I 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 them 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 only be considered complete after uploading your dental CV.**

Q: What if I have a dental experience that I'd like to include in my application 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. In the CAAPID experiences sections, you may include any experiences gained before your dental degree in this area.

Dental Curriculum Vitae (CV) – Template

APPLICANT NAME: 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

ADVANCED DEGREES

Any master's or doctorate(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

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

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

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

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

All research performed after earning your initial dental degree.

This can include compensated or non-compensated research experience.

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

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

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

*Provide research information performed after earning your initial dental degree.
This can include compensated or non-compensated research experience.*

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)

Association(s) you have belonged to or currently belong to.

Start Date of Association Membership (*Month, Year*):
Name of Dental Association:
Current Membership or Inactive:
Country of Association:

PUBLICATIONS

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

Date of Publication (*Month, Year*):
Article Title:
Publication Title:
Country of Publication:

PRESENTATIONS

*All presentations completed **during** dental school to present.*

Date of Publication (*Month, Year*):
Presentation Title:
Presentation Audience/Venue:
City, Country:

AWARDS & HONORS

*Awards and honors received **during** dental school to present.*

Date Received (*Month, Year*):
Award/Honor Title:
School/Association Name:
City, Country:

UNITED STATES / CANADA

ADVANCED DEGREE(S)

Any master's or doctorate(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

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

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.):

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City, State/Province, Country:

DENTAL-SPECIFIC EXPERIENCE

COMPENSATED PRACTICING / CLINICAL DENTAL EXPERIENCE

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

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

*All research performed after earning your initial dental degree.
This can include compensated or non-compensated research experience.*

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

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

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

Provide research information performed after earning your initial dental degree. This can include compensated or non-compensated research experience.

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)

Any association(s) you have belonged to or currently belong to.

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

Name of Dental Association:

Current Membership or Inactive:

Country of Association:

PUBLICATIONS

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

Date of Publication (*Month, Year*):

Article Title:

Publication Title:

Country of Publication:

PRESENTATIONS

*All presentations completed **during** dental school to present.*

Date of Publication (*Month, Year*):

Presentation Title:

Presentation Audience/Venue:

City, Country:

AWARDS & HONORS

*Awards and honors received **during** dental school to present.*

Date Received (*Month, Year*):

Award/Honor Title:

School/Association Name:

City, Country: