

APPLICANT NAME Dr. LAST NAME, First Name

DENTAL DEGREE BDS/DDS/DMD/Odontology/Stomatology Degree Conferred Date – (Mon, Date, Year)
Dental School Name, City, State/Province, Country

INTERNATIONAL DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any masters, doctorate degree(s) earned/anticipate earning)

Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/(Anticipated) Date – (Mon, Date, Year)
School Name, City, State/Province, Country
Full-time or Part-time program

CERTIFICATED PROGRAM

(In chronological order, provide certificate information after earning your initial dental degree)

Mon Year – Mon Year Certificate of (state discipline) Certificate/(Anticipated) Date – (Mon, Date, Year)
School Name, City, State/Province, Country
Full-time or Part-time program

CONTINUING DENTAL EDUCATION

(In chronological order, provide continuing dental education information after earning your initial dental degree)

Mon Year – Mon Year CE Course Title (identify course as lecture, lecture plus, hands-on or online)
School/Dental Association Name, City, State/Province, Country

DENTAL EXPERIENCE (work with compensation, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer / Community Service – Title of Role – City, Country
Employer/Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work compensation, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer Title / Community Service – Title of Role – City, Country
Employer/Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS

(In chronological order, provide publication information during dental school to present)

Mon Year "Article Title" – Publication Title, Country of Publication

PRESENTATIONS

(In chronological order, provide presentation information during dental school to present)

Mon Year "Presentation Title" – Presentation Audience/Venue, City, Country

RESEARCH

(In chronological order, provide research information performed after earning your initial dental degree)

Mon Year "Research Title" – Research Organization, City, Country [Provide a brief summary (max of 2 lines)]

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)

Mon Year Name of Dental Association, Country

AWARDS & HONORS

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

Mon Year Award Title, School/Association Name, City, Country

UNITED STATES / CANADA DENTAL EXPERIENCE

ADVANCED DEGREE(S)

(In chronological order, provide any masters, doctorate degree(s) earned/anticipate earning)

Mon Year – Mon Year Masters, doctorate degree in (state discipline) Degree/(Anticipated) Date – (Mon, Date, Year)
School Name, City, State/Province, Country
Full-time or Part-time program

CERTIFICATED PROGRAM (RDA, RDH, BLS/CPR, coronal polishing, preceptorship)

(In chronological order, provide certificate information after earning your initial dental degree)

Mon Year – Mon Year Certificate of (state discipline) Certificate/(Anticipated) Date – (Mon, Date, Year)
School Name, City, State/Province, Country
Full-time or Part-time program

CONTINUING DENTAL EDUCATION (CE courses, bench prep)

(In chronological order, provide continuing dental education information after earning your initial dental degree)

Mon Year – Mon Year CE Course Title (identify course as lecture, lecture plus, hands-on or online)
School/Dental Association Name, City, State/Province, Country

DENTAL EXPERIENCE (work with compensation, volunteer, observership, community service)

(In chronological order, provide work, volunteer, observership, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer / Observership / Community Service – Title of Role – City, Country
Employer/Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

NON-DENTAL EXPERIENCE (work with compensation, volunteer, community service)

(In chronological order, provide work, volunteer, community service information after earning your initial dental degree)

Mon Year – Mon Year Work / Volunteer / Community Service – Title of Role – City, Country
Employer/Organization Name, City, State/Province, Country
Supervisor's Name
Phone – (include country code) or Email Address
Duties – [Provide a brief description of experience (max of 2 lines)]

PUBLICATIONS

(In chronological order, provide publication information since dental school to present)

Mon Year "Article Title" – Publication Title, Country of Publication

PRESENTATIONS

(In chronological order, provide presentation information since dental school to present)

Mon Year "Presentation Title" – Presentation Audience/Venue, City, Country

RESEARCH

(In chronological order, provide research information performed after earning your initial dental degree)

Mon Year "Research Title" – Research Organization, City, Country [Provide a brief summary (max of 2 lines)]

DENTAL ASSOCIATION(S)

(In chronological order, provide information to the association(s) you belong/belonged to after earning your initial dental degree)

Mon Year Name of Dental Association, Country

AWARDS & HONORS

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

Mon Year Award Title, School/Association Name, City, Country

Guideline – Dental Curriculum Vitae

INSTRUCTIONS – You will provide information on your educational credentials and dental experience starting after your initial dental degree to present. Please classify your dental experience by International and/or United States / Canada and elaborate in each of the categorical heading. If any heading is not applicable, then omit typing the heading in the CV. It is in your best interest to follow the CV format presented by the IDS Admissions Committee.

Categorical Headings

- Applicant Name
- Dental Degree
- Advanced Degree(s)
- Certificated Program
- Continuing Dental Education
- Dental Experience
- Non-Dental Experience
- Publications
- Presentations
- Research
- Dental Association(s)
- Awards & Honors

Note – Present information in chronological order from earliest (after earning your initial dental degree) to the latest (present) except for publications, presentations, awards & honors (during dental school to present)



Evaluator's Name / Organization
Address
City, State/Province Postal Code Country
Contact Information (telephone, website address, email address)

To Whom It May Concern / IDS Admissions Committee / Untitled

- Provide 2 letters written in English by U.S. or international dental professionals (dentists, dental school faculty) with whom you have worked recently
- A dean's letter is not required
- Address the letters to To Whom It May Concern / *IDS Admissions Committee / left untitled* (not mandatory, but as a suggestion)
- Must send 2 letters in the PDF supplemental document
- Place the 2 letters in the following order (latest to oldest date)

Note

- If the letter is not in English, provide the letter in its original language along with an English translation from a bona fide English translator.
- Letters should be provided on school or company letterhead with the evaluator's contact details. Emails from the evaluators will not be accepted.
- Letters must be hand-signed by the evaluator. Digitally signed letters will not be accepted.
- If more than 2 letters are submitted, your PDF supplemental document will be returned for resubmittal with the 2 letters of your choice.

Evaluator's Signature (must be hand-signed, no digital signature)
Evaluator's Name
Evaluator's Title
Contact Information



Evaluator's Name / Organization

Address

City, State/Province Postal Code Country

Contact Information (telephone, website address, email address)

To Whom It May Concern / IDS Admissions Committee / Untitled

Evaluator's Signature (must be hand-signed, no digital signature)

Evaluator's Name

Evaluator's Title

Contact Information

University Name

We the Chancellor, Vice Chancellor and Members of the Board of Management,
on the Recommendation of the Academic Council, certify that

Applicant Name

of School of Dentistry has passed the

(BDS, DDS, DMD, Odontology, Stomatology)

degree examination held in Month Year.

The said Degree has been conferred at the convocation held on this Day of Month in Year.

In testimony whereof are set the seal of the University and the signatures of the

Registrar, Chancellor and Vice Chancellor.

Signature
Registrar

Signature
Chancellor

Signature
Vice Chancellor



Educational Credential Evaluators, Inc.
 P.O. Box 514070
 Milwaukee, Wisconsin 53203-3470 USA
<http://www.ece.org>
 Telephone 414-289-3400

COURSE BY COURSE EVALUATION REPORT

Name:

Reference:

Date of Birth:

Purpose:

Date:

U.S. Equivalence: Doctor of Dental Surgery degree

Grade Average:

Credential: Completion of four years of study in a dentistry program and a one-year compulsory of rotating internship

Institution:

Country:

Date:

Comments: Admission to this program required completion of the United States equivalent of a high school diploma

The academic work completed in this program can be converted to U.S. credits and grades as follows:

Courses	U.S. Credits	U.S. Grades
Introduction to Logic	3.00	A
Chemistry for Health Sciences	3.00	A
Introduction to Computer	1.00	A
Biophysics	3.00	A
English Language	5.00	B
Principles of Economics	3.00	A
Biostatistics and Epidemiology	3.00	A
Health Sciences	4.00	A
English Language	5.00	A
English	5.00	B
Introduction to Anatomy & Physiology	5.00	A
Introduction to Dental Profession	2.00	P
Sociodemographics of Health & Illness	3.00	A
Introduction to Biochemistry	3.00	A
Respiratory System	8.00	B
Cardiovascular System	8.00	B



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Courses	U.S. Credits	U.S. Grades
Foundation Block	2.00	B
Oral Science I (4)	8.00	B
Endocrinology System (4)	8.00	B
Oral Science II (4)	8.00	B
Elective	2.00	A
Nervous System: Central Nervous System (4)	8.00	B
Blood & Lymph (4)	8.00	B
Urogenital System (4)	8.00	B
Preclinical Dentistry (4)	12.00	B
Consolidation Block (4)	4.00	B
Preclinical Operative Dentistry (4)	2.00	B
Periodontology I (4)	2.00	A
Oral & Maxillofacial Radiology I (4)	2.00	B
Prosthodontics I: Fixed (4)	2.00	B
Comprehensive Dental Care Clinic I (4)	3.00	B
Removable Prosthodontics (4)	2.00	A
Prosthodontics II: Removable (4)	2.00	A
Pediatric Dentistry I (4)	2.00	B
Orthodontics I (4)	2.00	A
Endodontics I (4)	2.00	B
Oral & Maxillofacial Surgery (4)	1.00	B
Operative Dentistry (4)	3.00	B
Oral & Maxillofacial Surgery (4)	1.00	B
Periodontology II (4)	2.00	A
Medical Problems in Dentistry (4)	4.00	A
Comprehensive Dental Care Clinic II (4)	3.00	B
Endodontics II (4)	2.00	B
Pediatric Dentistry II (4)	2.00	B
Dental Public Health I (4)	2.00	A
Orthodontics II (4)	2.00	A
Prosthodontics III: Fixed (4)	2.00	B
Comprehensive Dental Care (4)	6.00	B
Orthodontics III (4)	2.00	A
Pediatric Dentistry III (4)	2.00	B



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Courses	U.S. Credits	U.S. Grades
Dental Public Health III: Oral Epidemiology (4)	2.00	B
Periodontology III (4)	2.00	A
Community Rotation I (4)	2.00	P
Dental Public Health II: Preventive Dentistry (4)	2.00	B
Comprehensive Dental Care Clinic III (4)	6.00	B
Clinical Operative & Aesthetic Dentistry (4)	2.00	B
Prosthodontics IV: Clinical I (4)	2.00	B
Oral & Maxillofacial Surgery III (4)	2.00	A
Oral Medicine & Clinical Oral Pathology I (4)	2.00	A
Orthodontics IV (4)	2.00	A
Oral & Maxillofacial Radiology II (4)	2.00	A
Oral Medicine & Clinical Oral Pathology II (4)	2.00	A
Community Rotation II (4)	2.00	P
Dental Public Health IV (4)	2.00	B
Oral & Maxillofacial Surgery IV (4)	2.00	A
Pediatric Dentistry IV (4)	2.00	B
Periodontology IV (4)	2.00	A
Comprehensive Dental Care Clinic IV (4)	7.00	B
Prosthodontics V (4)	2.00	B
Comprehensive Dental Care: Summer (4)	6.00	B
Community Rotation III (4)	3.00	P
Elective Project Study (4)	2.00	A
Comprehensive Dental Care: Winter (4)	8.00	B
Total semester hours of credit: 253.00		

Grades of "P" fall within the range of the grades of "A," "B," "C," and "D."

Summary

It is the judgment of Educational Credential Evaluators, Inc. that _____ has the United States equivalent of:

~ Doctor of Dental Surgery degree

BPM/ptk(1)

University Name

The Trustees of the University Name

on recommendation of the faculty of

School/College Name

have conferred upon

Applicant Name

the Degree of

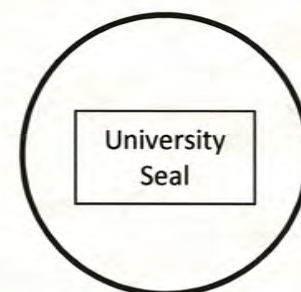
(Masters, Doctorate)

Major

Given at City, State, this Day of Month, Year.



Signature
Registrar



Signature
Chancellor

Signature
Vice Chancellor

University Name

Official Transcript

University ID: 123456789

Record: Student Name

Date Issued: Month Day Year

----- Degree Awarded -----

U.S. Degree: Masters / Doctorate

Confer Date: Month Day Year

College: College Name

Major: Major Name

<u>Subject No.</u>	<u>Course Title</u>	<u>Credit</u>	<u>Grade</u>	<u>Points</u>
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Term 1 Year

Term 2 Year

Term 3 Year

Term 4 Year

Term 5 Year

Term 6 Year

Term 7 Year

- If you have earned advanced degree(s) beyond your dental degree, it is recommended that you provide the document that states your conferred (Masters, Doctorate) degree:
 - If it is a degree earned in the United States, provide a scanned version of the school-issued transcript to be included in the single PDF file that will be sent as an email attachment to Pacific (not to ADEA CAAPID).
 - If it is a degree earned internationally, provide an ECE course-by-course evaluation report that details the United States equivalence and credential to ADEA CAAPID. There is no need to provide your non-U.S. transcript or marksheets.

Note

- If you are completing your advanced degree program, you may include the transcript.

----- End of Transcript -----

2023 APPLICATION CHECKLIST

All first-time or returning applicants, who are interested in the International Dental Studies (IDS) program for the IDS 2025 class that starts in early July 2023, must complete the following two steps on or before deadline - Friday, June 3, 2022 at 11:59PM (Pacific Time). An incomplete application will not be considered for review should any supplemental documents: (1) do not meet the IDS requirements, (2) are missing from the PDF email attachment, and/or (3) received after the deadline.

STEP 1: Complete with ADEA CAAPID

CAAPID Application

-Submit an online application and pay the processing fee

National Board Dental Examination (NBDE) or (INBDE)

-Require Pass results for NBDE 1 & 2 or INBDE

Test of English as a Foreign Language (TOEFL)

-Require 92 iBT score (Jan 2020 - now) (no MyBest score)

STEP 2: Submit following to Pacific Dugoni - IDS Admissions

\$100 Application Fee

-Pay with a credit card via Pacific Dugoni website

Receipt # (6 digits starting with #7)

Dental Curriculum Vitae (CV)

-Include educational credentials & dental experience from when you've earned your initial dental degree to present

2 Letters of Evaluation

-Provide recent letters written in English by international or U.S. dental professionals (dentists or dental faculty)

Dental Diploma / Certificate

-Provide school-issued document with conferred dental degree - BDS, DDS/DMD, Odontology or Stomatology

Educational Credential Evaluators (ECE)

-Provide a course-by-course evaluation report with U.S. GPA 2.00+ for initial dental degree (no best GPA)

As an IDS program applicant, I fully understand and agree to the following terms: (1) I am responsible for completing the CAAPID application with ADEA by deadline - Friday, June 3, 2022 at 11:59PM (Eastern Time) and sending a single PDF file email attachment with all supplemental documents to be received by the IDS Admissions deadline - Friday, June 3, 2022 at 11:59PM (Pacific Time), (2) I understand that any falsification of my application and records are grounds for an immediate and non-refundable cancellation of my application or enrollment, (3) My submitted CAAPID application and supplemental documents will become the property of the University of the Pacific, Arthur A. Dugoni School of Dentistry and will not be returned, (4) In meeting the interview and technical examination invitation offer, I will provide the original or actual notarized version of all supplemental documents for verification.

Family Name (Last Name)

Given Name (First Name)

CAAPID #

Applicant's Signature

Date