

Residency Program Updates

Please fill out the form below, save and send completed form to Web and Social Media Coordinator Lily Snyder at lsnyder@aapd.org.

Silyder at istiyder waapd.org.	
Program Name:	
Primary Location Program Address:	
Program/Site Director Name:	
Primary Phone Number:	
Fax Number:	
Program Director/Site Director E-mail:	
Program Length (months):	Number of Positions Available:
Program Type:	
Application Process: (1500 character limit)	
Program Description: (2500 character limit)	

First Year Program Sti	pend: Second Y	ear Program Stipend:	Third Year Program	n Stipend:
First Year Tuition:	Second Year Tuition:		Third Year Tuition:	
Program Fringe Benef	iits:			
Program Facilities:				
Admission Requireme	nts:			
Program Strengths				
Program Faculty (Inclu	ude * next to board-certified	d)		
Program Type: Combined Certificate	Hospital-based	University-based	Degree	
Program Director: Full-Time	Part-Time	Board-certified		
Program Faculty:				
Full-Time:	Part-Time	9:	Board-Certified:	
Program Length (mon	ths)	Program S	Start Date:	

Program Curriculum: (2500 character limit)

Approv	ed	Approved (with reporting requirements)		
Initial A	ccreditation			
State Licen	nsure:		Restrictions:	
Require	ed			
Restric	ted License	Available		
Number of	Entering Po	sitions:		
In-State Tu	iition:		Out-of- State Tuition:	
First Year:			First Year:	
Second Ye	ar:		Second Year:	
Third Year:			Third Year:	
Program S	alary/Stipen	<u>d</u>		
First Year:				
Second Ye	ar:			
Third Year:				
Application	Fee:		Application Deadline	
Participant	in National	Matching Service	:	
Yes	No	N/A		
Participant	in PASS:			
Yes	No	N/A		
Only U.S. (Citizens from	n ADA Accredited	dental schools considered:	
Yes	No	N/A		

Program Accreditation:

U.S. Citizens	s from forei	gn dental schools c	onsidered:					
Yes	No	N/A	N/A					
Non-U.S. Cit	tizens from .	ADA Accredited de	ntal schools	considere	ed:			
Yes	No	N/A						
Non-U.S. Cit	tizens from	foreign dental scho	ols considere	ed:				
Yes	No	N/A						
Applicant Ac	ceptance R	atio:						
Clinic Experi	ience:							
Orthodor	ntics		Conscious	s Sedatio	n			
Hospital	Rotations		General A	nesthesia	a			
Emerger	ncy Call		Operating	Operating Room				
Oral Surgery			Infant Ora	Infant Oral Health				
Medically Compromised			Mentally [Mentally Disabled				
Craniofacial Disorders			Physically	Physically Disabled				
Community Clinics		Outreach						
Public Health			Minimal a	Minimal and Moderate Sedations				
Special Health Care Needs			Behavior	Behavior Guidance				
Didactic Exp	erience:							
Courses Case Confere		erences	Lectur	res	Literature Review			
Seminar	S							
Research Re	equirement:							
Thesis		Data Co	ollection Proj	ect	Case Report			
Teaching Ex	perience:							
Clinic Half-D	ays:			Lec	ture/Presentation:			
Facilities:								
Chair/Opera	tories:	Clini	Clinic Receptionists:					
Dental Assis	stants:	Den	tal Hygienist	s:				

For additional questions or concerns, please contact Educational Affairs Manager Scott Dalhouse at sdalhouse@aapd.org. To update the information on a residency program, please fill out this form (link to form), and send it to Web and Social Media Coordinator Lily Snyder at lsnyder@aapd.org.