



**Nicklaus
Children's
Hospital**

Outpatient Centers

() **Application Fee:\$70**

Name: _____
 Last First Middle

Permanent Address: _____

Mailing Address: _____
 (If different from above)

Current Phone #: _____ Permanent Phone #: _____

Email Address: _____

SS#: _____

Date of Birth: _____

Gender: () Male () Female

Citizenship: () U.S.A. () Permanent U.S.A. Resident () Other _____

Visa Status: _____

List names and phone numbers of 3 individuals that may provide additional information regarding your interaction with pediatric patients.

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Signature: _____

Date: _____



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**PLEASE SELECT THE CHARACTERISTIC
THAT APPLYS TO YOU.**

NAME OF APPLICANT: _____

GENDER	AGE	ETHNICITY	RACE	RURAL/URBAN/ SUBURBAN/ FRONTIER BACKGROUND	DISADVANTAGED BACKGROUND
Male	Under 20 years	Hispanic or Latino	American Indian or Alaskan Native	Rural	Yes
	20-29 years		Asian (Not Underrepresented)		
	30-39 years		Asian (Underrepresented)		
	40-49 years		Black or African-American		
Female	50-59 years	Non-Hispanic or Non-Latino	Native Hawaiian or Other Pacific Islander	Urban	No
	60-69 years		White		
	70 years or older		More Than One Race	Unknown	Unknown
	Unknown		Unknown		

Dear Applicant:

Thank you for submitting your Postdoctoral Program Application to PASS. Please check your PASS Application and make sure you have completed everything on it. If you haven't done so, remember that you must also fill out another application and send it directly to Nicklaus Children's Hospital Pediatric Dentistry Residency Program.

You may visit www.nicklauschildrens.org and under Medical Services tab, go to Dental Services/Dentistry Residency Program, click on How to Apply, scroll down to the Application and click on the 'completed application' hyperlink where you will find the supplemental application. However, for your convenience, I have attached the application in this e-mail as well:

**Admission Requirements
Checklist for Application:**

- The applicant must have a DMD or DDS degree, or its equivalent from an ADA recognized School of Dentistry. US Citizens from foreign dental schools will be considered.
- Candidates must have a minimum grade point average of 3.00.
- Application fee \$70. Make money order or cashier's check to NCH Pediatric Dentistry Residency. No personal checks please.
- A completed application with two recent 2x2 photographs and curriculum vitae.
- Complete PASS application.
- Register with MATCH.
- Interview is required for acceptance.
- Dental Admissions Test (DAT) score
- ADA ADAT scores

Submit Application and Supplemental Information (Curriculum Vitae, photographs, and application fee) to:

Ms. Kelly Reardon, DA
Dr. Oscar Arevalo DDS, ScD, MBA, MS
Pediatric Dentistry
Nicklaus Children's Hospital
3601 NW 107th Ave 3rd Floor
Doral, FL 33178

If any questions should arise, please don't hesitate to contact us.