

Application for Fellowship in Craniofacial and Special Needs Orthodontics

Thank you for your interest in the Jacobi Medical Center Craniofacial Orthodontic Fellowship. You may complete this application form on paper and submit via mail to the address below, or you may use the electronic (Google Forms) version can be accessed on the website at [Ortho Application page](#).

The following supplemental material is required, and MUST be mailed to address below.

- 1) Official dental school transcript with school seal
- 2) Three letters of recommendation, one of which should be your orthodontic program director, and must include the expected completion date of your ortho residency.

The following items may be emailed to jacobiorthofellowship@gmail.com or paper copies may be mailed with the above items.

- 1) Recent passport-style photograph
- 2) A current CV
- 3) Copy of dental school diploma
- 4) A personal statement (300 word minimum, 1000 word maximum) regarding your interest in our fellowship

Materials should be mailed to:

Timothy Levine, DMD
Craniofacial Orthodontic Fellowship
Jacobi Medical Center, Dept of Dentistry/OMFS
1400 Pelham Parkway S
Building 1, Suite 3NE1
Bronx NY 10461

Once all materials have been received and reviewed, you will be contacted to set up an interview. No applicant will be given an interview until all above materials and this application is complete.

There is no application fee to apply.

Education- *Dental School*

Dental school name

City, State/Province

Graduation date

Class rank (if school doesn't rank, please enter "does not rank")

If you feel that you have additional information regarding your dental school experience, please enter here. Otherwise, leave blank

Education- *Undergraduate School*

Undergraduate school name

City, State/Province

Graduation date

GPA

Additional undergraduate (additional courses, study abroad, etc.) please briefly describe here:

Extracurricular Activities

Please enter any extracurricular activities you were involved in during your dental school and residency

Awards, Distinctions, Prizes

Please list any awards, distinctions or prizes you have received during your dental career

Research experience

Please describe your research experience and list any publications or research presentations you've had

Additional Experience

Please describe any experience you have as a teacher or instructor

Please describe any military experience

Please describe any public health or dental outreach experience

Supplemental information

Have your studies been interrupted for a period of three months or longer? Yes No

If yes, please give explanation:

Were you ever the recipient of any disciplinary action by any college or professional school for: (1) Unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) Conduct Violations? Yes No

If yes, enter a brief explanation regarding each disciplinary action. Include 1) a brief description of the incident that was the basis for the disciplinary action, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No

If yes, enter a brief explanation of the date(s) of the charge(s), current status, and outcomes:

Have you ever been named in malpractice lawsuit? Yes No

If yes, enter a brief explanation of the date(s), claim(s), current status, and outcomes:

Testament:

By signing this application, you attest that all information provided is accurate

Signature

____ / ____ / ____
Date

Printed Name