



TEXAS A&M
HEALTH SCIENCE CENTER
 BAYLOR COLLEGE OF DENTISTRY

COMPREHENSIVE DENTAL FACULTY DEVELOPMENT PROGRAM APPLICATION

All applicants for admission to the Comprehensive Dental Faculty Development Program must complete this CDFDP application and an application to a specialty/advanced training program at TAMHSC-Baylor College of Dentistry. Please contact the Office of the Registrar and Graduate Admissions (214-828-8345) or the Office of Research and Graduate Studies (214-828-8344) for information about or an application for a specialty/advanced training program.

Name: _____

Race or Ethnic Group:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Black, Non-Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Other (specify): _____ | | |

Current Address: _____

City: _____ State: _____ Zip: _____

Current Telephone No.: _____ Cell Phone No.: _____

Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Dental school attending/attended: _____

Date D.D.S./D.M.D. degree earned or anticipate being earned: _____

To which Specialty/Advanced Training Program are you applying? **(Check one box)**

- | | |
|---|---|
| <input type="checkbox"/> Advanced Education in General Dentistry (AEGD) | <input type="checkbox"/> Oral Pathology |
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Pedodontics |
| <input type="checkbox"/> Graduate Practice Residency (GPR) | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Oral and Maxillofacial Surgery (OMS) | <input type="checkbox"/> Prosthodontics |

Are you interested in earning one of the following degrees?

- M.S. Health Professions Education Yes or No
- M.S. Oral Biology Yes or No
- Ph.D. in Biomedical Sciences Yes or No

Narrative and Curriculum Vitae

On a separate page, please state your academic interests and goals and relate these to career goals. Include a statement of your philosophy of education and the contribution you expect to make to dental education. Include any current, long-range participation in research and any teaching experience. If you have publications or other evidence of scholarly or creative endeavors, please describe these. Also, list memberships in academic and professional organizations, fellowships, scholarships and other honors.

Recommendation Letter

Please request a letter of recommendation from department chair or faculty who have previously worked with you.

Disadvantaged Checklist

Complete the attached Academically and/or Disadvantaged Checklist

Please return the CDFDP Application, Narrative/Curriculum Vitae, Letter of Recommendation and the Disadvantaged Checklist to:

**Office of Student Development
TAMHSC-Baylor College of Dentistry
ATTN: Ms. Natasha Sneed
3302 Gaston Ave. #365
Dallas, TX 75246**

I understand that if I am accepted into the Comprehensive Dental Faculty Development Program and receive a stipend while in the Program, I must agree to teach a specified amount of time in a dental school for each year that I receive a stipend. I also understand that if I do not honor this commitment, all monies that I receive as a stipend will be considered a loan with interest which must be repaid to TAMHSC-Baylor College of Dentistry within the number of years during which the stipend was provided.

Signature

Date

Printed Name

Academically and/or Economically Disadvantaged Checklist

Please reply to each statement.

- 1) 1st generation to earn baccalaureate degree.....YES ____ NO ____
- 2) 2nd generation to earn baccalaureate degree.....YES ____ NO ____
- 3) English is a second language.....YES ____ NO ____
(1st language: _____)
- 4) Resident of financially poor school district.....YES ____ NO ____
(Name of school district: _____)
- 5) Attended low-performing high school.....YES ____ NO ____
(Name of high school: _____)
- 6) Middle or high school home responsibility.....YES ____ NO ____
- 7) Grew up in a single-parent family.....YES ____ NO ____
- 8) Non-traditional student, including older age.....YES ____ NO ____
(Explain: _____
_____)
- 9) Employment while attending college.....YES ____ NO ____
(Average number of hours worked per week: _____)
- 10) Resident of a county designated as underserved by health professionals.....
YES ____ NO ____ (County: _____)
- 11) Resident of lowest 10% per capita income county.....YES ____ NO ____
(County: _____)
- 12) *From a family with an annual income below a level based on low-income
thresholds according to family size.....YES ____ NO ____
(Average income over last 5 years: \$ _____, Number in family: _____)
- 13) Overcame or is experiencing extreme hardship.....YES ____ NO ____
If yes, explain: _____

- 14) Other – Please Explain: _____

*<http://bhpr.hrsa.gov/dsa/flrp/thresholds.htm>