International Educated Dentist
Review Process Considerations

A. **DENTAL**: Clinical/Lab courses <range cr hrs> ICA

a.	Endodontics	8	_____
b.	Operative dentistry	33	_____
c.	Oral diagnosis	1	_____
d.	Oral medicine	3	_____
e.	Oral surgery	6	_____
f.	Orthodontics	5	_____
g.	Pediatrics	24	_____
h.	Periodontics	12	_____
i.	Prosthetics – general	20	_____
j.	Prosthetics – removable	18	_____
k.	Prosthetics – fixed	20	_____
l.	Radiology	6	_____
	Other _____	__	_____

B. **DENTAL**: Clinical/Lab courses

m.	Physical Evaluation	6	_____
n.	Patient Management	8	_____
o.	Practice Management	6	_____
p.	Dental Auxiliary Utilization (DAU)	2	_____
q.	Comprehensive Care	4	_____
r.	Professional Problem Solving	2	_____
s.	Special Needs Assessment	2	_____
t.	Treatment Planning	9	_____
u.	Pain/Anxiety Control, Emerg Clin	4	_____
v.	Implants	4	_____
	Other (Hosp Dent, TMJ, Elec	5	_____

	<average cr hrs>	ICA
Total Clinic/Lab Cr Hrs (A&B)	**208**	_____
Total Non-Clinical Cr Hrs	**59**	_____
Combined Clinic/Non Clin	**267**	_____

. **DENTAL**: Non-clinical courses <range cr hrs> ICA

a.	Anatomy – human	8	_____
b.	Anatomy – dental	4	_____
c.	Bio-chemistry	5	_____
d.	Dental materials	4	_____
e.	Embryology	1	_____
f.	Histology – human	5	_____
g.	Histology – oral	1	_____
h.	Medical Genetics	1	_____
i.	Microbiology	6	_____
j.	Neuro-Science	2	_____
k.	Oral Epidemiology	5	_____
l.	Pathology – general	4	_____
m.	Pathology - oral	6	_____
n.	Pharmacology	3	_____
o.	Physiology	4	_____
	Other	__	_____

*__PRE-DENTAL CORE/OTHER__ <cr hrs> ICA

. a.	Biology/Zoology	8	_____
b.	General chemistry	8	_____
c.	Organic chemistry	8	_____
d.	Biochemistry (Organic prereq.)	3	_____
e.	Physics	8	_____
f.	Math	3	_____
g.	English composition	8	_____
h.	Psychology	3	_____
i.	Other Strong Electives	40	_____
j.	Strong Science Electives	__	_____

3. Dental School Attended_____ Location _____
4. Date of graduation (month/year)- ..... _____ _____
*5. College/University Pre-dental- Semester credit hours/GPA _____ _____
6. Dental School- Semester credit hours/GPA…..Clinical A____/_____ Non-Clinical ____/_____
   Compulsory rotations ( ) Clinical B ____/_____ Combined _____/_____
7. Post graduate studies- what, when, where, length ..... _____
   AEGD ( ), GPR ( ), ADA/CODA Clinical Specialty Training ( ) Other ( ) _____
8. Pass and/or Grace Points (Courses/ # points)_____ _____
9. National Board examination I & II (date and scores)..... .._____ _____
10. Clinical examination (where, when, scores)..... _____
11. TOEFL exam scores- month/yr… computer ( )…iBT ( ) _____ _____
12. Infection Control Training ……..ADA( ) month/yr_____
13. Affidavit of Applicant..... _____
14. Questionnaire..... _____
15. Personal letter explaining professional work/involvement since graduation _____
16. Active practice- duration/recency/scope/verify/relevancy _____
17. Proof of legal U.S. entry _____

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(3/20/08)