

**Application for Admission to**  
**The University of Texas Health Science Center at Houston School of Dentistry**  
**Certificate in Dental Informatics**

Office of the Registrar  
P.O. Box 20036 - UCT2250 Houston, TX 77225  
(713)500-3361 Fax: (713)500-3356

1. US Social Security Number (click here for SSN disclosure information) \_\_\_\_\_  
(Leave blank if you do not have a US SSN or if your SSN begins with an 8 or 9.)
2. Date of Application (mm/dd/yyyy) \_\_\_\_\_

3. Projected entrance into the program for year \_\_\_\_\_

4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Prior Names (As they may appear on previous applications or transcripts)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

( If the information necessary to process this application is located under a different name, please include such name in the spaces above.)

5. Birth Date (mm/dd/yyyy) \_\_\_\_\_

6. Gender Female  Male

7. Ethnic Origin Native American  Asian American  Caucasian American   
Black American  Hispanic American  Non-US Citizen & Non-Perm. Resident

\*\*This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application.

8. Birth Place \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

9. Country of Citizenship \_\_\_\_\_

a. If your country of citizenship is not USA, what is your immigration VISA type? \_\_\_\_\_

(Examples: J1, F1, PR). If you are an immigrant classified by INS as a Permanent Resident or "Alien Resident" of the US, enter PR.

b. What US state is your state of residence? \_\_\_\_\_  
(US Citizens and Permanent Residents only)

c. If residence state is Texas, which County? \_\_\_\_\_



Application for: \_\_\_\_\_  
Name (Last, First MI)

10. Permanent mailing address

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code Country Code

11. Current mailing address (if different from permanent)

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code Country Code

12. Preferred Phone \_\_\_\_\_

13. Preferred Email \_\_\_\_\_

14. Emergency Contact \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address Phone

15. Provide an official transcript for each previously attended college or University

Institution Name	Attended From (yyyy/mm)	To (yyyy/mm)	Degree	Date of Degree (yyyy/mm)	Major



Application for: \_\_\_\_\_

Name (Last, First MI)

16. Provide an explanation of previous dentistry and or informatics work experience and training.

17. Tests

Name of Test	Date of Test (yyyy/mm)	Test Scores
Test of English as foreign language (TOEFL)		

18. If Applicable or if you are a licensed professional, have there been, or are there currently, any pending professional liability claims, suits, settlements or other proceedings involving your professional practice?

Yes  No

If yes, please explain

Application for: \_\_\_\_\_

Name (Last, First MI)

19. Are any criminal charges currently pending against you or have you ever been convicted of any misdemeanor or felony offense, or ever received deferred adjudication for any misdemeanor or felony offense, whether or not you were adjudicated guilty, and whether or not you were placed on probation, community supervision, or other supervised release? Applicants need not disclose minor traffic offenses (Class C misdemeanor only). Applicants need not disclose information regarding a sealed juvenile record or other criminal record that has been expunged by court order. It is the applicant's responsibility to ensure any unreported criminal charge, conviction, and/or deferred adjudication is in fact actually expunged by court order or sealed under relevant state or federal law. Failure to disclose any pending criminal charge, any conviction, and/or any deferred adjudication (not sealed or expunged by court order) may result in an applicant being denied admission.

Yes  No

If yes, please explain

I certify that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis of dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

All applicants must have completed and/or met each item below for the application to be considered complete for review.

- Baccalaureate degree or higher
- Grade-point average of 3.0 or higher
- Dentistry and/or informatics work experience and training
- One letter of reference
- Resume and/or curriculum vitae

