

UMN PASS Application 2021 for January 2022 start

UNIVERSITY OF MINNESOTA
Program for Advanced Standing Students
School of Dentistry
University of Minnesota
Minneapolis, MN 55455



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

SCHOOL OF DENTISTRY

STEPS TO APPLY

FOR PASS CLASS 2024 with start date of **JANUARY 2022**

STEP 1: Apply and submit electronic documents through [ADEA CAAPID](#)

- [Add](#) the University of Minnesota School of Dentistry Program for Advanced Standing Students (UMN SOD PASS) program to your CAAPID application
- [TOEFL Scores](#)
 - o The English as a Foreign Language (TOEFL) Internet Based Test (iBT) examination results. (Examination must have been completed within the last two (2) years). The TOEFL Internet based test (iBT) is mandatory. The iBT average score must be 94 or above AND with a score of 20 or above in each of the four evaluations.
- [ECE](#) Evaluation Report
 - o ECE evaluation report of all courses based on transcripts and mark sheets.
- [NBDE](#) Part 1 and 2 Official Score Report
 - o National Dental Board Part I and Part II examination results. Examination must have been completed within the last ten (10) years. Candidates who have passed the NBDE Part I, II, may not retake the exam unless required by a state board or relevant regulatory agency.
- 2 Letters of Recommendation/Reference

STEP 2: Complete the Supplemental Application Form and Processing Fee through UMN PASS

- Complete application form for January 2022 start (Class of 2022-2024). The application form is interactive (see instructions). Type on designated lines or boxes. NOTE: The application form has changed and previous years' forms will not be accepted.
- A \$150.00 non-refundable application fee payable to the University of Minnesota School of Dentistry. We accept United States/international money orders or cashier's checks. Applicant's name **MUST** be on the check.
- Submit Application Form and Fee to:

Rachel Katkar
UMN PASS Office
School of Dentistry
University of Minnesota
15-121 Malcolm Moos Health Sciences Tower
515 Delaware Street S.E.
Minneapolis, MN 55455

Questions? Email apply-umnpass1@umn.edu or call 612-625-6950

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- Include the following Supplemental Application Documents when you submit your application form and Fee:
 - Copy of transcripts including mark sheets (grades) by year or semester from non-U.S. dental school granting the dental degree. Only certain schools include mark sheets.
 - Copy of English translation of transcripts and mark sheets by authorized translator, if original document(s) is/are in any language other than English.
 - Copy of official twelve month internship certificate, for those who graduate from a four year dental program.
 - Copy of official diploma or graduation certificate from dental school granting degree. (We do not accept temporary/provisional diplomas).
 - Copy of English translation of diploma or graduation certificate by authorized translator, if original document is in any language other than English.
 - Copy of English translation of internship certificate by authorized translator.
 - Copies of diplomas and transcripts from any degree granted in the US (if applicable).
 - Curriculum Vitae or Resume
 - Personal statement

Applications **must** include **all** of the documentation required. Receipt of application will be acknowledged via email.

Application Period Beginning

Applications are accepted and review of applications begins **Friday, March 5, 2021**. Interviews of qualified applicants may start in **May 2021** and run throughout the application period.

Application Deadline

Applications must be received by **August 15, 2021** at 4:00 p.m. Central Standard Time (CST) to be considered.

It is advisable to send applications and check via a courier (FedEx, DHL, USPS or UPS).

NOTE: Once received, applications are not returned.

ADEA CAAPID

UMN PASS joined ADEA CAAPID. Please read more application instructions at this website:

<https://www.adea.org/adeacaapid/>

Further Questions?

[READ ALL FREQUENTLY ASKED QUESTIONS \(FAQ\) ON THE WEBSITE](#)

Many questions are new or have updated answers from last year based on new circumstances.

Most of your questions are answered on this web page.

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Instructions for Completing the Application Form

The UMN PASS application form for **PASS Class of 2024** beginning January 2022 is an interactive PDF file.

Using the interactive function to complete the form

1. Download the form.
2. Each interactive field is highlighted in light blue. When you move your cursor over the field, a box pops up. Click in the box and you can start typing the requested information. Use the spacebar to add a space, for example, between your family name and first name.
Note: You can still fill out the form even if the highlight does appear. Turn on the highlight function in your PDF reader.
3. Click in the checkboxes and a checkmark will appear. Move the checkmark to another box by clicking in that box, but you cannot remove the checkmark.
4. Once the form is completed, print it. It is voluntary to complete page 8. This page is **not** interactive.
5. Sign and date the application on page 8.
6. We suggest that you print a copy for your files.

Note: You **cannot** submit the form electronically.

For your convenience, we have marked areas where previous applicants have forgotten to fully complete their response or not followed the instruction. These areas are **highlighted in red**.

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PERSONAL INFORMATION

Applicant's Full Name:

Last (Family Name) First Middle

Sex assigned at birth: ☐ Male ☐ Female ☐ Right-handed ☐ Re-application
Gender identity (optional): _____ ☐ Left-handed Applied year(s) _____

Birth Date: _____ Place of Birth: _____

Permanent Address (Anyone residing in the US on a **temporary visa must have an address outside of the US**):

Mobile Number: _____ Additional Telephone Number: _____

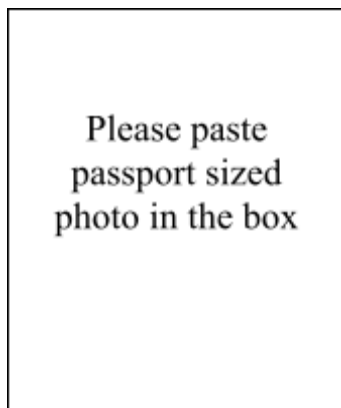
Email Address (print clearly): _____

Repeat email address (for verification): _____

Mailing Address in the US (if different from permanent address above. If appropriate use **C/O** to assure delivery):

Country of Citizenship: _____

Passport –Sized Photo



Immigration status (if applicable):

- ☐ U.S. Citizen
☐ U.S. Permanent Resident
☐ U.S. Permanent Resident Application in Process
(Please, fill out **current visa status** below **even if** your application for Permanent Resident Application is being processed.)

US Visa Type: ☐ H-1 ☐ J-1

☐ H-4 ☐ J-2

☐ F-1 ☐ B-1/B-2

☐ Other Visa (i.e. K, M) _____

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EXAMINATIONS COMPLETED AND SUMMARY

Integrated National Board Dental Examination
(Required unless you took the NDBE parts I and II)

Date Taken: _____ Score: _____

(Test results **must** be submitted w/ application)

National Dental Board (Part I):
(Required if INBDE was not taken)

Date Taken: _____

(Test results **must** be submitted w/ application)

National Dental Board (Part II):
(Required if INBDE was not taken)

Date Taken: _____

(Test results **must** be submitted w/application)

Test of English as a Foreign Language Examination:
(TOEFL. Test results **must** be submitted w/ application)

Date Taken: _____

Score: _____

Transcript evaluation by E.C.E.
(results **must** be submitted w/ application)

GPA: _____

Country of birth: _____

Citizen of Country: _____

Graduated in Country: _____

Graduated (year): _____

(If applicable): Immigration Status in the US: _____

(If applicable): Have been living in the U.S. since year: _____

If you have an F-1 visa, where do you study and what do you study?

Anticipated graduation (**month/year**) _____

Do you currently study full-time [] part-time [] ?

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EDUCATION

(PLEASE COMPLETE PAGE EVEN IF YOU SUBMIT A CV)

NOTE: Include both date, month and year where requested (MM/DD/YYYY). Note format. Be specific.

1. Dental/Oral Health Education:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (**Month/Date/Year**)
(starting date of program FAQ #45)

Degree Awarded: _____

2. Post Graduate Training in Home Country (does **not** include mandatory internship):

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (**Month/Date/Year**)

Degree Awarded: _____

3. Post Graduate Training in dentistry in the United States:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (**Month/Date/Year**)

Degree Awarded: _____

4. Additional Training and Degrees in the US i.e. MPH, MS, MA (specify discipline), or PhD:

School: _____

Address: _____

Matriculated: _____ Graduation Date: _____ (**Month/Date/Year**)

Degree Awarded: _____

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WORK EXPERIENCE

(PLEASE COMPLETE PAGE(S) EVEN IF YOU SUBMIT A CURRICULUM VITAE OR RESUME)

1. Summarize your professional dental experience **in your home country**:

(Begin with the most recent employment. Use an additional sheet of paper if needed. For US and dual citizens raised and schooled outside of the US should give information about work experience from country where raised.).

NOTE: Include both month, date and year where requested (MM/DD/YYYY). You must indicate start date and end date or ongoing. You must include how many hours per week you work.

Mandatory internship/houseman ship does not count as Work Experience. It is schooling.

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
(Start and end dates, or start date - ongoing)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
(Start and end dates, or start date - ongoing)

2. List **any** work experience **within the United States or Canada** (include non-dental related work)

(Begin with the most recent employment. Use an additional sheet of paper if needed)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours/Week** _____
(Start and end dates, or start date - ongoing)

Type of Work: _____

Employer: _____

Address: _____

Dates of Employment **Month/Date/Year** _____ **Hours /Week** _____
(Start and end dates, or start date - ongoing)

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WORK EXPERIENCE (CONTINUED)

If you work, do you have a work permit? Yes [] No [] Date on permit _____

If you work and have a F-1 visa, is this work part of your OPT? Yes [] No []

How much do you work? Full-time [] Part-time [] Irregular (on and off) []

If you work part-time how many hours per week? _____

If you currently observe/volunteer somewhere, is that Full-time [] Part-time [] Now and then []

If you observe or volunteer part time, how many **hours per week?** _____ beginning when _____

PERSONAL STATEMENT

Type statement on a separate sheet(s) of paper and include it with the application. The statement should preferably be one page but no more than a page and a half single spaced (in size point 12). The statement must include applicant's name, current home address, and email address. Please use font Arial or Times Roman. Email addresses might be difficult to read in other fonts.

CURRICULUM VITAE OR RESUME

ADDITIONAL INFORMATION

Please tell us where you heard about the UMN PASS program:

Expenses for your dental education will be financed by:

NOTE: ACCEPTANCE DOWN PAYMENT CANNOT BE FUNDED VIA STUDENT LOANS. IT MUST COME FROM PERSONAL/FAMILY FUNDS.

Signature: _____

Date: _____

Note: The additional form requesting information about Ethnicity and Race is optional but requested to be included by the Federal Government.

OPTIONAL ETHNICITY AND RACE INFORMATION

Applicant Name: _____

ETHNICITY AND RACE

The information provided below is voluntary and will not be used in a discriminatory manner. The questions below comply with the U.S. Department of Education's new mandated standards for ethnic and racial data collection.

1. **Ethnicity:** Are you Hispanic or Latino? ☐ Yes ☐ No

2. **Race:** Please check any or all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Two or more races. Please list: _____

Ethnic and racial definitions

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the original Black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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APPLICATION CHECK-OFF SHEET

(NOTE: DEADLINE IS AUGUST 17, 2021 AT 4:00 PM CENTRAL STANDARD TIME)

- ☐ Completed and signed application form. Line for signature and date is on page 8.
 - ☐ Recent passport size photo
- ☐ Copies of transcripts (**including grades/mark sheets**) from previous dental school
 - ☐ Translations by **authorized** translator
- ☐ Copy or duplicate of the original E.C.E evaluation report of **all** courses
- ☐ Copy of official diploma or graduation certification from dental school
 - ☐ Translations by **authorized** translator
- ☐ Copy of official twelve month internship certificate for those with a four year dental education
 - ☐ Translations by **authorized** translator
- ☐ Copies of diplomas and transcripts from any degree granted in the US (if applicable)
- ☐ Copy of ADA original or duplicate, or electronic results of National Dental Boards Part I, Part II
 - ☐ Examination must have been completed within the last **ten (10)** years
- ☐ Result of Test of English as a Foreign Language (TOEFL) **only** the **iBT** examination is accepted
 - ☐ Examination must have been completed within the last **two (2)** years
- ☐ A US \$150.00 non-refundable application fee payable to the University of Minnesota
 - ☐ International money order or Cashier's check ☐ US money order or Cashier's check
 - ☐ **Applicant's name is on check/money order. NO PERSONAL CHECK**
- ☐ Typed personal statement included (No longer than a page and a half).
- ☐ Curriculum Vitae or Resume included
- ☐ Accurate email address included
- ☐ It is advisable to send applications and your check via a courier (FedEx, DHL or UPS). USPS takes longer.

Review your application to ensure **all appropriate** boxes are checked and all copies of documents are included and inserted into a full size envelope. Please keep a copy of the whole application for your files.

We acknowledge receipt of application within fifteen (15) days. Please keep in mind that the COVID-19 pandemic has delayed many mail services this year.

Applications that do not meet our requirements will not be considered for further review.

If you are contacted for an interview, all original documents **must** be brought for the interview and examined for authenticity. An application will not be further processed, if original documents are not available at the interview date. In-person interviews depend on COVID-19 state restrictions.