

PART D: TO BE COMPLETED BY THE VISITING CLINICAL SPECIALTY STUDENTS FROM CANADIAN AND INTERNATIONAL PROGRAMS

DENTAL SCHOOL _____
Name Country

Year graduated from an undergraduate dental program? _____
Year School

Have graduated from a specialty diploma/certificate or degree program? Yes ____ No ____

Currently registered in a specialty program? Yes ____ No ____

If "yes" state Program and current year of study _____
Program

Year School

SECTION 3: To be completed by the Dean or Designate of the Visiting Student's University or the Program Director for the Visiting Clinical Specialty Students from Canadian and International Programs

STUDENT'S NAME: _____

NAME OF DENTAL SCHOOL: _____

ADDRESS: _____

Check the appropriate box:

The above-named student is presently registered in his/her _____ year of a _____ year program towards a doctor of dental surgery degree.

The above-named student is presently registered in his/her _____ year of a _____ year Specialty program towards a specialty degree.

The above-named student will be enrolled/registered in his/her _____ year during the **proposed** elective.

The above-named student has graduated from a specialty program / degree Yes No

Complete the following:

Assessment of academic ability: above average average below average

Assessment of clinical ability: above average average below average

Student's knowledge of English: Spoken: _____ Written: _____

Will the student be covered by Liability Insurance by your Institution: Yes No

Amount of Liability _____

(Canadian Students Only) Will the student be covered by personal Health Insurance: Yes No

The above-named student is in good standing at this institution. The student is authorized to take this clinical instruction and (will / will not) receive academic credit for the experience.

AUTHORIZING SIGNATURE

PRINT SIGNATURE

TITLE

DATE

SEAL OF INSTITUTION

READ THE INSTRUCTIONS ON THE FACULTY OF DENTISTRY WEBSITE BEFORE COMPLETING THIS FORM

APPLICATION CHECKLIST

Documents to be submitted at the time of application	1. Completed application form.
	2. \$50 CDN application service fee (certified cheque or money order) payable to the University of Toronto.
	3. Proof of Canadian Citizenship or Permanent Resident Status (photocopy only).
	4. Proof of Registration in Current Program of Study and/or Proof of Program Completion – DDS; Specialty Completion with Graduation Fellowship (notarized copy accompanied by a notarized English translation, if applicable).
	5. Official Transcripts (notarized copy accompanied by a notarized English translation, if applicable).
	6. Curriculum Vitae/Resume together with Covering Letter of Intent.
Documents to be arranged for once accepted	1. Two months prior to arrival date – Completion of medical examination as necessary to obtain Student Authorization Visa/Work Permit (work permit applies to Clinical Fellows)
	2. Student Authorization Visa/Work Permit
	3. Immunization Record
	4. Current Basic CPR or ACLS Certification
	5. Malpractice Insurance under Canadian University Reciprocal Insurance Exchange /or University of Toronto Risk Management Insurance
	6. UHIP Coverage (applies to International Applicants)
	7. Proof of RCDSO Licensure