

NEWARK BETH ISRAEL MEDICAL CENTER GPR APPLICATION

Name

Current Street Address

City, State, Zip

Permanent Address

City, State, Zip

Citizenship

Phone Number (mobile)

Undergraduate Education

Degree

Year

Postgraduate College Education

Degree

Year

Dental School

GPA

Rank / # in class

Also include:

- NBIMC Dental GPR Application form
- SHORT essay on why you want a post-graduate residency and/or specifically our residency
- Dental School transcript of grades including the end of the Junior year
- National Boards, Part 1 results
- Resume/CV
- At least two letters of recommendation from Dental School clinical faculty
- At least one more letter of recommendation from Dental School faculty, clinical or non-clinical
 - o Letters of recommendation must be in a sealed, ink signed envelope.
- The “Dean’s Letter”
- A 2x2 picture
- We prefer to receive all items in one envelope, but we will accept your application’s items if mailed separately.

All of your documents as described in the above checklist must be in our office before the PASS Deadline.

RETURN ALL DOCUMENTS TO:
NEWARK BETH ISRAEL MEDICAL CENTER
201 LYONS AVE
DEPARTMENT OF DENTISTRY; D-9
NEWARK, NJ 07112