



MedStar Health

Washington Hospital Center
Department of Oral and Maxillofacial Surgery
Division of Orthodontics and Dentofacial Orthopedics
110 Irving Street NW
Washington, DC 20010

Place Your
2x2
Photo Here

Orthodontic Residency Program Supplemental Application

General Information

Name: <i>Last</i>			<i>Middle</i>			<i>First</i>		
Preferred name:				Email Address:				
Present Address: <i>Street</i>				Present Phone Number: <i>Primary</i>				
<i>City</i>		<i>State</i>		<i>ZIP</i>		Present Phone Number: <i>Alternate</i>		
Permanent Address: <i>Street</i>				Permanent Phone Number: <i>Primary</i>				
<i>City</i>		<i>State</i>		<i>ZIP</i>		Permanent Phone Number: <i>Alternate</i>		

Name, address, and relationship of person to be notified in case of emergency:

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Licensure

State:	License Number:
State:	License Number:
State:	License Number:

Summary

Name:	Date:
Dental Admission Test (DAT) score:	Perceptual Ability Test (PAT) score:
National Board Score or PASS: <i>Part I or INBDE</i>	National Board Score or PASS: <i>Part II</i>
Undergraduate Institution:	Undergraduate Major:
Undergraduate Degree:	Undergraduate GPA:
Dental School:	Dental School Graduation Date:
Dental School Class Rank:	Dental School GPA:
Graduate Institution:	Graduate Degree / Program & Date:
Residency Institution:	Degree / Certificate & Date:

- Are you presently authorized to work in the United States, for any employer, in a full-time capacity? YES NO
 - Did you read the requirements for a Virginia Dental License? YES NO
 - Have you ever been convicted of a felony? YES NO
- If yes, please explain: _____
- _____

The faculty of MedStar Health Washington Hospital Center's Division of Orthodontics feel that residency program participation in the Postdoctoral Dental Matching Program is fair and beneficial to applicants. We also feel that it is in the long-term best interests of the specialty. Consequently, we have decided to interview applicants who are applying *exclusively* to programs participating in the Match.

Are you applying specifically to programs participating in the Match: YES NO

National Match # _____

**** If you are applying to a Non-Match Program, please contact us prior to submitting your application.****

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I grant MedStar Health Washington Hospital Center permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability.

Signature: _____ Date: _____

In addition to the information indicated on the PASS application, please submit the following documents **via email** to mwhcortho@gmail.com:

- Pages 1 and 2 only of this completed supplemental application. Please do not include this page of instructions.
- A personal statement, limited to one page, written in the third person (do not use “I”), presenting yourself to us. Portray yourself as others might see you, focusing on your character, values and the story behind who you are as a person. An application is a routine means of presenting yourself as a person to our faculty. Language is a tool you will need to use extensively during your postgraduate experience. Here, we offer you an opportunity to use language not to “sell yourself,” but to communicate with us. We are sincerely interested in who you are as a person – beyond what we see in your application. We do understand that you have a sincere interest in pursuing orthodontic training, so there is no need to discuss orthodontics or your desire to be an orthodontist in your essay. Please ensure that this essay reflects your authentic voice and is not generated by AI. While it may be tempting to use these tools to enhance your writing, doing so diminishes the personal warmth and genuine qualities that make your story unique. We want to hear about *you* in your own words.
- Send documents as a **single document** in PDF format. Supplemental application first (both pages) and statement last.
- Two 2x2 photographs of yourself. One in this application on Page 1 (at the marked area) and one in jpeg format as attachment in the email.

In addition, submit the application fee – \$75 check payable to MedStar Washington Hospital Center Division of Orthodontics – via **regular US mail** to:

MedStar Washington Hospital Center
Department of Oral and Maxillofacial Surgery
Division of Orthodontics
110 Irving Street NW
Washington, DC 20010

Please forward all questions and inquiries to Kiara McFadden at mwhcortho@gmail.com.