General Application for
Admissions Enhancement Program

UMKC School of Dentistry

PERSONAL INFORMATION

Last Name: [   ]   First Name: [   ]

Current Legal Address:
[   ]

Current Legal City: [   ]   Current Legal State: [   ]   Current Legal Zip: [   ]   County: [   ]

Current Mailing Address:
[   ]

Current Mailing City: [   ]   Current Mailing State: [   ]   Current Mailing Zip: [   ]   County: [   ]

Email Address: [   ]   Home Phone: [   ]

Date of Birth: [   ]   Cell Phone: [   ]

Are you a Missouri resident? ◯ Yes ◯ No   How long have you been a Missouri resident? [   ]

Are you a U.S. citizen? ◯ Yes ◯ No   If no, country of citizenship: [   ]

Previous legal address, if less than one year in Missouri (city, county, state:)
[   ]

If resident alien, card number and date of issue (a copy of your card is required):
[   ]

DEMOGRAPHICS

The following information is optional. Gender and ethnic origin are request for purposes of federal compliance reporting.

Gender: [   ]

In effort to better serve our student population, design programming that is more inclusive and continues to be compliant with federal, state, local and several granting organizations, please indicate your ethnic or racial background:

Are you Hispanic/Latino:

◯ Yes   ◯ No

Which of the following do you consider to be your racial background? Check all that apply.

☐ American Indian or Alaska Native

☐ Asian (underrepresented)

☐ Asian (includes Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)

☐ Black/African American

☐ Native Hawaiian or other Pacific Islander

☐ White

Did one or both of your parents graduate from college?   Did one or both of your parents graduate from UMKC?

○ Yes   ○ No   ○ Both   ○ Yes   ○ No   ○ Both

EDUCATIONAL INFORMATION

High School Attended (name, city, and state):

Date of Graduation or GED/HiSET Diploma:

Name and location of **all colleges and universities** attended. Include all colleges or universities from which you have earned dual credit. Please request all colleges and universities to send official transcripts of coursework.

School:	Location:	Dates Attended:	Degree Earned/Anticipated:
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Please read carefully: I certify the information on this application is accurate and complete and I understand that all required credentials must be submitted before a decision may be made. I authorize the University of Missouri-Kansas City to maintain all my records under my signed name and I understand these records and credentials in support of my application are the property of UMKC and may not be returned or reproduced.

Signature: Date:

Completed applications packets must be received by Monday, April 2nd, 2018 and include:
General application, supplemental application, 2"x2" photo, and official college transcripts from colleges attended.

Packets may be emailed to lovelesse@umkc.edu -or- mailed to
UMKC School of Dentistry - Attn: Admissions Enhancement Program
650 East 25th Street, Room 420
Kansas City, MO 64108

Questions may be directed to:
Ellyce Loveless | 816.235.2083 | lovelesse@umkc.edu

Admissions Enhancement Program
Supplemental Application
Application Deadline - Monday, April 2nd, 2018

Priority acceptance in the Admissions Enhancement Program will be given to student who are from historically underrepresented minority or disadvantaged backgrounds. It is strongly encouraged that students have completed 90 hours of college credit at the time of entry into the AEP program and completed courses in college algebra, biology, chemistry, and organic chemistry. The information that is provided in the following areas is intended to provide evidence of the student's qualifications and potential to succeed in the program. This information will be used extensively by the program selection committee to determine the limited number of students accepted into the program. Applications must be received by Monday, April 2nd, 2018. Applicants will be notified regarding decisions after Monday, April 16th. PLEASE COMPLETE EACH AREA BELOW FULLY.

Last Name, First Name

Have you applied to dental school previously?

○ Yes   ○ No

If yes, include the name of the schools to which you applied and year(s) of application. If accepted/enrolled, indicate dates of enrollment.

School:	Application Year:	Accepted/Denied:	If accepted, dates of enrollment:
School:	Application Year:	Accepted/Denied:	If accepted, dates of enrollment:
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Have you ever taken the Dental Admissions Test (DAT)?

○ Yes   ○ No

If yes, please indicate your test date(s) and sub-score(s) below. Please also list any future test dates.

Test Date:	Academic Average	PAT	Quant. Reas.	Read. Comp.	Biology

Chem Inorg.	Chem. Organic	Total Science:

Test Date:	Academic Average	PAT	Quant. Reas.	Read. Comp.	Biology

Chem Inorg.	Chem. Organic	Total Science:

How did you prepare for the DAT (be specific)? **(OR)** How do you plan to prepare for the DAT? **(AND)** What area(s) of the DAT do you see as your biggest challenge?

Have you completed a DAT preparation course previously? (YES or NO) If yes, please indicate the course information and dates completed below.

Why do you want to become a dentist?

Please list your dental experiences.

1. Practice Name and Dentist: Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.)   Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

2. Practice Name and Dentist: Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.)   Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

3. Practice Name and Dentist:

Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.) Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

4. Practice Name and Dentist:

Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.) Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

5. Practice Name and Dentist:

Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.) Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

6. Practice Name and Dentist:

Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.) Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

7. Practice Name and Dentist:

Address & Contact Number:

Date Ranges: Total Hours: Dental Area (Generalist, Specialist, Lab, etc.) Type (Shadow, Volunteer, Paid, etc.)

Brief Description of Experience:

1. Please list the extracurricular and community service activities you participate in (last 3 years).

Date	Organization	Project Completed or positions held
Example:		
1) 1/1/18	Habitat for Humanity	Laid flooring in kitchen and bathroom
2) 8/16-2/18	SGA	Treasurer

2. Why are you interested in the Admissions Enhancement Program? How do you feel you will benefit from this program?

3. Please briefly describe your academic experience to this point and share roadblocks and accomplishments you've experienced along the way?

4. What areas of your dental school application do you feel need to be strengthened?

5. Why is it critical for the dental community of your state to address the needs of rural and underserved communities? How do you see yourself addressing the needs of rural or underserved communities in the future?

6. Have you had experiences in your life that may not have given you the same opportunities as others? (YES or NO) If yes, please provide additional information below.

7. Please list any potential conflicts and timeframes (include dates) that may keep you from fully participating in the program (summer courses, travel plans, work schedule, etc.?)

AEP Expectations:

- Be present for daily online sessions May 16th-July 26th (sessions are 1 or 2 hours long)

  - This includes having access to the internet during the online sessions as well as bringing a laptop or tablet during the onsite weeks. Operating system requirements are below:
    - **Required minimum specifications are:**
    - Computer Operating Systems
      - •Microsoft Windows 10 (any edition)
      - •macOS High Sierra (10.13) or newer

    - Minimum Computer Hardware Requirements
      - •Intel® Core i5 6th Generation (Skylake) at 2.2GHz or faster
      - •8GB RAM
      - •100 GB of free hard disk space
      - •1024x768 screen resolution

    - iPad Requirements:
      - •Operating System: iOS11 or newer
      - •Hardware: iPad 3+, iPad Air+, iPad Mini+, iPad Pro or newer
      - •5 GB of free storage space is recommended

- Including online sessions, dedicate 30 hours per week to the AEP
- Student provides travel to and from Kansas City for weeks of June 3rd – June 8th and for July 23rd-26th (We provide dorm rooms, breakfasts, lunches and some dinners for onsite weeks. Students will be responsible for dinners not provided by the AEP).
- Take the DAT in August, at student's own expense

If a student does not meet these expectations, they will not receive an AEP Certificate of Completion.

I have read and understand the expectations for the 2018 Admissions Enhancement Program.

YES   NO   Signature: