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**Reserved Admission Program Application**

**University of Missouri Kansas City – Doctor of Dental Surgery**

**INSTRUCTIONS (please read carefully):** The information that you provide in the following areas are intended to provide evidence of your preparation and potential as a future dental student and dental professional. This information will be used extensively by the Dental Student Admission Committee in deciding the final admission status of candidates. You may expand the table formatting if additional space is needed to provide appropriate responses. The application should be submitted after completion of a minimum of but not more than four semesters of college credit while being continuously enrolled in full-time course loads. Applicants must have a science grade point average of at least 3.60 in a degree-seeking program including prerequisite courses. Only Missouri & Kansas residents are eligible to apply.

**TYPED RESPONSES TO ALL ITEMS ARE EXPECTED**

Name: E-Mail Address:

Permanent Telephone Number: Mobile Phone Number:

Permanent Street Address: Permanent City, State, Zip:

County:

Current Street Address: Current City, State, Zip:

High School: High School City / State:

College/University: College City / State:

College Major: Will you complete a bachelor’s degree prior to entry?

Date of Anticipated College Graduation:

Are you a U.S. citizen? What is your legal state of residence? How many years?

Birth Date: Ethnic Origin (optional): Gender (optional):

When will you enter the DDS Program at UMKC? Fall 20\_\_\_\_\_\_\_\_

***The information below is collected for all incoming students. Responses are confidential and only used anonymously for reporting***.

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/Asian American
* Black/African American
* Native Hawaiian or other Pacific Islander
* White
* Other

Did one or both of your parents graduate from college?

* Yes
* No
* Both

Did one or both of your parents graduate from UMKC?

* Yes
* No
* Both

Please indicate how many people are in your family:

(For the purposes of this question, a family is identified as a group of two or more individuals related by birth,

marriage, or adoption who live together)

Please indicate your family's annual income range (in USD)

* 0-24,280
* 24,281-32,920
* 32,921-41,560
* 41,561-50,200
* 50,201-58,840
* 58,841-67,480
* 67,481-76,120
* 76,121-84,760
* 84,761+

Will you be the first person in your family to attend college?

* Yes
* No

Do you have any relatives who are dentists, are in dental school, or who have studied or are studying Dental Hygiene? If yes, indicate name, relationship, name of school, dental degree or certificate, year of graduation or expected graduation.

Do you have any relatives who are UMKC School of Dentistry Alumni? If yes indicate their name, relationship, degree and year of graduation.

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 can be made. I authorize the University of Missouri-Kansas City School of Dentistry 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 School of Dentistry and may not be returned.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and return this application, official college transcripts, math and science GPA calculation, three letters of recommendation, and a digital personal photo to the Office of Student Programs. The application and photo should be emailed as a PDF or JPEG to dds@umkc.edu. Official transcripts should be mailed from the registrar’s office directly to the dental school. Letters of recommendation should be emailed or mailed directly from the letter writer. If letters are given to the applicant they should be submitted in an unopened envelope with the letter writer’s signature across the seal. We desire at least one letter from a faculty member and one from a dentist. The mailing address is:

**School of Dentistry – Office of Student Programs (RAP)**

**650 East 25th Street**

**Kansas City, MO 64108-2784**

**Reserved Admission Program**

**Personal Statement**

**TYPED RESPONSES TO ALL ITEMS ARE EXPECTED**

In approximately 1,000 words please tell us about your strengths, your interests in a career in dentistry and what distinguishes you from other applicants.

**Academic**

The information that you provide in the following area is intended to provide evidence of your academic ability/background.

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| Why do you feel you will be academically prepared for the dental curriculum? |
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| What is your most significant academic achievement? |
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| How do you plan to prepare for the Dental Admissions Test, DAT (be specific)? |
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**Critical Thinking/Problem Solving**

The information that you provide in the following area is intended to provide evidence of your critical thinking/problem solving ability.

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| How do you define critical thinking? |
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| Please give one specific example of a unique circumstance that you used critical thinking/problem solving. |
| What is the situation, including what the challenges were in the situation and what past learning you relied upon (be specific)? |  |
| How did you handle it? |  |
| What did you learn or what was your reaction to the experience? What was the outcome? |  |

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| Please identify one stressful academic or non-academic experience that you have had and illustrate how you managed it. |
| What was the situation including what the challenges were in the situation (be specific)? |  |
| How did you handle it? |  |
| What did you learn or what was your reaction to the experience? What was the outcome? |  |

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| Please include a description of any academic / professional research experience you have had. Do not include work completed as a part of a laboratory section of a course.  |
| Type of research, including your responsibilities (be specific)? |  |
| When the activity occurred (example: June 07 – Junior Year of college)? |  |
| What did you learn or what was your reaction to the experience? |  |

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| Please list any published research articles or unpublished research reports you have authored or co-authored. If appropriate, please include the abstract or the article. |
| What is the name of research article or report? |  |
| Who are the authors? |  |
| In what journal or publication is the article or report published? |  |

**Investigation of Dentistry**

The information that you provide in the following area is intended to provide evidence of your investigation and understanding of the profession of dentistry.

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| Please indicate how and when you became interested in dentistry as a profession. |
| Why do you want to become a dentist (please be specific)? |  |
| How did you become interested in dentistry as a profession? When did this occur? |  |
| What do you intend to achieve as a dentist or in a dental career? What is your professional philosophy? |  |
| What are the overriding dental needs of people within under-served health professional shortage areas? How do you see yourself meeting those needs in the future? |  |

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| It is strongly suggested that candidates observe in a *minimum* of five different dental offices (the offices of general dentists and specialists) and acquire a minimum of 80-100 hours of dental office observations. What have you done to investigate the dental profession? Be comprehensive and explicit in identifying experiences you have had and the dental professionals you have interacted with. Please list your experiences in **chronological order** starting with your first experiences and ending with your most recent experiences. Applicants needing to insert or delete rows/columns within the format provided should place the cursor at the location where you want to add additional rows/columns. Then from the Microsoft Word toolbar choose “Table,” then “Insert,” then appropriate action.  |

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| **PRACTICE NAME & DENTIST** | **ADDRESS & CONTACT #** | **DATE RANGE(S)** | **TOTAL HOURS** |
| 1. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description:  |
| 2. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 3. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 4. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 5. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 6. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 7. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |
| 8. |  |  |  |
| Dental Area (Generalist, Specialist, Dental Lab, Etc.):Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other):Brief Description: |

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| What did you learn from these experiences? What did you enjoy the most / least? |
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**Time Management Behavior**

The information that you provide in the following area is intended to provide evidence of your ability to balance full academic schedules with extracurricular involvement, employment and/or personal responsibilities (i.e., effective/efficient management of time).

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| Please provide one specific example of how you have been able to balance involvement in activities such as college-related clubs/organizations, community service and/or employment with your academic course load while achieving academically at the level you have demonstrated. It is not necessary to include all of the activities you have participated in while in college, we want an example of what a typical semester has been like. |
| What were the activities (include clubs/ organizations, community service and/or employment, family life, social involvement, etc.)? |  |
| What was the average number of hours involved per week? What was the total number of hours involved during the semester? |  |
| When did the activities occur (example: June 07: Junior year of college)? |  |
| Specifically, how did you manage your time? |  |
| How has being involved in extracurricular activities influenced or affected you? |  |

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| Please provide information regarding hobby and leisure time activities you enjoy. Why do you value these activities and how do you work them into your schedule? |
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**Personal Character**

The information that you provide in the following area is intended to provide evidence of your fundamental personal character (i.e. integrity, maturity, self‑reliance, leadership skills). SELF

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| Please use an X below to mark how you rate yourself and how your peers, colleagues, advisors, etc. would rate you on the following attributes. Place an X in the column for self to represent your evaluation, and an X in the column for others indicating their evaluation. Please make sure that you are giving an HONEST evaluation.  |
| Traits | Excellent | Above Average | Average | Below Average |
| Self | Others | Self | Others | Self | Others | Self | Others |
| Intellectual Ability |  |  |  |  |  |  |  |  |
| Professional Attitude |  |  |  |  |  |  |  |  |
| Personal Character/Integrity |  |  |  |  |  |  |  |  |
| Judgment/Common Sense |  |  |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |  |  |
| Commitment to a Career in Dentistry |  |  |  |  |  |  |  |  |
| Coping Skills |  |  |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |  |  |
| Time Management |  |  |  |  |  |  |  |  |
| Compassion |  |  |  |  |  |  |  |  |

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| Describe your major strengths and weaknesses. How might these contribute to or detract from a successful career in dentistry? |
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| What does ethics mean to you? Give an example of a time you had to consider your personal ethics before acting. |
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| Please indicate significant college/university related leadership positions you have held (student government, athletic teams, clubs, tutoring, etc.). (Space is provided for four different leadership positions. If you have held additional leadership positions, please include those also.) |
| **Organization** | **Position** | **Date(s)** | **Weekly Hours / Total Hours** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

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| What did you learn from these experiences? How have these leadership position(s) prepared you to be a dental professional? |
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| What does it mean to be a servant leader?  |
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**Social Conscience & Compassion / Community Service**

The information that you provide in the following area is intended to provide evidence of your social conscience and compassion (i.e., caring attitude, sensitive to those in need) this should include significant community service activities, activities through your church, activities through your or your child’s school, etc.

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| What have you done to demonstrate your social conscience and compassion? Please list your experiences in **chronological order** starting with your first experiences and ending with your most recent experiences. Applicants needing to insert or delete rows/columns within the format provided should place the cursor at the location where you want to add additional rows/columns. Then from the Microsoft Word toolbar choose “Table,” then “Insert,” then appropriate action.  |
| **Organization, City, State** | **Organization Contact & Contact #** | **Date Range(s)** | **Total Hours** |
| **1**. |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |
| **2**. |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |
| **3**. |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |
| **4**. |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |
| **5**. |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |
| **6**.  |  |  |  |
| Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.): |
| Your service included: |

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| How has your above involvement shaped your social conscience? How has it prepared you to be a dental professional? |
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| Please describe a time in your life that you saw or personally demonstrated compassion? |
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| How are you prepared to be sensitive to the complexities of a diverse community? |
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**Other**

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| Please use the space below to describe your community. |
| How would you describe the community you grew up in? |  |
| Is it considered urban, suburban, or rural? |  |
| Does your family still live there? |  |
| What did you like about growing up there? What did you not like about growing up there? |  |
| Describe the health and dental needs of that community and how you see yourself possibly serving that community in the future. |  |

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| Please describe any disciplinary issues: |
| Have you ever been disqualified, suspended, dismissed, or otherwise subject to a disciplinary action at any college or university in connection with your academic performance?Please provide 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken4) a reflection on the experience and how the experience has affected your life |  |
| Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise beendisqualified, put on probation, suspended, dismissed, expelled, or otherwise been subject to disciplinary action at any college/university in connection to misconduct? Please include any and all instances of misconduct, regardless of whether the schoolmaintains a record of such misconduct or formal actionPlease provide 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken4) a reflection on the experience and how the experience has affected your life |  |
| Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Provide a brief explanation of the charge(s) |  |

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| Please provide specific examples of activities you have used to develop your eye/hand coordination (musical instruments played, artistic abilities, etc.). |
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| Please use this space to include any additional information the ADMISSIONS COMMITTEE should know about you. |
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