



# CDC RESIDENCY PROGRAM DENTAL PUBLIC HEALTH

## Application for Academic Year 2021–2022

**Instructions:** Before you complete the application below, review the [How to Apply guidance](#), the [FAQ's webpage](#) and the [Application Checklist](#).

### Section 1: General Information

Applicant Name (first, middle, last):		
Current Address:		
Phone Number (Residence):	Phone Number (Mobile):	
E-mail:	If currently employed, Current Title/Position:	
<i>For your DDS or DMD degree, please provide the following information:</i>		
University Name:	University Location:	
DDS Completion Date (MM/YY):	Previous Specialty (if applicable):	
<i>For your MPH (or equivalent Public Health degree), please provide the following information:</i>		
University Name:	University Location:	
MPH Completion Date (MM/YY):	Concentration:	
<i>If you are currently in-process of obtaining your MPH (or equivalent Public Health) degree, please provide the following:</i>		
Anticipated MPH (or equivalent PH degree) Completion Date (MM/YY): <i>Note: To be eligible you must obtain your degree no later than 12/2020.</i>	Current GPA:	
<i>If selected, please indicate your program enrollment preference:</i>		
Full time	Part time	No preference
*Full time enrollment is considered a 12-month commitment and part-time 24 months. Please note that your enrollment preference will be used for internal planning purposes only and will not be used to make selection decisions.		

## Section 2: References for Letters of Recommendation

Provide the names and contact information of the three persons who will write letters of recommendation on your behalf. Letters of recommendation should be written on official letterhead, signed by the reference, and sent as an attachment to the Residency Program Director at [DPHResidency@cdc.gov](mailto:DPHResidency@cdc.gov) directly from the references listed in this section and *not* by the applicant.

Name:  
Address:  
Phone Number:  
E-mail:

Name:  
Address:  
Phone Number:  
E-mail:

Name:  
Address:  
Phone Number:  
E-mail:

**Section 3: Letter of Intent**

**Please describe, in 300 words or less, why you are interested in Dental Public Health, what you intend to gain from the CDC DPH Residency Program, and how it will help you achieve your professional goals.**

#### **Section 4: Experience: Research and/or Non-Research**

**Please describe, in 300 words or less, an oral health-related research project or MPH capstone/dissertation in which you have served as contributor or lead. Describe your role, research question, research methodology (qualitative or quantitative approaches), review and clearance processes, and where/how research was published or presented.**

**If you have not completed an oral health-related research project, please describe a non-research project, including your role and outcomes as available.**

**Thank you for your interest in the CDC Dental Public Health Residency Program.**