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Re-Applying to ADEA AADSAS?

If you are a returning applicant and your previous application was PAID and MAILED, [click here](#) to sign up and start with last year's data.

Create New Account

■ - Required Information

New applicants must be assigned an account in order to fill out a new application booklet. If you do not have an account already, please enter the following information.

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

User Information

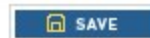
Title:	<input type="text"/>
	(e.g., Mr., Mrs., Ms., Dr.)
First name: ■	<input type="text"/>
	(Please use proper case when entering your name. I.e. John Doe)
Preferred First Name:	<input type="text"/>
Middle initial:	<input type="text"/>
	(Please use proper case when entering your name. I.e. John Doe)
Last name: ■	<input type="text"/>
	(Please use proper case when entering your name. I.e. John Doe)
DENTPIN®: ■ Click here to obtain your DENTPIN®	<input type="text"/>
	(DENTPIN®: 99999999) The DENTPIN® (DENTAL Personal Identifier Number) is a unique personal identifier for applicants and students involved with the U.S. dental education system and standardized testing programs. The DAT, ADEA AADSAS and Texas application systems, ADEA PASS, ADEA CAAPID, and the National Board Dental Hygiene Exam programs all use the DENTPIN® for identification of students and test-takers and for the confidential, secure reporting, transmission and tracking of test scores and academic data.
DENTPIN® Confirmation: ■	<input type="text"/>
Email: ■	<input type="text"/>
	Read instructions if you do not have a current email account.
Email Confirmation: ■	<input type="text"/>
By checking this box, you authorize AADSAS to release your name and contact information to your designated AADSAS dental schools BEFORE you e-submit your final application to AADSAS. This will allow your designated dental schools to send you important information about the local admissions process before you complete your AADSAS application.	<input type="checkbox"/>

Account Information

Use the following fields to identify your account everytime you logon to your application booklet. Keep your username and password confidential.

Username: ■	<input type="text"/>
	Please choose a username between 6 and 15 characters long.
Password: ■	<input type="password"/>
	Create a unique password that is 6 to 10 characters long. Use only letters and numbers (password is case-sensitive). Try to create a password that is easy to remember, but not easily guessed by others.
Confirm Password: ■	<input type="password"/>
Security Question: ■	What was the name of your first pet? <input type="button" value="v"/>
Security Answer: ■	<input type="text"/>

Do not forget to like us on Facebook and Follow us on Twitter for up to date information and important tips by clicking the following buttons:



Security is a priority at ADEA AADSAS. We are committed to protecting the security and confidentiality of your information. We use a combination of state-of-the-art technology and methods to help ensure that your online sessions are secure.

Internet Security Measures

Any personal information you send us is encrypted. This technology, called Secure Socket Layers (SSL), protects information you submit or receive through this site. In addition, any sensitive personal information that you send to our web site (such as social security number) is held in a secured environment, protected by tools such as firewalls and/or database field encryption. No representation is made, however, regarding the unconditional security of such submissions.

Your information will be transmitted with a secure connection. After clicking the "Save" button, you will be securely and seamlessly authenticated.



2014 ADEA AADSAS Dental School Application

**You have received one or more new messages.
Please read them before continuing with your application.**

To avoid any processing delays, ADEA AADSAS strongly encourages you to complete the Colleges Attended section of your application FIRST. ADEA AADSAS CANNOT post any transcripts or foreign evaluations received from an institution until it is listed in this section. The Colleges Attended section can be found under Education on your Application Checklist.

Your Messages are displayed below in descending chronological order.

MY APPLICATION

PRINT

06/03/2013 :

Dear _____ :

Welcome to the ADEA AADSAS application. We hope that you will find the ADEA AADSAS on-line application easy to use and understand. Each section of the application has instructions for easy reference.

Your ADEA AADSAS identification number is _____ Include this identification number in all communication with ADEA AADSAS Customer Service, evaluators and designated schools.

To check the status of your application, logon to the ADEA AADSAS Application Checklist screen. Review the "My Application Status" box at the top of the screen. Throughout the application process, you may receive messages from the ADEA AADSAS staff and from dental school admissions officers. You are encouraged to review your "My Application Status" box periodically and the email account associated with your application. You can access your application at any time using <https://portal.aadsasweb.org>.

You can also check your AADSAS application status by logging in to the new AADSAS Mobile portal. This new mobile portal is an addition to the AADSAS Applicant portal - it uses the same login information; it has been designed to provide you with on-the-go information on your smartphone, to better track the status of your AADSAS application.

Part of the application process includes printing several forms from the ADEA AADSAS application. To do so, you must have Adobe Acrobat Reader software loaded onto your computer. If you do not have that software, a free copy can be obtained at: <http://www.adobe.com/products/acrobat/readstep2.html>.

Remember to read all ADEA AADSAS and school-specific instructions carefully to properly complete the dental school application process. If, after you have read the instructions provided and you have additional questions, contact ADEA AADSAS Customer Service at (617) 612-2045 or via email aadsasinfo@aadsasweb.org . Customer Service is available Monday-Friday 9:00 am - 4:30 pm (Eastern Time) except federal holidays.

Thank you,

ADEA AADSAS staff

Please do not reply to this automated message.

MY APPLICATION

PRINT

MY TOOLS

MY APPLICATION

→ Fee Assistance (FAP)

MY PROFILE

- Account Information
- Change Password
- Change Security Question

PRINT APPLICATION

MY MESSAGES

✉ - 1 saved messages

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My Application

APPLICATION CHECKLIST

- Incomplete - Complete - Required

Applicant Information

- Biographic Information > ■
- Parent and Family Information > ■
- Background Information > ■
- Disadvantaged Status > ■

Education

- Secondary (High) School Information > ■
- Colleges Attended (Transcript Matching Form) > ■
- Coursework > ■
- DAT Scores > ■

- Professional Experience > ■
- Personal Statement > ■
- Evaluators (LOE Matching Form) > ■
- Release Statements > ■
- Dental School Designations > ■

E-SUBMIT

MY APPLICATION STATUS

→ GPA Calculations

→ Transcripts

→ Evaluations

→ Dental School Designations

→ Payments

→ School Decisions

→ Official Scores

NEW! You can now follow the status of your AADSAS application on your smartphone:

AADSAS Mobile portal



MY TOOLS

MY APPLICATION

→ Fee Assistance (FAP)

MY PROFILE

- Account Information
- Change Password
- Change Security Question
- Request Background Check

PRINT APPLICATION

MY MESSAGES

📧 - 4 saved messages

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My Application

APPLICATION CHECKLIST

- Incomplete - Complete - Required

Applicant Information

- Biographic Information >
- Parent and Family Information >
- Background Information >
- Disadvantaged Status >

Education

- Secondary (High) School Information >
- Colleges Attended (Transcript Matching Form) >
- Coursework >
- DAT Scores >

- Professional Experience >
- Personal Statement >
- Evaluators (LOE Matching Form) >
- Release Statements >
- Dental School Designations >

E-SUBMIT ACADEMIC UPDATE

MY APPLICATION STATUS

- GPA Calculations
- Transcripts
- Evaluations
- Dental School Designations
- Payments
- School Decisions
- Official Scores

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MY TOOLS

MY APPLICATION

→ Fee Assistance (FAP)

MY PROFILE

- Account Information
- Change Password
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- Request Background Check

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MY MESSAGES

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My Application

APPLICATION CHECKLIST

- Incomplete - Complete - Required

Applicant Information

- Biographic Information > ■
- Parent and Family Information > ■
- Background Information > ■
- Disadvantaged Status > ■

Education

- Secondary (High) School Information > ■
- Colleges Attended (Transcript Matching Form) > ■
- Coursework > ■
- DAT Scores > ■

- Professional Experience > ■
- Personal Statement > ■
- Evaluators (LOE Matching Form) > ■
- Release Statements > ■
- Dental School Designations > ■

E-SUBMIT ACADEMIC UPDATE

The page at https://portal.aadsasweb.org says: ✕

Once you e-submit your Academic Update changes you cannot edit your Coursework section anymore. Your designated schools require AADSAS to verify your self-reported coursework against your up-to-date official transcripts. Please send the updated transcripts to AADSAS ASAP.

Are you sure you want to e-submit your Academic Update changes now?

OK

Cancel

- GPA Calculations
- Transcripts
- Evaluations
- Dental School Designations
- Payments
- School Decisions
- Official Scores

NEW! You can now follow the status of your AADSAS application on your smartphone:

AADSAS Mobile portal



Application > Biographic Information

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

Preferred Address

Street, Line 1 ■

Street, Line 2

City ■

Country ■

State/Province ■

Required for U.S. and Canadian Addresses Only

Zip Code ■

99999-9999

County

Primary Phone Number ■

(999) 999-9999

Secondary Phone Number

(999) 999-9999

Fax Number

(999) 999-9999

Telephone Country Code (non-U.S.)

non U.S. 999

Telephone City Code (non-U.S.)

non U.S. 999

E-mail ■

To change your E-mail address, visit the [Account Information](#) section

Permanent Address Information

Click here if this information is the same as Preferred Address

Street, Line 1 ■

Street, Line 2

City ■

Country ■

State/Province ■

Zip Code ■

99999-9999
Canadian residents use first 6 spaces for Canadian postal code

County

Telephone ■

(999) 999-9999

Telephone Country Code (non-U.S.)

non U.S. 999

Telephone City Code (non-U.S.)

non U.S. 999

Fax Number

(999) 999-9999

Gender

Gender

Ethnicity

Many Dental Schools may want to know information about your ethnicity and race. Check all that apply.

Do you consider yourself to be of Hispanic origin?

Yes, Hispanic/Latino/Latina

Please check all that apply below:

Cuban

Mexican, Mexican American, Chicano/Chicana

Puerto Rican

South or Central American

Other Hispanic culture or origin

If other, please specify:

No, not Hispanic/Latino/Latina

Race

Which of the following best describe your race? Please mark one or more races.

American Indian or Alaska Native

Please specify the name of your enrolled or principal tribe:

Asian

Please check all that apply below:

Asian Indian

Cambodian

Chinese

Filipino

Japanese

Korean

Malaysian

Pakistani

Vietnamese

Other Asian

If other, please specify:

Black or African-American

Native Hawaiian or Other Pacific Islander

Please check all that apply below:

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander

If other, please specify:

White

Place of Birth / Citizenship

Date of Birth ■

MM/DD/YYYY

City of Birth ■

State/Province of Birth ■

Country of Birth ■

Country of Citizenship ■

State/Province of legal residence ■

How long have you been a legal resident of that state/province? ■ (Months)

Number of years living in U.S. ■

Military Experience

Do you have U.S. Military experience? Yes No

Are you a Veteran or currently serving? Yes No

Has your education been interrupted because of military service? Yes No

Non U.S. Citizens Information

U.S. Visa Status

City of Visa Issue

Country of Visa Issue

General

Do you have any ADEA AADSAS documents under another name? ■ Yes No

Applicant's alias first name1:

Applicant's alias middle name1:

Applicant's alias last name1:

Applicant's alias first name2:

Applicant's alias middle name2:

Applicant's alias last name2:

[CANCEL](#) [SAVE](#) [PRINT](#)

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Application > Parent and Family Information

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

Parent One

Relationship to Applicant ■

Indicate if parent is ■
Please skip all questions below if Unknown or Deceased

Title

First Name

Last Name

Middle Initial

Street, Line 1

Street, Line 2

City

State/Province

Country

Zip Code
99999-9999

Telephone
(999) 999-9999

Telephone Country Code
non U.S. 999

Telephone City Code
non U.S. 999

Occupation

Education

Parent Two

Relationship to Applicant ■

Indicate if parent is ■
Please skip all questions below if Unknown or Deceased

Title

First Name

Last Name

Middle Initial

Street, Line 1

Street, Line 2

City

State/Province

Country

Zip Code
99999-9999

Telephone
(999) 999-9999

Telephone Country Code
non U.S. 999

Telephone City Code
non U.S. 999

Occupation

Education

Siblings

Enter number of brothers and sisters ■
0-9 (Indicate 9 if you have 9 or more siblings)

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Application > **Background Information**

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■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

Background Information

Describe any activities requiring manual dexterity (e.g. activities requiring hand-eye coordination such as cross-stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient.

You are limited to 600 characters, including spaces
Character Count: 0

Do you have any relatives who are dentists, are in dental school, or who have studied or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology or related dental fields? ■

Yes
 No

If yes, indicate name, relationship, name of school, dental degree or certificate, year of graduation or expected graduation

You are limited to 600 characters, including spaces

Have you ever applied to dental school prior to the present application cycle? ■

Yes
 No

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

You are limited to 600 characters, including spaces

Have you previously, or are you currently applying to a health profession school other than dental school? ■

Yes
 No

If yes, indicate school(s), type of program, year applied, and also indicate if you were accepted and/or enrolled.

You are limited to 600 characters, including spaces

Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance? ■

Yes
 No

If yes, please describe.

You are limited to 600 characters, including spaces

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? ■

Yes
 No

If you answered "yes" to this question, enter an explanation here regarding each disqualification, suspension, dismissal, or disciplinary action. Include 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.

You are limited to 600 characters, including spaces

Note: Answering "yes" will not automatically disqualify you for admission to a dental program. Many individuals learn from difficult experiences and emerge stronger as a result. Full disclosure enables programs to more effectively evaluate this information within the context of your credentials.

Dental schools may request verification from institutions previously attended that you were not involved in disciplinary actions. Failure to provide complete and accurate information may jeopardize your application.

Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise been disqualified, 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 school maintains a record of such misconduct or formal action, or whether it appears on your transcript. ■

Yes
 No

If you answered "yes," enter an explanation here regarding each violation. Include 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.

You are limited to 600 characters, including spaces

Note: Answering "yes" will not automatically disqualify you for admission to a dental program. Many individuals learn from the past and emerge stronger as a result. Full disclosure enables programs to evaluate more effectively this information within the context of your credentials.

Dental schools may request verification from institutions previously attended that you were not involved in disciplinary actions. Failure to provide complete and accurate information may jeopardize your application.

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? ■

Yes
 No

If yes, enter a brief explanation of the charge(s), the date(s) of the charge(s), current status, and outcomes.

You are limited to 600 characters, including spaces

ADEA AADSAS requires you to report any convictions. You may also be required to report one or more of the following types of records directly to your designated dental school with details about the judgments or disciplines:

- Misdemeanor convictions
- Arrests for misdemeanors and felonies
- Adjudication withheld
- Nolo contendere
- Plea bargain

Note: Many dental schools require a criminal background check prior to matriculation to verify your response to this question. Full disclosure is thus strongly advised. Failure to provide complete and accurate information may jeopardize your application. Information regarding charges that have been dropped or pending charges may not automatically disqualify you for admission to a dental program. A final decision may be delayed pending the outcome of a pending charge.

Dental students interact with patients from many backgrounds. Other than English, indicate any language in which you feel comfortable conversing with native speakers:

Additional language 1:

Additional language 2:

Application > Disadvantaged Status

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Required Information

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Disadvantaged Status

Do you wish to be considered a disadvantaged applicant by any of your designated dental schools that may consider such factors (social, economic, or educational)? If yes, please answer the following questions: ■

Yes
 No

Provide any information about your background that can help clarify your disadvantaged student status.

Please limit your answer to 4500 characters.

Childhood Residence

In what area did you spend the majority of your life from birth to age eighteen? ■

State/Province:

County:

City:

Country:

Description

Please limit your answer to 250 characters.

U.S. Specific Information

Do you believe that this area was medically/dentally underserved?

Have you or members of your immediate family ever used federal or state assistance programs?

What was the income level of your family during the majority of your life from birth to age eighteen?

Did you have paid employment prior to age eighteen?

Were you able to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?

How many people lived in your primary household during the majority of your life from birth to age eighteen?

Education Funding Sources

How have you paid or did you pay for your post-secondary education? For each of the applicable options, indicate the average percentage contribution towards your post-secondary education. The percentages entered should equal 100%: □ (i.e., 35.5% for Academic Scholarship)

Academic Scholarship:	<input type="text"/>	%
Financial Need-Based Scholarship:	<input type="text"/>	%
Student Loan:	<input type="text"/>	%
Other Loan:	<input type="text"/>	%
Family Contribution:	<input type="text"/>	%
Applicant Contribution:	<input type="text"/>	%
Other:	<input type="text"/>	%
Total:	<input type="text" value="0"/>	%

amount left to fill: 100


Did you graduate from a high school from which a low percentage of seniors graduated, or a low percentage of students went to college?

Did the high school you attended have many students eligible for free or reduced price lunches?

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Application > Secondary (High) School Information

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Secondary (High) School Information

School Name ■

Enter Home-Schooled, if applicable

City ■

County ■

Insert unknown if you do not know

State ■

Country ■

Year of Graduation ■

 CANCEL

 SAVE

 PRINT



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Application > Colleges Attended

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Application > Colleges Attended

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[+ ADD NEW COLLEGE](#)

Note: Please be sure to print out the Transcript Matching Form for each of your institutions attended by clicking the  icons below. Failure to include this form with your transcripts may increase the processing time of your documents once they arrive at ADEA AADSAS.

Colleges Attended

TRANSCRIPT MATCHING FORM	INSTITUTION	ACTIONS
	UNIVERSITY OF CALIFORNIA - IRVINE, California September 2010 - June 2014	  ADD DEGREE

College Degrees

COLLEGE ATTENDED	DEGREE	STATUS	Dental Certificate Earned	ACTIONS
UNIVERSITY OF CALIFORNIA - IRVINE, June-2014	B.S.	Degree Expected	Other	 

[PRINT](#)



APPLICANT
IDENTIFICATION
BARCODE

**ADEA AADSAS Transcript Matching Form
For 2014 Entering Class**

Instructions to the Applicant:

To assure prompt handling, complete the ADEA AADSAS Transcript Matching Form. Print the form and submit it to your school's Registrar.

***Required field**

*Current Legal Name: _____

Institution: _____

*Former Name Used While Enrolled in the Institution

Last: _____

Middle: _____

First: _____

Suffix: _____

*ADEA AADSAS ID Number: _____

* DENTPIN® ID Number: _____

*Date of Birth (MM/DD/YYYY): _____

*Full Name of Institution: _____

Campus Attended: _____

*Dates of Attendance: _____

Degree (if applicable): _____

*Does this Transcript contain Fall 2013 grades? _____

*Is this form being submitted because of your grade change on your transcript?

*Applicant's signature: _____ Date: _____

Instructions to the Registrar:

Please attach this form to the sealed official transcript for the above applicant and forward directly to:

AADSAS Transcript Processing Center
P.O. Box 9110
Watertown, MA 02471

If you would like to **express mail** your transcripts send to:

AADSAS Transcript Processing Center
c/o Liaison International
311 Arsenal Street
Watertown, MA 02472

The transcript must meet the following requirements to be considered "official" by ADEA AADSAS.

- Registrar's seal and/or legible signature included on transcript
- Be received directly from the Registrar's office
- Transcript NOT marked "issued to the student" or "student copy"

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■ - Required Information

🔍 VIEW LIST

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Colleges Attended

Find a College ■

Click on the link to select colleges from the list

Foreign / Not Listed
School Name

Is this the Primary
College or University
you attended? ■

Yes
 No

Your Primary Institution is the college or university where you will earn (or have earned) your first bachelor's degree. If no degree is planned, select the institution where you completed the majority of your undergraduate courses. The Primary College will be highlighted on your Holistic Coversheet

Is this the Primary
Graduate College or
University you
attended? ■

Yes
 No

Your Primary Graduate Institution is the college or university where you will earn (or have earned) your Graduate degree. If no degree is planned, select the institution where you completed the majority of your Graduate courses. The Primary Graduate College will be highlighted on your Holistic Coversheet

Attendance Date
From: Month ■

Enter start month

Attendance Date
From: Year ■

Enter start year

Attendance Date to:
Month ■

Enter end month

Attendance Date to:
Year ■

Enter end year

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Application > College Degrees

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

VIEW LIST

College Attended

College	State	Start Date	End Date
UNIVERSITY OF CALIFORNIA - IRVINE	California	September 2010	June 2014

Degree ■

If no Degree select "NONE"

Degree, if other:

Degree Status ■

Date Degree Earned or Anticipated: Month
Enter month Degree earned or expected, if applicable

Date Degree Earned or Anticipated: Year
Enter year Degree earned or expected, if applicable

Major for Degree ■
Select course of study from the list that most closely matches your major

1st Major, if other:

Second Major of Degree ■
Select course of study from the list that most closely matches your major

2nd Major, if other:

Dental Certificate Earned

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Application > Coursework

ADD NEW TERM

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Application > College Term

■ - Required Information

VIEW COURSE LIST

[INSTRUCTIONS FOR THIS SECTION](#)

College Term

Institution

Select institution from colleges attended list. You must first complete the Colleges Attended section of the application before entering your course history.

Academic Status

Select your student registration status during this term.

Term

Session Status

- Completed
 Planned/In Progress

Term Type

Year

Enter the year the course began.

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Application > Completed Undergraduate Coursework

- Required Information

INSTRUCTIONS FOR THIS SECTION

VIEW COURSE LIST

Term Information

College	Academic Status	Year	Term	Term Type	Term Information Status
001314 - California - UNIVERSITY OF CALIFORNIA - IRVINE	Undergraduate	2010	Fall	Quarter	Completed

Coursework

Course Title

Enter the course title EXACTLY AS IT APPEARS ON YOUR TRANSCRIPT (e.g. General Chemistry I)

Course Prefix and Number

Enter data EXACTLY AS IT APPEARS ON YOUR TRANSCRIPT (e.g., CHEM 101)

Course Level

Grade

Click here to input grades
Click the grade hotlink to select the grade for the course EXACTLY AS IT APPEARS ON YOUR TRANSCRIPT.

ADEA AADSAS Grade

CONVERT the grade on your transcript to the correct standardized letter grade. Check the grading scheme on your transcript to determine the equivalent letter grade. If a non-graded course (e.g., Pass/Fail), select None

Credits

Enter number of credits ATTEMPTED

Course Subject

Select a course subject that best describes the course content.
Click here to view Course Subject list

Special Classification

If special type of course classification (e.g., honors), select appropriate type from list.

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Application > DAT Scores (if applicable)

U.S. DAT Scores will be reported from the American Dental Association (ADA). Only report Canadian DAT scores in this section from the Canadian Dental Association.

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

US DAT Scores (if applicable)

Date of Most Recent Score: Month: Year:

Date of Future Score: Month: Year:

Canadian DAT Scores (if applicable)

Date of Most Recent Score: Month: Year:

Date of Future Score: Month: Year:

Reading Comprehension

Biology

Chemistry

Science Total

Academic Average

PAT

Chalk Carving

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Application > Dentistry / Shadowing Experience

Select an option from the drop down list and click on "Add New Entry" to create a list of your professional experiences. If you are unsure of the procedures on completing this section of the ADEA AADSAS Application please revisit the instructions or click on "Instructions For This Section". Once your application has been e-Submitted you WILL NOT be able to make corrections to this section.

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Provide information about professional experiences, including:

- Academic Enrichment Programs
- Awards, Honors, and Scholarships (limit 5)
- Dentistry/Shadowing Experience (limit 10)
- Extracurricular/Volunteer/Community Service (limit 10)
- Research Experience (limit 5)
- Work Experience (including Military Service) (limit 5)

+ ADD NEW ENTRY

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Application > Academic Enrichment Programs

[INSTRUCTIONS FOR THIS SECTION](#)

■ - Required Information

List any supplemental academic enrichment programs and/or post-baccalaureate programs in which you have participated to enhance your preparation for dental school. You may list programs experienced in high school and/or college that may include (but are not limited to): summer academic enrichment programs targeted to disadvantaged students and post-baccalaureate programs.

Provide the name of the program, a brief description, and total hours of participation, and dates of experience(s).

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

[VIEW LIST](#)

Academic Enrichment Program

Name of Program: ■

Brief Description: ■

You are limited to 175 characters, including spaces

Total Number of Hours: ■
(0-9999)

Month of Start Date: ■ ▼

Year of Start Date: ■ ▼

Month of End Date ▼

Year of End Date ▼

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Application > Awards, Honors, Scholarships

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

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The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Awards, Honors, Scholarships

Name of Award, Honor or Scholarship

Sponsoring organization

Date Received or Awarded: Month

Date Received or Awarded: Year

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Application > Dentistry / Shadowing Experience

■ - Required Information

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The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Dentistry / Shadowing Experience

Name of supervisor ■

Position Title ■

Type of Dentistry Observed ■

Brief description of activities ■

You are limited to 175 characters, including spaces

Total Number of Hours ■

(0-9999)

Position Type ■

- Paid
- Volunteer
- Job Shadowing
- Other

Indicate all that apply

Month of Start Date ■

Year of Start Date ■

Month of End Date

If still employed leave blank

Year of End Date

If still employed leave blank

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Application > Extracurricular / Volunteer / Community Service

INSTRUCTIONS FOR THIS SECTION

■ - Required Information

🔍 VIEW LIST

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application. Please do not include high school experience. Only post college information.

Extracurricular / Volunteer / Community Service

Name of Organization ■

Position Title ■

Brief description of activities ■

You are limited to 175 characters, including spaces

Average Weekly Hours ■

(0-40)

Total Number of Hours Over Span of Experience ■

(0-9999)

Month of Start Date ■

Year of Start Date ■

Month of End Date

If still employed leave blank

Year of End Date

If still employed leave blank

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Application > Research Experience

■ - Required Information

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INSTRUCTIONS FOR THIS SECTION

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Research Experience

Principal Investigator ■

Location of Research Project ■

Position Title ■

Brief Description of activities ■

You are limited to 175 characters, including spaces

Total Number of Hours ■

(0-9999)

Position type ■

Volunteer - received no pay for participation

Received Academic Credit

Paid Position

Indicate all that apply

Month of Start Date ■

Year of Start Date ■

Month of End Date

If still employed leave blank

Year of End Date

If still employed leave blank

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Application > Work Experience (including Military Service)

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

VIEW LIST

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Work Experience (including Military Service)

Name of Employer ■

Position Title ■

City ■

State ■

Required for U.S. and Canadian Addresses Only

Brief Description ■

You are limited to 175 characters, including spaces

Total Number of Hours ■

(0-9999)

Month of Start Date ■

Year of Start Date ■

Month of End Date

If still employed leave blank

Year of End Date

If still employed leave blank

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Application > Personal Statement

INSTRUCTIONS FOR THIS SECTION

Required Information

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Personal Statement

After editing your statement, click SAVE then press VIEW PERSONAL STATEMENT to review the text. Verify the format and watch for any words or characters that did not display properly. Re-edit then re-save your statement if necessary.

Do NOT personalize your Personal Statement for a specific dental school. You can NOT make any edits to your Personal Statement after you have e-submitted your completed application to AADSAS.

Character Count: 0

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Application > Evaluators

INSTRUCTIONS FOR THIS SECTION

ADD NEW ENTRY

List each of your evaluators (limit 4 individual or 1 committee with 1 optional individual letter).

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Application > Evaluators

INSTRUCTIONS FOR THIS SECTION

+ ADD NEW ENTRY

List each of your evaluators (limit 4 individual or 1 committee with 1 optional individual letter).

Date	Reference Name	Type	Waived	Received Date	Status	Print LOE Matching Form	Delete
06/03/2013	UCI HSAC Letters of Recommendation Service	Paper (committee)	Yes		New		

PRINT

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Application > Evaluators

Required Information

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The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Evaluators

Reference Type ■ Electronic
 Paper

Waiver ■ I waive my right of access to this evaluation. I understand that I will not be permitted to access this evaluation.
 I do not waive my right of access to this evaluation.

Reference's Title (Dr., Mr., Ms., etc) ■

Evaluator's First Name ■

Evaluator's Last Name ■

Is this a Committee Letter? ■ Yes
 No

If submitting a committee letter provide the name of the individual submitting the letter ONLY. Do not provide the names of individual evaluators whose letters are contained in the committee package. Refer to the instructions for the definition of a committee letter.

Evaluator's School/Institution/Business ■

Evaluator's Email

Evaluator's Street Address 1

Evaluator's Street Address 2

Evaluator's City

Evaluator's State

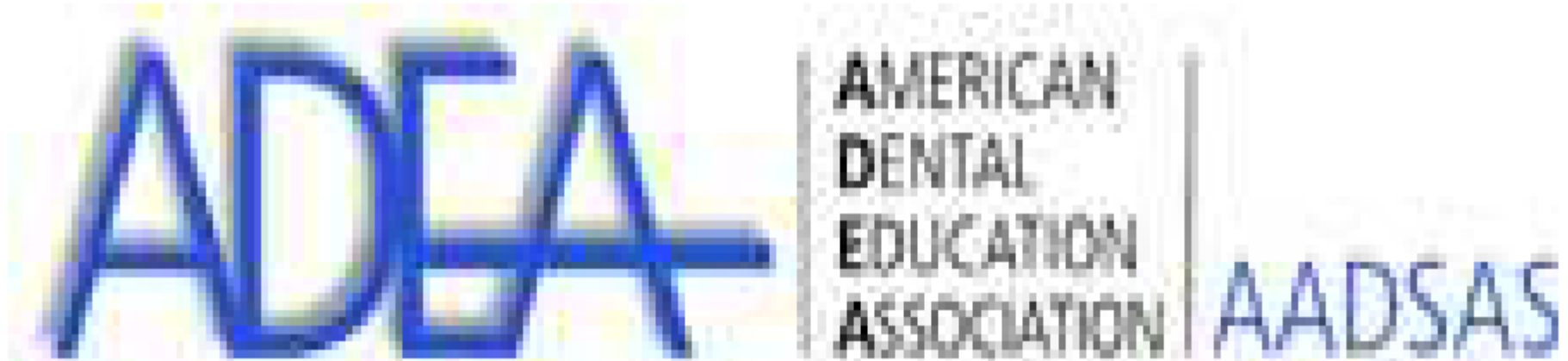
Evaluator's ZIP/Postal Code

Evaluator's Country or Territory

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APPLICANT
IDENTIFICATION
BARCODE

**ADEA AADSAS Letter of Evaluation Matching Form
For 2014 Entering Class**

Applicant Information:

Print a copy of this ADEA AADSAS **Letter of Evaluation Matching Form** and ask that the individual providing an evaluation on your behalf to attach a copy of this form to his/her letter that is submitted to ADEA AADSAS.

ADEA AADSAS ID Number: _____

DENTPIN® ID Number: _____

Current Legal Name: _____
First Last Middle

*Name While Enrolled in the Institution (if different than above):

Current Legal Name: _____
First Last Middle Suffix

Date of Birth: _____

Please make a selection:

By **“waiving your right to access,”** you do not have the right to read the evaluation once completed by the evaluator.
By **“not waiving your right of access,”** you have the right to read the evaluation once completed by the evaluator.
Attach this page to your evaluation form when submitting it to your evaluator.

- I waive my “right to access” the attached Letter of Evaluation
- I “do not waive my right to access” the attached Letter of Evaluation

Applicant’s Signature: _____ Date: _____

Evaluator Information:

Please complete the information below. Attach this matching form with the Letter of Evaluation to ADEA AADSAS along with your business card (if available).

Please print legibly

Committee Letter
Name of Evaluator: _____
Name of Institution: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Evaluator’s Email: _____ Telephone Number: _____

Forward this form and Letter of Evaluation to:
ADEA AADSAS
LOE Processing Department
P.O. Box 9110
Watertown, MA 02471

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Application > Release Statements

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

ADEA AADSAS Statement of Ethical Conduct, AADSAS Applicant Code of Conduct, and Advisor Release Statement

ADEA AADSAS Application Certification.

By my signature below, I certify that I have read the ADEA statements, "ADEA - ADA Ethical Conduct in Applying to Dental Education Programs" and "ADEA AADSAS Applicant Code of Conduct," and that the information I have provided in this ADEA AADSAS application is complete and accurate to the best of my knowledge. I authorize ADEA AADSAS to investigate any information, including my educational background, disciplinary history, and record of criminal convictions that it believes is relevant to my application. I acknowledge my responsibility to notify ADEA AADSAS in the event of any material change in the information I have provided. I give my permission for my current and former employers, educational institutions, and personal references to provide information that they may have about me in response to inquiry from the ADEA AADSAS. I understand that omitting relevant information or providing misrepresentations or false or misleading information in my application and/or supporting documents or during the application process may result in the suspension of my application and/or other actions, including the possibility of expulsion from a school of dentistry, if enrolled.

I acknowledge and agree that my sole remedy in the event of any proved errors or omissions related to the handling or processing of my application by ADEA AADSAS is to obtain a refund of my ADEA AADSAS application fee.

I give permission for ADEA AADSAS to release information to my designated schools of dentistry. I also authorize the use of such information for research, applicant tracking and reporting purposes.

I agree to the terms of this certification statement

Advisor Release Statement

Do you authorize ADEA AADSAS to release your application information to the school-designated advisor(s) at all college-level institutions listed in your application?

This authorization applies to information that includes your contact/demographic information, DAT scores, GPAs, a list of names of the evaluators (not the letters themselves), the names of any other schools you have attended, the dental schools to which you have applied, and what action those schools have taken, and the status of your ADEA AADSAS application. This authorization pertains only to releasing this information to the school-designated advisor(s), who are authorized by ADEA as being either members of the National Association of Advisors for the Health professions, or designated directly by your college or university to ADEA as advisors. This information helps advisors better to assist you in the application process and helps advisors work with future applicants. If you do not authorize ADEA AADSAS to release your application information at the time you submit your application, but change your mind at a later date, you may go back into your application and change your answer to this question. Likewise, if you authorize this release now and later wish to withdraw your authorization, you can do so by logging into your application here and changing your election. If a change in authorization occurs after the application is submitted, ADEA AADSAS will not be able to retract from an advisor information already seen by that advisor prior to the change. ■

Yes, I authorize ADEA AADSAS to release my application information to the school-designated advisor(s).

No, I do not authorize ADEA AADSAS to release my application information to the school-designated advisor(s).

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Application > Dental School Designations

UPDATE DESIGNATIONS

COMPLETE SUPPLEMENTAL INFORMATION

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2014 ADEA AADSAS Dental School Application

Application > Dental School Designations

ADEA AADSAS has a service for dental schools that wish to obtain a criminal background check on all admitted students. Individuals who are extended offers of admission to participating dental schools will be contacted by Certiph® Screening, Inc. after the admissions offer has been made to conduct a background check.

To view the dental schools that are participating in the criminal background check, go to <https://www.applicationstation.com/home/adea/part.asp>.

[COMPLETE SUPPLEMENTAL INFORMATION](#) [FEE SCHEDULE](#) [INSTRUCTIONS FOR THIS SECTION](#)

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Select	School Name	State	Deadline (11:59PM U.S. EST)	Supplemental Info
<input type="checkbox"/>	University of Alabama at Birmingham School of Dentistry (ALA)	AL	11/01/2013	↔
<input type="checkbox"/>	Arizona School of Dentistry and Oral Health (AZ)	AZ	12/01/2013	↔
<input type="checkbox"/>	Midwestern University College of Dental Medicine-Arizona (MWU)	AZ	01/01/2014	↔
<input type="checkbox"/>	Loma Linda University School of Dentistry (LLU)	CA	12/01/2013	↔
<input type="checkbox"/>	University of California, Los Angeles School of Dentistry (UCLA)	CA	01/01/2014	↔
<input type="checkbox"/>	University of California, San Francisco School of Dentistry (UCSF)	CA	10/15/2013	↔
<input type="checkbox"/>	University of Southern California Herman Ostrow School of Dentistry (USC)	CA	02/01/2014	↔
<input type="checkbox"/>	University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)	CA	12/01/2013	↔
<input type="checkbox"/>	Western University of Health Sciences College of Dental Medicine (WESTU)	CA	12/01/2013	↔
<input type="checkbox"/>	Dalhousie University Faculty of Dentistry (DAL)	CN	11/01/2013	↔
<input type="checkbox"/>	The University of Colorado School of Dental Medicine (COL)	CO	01/01/2014	↔
<input type="checkbox"/>	University of Connecticut School of Dental Medicine (CONN)	CT	12/01/2013	↔
<input type="checkbox"/>	Howard University College of Dentistry (HOW)	DC	01/15/2014	↔
<input type="checkbox"/>	Lake Erie College of Osteopathic Medicine School of Dental Medicine (LECOM-FL)	FL	02/01/2014	↔
<input type="checkbox"/>	Nova Southeastern University College of Dental Medicine (NSU)	FL	12/01/2013	↔
<input type="checkbox"/>	University of Florida College of Dentistry (FLA)	FL	12/01/2013	↔
<input type="checkbox"/>	Georgia Regents University College of Dental Medicine (GRU)	GA	09/30/2013	↔
<input type="checkbox"/>	University of Iowa College of Dentistry (IOWA)	IA	10/01/2013	↔
<input type="checkbox"/>	Midwestern University College of Dental Medicine-Illinois (MWU-IL)	IL	01/01/2014	↔
<input type="checkbox"/>	Southern Illinois University School of Dental Medicine (SIU)	IL	02/01/2014	↔
<input type="checkbox"/>	University of Illinois at Chicago College of Dentistry (ILL) accepting applications from Illinois residents ONLY	IL	12/01/2013	↔
<input type="checkbox"/>	Indiana University School of Dentistry (IND)	IN	11/01/2013	↔
<input type="checkbox"/>	University of Kentucky College of Dentistry (UK)	KY	12/01/2013	↔
<input type="checkbox"/>	University of Louisville School of Dentistry (UL)	KY	12/15/2013	↔
<input type="checkbox"/>	Louisiana State University School of Dentistry (LSU)	LA	10/01/2013	↔
<input type="checkbox"/>	Boston University Henry M Goldman School of Dental Medicine (BU)	MA	12/01/2013	↔
<input type="checkbox"/>	Harvard School of Dental Medicine (HVD)	MA	12/15/2013	↔
<input type="checkbox"/>	Tufts University School of Dental Medicine (TUF) Admission limited to U.S citizens or permanent residents of the U.S only	MA	02/01/2014	↔
<input type="checkbox"/>	University of Maryland School of Dentistry (MYD)	MD	01/01/2014	↔
<input type="checkbox"/>	University of New England College of Dental Medicine (UNE)	ME	11/01/2013	↔
<input type="checkbox"/>	University of Detroit Mercy School of Dentistry (UDM)	MI	02/01/2014	↔
<input type="checkbox"/>	University of Michigan School of Dentistry (MICH)	MI	10/15/2013	↔
<input type="checkbox"/>	University of Minnesota School of Dentistry (MIN)	MN	12/01/2013	↔
<input type="checkbox"/>	Missouri School of Dentistry & Oral Health (MOSDOH)	MO	12/01/2013	↔
<input type="checkbox"/>	University of Missouri Kansas City School of Dentistry (UMKC)	MO	10/01/2013	↔
<input type="checkbox"/>	East Carolina University School of Dental Medicine (ECU) Admission limited to North Carolina residents only.	NC	12/01/2013	↔
<input type="checkbox"/>	University of North Carolina at Chapel Hill School of Dentistry (UNC)	NC	11/01/2013	↔
<input type="checkbox"/>	Creighton University School of Dentistry (CRE)	NE	02/01/2014	↔
<input type="checkbox"/>	University of Nebraska Medical Center College of Dentistry (NEB)	NE	02/01/2014	↔
<input type="checkbox"/>	University of Medicine and Dentistry of New Jersey Dental School (UMDNJ)	NJ	12/01/2013	↔
<input type="checkbox"/>	University of Nevada, Las Vegas School of Dental Medicine (UNLV)	NV	01/01/2014	↔
<input type="checkbox"/>	Columbia University College of Dental Medicine (CUL)	NY	01/15/2014	↔
<input type="checkbox"/>	New York University College of Dentistry (NYU)	NY	02/01/2014	↔
<input type="checkbox"/>	Stony Brook University School of Dental Medicine (SUSB)	NY	12/01/2013	↔
<input type="checkbox"/>	University at Buffalo School of Dental Medicine (BUF)	NY	12/01/2013	↔
<input type="checkbox"/>	Case Western Reserve University School of Dental Medicine (CASE)	OH	01/01/2014	↔
<input type="checkbox"/>	The Ohio State University College of Dentistry (OSU)	OH	09/15/2013	↔
<input type="checkbox"/>	University of Oklahoma College of Dentistry (OKL)	OK	10/01/2013	↔
<input type="checkbox"/>	Oregon Health & Science University School of Dentistry (OHSU)	OR	11/01/2013	↔
<input type="checkbox"/>	The Maurice H. Kornberg School of Dentistry, Temple University (TEMP)	PA	01/15/2014	↔
<input type="checkbox"/>	University of Pennsylvania School of Dental Medicine (PENN)	PA	12/01/2013	↔
<input type="checkbox"/>	University of Pittsburgh School of Dental Medicine (PITT)	PA	12/01/2013	↔
<input type="checkbox"/>	University of Puerto Rico School of Dental Medicine (UPR)	PR	12/01/2013	↔
<input type="checkbox"/>	Medical University of South Carolina James B. Edwards College of Dental Medicine (MSC)	SC	12/01/2013	↔
<input type="checkbox"/>	Meharry Medical College School of Dentistry (MEH)	TN	12/15/2013	↔
<input type="checkbox"/>	University of Tennessee Health Science Center College of Dentistry (UTHSC)	TN	09/30/2013	↔
<input type="checkbox"/>	Baylor College of Dentistry (BAY)	TX	09/30/2013	↔
<input type="checkbox"/>	University of Texas Health Science Center at San Antonio Dental School (SAN)	TX	10/01/2013	↔
<input type="checkbox"/>	University of Texas School of Dentistry at Houston (HOUS)	TX	10/01/2013	↔
<input type="checkbox"/>	Roseman University of Health Sciences College of Dental Medicine (USN) (Formerly University of Southern Nevada)	UT	12/01/2013	↔
<input type="checkbox"/>	University of Utah School of Dentistry (UTAH)	UT	12/01/2013	↔
<input type="checkbox"/>	Virginia Commonwealth University School of Dentistry (VCU)	VA	11/01/2013	↔
<input type="checkbox"/>	University of Washington School of Dentistry (WASH)	WA	11/01/2013	↔
<input type="checkbox"/>	Marquette University School of Dentistry (MQT)	WI	01/01/2014	↔
<input type="checkbox"/>	West Virginia University School of Dentistry (WVA)	WV	11/01/2013	↔

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Application > Dental School Designations

UPDATE DESIGNATIONS

COMPLETE SUPPLEMENTAL INFORMATION

FEE SCHEDULE

INSTRUCTIONS FOR THIS SECTION

Pending Designations

School Name	State	Deadline (11:59PM U.S. EST)	Supplemental Information	Delete
Loma Linda University School of Dentistry (LLU)	CA	12/01/2013	↔	✖
University of California, San Francisco School of Dentistry (UCSF)	CA	10/15/2013	↔	✖
University of California, Los Angeles School of Dentistry (UCLA)	CA	01/01/2014	↔	✖
University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)	CA	12/01/2013	↔	✖
Western University of Health Sciences College of Dental Medicine (WESTU)	CA	12/01/2013	↔	✖
Oregon Health & Science University School of Dentistry (OHSU)	OR	11/01/2013	↔	✖
University of Washington School of Dentistry (WASH)	WA	11/01/2013	↔	✖
Total Designations				7
Fees				\$784

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Application > Submission Checklist

Before You E-Submit Your Application

Review the checklist below again to ensure that you have properly completed the ADEA AADSAS application process:

Did you...

- Complete the sections labeled:
 - o Academic Enrichment Programs
 - o Awards, Honors, Scholarships
 - o Dentistry/Shadowing Experience
 - o Extracurricular/Volunteer/Community Service
 - o Research Experience
 - o Work Experience (including Military Service)

Leaving these sections blank indicates that you have no relevant experiences to report.

- Use the "ADEA AADSAS Transcript Request Form" to request each of your official transcripts?
- Use the "ADEA AADSAS Letter of Evaluation Form" to request each of your evaluation letters?
- Enter all of your U.S. and Canadian coursework from your transcripts?
- Review your application for accuracy?
- Print your completed application for your personal records?
- Send payment to ADEA AADSAS? (you will have the ability to submit a payment after this screen)

Dental School Admission Checklist

If required by the dental school, did you...

- Submit a supplemental application and fee directly to the dental school?
- Arrange for Canadian DAT scores to be sent directly to the dental school?

SUBMIT



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To Complete Your ADEA AADSAS Application

You have NOT e-submitted your application to ADEA AADSAS yet. Read the instructions at the bottom to e-submit your application. ADEA AADSAS will consider your application complete and begin to process it once the following materials are received:

- Complete ADEA AADSAS Application
- Sealed official transcripts from every postsecondary U.S. and Canadian Institution attended
- Correct ADEA AADSAS Application fee

AFTER You E-Submit Your Application

Post E-Submission Changes

After you e-submit your completed ADEA AADSAS application, you may only make changes to the following items until February 15, 2014:

1. Biographical Information
2. Canadian DAT Scores
3. Designate Additional ADEA AADSAS Dental Schools
4. Progress/Planned Coursework (one-time changes allowed during the Academic Update)
5. New Fall 2014 Term Courses Completed (one-time changes allowed during the Academic Update window only)
6. Password (not transmitted to your designated dental schools)

Withdrawing Your Application

If you wish to withdraw your application from consideration at the dental school contact each institution directly. ADEA AADSAS will not provide a refund for a withdrawn application to a particular dental school.

Substituting or Deleting Dental School Choices

ADEA AADSAS will not accept requests to substitute your dental school choices or refund application fees. After delivery of your ADEA AADSAS application, you wish to rescind your application to a particular dental school, contact the school directly to remove your application from consideration.

Adding a Dental School after e-Submission

To apply to additional schools after you e-submit, login your ADEA AADSAS application and designate additional schools. ADEA AADSAS must receive the appropriate fee for each dental school you select. You cannot apply to a particular school after the school deadline date has expired.

Checking Your Status

It is your responsibility to check the status of your file and properly submit all materials on time. Login to your ADEA AADSAS application and select the STATUS menu option to view the real-time progress of your file.

Are you Ready to E-Submit Your ADEA AADSAS Application?

If you select Submit your application to ADEA AADSAS, you can only make post-submission changes to your contact information. Be sure to review your application for accuracy before you e-submit.

SUBMIT

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Application > Payment

UPDATE DESIGNATIONS

COMPLETE SUPPLEMENTAL INFORMATION

FEE SCHEDULE

The list below shows the schools you have designated. Any schools whose application deadline has expired have been removed from your list of designations. Please review this page carefully before submitting your payment information.

Scroll down to review the fee policy, then choose a method of payment.

School Name	State	Deadline (11:59PM US EST)	Supplemental Information	Delete
Loma Linda University School of Dentistry (LLU)	CA	12/01/2013	↔	✖
University of California, San Francisco School of Dentistry (UCSF)	CA	10/15/2013	↔	✖
University of California, Los Angeles School of Dentistry (UCLA)	CA	01/01/2014	↔	✖
University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)	CA	12/01/2013	↔	✖
Western University of Health Sciences College of Dental Medicine (WESTU)	CA	12/01/2013	↔	✖
Oregon Health & Science University School of Dentistry (OHSU)	OR	11/01/2013	↔	✖
University of Washington School of Dentistry (WASH)	WA	11/01/2013	↔	✖
Total Designations				7
Fees				\$784

ADEA AADSAS 2014 Application Fee Policy

The fee for using the ADEA AADSAS 2014 Application is based on number of dental schools you designate to receive your ADEA AADSAS application. Application materials will not be processed until your payment is received. ADEA AADSAS application fees are non-refundable. ADEA AADSAS does not issue refunds for incomplete/withdrawn applications or missed deadlines.

I have read and understand the ADEA AADSAS 2014 Application Fee Policy.

Pay By Check/Money Order

Pay By Credit Card



2014 ADEA AADSAS Dental School Application

**You have received one or more new messages.
Please read them before continuing with your application.**

To avoid any processing delays, ADEA AADSAS strongly encourages you to complete the Colleges Attended section of your application FIRST. ADEA AADSAS CANNOT post any transcripts or foreign evaluations received from an institution until it is listed in this section. The Colleges Attended section can be found under Education on your Application Checklist.

Your Messages are displayed below in descending chronological order.

MY APPLICATION

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Dear _____

Congratulations!

You have successfully e-submitted your application to ADEA AADSAS. Upon receipt of your ADEA AADSAS application, processing fee and required official transcripts from all U.S. and Canadian colleges and universities attended, ADEA AADSAS will verify your self-reported course work against your official transcripts, and calculate your ADEA AADSAS GPAs. Processing may take up to 4-6 weeks after receipt of all required documents, including transcripts. ADEA AADSAS will forward your verified application data to all of your designated dental schools.

Please continue to check the status of your application including ADEA AADSAS receipt of your letters of evaluation and transcripts throughout the application cycle. You can do so by logging in to either your AADSAS applicant portal or to the new AADSAS Mobile portal.

This new mobile portal is an addition to the AADSAS Applicant portal - it uses the same login information; it has been designed to provide you with on-the-go information on your smartphone, to better track the status of your AADSAS application.

Now that your application has been e-submitted, it is important for you to complete the following tasks:

- * Review the FAQs that answers many common questions about your application after it has been submitted to ADEA AADSAS.
- * Monitor Your Application Status. You are encouraged to check the status of your application on a regular basis by logging onto your application and selecting the Dental School Designations option under MY APPLICATION STATUS. Review the Applicant Responsibilities in the General Instructions. ADEA AADSAS will make every attempt to process your application in a timely manner. ADEA AADSAS is not responsible for any materials lost in the mail or for delays caused by college registrars offices.
- * Review Supplemental Applications Information for each of your designated dental schools. Check the Supplemental Information link located next to each of your dental schools, located on the Dental School Designations section of your ADEA AADSAS application. Many dental schools require additional information to be sent to them, either at the time you submit your ADEA AADSAS application, or after they have reviewed your ADEA AADSAS application.
- * Arrange for official DAT scores to be sent to ADEA AADSAS. Send Canadian DAT Scores directly to your designated dental schools.

After transcript verification has been completed:

- * Review ADEA AADSAS GPA Calculations: Review the GPA Calculation Rules in the Instructions, under the College Courses Completed. You may review your ADEA AADSAS GPAs by logging onto your web application account on the ADEA AADSAS website and selecting the GPA Calculations option under MY APPLICATION STATUS. Look for your GPAs on-line within 5-6 weeks after ADEA AADSAS received your application, fee payment, and transcripts. ADEA AADSAS GPAs are likely to be different from those calculated by the colleges and universities you attended due to the ADEA AADSAS grade standardization process.
- * ADEA AADSAS compiles your application. After transcript verification is completed, your application data is compiled and provided to your designated dental schools in electronic format. ADEA AADSAS then prints hard copies of your application and mails them to your designated dental schools.

NOTE: Some dental schools may not contact you until they receive the hard copy of your application. It may take several weeks for a dental school to acknowledge your application.

ADEA AADSAS does not determine if an applicant has met the minimum course requirements or is eligible for admission to a particular institution. ADEA AADSAS Customer Service is unable to respond to applicant questions regarding college and school specific admissions requirements, fulfillment of course prerequisites, and institutional admission decisions. Review dental school websites or contact admissions officers for this type of information.

Please keep this confirmation message for your records.

ADEA AADSAS staff

Please do not reply to this automated message.

MY APPLICATION

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MY APPLICATION

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MY MESSAGES

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Status > **GPA Calculations**

Your GPAs are not yet available. AADSAS cannot calculate your GPAs until each post-secondary transcript has been received and you have e-submitted your application and paid your application fee. Once your application is complete, it may take up to 4-6 weeks for your GPA to be calculated.

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Status > GPA Calculations

No English GPA will be calculated. English courses are calculated as part of your Non-Science GPA.

Category	Undergraduate			Graduate			Cumulative		
		GPA	GPA		GPA	GPA		GPA	GPA
	Hours	Inc +	W/O +	Hours	Inc +	W/O +	Hours	Inc +	W/O +
BCP	70.04	3.00	3.00	0.00	0.00	0.00	70.04	3.00	3.00
Science	75.37	3.00	3.00	0.00	0.00	0.00	75.37	3.00	3.00
Non-Science	26.68	3.00	3.00	0.00	0.00	0.00	26.68	3.00	3.00
Total	102.05	3.00	3.00	0.00	0.00	0.00	102.05	3.00	3.00

Hours

Honors Hours: 0.00 Advance Placement/CLEP Hours: 10.67 Pass/Fail Hours: 4.00 Repeated Hours: 0.00

GPA's Per School

School	Hours	Quality Points	GPA	Quality Points W/O	GPA W/O
UNIVERSITY OF CALIFORNIA - IRVINE	102.05	306.15	3.00	306.15	3.00

GPA's Per Session

UNIVERSITY OF CALIFORNIA - IRVINE								
Year	Academic Status	Term	Term Type	Hours	Quality Points	GPA	Quality Points W/O	GPA W/O
2010	Undergraduate	Fall	Quarter	10.67	32.01	3.00	32.01	3.00
2011	Undergraduate	Winter	Quarter	9.34	27.99	3.00	27.99	3.00
2011	Undergraduate	Spring	Quarter	9.34	27.99	3.00	27.99	3.00
2011	Undergraduate	Fall	Quarter	12.01	36.03	3.00	36.03	3.00
2012	Undergraduate	Winter	Quarter	9.34	27.99	3.00	27.99	3.00
2012	Undergraduate	Spring	Quarter	9.34	27.99	2.99	27.99	3.00
2012	Undergraduate	Summer I	Quarter	5.34	16.02	3.00	16.02	3.00
2012	Undergraduate	Fall	Quarter	11.34	33.81	4.00	33.81	4.00
2013	Undergraduate	Winter	Quarter	13.67	40.81	3.00	40.81	3.00
2013	Undergraduate	Spring	Quarter	11.67	35.01	3.00	35.01	3.00

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Status > Transcripts

Name Of College Or University	Date Received
001314 - CA - UNIVERSITY OF CALIFORNIA - IRVINE	

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Status > Evaluations

Date Requested	Evaluator	Reference Type	Waived	Status	Status Date
06/03/2013	UCI HSAC Letters of Recommendation Service	Paper	Yes	New	

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Status > Evaluations

Date Requested	Evaluator	Reference Type	Waived	Status	Status Date
06/03/2013		Paper	Yes	Completed	07/11/2013

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Status > Evaluations

Date Requested	Evaluator	Reference Type	Waived	Status	Status Date
06/03/2013		Paper	Yes	Completed	07/11/2013

Evaluations Mailed Status

Designated Schools	Evaluations Date Mailed
	07/12/2013
	07/12/2013
	07/12/2013
	07/12/2013
	07/12/2013
	07/12/2013
	07/12/2013

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Status > Dental School Designations


Program Name	State	Date Designated	Mailing Date	Mailing Status
Loma Linda University School of Dentistry (LLU)	CA	06/24/2013		Not Mailed
Oregon Health & Science University School of Dentistry (OHSU)	OR	06/24/2013		Not Mailed
University of California, Los Angeles School of Dentistry (UCLA)	CA	06/24/2013		Not Mailed
University of California, San Francisco School of Dentistry (UCSF)	CA	06/24/2013		Not Mailed
University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)	CA	06/24/2013		Not Mailed
University of Washington School of Dentistry (WASH)	WA	06/24/2013		Not Mailed
Western University of Health Sciences College of Dental Medicine (WESTU)	CA	06/24/2013		Not Mailed

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Status > Dental School Designations

Program Name	State	Date Designated	Mailing Date	Mailing Status
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed
		06/24/2013	07/12/2013	Mailed

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Status > Payments

Date Submitted	Designated School	Amount	Payment Type	Status	Receipt	Payment Form
06/24/2013	Loma Linda University School of Dentistry (LLU)	\$784	American Express	Received		
	Oregon Health & Science University School of Dentistry (OHSU)					
	University of California, Los Angeles School of Dentistry (UCLA)					
	University of California, San Francisco School of Dentistry (UCSF)					
	University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)					
	University of Washington School of Dentistry (WASH)					
	Western University of Health Sciences College of Dental Medicine (WESTU)					

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Status > Decisions

There is no decision information available.

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Status > Decisions

Dental School Name	State	Decision Date	Status	Status Defined
University of California, San Francisco School of Dentistry (UCSF)	CA	08/01/2013	Received/Under Review	
University of the Pacific Arthur A. Dugoni School of Dentistry (UOP)	CA	08/12/2013	Received/Under Review	Your application is in review or in process. For more detailed information, please refer to our website at www.dental.pacific.edu and check the application status link under the Doctor of Dental Surgery program.
Oregon Health & Science University School of Dentistry (OHSU)	OR	09/03/2013	Received/Under Review	Your application is currently in the process of being reviewed. It will proceed through a multileveled review in which we consider such factors as your GPA, academic history, DAT scores, letters of evaluation/recommendation, investigation in the field of dentistry and all other factors presented in your application. You will be notified in writing and by email of any changes made to your application status.
University of Washington School of Dentistry (WASH)	WA	07/15/2013	Received/Under Review	Application has been received from AADSAS and is undergoing committee review. Due to the large number of applications received, the process may take considerable time.
University of California, Los Angeles School of Dentistry (UCLA)	CA	08/26/2013	Received/Application Complete	

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Status > Decisions

Dental School Name	State	Decision Date	Status	Status Defined
			Received/Under Review	
			Received/Under Review	
			Received/Under Review	
			Received/Under Review	
			Received/Application Complete	
			Invited for Interview	

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Dental School Name	State	Decision Date	Status	Status Defined
		11/14/2013	Received/Under Review	
		09/03/2013	Received/Under Review	Your application is currently in the process of being reviewed. It will proceed through a multileveled review in which we consider such factors as your GPA, academic history, DAT scores, letters of evaluation/recommendation, investigation in the field of dentistry and all other factors presented in your application. You will be notified in writing and by email of any changes made to your application status.
		07/15/2013	Received/Under Review	
		08/26/2013	Received/Application Complete	
		10/29/2013	Invited for Interview	
		12/05/2013	Invited for Interview	
		12/04/2013	Offer Made	

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Dental School Name	State	Decision Date	Status	Status Defined
		11/14/2013	Received/Under Review	
		09/03/2013	Received/Under Review	Your application is currently in the process of being reviewed. It will proceed through a multileveled review in which we consider such factors as your GPA, academic history, DAT scores, letters of evaluation/recommendation, investigation in the field of dentistry and all other factors presented in your application. You will be notified in writing and by email of any changes made to your application status.
		07/15/2013	Received/Under Review	
		08/26/2013	Received/Application Complete	
		10/29/2013	Invited for Interview	
		12/05/2013	Invited for Interview	
		12/04/2013	Offer Accepted	

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Status > **Official Scores**

There is no DAT score information available. ADEA AADSAS matches DAT scores to your application based on the following questions.

- DENTPIN: Have you entered your DENTPIN® correctly on the Account Information page?
- Date of Birth: Have you entered your Date of Birth correctly on the Biographic Information page?

It takes up to two days from the time you last answered these questions for your scores to appear.



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Status > Official Scores

Date Taken	Date Received
07/25/2013	08/09/2013

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Application > Background Check

ADEA AADSAS is implementing a new service for dental schools that wish to obtain a criminal background check on all admitted students. Individuals who are extended offers of admission to participating dental schools will be contacted by Certiphi® Screening, Inc. after the admissions offer has been made to conduct a background check.

If you would like IN ADVANCE of being accepted to a participating school, to procure, at your own expense a copy of your criminal background check from Certiphi® Screening, you may do so using the instructions below.

Please Note: Ordering a copy of your background check prior to being required to do so is OPTIONAL. Not all dental schools participate in the ADEA AADSAS criminal background check program; some dental schools conduct criminal background checks using other processes, and some dental schools do not currently require a criminal background check.

If you choose to request a consumer report below, you will receive an email from Certiphi® Screening, Inc within 24 hours with further instructions. At that point, if you decide to continue, you will be prompted to provide additional information and payment.

If after 24 hours you do not receive additional instructions from Certiphi® Screening, please contact Certiphi® Screening at help@certiphi.com.

Before completing the form below, please ensure that:

- Your preferred email address is up to date at all times
- Add StudentEdition@certiphi.com as a trusted email sender

I would like to request, at my own expense, a consumer report from Certiphi® Screening, Inc.

I understand that in the event that I am accepted to one or more of the schools participating in the ADEA AADSAS-facilitated criminal background check program, the ADEA AADSAS-facilitated criminal background report results may differ from the background report that I may have pre-ordered due to possible changes to my background information that may have occurred between versions of the reports.

To view the dental schools that are participating in the criminal background check, go to <https://www.applicationstation.com/home/adea/part.asp>.

Sign and check below to request a background check.

I, , agree.

Elias Almaz



2014 ADEA AADSAS Dental School Application

**You have received one or more new messages.
Please read them before continuing with your application.**

To avoid any processing delays, ADEA AADSAS strongly encourages you to complete the Colleges Attended section of your application FIRST. ADEA AADSAS CANNOT post any transcripts or foreign evaluations received from an institution until it is listed in this section. The Colleges Attended section can be found under Education on your Application Checklist.

Your Messages are displayed below in descending chronological order.

MY APPLICATION

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11/13/2013 : Dear ADEA AADSAS Applicant:

You are now eligible to participate in the 2014 ADEA AADSAS Academic Update (AU). You can begin the Academic Update only after your ADEA AADSAS application has been mailed to your designated dental schools. All applications complete for at least one designation on or before January 17th, 2014 will become eligible for the Academic Update.

The Academic Update window allows you to change any "Planned/In-Progress" coursework sessions for Spring, Summer and/or Fall 2013 to "Completed," so that an updated ADEA AADSAS GPA can be calculated. You may also enter any newly "Planned/In-Progress" coursework for the Winter, Spring, or Summer 2014 terms. Remember, you cannot make modifications to courses that were originally reported to ADEA AADSAS as completed.

ADEA AADSAS permits applicants to report grades only ONE time during the Academic Update period. If you are taking courses during the Fall Term, we advise that you wait until the end of the Fall Term to post grades earned for Spring, Summer, and Fall 2013 courses.

Follow the instructions for Academic Update below to make modifications to the Coursework section of your application. After you submit the changes in your application and send an updated transcript to ADEA AADSAS, your new grades will be verified and a new GPA will be calculated. Your new GPA and coursework information will be sent to the dental schools in electronic format.

ADEA AADSAS cannot make any updates for your designated institutions until you:

- (1) Enter or edit all of your updated coursework (completed and in-progress) in your ADEA AADSAS application
- (2) E-submit your updated application to ADEA AADSAS no later than February 3rd, 2014 (11:59 PM Eastern Time)
- (3) Send all of your updated transcripts directly to ADEA AADSAS. Your updated transcripts need to be received no later than 5 P.M Eastern Standard Time on February 3rd, 2014.

After receipt of your updated entries and transcript(s) reflecting new grades earned, ADEA AADSAS will verify that the course information that you entered is correct and a new GPA will be calculated. You will know this has occurred when a re-calculated GPA appears in your online/web application.

To request updated transcripts, print an ADEA AADSAS Transcript Matching Form and send it with your request to your registrar's office(s). To access the form, login to your application and select the Transcript Matching Form on the checklist. The registrar should attach the ADEA AADSAS Transcript Matching Form to a sealed official copy of your transcript and forward it directly to:

ADEA AADSAS Transcript Processing Department
P.O. Box 9110
Watertown, MA 02471

ADEA AADSAS does not accept student-issued (unofficial) transcripts.

ADEA AADSAS Academic Update Instructions:

- * Log on to your ADEA AADSAS application
- * If you attended a college/university for the first time since Spring 2013, you must first add that institution to the "Colleges Attended" section
- * Select the Coursework section of the checklist page
- * At this point you have two options:

You may change your "Planned/In-Progress" coursework to "Completed" by clicking the "Switch Session to Completed" option located above each individual session. You will then be required to enter grades for each completed session before you e-submit.

OR

You may enter newly completed coursework that has not been previously entered as "Planned/In-Progress" for the Spring, Summer and Fall 2013 terms by simply clicking "Add a New Completed Session".

* E-submit your application by clicking "E-SUBMIT ACADEMIC UPDATE" which is located on the checklist page: if you fail to click the button ADEA AADSAS cannot process your Academic Update.

Reminder: You will need to send all the required transcripts to ADEA AADSAS to process your Academic Update. ADEA AADSAS cannot process any updates until all transcripts are received. Please also review the list of Frequently Asked Questions at http://www.adea.org/dental_education_pathways/aadsas/Applicants/FAQs/Pages/default.aspx

ADEA AADSAS is not responsible for admissions decisions for applicants that fail to e-submit their Academic Update courses to ADEA AADSAS.

If you have any questions, please call ADEA AADSAS Customer Service at (617) 612-2045 or email us at aadsasinfo@aadsasweb.org.

Thank you,

ADEA AADSAS Customer Service

(This is an automated message; please do not reply)

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Application > Fee Assistance

The ADEA AADSAS Fee Assistance Program (FAP) was created for dental school applicants who demonstrate an extreme need for financial assistance. Eligibility for FAP is determined by reviewing the financial resources of both the applicant and the applicant's family. All FAP applicants are required to meet minimum qualifications before applying. This program is not affiliated with any government, colleges or universities, scholarship, grant or fellowship programs. This is an independent program offered by ADEA. All applicants **must STOP and read** the instructions for eligibility before completing the FAP online application.

The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

Applicant Information

Country of Citizenship ■

U.S. Visa Status

Date of Birth ■
MM/DD/YYYY

Were you born on or after January 1, 1987? ■ Yes

Have you previously applied and been approved for an ADEA AADSAS Fee Assistance? ■ Yes No

Are you enrolled in a college or university for the 2012-2013 school year? ■ Yes No

Are you enrolled or will you be enrolled in a college or university for the 2013-2014 school year? ■ Yes No

Did you complete a Free Application for Federal Student Aid (FAFSA) for the 2013-2014 school year? ■ Yes No

Marital Status ■

Total number of dependents living in your household (this should equal the number reported on your 1040 form) ■

Applicant Income Information

Your Gross Income ■

Spouse's Gross Income

Your Nontaxable Income ■

Spouse's Nontaxable Income

Did you receive public assistance in ? ■ Yes No

If yes, total amount received

Parental Information

Parent Citizenship
Parents and spouses must be a U.S. citizen or permanent resident to qualify for fee assistance

Parent/Guardian Name

Gross Amount Earned for

Relationship of parent or guardian to the applicant

Marital status of parent

Total number of dependents living in your household (this should equal the number reported on your 1040 form)

Age of older Parent

Did you earn income in ? Yes No

Parent Income Information

Gross Income

Spouse's Gross Income

Your Nontaxable Income

Spouse's Nontaxable Income

Net worth of business or farm, if applicable

Did you receive public assistance in ? Yes No

If yes, total amount received