



PEDIATRIC DENTAL INTERNSHIP APPLICATION

PERSONAL DATA:

Name: _____
First Middle Last/Surname Suffix

Do you have any materials under another name (for example a maiden name, middle name, or nickname)? _____

What is your biologic sex? Male Female Decline to state

Gender Identity:

____Non-binary (Them/They) ____Woman (She/Her) ____Man (Him/His)
____Transgender (please indicate preference: They____Him____Her____)

Birth information:

Date of Birth (MM/DD/YYYY)

Country _____

City _____

State _____

County _____

Contact Information:

Mailing Address

Street: _____

City: _____Country: _____

State/Province: _____Postal Code: _____

Approximate Date through which current address is valid (MM/DD/YYYY) _____

Is this your permanent address? Yes _____ No _____

If No – what is your permanent address:

Street: _____

City: _____Country: _____

State/Province: _____Postal Code: _____



DENVER HEALTH DENTAL™ PEDIATRIC DENTISTRY

Email

Preferred Email address: _____

Alternate Email address: _____

Telephone

Indicate Preferred Number:

Home phone: _____ Cell: _____

Alternate:

Work phone: _____ Cell: _____

US Citizenship Status

_____ US Citizen

_____ Permanent U.S. Resident

_____ Temporary U.S. Resident

_____ Non-resident

_____ None

Do you have Dual Citizenship? Yes _____ No _____

Legal State of Residence: _____

Legal County of Residence: _____

How long have you been a resident of your state?

_____ Less than 1 year

_____ 1-2 years

_____ 3-5 years

_____ 5-10 years

_____ More than 10 years

How long have you lived in the U.S.?

_____ Less than 1 year

_____ 1-2 years

_____ 3-5 years

_____ 5-10 years

_____ More than 10 years

Please select one or more of the following groups in which you consider yourself to be a member:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Hispanic/Latino

_____ White

_____ Decline to State

What is your first language? _____

Please list other languages that you speak proficiently: _____



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Are you an active member of the military? _____

Indicate your anticipated United States Military status at the time you enroll: _____

Please specify branch of the United States Armed Forces: _____

Service Began (MM/DD/YYYY) _____

Are you still serving? Yes _____ No _____

Service Ended (MM/DD/YYYY) _____

Have you ever been disciplined for academic performance (i.e., academic probation, dismissal, suspension, disqualification, etc.) by any college or school? _____ Yes _____ No

Have you ever been disciplined for student conduct violations (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any college or school? _____ Yes _____ No

Have you ever had any certification, registration, license, or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality?
_____ Yes _____ No

Do you have an active dental license? _____ Yes _____ No

If yes, what state(s): _____

Do you have an active DEA license? _____ Yes _____ No

EDUCATION

Colleges/Universities Attended:

Undergraduate:

Dates Attended: _____

Name of Institution: _____

Did you obtain or are you planning to obtain a degree from this college or university? _____ Yes _____ No

Type of Degree(s) received: _____

When did you earn that degree? _____

What was your major? _____

What was your minor? _____

Does this institution use GPAs? _____ Yes _____ No

Cumulative GPA (if applicable) _____

Dates Attended: _____

Name of Institution: _____

Did you obtain or are you planning to obtain a degree from this college or university? _____ Yes _____ No

Type of Degree(s) received: _____

When did you earn that degree? _____

What was your major? _____

What was your minor? _____

Does this institution use GPAs? _____ Yes _____ No

Cumulative GPA (if applicable): _____



DENVER HEALTH DENTAL™ PEDIATRIC DENTISTRY

Dates attended _____
Name of Institution _____
Did you obtain or are you planning to obtain a degree from this college or university? _____ Yes _____ No
Type of Degree(s) received _____
When did you earn that degree? _____
What was your major? _____
What was your minor? _____
Does this institution use GPAs? _____ Yes _____ No
Cumulative GPA (if applicable) _____

U.S. Dental School:

Dates attended _____
Name of Institution _____
Did you obtain or are you planning to obtain a dental degree from this college or university? _____ Yes _____ No
Type of Dental Degree earned _____
Year Dental Degree conferred _____
From your first class until graduation, how many years was this program? _____
Does your dental school use GPAs? _____ Yes _____ No
Cumulative GPA (if applicable) _____

Other formal education (post-graduate, internship, residency, or graduate:

Graduate School(s) (if applicable):

Dates attended _____
Name of Institution _____
Did you obtain or are you planning to obtain a degree from this college or university? _____ Yes _____ No
Type of Degree(s) received _____
When did you earn that degree? _____
What was your major? _____
What was your minor? _____
Does this institution use GPAs? _____ Yes _____ No
Cumulative GPA (if applicable) _____

Dates attended _____
Name of Institution _____
Did you obtain or are you planning to obtain a degree from this college or university? _____ Yes _____ No
Type of Degree(s) received _____
When did you earn that degree? _____
What was your major? _____
What was your minor? _____
Does this institution use GPAs? _____ Yes _____ No
Cumulative GPA (if applicable) _____



Advanced Dental Education Program:

What type of program did you attend? _____
Was the program ADA accredited? _____ Yes _____ No
Dates attended _____
Name of Sponsoring Institution _____
Did you obtain or are you planning to obtain a degree or certificate from this program? _____ Yes _____ No
Type of Degree or Certificate conferred _____
Year conferred _____

ADA Standardized Tests:

National Boards taken and passed

NBDE Part I _____ Yes _____ No
NBDE Part II _____ Yes _____ No
Integrated NBDE _____ Yes _____ No

Provide an explanation if your response to one of the above boards information is "No":

ADAT taken and passed? _____ Yes _____ No

EXPERIENCES

Employment

List any employment outside of health care including type of employment, and dates employed

Extracurricular Activities

List any related activities you would like to be reviewed (competitive teams, student organizations, academic clubs):

Research and Teaching Experience

List any research or teaching experience:



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Healthcare Experience

List any work or volunteer experience in non-dental related health-related fields

Dental Experience

List any work or volunteer experience in the dental field including indirect or direct responsibility for a patient care. Include the date range and any additional details for each experience.

Professional or academic achievements

Please list any academic awards, honors, memberships in honor societies, presentations, publications, leadership positions in professional organizations. Include the name and type of achievement, name of organization, dates, and a brief description of each achievement.

Additional Information

Is there anything more that you would like for our admissions committee to know about you? Please feel free to use this text area to provide a description of any interests, activities, goals, or other endeavors not previously mentioned that will enable the reader to learn more about your suitability for advanced dental education. This section is optional.



Applications will be accepted through ***February 28, 2025.**

*The application process may be modified to accommodate the shortened time frame during which candidates have an opportunity to apply to the program.

The pediatric dental internship at Denver Health is a 12-month program from approximately June 30, 2025 through June 30, 2026. Upon conclusion of the program, interns will receive a certificate of completion of this non-accredited program. The certificate does not indicate or imply in any manner that the intern has met requirements for application to additional advanced education training programs in pediatric dentistry.

*If you require more pages to complete this application, please submit supplementary pages in Microsoft Word submitted as an attachment in the same e-mail as this application.

**Please note that all supplemental documentation of the above information including transcripts, diplomas, board results, and licensure will be required by the pediatric dental director prior to admission.

Thank you for your interest in our program and we wish you the best in your endeavors.

List of mandatory information to be sent with this application to the program director:

- _____Resume/CV
- _____2x2 Photo of applicant in digital format
- _____Unofficial Undergraduate Transcript
- _____Unofficial Graduate Transcript (if applicable)
- _____Unofficial Dental School Transcript
- _____Copy of your Dental License if applicable
- _____Three (3) professional letters of recommendation with e-mail and contact phone numbers.

RETURN COMPLETED APPLICATION AND SUPPORTING INFORMATION TO:

Amber Pribyl
Dental Residency Coordinator
P: 303-602-2786 | E: Amber.Pribyl@dhha.org