

**The Icahn School of Medicine at Mount Sinai Hospital**

**Application for Admission to Oral and Maxillofacial Pathology 3 year Residency Program**

**Applicant** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  F  M

Citizenship: \_\_\_\_\_ U.S. Perm. Res:  yes  no

**Mailing Address:**

Street & No \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Permanent Address:(if different than Mailing Address)**

Street & No \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Education:**

**Primary Undergraduate Institution:** \_\_\_\_\_ **Dates Attended** \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate Institution:** \_\_\_\_\_ **Dates Attended** \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**Dental School:** \_\_\_\_\_ **Dates Attended** \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

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**Test Scores**

**National Board Exam Part I:** Test Date: \_\_\_\_\_ Average Score: \_\_\_\_\_

**National Board Exam Part II:** Test Date: \_\_\_\_\_ Comprehensive Score: \_\_\_\_\_

GRE Scores: \_\_\_\_\_ Test Date: \_\_\_\_\_

TOEFL Scores: \_\_\_\_\_ Test Date: \_\_\_\_\_

**Professional Experience**

**Residency/Post-Doctoral Training:**

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Program: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Certificate Granted: Yes No

**Teaching and /or Research Experience:**

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years at position: \_\_\_\_\_

**Private Practice:** Yes No Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Military Service:** Yes No Years of Service: \_\_\_\_\_

Applications are accepted on a rolling basis until the position is filled for a July 1<sup>st</sup> start date. Prospective students must download and fill out the application and submit it with the following supporting materials:

- Three letters of recommendation (at least one from an oral pathology faculty member at your dental school, if possible)
- Dental school transcript (official transcript only)
- College and Graduate School Transcripts
- All National Board Scores
- Curriculum Vitae

The completed application should be sent to: Dr. Naomi Ramer (Program Director)  
Mount Sinai Hospital  
Annenberg 15<sup>th</sup> floor Room 235  
1 Gustave L. Levy Place  
New York, NY 10029

All application questions should be directed to: [Naomi.ramer@mssm.edu](mailto:Naomi.ramer@mssm.edu)