

**EAST CAROLINA UNIVERSITY SCHOOL OF DENTAL MEDICINE
ADVANCED EDUCATION IN GENERAL DENTISTRY**

Supplemental Application

*(Note: This application must be completed **in addition to the PASS Application**)*

Date: _____ **Name:** _____

Date of Birth (month/day/year): _____

Citizenship: _____

Current Address: _____

Permanent Address: _____

Dental School: _____

Date of Graduation or Expected Graduation from Dental School: _____

Preferred Telephone Contact #: _____

Preferred Email Address: _____

Please check the ECU AEGD program locations which you would like to apply:

- _____ **Ahoskie, NC**
- _____ **Brunswick Co, NC**
- _____ **Davidson Co, NC**
- _____ **Elizabeth City, NC**
- _____ **Greenville, NC**
- _____ **Lillington, NC**
- _____ **Lumberton, NC**
- _____ **Spruce Pine, NC**
- _____ **Sylva, NC**
- _____ **Any location**

Please describe your interest in practicing dentistry in a rural North Carolina community setting

Please describe any volunteer service you have performed for underserved populations. Include dates, location, and number of hours of volunteer service performed

Are there other types of community service that you have performed? Please include dates, locations, and number of hours performed

What are your educational and/or career goals for the next five years?

(You may use an additional page if necessary for your responses)

Signature _____ **Date** _____

*Thank you very much for your interest in the AEGD program at
East Carolina University School of Dental Medicine!*

Please email completed form and a 2x2 professional photo to Elena Uzun, ECU SoDM AEGD Program Coordinator at uzune21@ecu.edu