

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

Supplemental Application

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

Name: _____

Please describe the vision you have for the type dentistry you hope to practice in your dental career – include type of practice, location, population served, specialization, etc.

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

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

Describe any leadership positions you've held since graduating high school. Please include dates, locations, and brief description of your activity.

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

(Use additional pages if necessary for your responses)

Please rank 1-9 (“1” being most preferred) the ECU AEGD program locations you prefer for assignment. If you have no preference just place a “X” in Any Location.

- _____ **Ahoskie**
- _____ **Brunswick County**
- _____ **Davidson County**
- _____ **Elizabeth City**
- _____ **Greenville**
- _____ **Lillington**
- _____ **Robeson County**
- _____ **Spruce Pine**
- _____ **Sylva**
- _____ **Any location**

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 uzunc21@ecu.edu