

**IDAHO ADVANCED GENERAL DENTISTRY PROGRAM
(AEGD)
SUPPLEMENTAL APPLICATION**

Please select (only one) location preference: _____ **Boise** _____ **Pocatello**

INSTRUCTIONS:

Fill in the blanks with the appropriate information, sign the appropriate statements and return to:

Department of Dental Sciences
Idaho State University
Campus Box 8088
Pocatello, Idaho 83209-8088

_____ Last Name _____ First Name _____ Middle Name

Social Security Number _____ Date of Birth _____

Current Mailing Address:

Effective until (mm/dd/yyyy) _____ e-mail _____

_____ Street or Box Number

_____ City, State, Zip Code and County

_____ Home Phone _____ Cell Phone _____ Business Phone

Have you submitted an application to this program via the PASS Application Service?

Yes _____ No _____

Are you an Idaho Resident? _____ If yes, county of residence: _____

Father's Name: _____ Birthplace _____

Address: _____ How long in Idaho: _____

Father's Occupation: _____ Educational Background: _____

Mother's Name: _____ Birthplace _____

Address: _____ How long in Idaho: _____

Mother's Occupation: _____ Educational Background: _____

Would you be willing to obtain an active dental license or special status license in Idaho for the duration of the residency?

Other than minor traffic violations, have you ever been convicted of a felony or misdemeanor or have a withheld judgment which is currently outstanding? _____

If yes, please explain: _____

I certify that the information submitted herein is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for denial of admission or for dismissal.

Signature

Date