

Forensic Dentistry Course Application Form 2024-25

MODULES 1, 2, 3, 4

NAME:				
Surnam	ne	First		Middle name
MAILIN	IG ADDRESS:			
Numbe	r and Street			Apt
City	Province/State	Country	Postal Code	
Telepho	one: Day	Evening		Cell:
Email: _			Fax:	
Number	r and Street			Apt
City	Province/State	Country	Postal Code	
Telepho	one Number: Day	······································	Evening	
COUNT	TRY OF CITIZENSHIP			
<u>DENTA</u>	AL SCHOOL			<u>-</u>
Degree	(s)			Year of Graduation
Post-gra	aduate Experience			

<u>LICENSURE</u>				
Do you hold a	license to practice Dentistry?	YES	NO	
Province/State	e Countr	У		
GENERAL				
Date of birth:	Year Month Day			
Male	Female Other			
Place of Birt	h:			
Language nor	mally spoken: English	French	Other	
I wish to re	egister for:			
WEEKS	DATE	MODULE	FEE	SELECT
5 Weeks	August 11 - September 14, 2024	Module 1	\$3250.00	
7 Weeks	September 15 - November 2, 2024	Module 2	\$4500.00	
5 Weeks	November 3 – December 7, 2024	Module 3	\$3250.00	
13 Weeks	January 12 – April 12, 2025	Module 4	\$8000.00	

THE FOLLOWING SHOULD BE RETURNED ELECTRONICALLY

- A. Forensic dentistry course application formB. A copy of your university dental degree(s)
- C. A copy of your dental license
- D. An abbreviated curriculum vitae
- E. An autobiography letter of application
- F. A signed copy of the administrative policy document
- G. The confidential reference reports should be sent separately by the two medical/dental colleagues

Submit your Application Form and Documents:

- 1- Once your application fee is paid, please use this online form to submit the complete application form and your documents.
- 2- The Confidential Reference Reports must be sent by the person providing the reference, directly to conted.dentistry@mcgill.ca.



Faculty of

Faculté de Dental Medicine and médecine dentaire et des Oral Health Sciences sciences de la santé orale

ADMINISTRATIVE POLICY

The application deadline for all Modules is July 26, 2024. Acceptance in the program will be announced by no later than July 31, 2024. The faculty reserves the right to accept applications (or not) after the application deadline.

Applications will be evaluated after the non-refundable application fee of (\$200) has been paid online at this link: https://cvent.me/olaZVN

The 1st semester fee of \$11,000.00 (Modules 1, 2 and 3) is due by August 1, 2024. The 2nd semester fee of \$8,000.00 (Module 4) is due by **December 1, 2024**.

REFUND POLICY

For any cancellation made between the payment due dates and the cancellation deadlines (see below), 90% of the registration fee will be reimbursed. Any refund given will be based on the semester fee.

- The deadline for cancelling your participation for semester 1 (Modules 1, 2 and 3) is August 1, 2024, after which date no refund will be given.
- The deadline for cancelling participation for semester 2 (Module 4) is December 31, 2024, after which date no refund will be given.

COURSE RESTRICTIONS

McGill University, the Faculty of Dental Medicine and Oral Health Sciences, and the Course Director reserve the right to limit the number of Modules offered in any given year, to cancel a Module, and to restrict the number of registrants in any given Module.

CONFIRMATION

chat.

I ha	ve a working	knowledge	of Photo	shop / Cre	eative C	loud (A	Adobe S	systems	Inc)	
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SIGNED:	DATE:	
	inimum of 15 hours per week of course work for modules 1 reed sufficient time in their schedule for the weekly reading	•

Forensic Dentistry Course

Autobiographical letter of application

LEGAL NAME OF APPLICANT	

The autobiographical letter must be written by the applicant. The applicant must comply with the following instructions to ensure consideration of the autobiographical letter. It can be up to three pages in length but no longer. The text must be double spaced in "letter" format with one-inch margins in normal lowercase, Times New Roman font, 10 pitch and included in your attachments with your application.

Letters that fail to meet the above criteria will be discarded. The autobiographical application should contain information regarding the applicant's reason(s) for taking the forensic dentistry course. Former forensic education, knowledge, association, or experience should be mentioned.