

Thank you for your interest in our advanced education programs. We offer six advanced education programs. All advanced education programs are accredited by the Commission of Dental Accreditation of the American Dental Association and are board-eligible programs for the respective specialty boards except the Restorative Fellowship and the Orthodontics Fellowship.

The programs in endodontics, orthodontics, and periodontics are master's degree programs (M.S.D.) with a certificate granted upon completion of the degree requirements. Foreign trained applicants are accepted into the programs offered by the departments of endodontics, orthodontics, and periodontics. Additionally, foreign trained dentists are eligible for the master's program in pediatric dentistry.

The residency program in advanced education in general dentistry is a certificate-only program.

The residency program in pediatric dentistry is a certificate program with an option to pursue a master's degree.

The residency program in oral and maxillofacial surgery is a joint program with the School of Medicine leading to the M.D. degree and a certificate in oral and maxillofacial surgery. A certificate-only program in oral surgery may be available at the discretion of the department.

Applicants selected for residency programs in Oral & Maxillofacial Surgery or Pediatric Dentistry MUST be U.S. citizens or permanent residents. Applicants selected for residency programs in Advanced General Dentistry, Oral & Maxillofacial Surgery, or Pediatric Dentistry, must be eligible for licensure or intern certificate issued by the State of Ohio, and must be a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

For further information or an application package, please send your complete name and address and program of interest to:

Office of Graduate Studies
School of Dental Medicine
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

Voice: 216-368-1168
Fax: 216-368-0145
Email: dentalgrad@case.edu

OTHER QUESTIONS???

If you have more questions regarding the program requirements after reviewing the application forms and brochure, or if you need to know the status of your application, please contact the Department of Graduate Studies.

Phone: (216) 368-6731

Fax: (216) 368-3204



Arrow = School of Dentistry (22)



Mailing Address:

CASE School of Dental Medicine
10900 Euclid Avenue
Cleveland, Ohio 44106-4905

Location Address:

2123 Abington Road
Cleveland, Ohio 44106
Phone (216) 368-3277
Fax (216) 368-3204
e-mail: axm69@case.edu

CASE

CASE WESTERN
RESERVE UNIVERSITY
SCHOOL OF
DENTAL MEDICINE

POSTDOCTORAL ENDODONTIC PROGRAM



Program Director

André K. Mickel, D.D.S., M.S.D.

Board Certified in Endodontics



THE PROGRAM

The Graduate Endodontic Program is a continuous 24-month Master's degree and Certificate program commencing the beginning of July each year. It has a full-time director, one full-time academic faculty, and five part-time clinical faculty members. It is concerned with developing competent, skilled clinicians with teaching and research abilities. To achieve these objectives, the program provides extensive backgrounds in both scientific and clinical knowledge. The curriculum is designed to fulfill the requirements of the American Board of Endodontics and promote Diplomates. The Program will prepare the specialists in the fields of diagnosis, all phases of treatment and prevention of pulpal and periapical dental diseases. It will provide training in research design and methodology as it relates to pulpal, dentinal, periodontal, and related clinical areas, preparing the resident for teaching responsibilities in undergraduate, postgraduate, and graduate levels. A top of the line surgical microscope with a complete and full documentation package is provided for teaching a variety of microscopic surgery techniques. The curriculum includes bone grafting and guided tissue regeneration. Presentation of multiple table clinics is required.

The Endodontic residents have presented more research at the annual AAE meeting than any other Endo Grad Program nationally and internationally.

CANDIDATE SHOULD BE:

1. Motivated.
2. Interested in endodontics.
3. Prepared to become an endodontist.
4. Professional.
5. Knowledgeable of endodontic authors, lecturers, courses.

CANDIDATE SHOULD HAVE:

1. Research (past and future).
2. Surgical experience.
3. Conventional RCT experience.

CANDIDATE SHOULD BE ABLE TO:

Present 6-8 cases (slides, x-rays, handouts) during formal interview.

BACKGROUND REQUIREMENTS:

Complete a General Residency Program, or complete an Advanced Education in General Dentistry Program, or have private practice experience.

OTHER REQUIREMENTS

MUST:

1. Purchase/lease microscope.
2. Be committed to taking the Diplomate Board Certification after completing Endodontic Program.
3. Complete 300 cases by graduation.
4. Return to volunteer in Clinic one-half day/week if a local practitioner.



**Application
Deadline:
September 1st**

THE PROGRAM

The advanced specialty education program in endodontics is a continuous 24-month master's degree and certificate program commencing the beginning of July each year. It has a full-time director and 5 part-time clinical faculty members. It is concerned with developing competent, skilled clinicians with teaching and research abilities.

To achieve these objectives, the program provides extensive background in both scientific and clinical knowledge. The curriculum is designed to fulfill the requirements of the American Board of Endodontics and promote diplomates.

The program will prepare specialists in the fields of diagnosis, all phases of treatment and prevention of pulpal and periapical dental disease. It will provide training in research design and methodology as it relates to pulpal, dentinal, periodontal, and related clinical areas, preparing the resident for teaching responsibilities at the undergraduate, postgraduate, and graduate levels.

A top of the line surgical microscope with a complete and full documentation package is provided for teaching a variety of microscopic surgery techniques.

The curriculum includes bone grafting and guided tissue regeneration. The IV sedation and general anesthesia training are provided by University Hospitals of Cleveland for the second year resident. Presentation of multiple table clinics is required. The endodontic residents have placed first the last three years at the annual meeting of the Ohio Dental Association.

The endodontic candidate should be:

- Motivated
- Interested in endodontics
- Prepared to become an endodontist
- Professional
- Knowledgeable of endodontic authors, lectures/courses
- Knowledgeable of endodontic instruments

Should have:

- Research (past and future).
- Surgical experience.
- Conventional RCT experience.

Should be able to:

Present 8-10 cases during formal interview.

Background Requirements:

Complete a GPR or an AEGD program, or have private practice experience.

Other requirements – the resident MUST:

- Purchase microscope.
- Be committed to taking the diplomate board certification after completing endodontic program.
- Complete 300 cases by graduation.
- Come back to volunteer in clinic one-half day if a local resident.

APPLICATON DEADLINE: SEPTEMBER 1

Dear Applicant,

Thank you for your interest in the advanced education program in endodontics at CASE School of Dental Medicine. Enclosed are materials explaining the requirements and our expectations for the endodontic residents.

After reading the information, please feel free to contact the Office of Graduate Studies if you have questions (216-368-1168 or by email at dentalgrad@case.edu).

I wish you the best of luck in your pursuit of specializing in the field of endodontics.

Sincerely,

André K. Mickel, DDS, MSD
Director, Graduate Endodontics Program

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Advanced Education and Residency Programs
APPLICATION FOR ADMISSION

INSTRUCTIONS FOR COMPLETING APPLICATION:

Please print or type all information requested. Mark with N/A those questions that are not applicable. Attach additional sheets as necessary. The following must be received on or before the date stipulated by the Department in which you wish to enroll:

- ✓ The completed application
- ✓ Official transcripts of your undergraduate college and professional school records
- ✓ Three recommendations from basic science and clinical dentistry instructors or other individuals competent to evaluate your qualifications and abilities. (Please use the forms enclosed with this application.)
- ✓ A current curriculum vitae
- ✓ Official copy of National Dental Board Examination (NDBE) scores
- ✓ Photo (*optional at this time – if you are invited for an interview you must bring a 2 x 2 photo with you*)
- ✓ Non-refundable application fee
- ✓ **For International Applicants:** an official copy of Graduate Record Exam scores may be submitted in place of NDBE scores (GRE information can be obtained at www.gre.org); an official TOEFL score must be also be submitted (information on TOEFL can be obtained at www.toefl.org)

If you have questions regarding your application or need specific information you may telephone (216) 368-1168 or email dentalgrad@cwru.edu.

Mail completed application and application fee, and have recommendations, test scores, and transcripts sent to:

Case School of Dental Medicine
Office of Graduate Studies
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Advanced Education and Residency Programs
APPLICATION FOR ADMISSION

Date of Application: _____

I am applying for admission to the Department of _____ for enrollment in the program beginning in July 20____ .

Place of birth _____ Date of birth _____.

Sex: ___M ___F

Social Security Number: _____ - _____ - _____ MATCH number _____

Name: _____
(last or family) (first) (middle)

Present mailing address *(street and number)* _____

(city) _____ *(state)* _____ *(zip or postal code)* _____

(country if not US) _____ This address is valid until _____.

Home phone number _____ Other phone number(s) _____

Email address _____

Are you available for a personal interview? yes no

Colleges or Universities attended:

Undergraduate	Major Field	Degree	Dates Attended	Grade Point Average (GPA)

Graduate or Professional Schools	Major Field	Degree (received or expected)	Dates Attended	Class Standing (rank and class size)	GPA

Do you feel that your GPA reflects reasonably accurately your true ability and potential?
 ___ yes ___ no If no, please explain: _____

National Dental Board Examination Scores (average): Part I _____ Part II _____

GRE score: _____

Are you interested in a possible career in academic dentistry?
 ___ yes ___ no ___ full-time ___ part-time ___ no

Describe the general condition of your health _____

If you are not a U.S. citizen

- Country of citizenship _____
- Indicate type of visa (*student, visitor, immigrant, other*) _____
- Have you taken TOEFL (*Test of English as a Foreign Language*)?
 ___ yes ___ no Score _____ Computer –based ___ Paper-based _____
- Please describe your anticipated financial support during your period of graduate study: _____

On (date) _____ I requested that transcripts of all my previous work be sent to you.

You might receive my transcripts under the name: _____
Name in full

Ethnicity/Race:

Spanish.Hispanic/Latino/Latina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mexican/Mexican American/Chicano/Chicana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Puerto Rican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
South or Central American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Spanish Origin or culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify _____		
American Indian or Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify the name of your enrolled or principal tribe_____		
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filipino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Japanese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Korean	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malaysian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pakistani	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vietnamese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify_____		
Black or African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guamanian or Chamorro	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Samoan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please specify_____		
White	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you been accepted at another institution? yes no

On (date)_____ I requested these individuals to send letters of recommendation:

Name Address

Name Address

Name Address

I have also applied for admission to the graduate program of the following institutions:

Previous Fellowships or Scholarships you have held

<i>School</i>	<i>Year</i>	<i>Amount</i>
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<i>School</i>	<i>Year</i>	<i>Amount</i>
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<i>School</i>	<i>Year</i>	<i>Amount</i>
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Describe any teaching experience you have had: _____

Describe briefly any research experience you have had: _____

What organizational membership(s) do you hold? _____

Scholastic and professional awards, honors, distinctions, or prizes received: _____

Military service _____

Have you served an internship or residency? ____ yes ____ no If yes, indicate the place, time, type, and name of supervisor _____

I am licensed to practice dentistry in the following states _____

Private practice experience (location, type, full or part-time, dates) _____

Please provide a copy of your CV including the following information. Or type the requested information on the enclosed form.

CURRICULUM VITAE

Name

Address (Professional)
City, State Zip (Country)
Phone Number

Home Address
City, State Zip (Country)
Phone Number

EDUCATION

Institution	Degree	Year	Major Subject
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EMPLOYMENT AND/OR ACADEMIC APPOINTMENTS

Employer/Institution	Dates: Start/End
Position/Duties	

SCHOLARSHIPS, HONORS, AWARDS

MILITARY SERVICE

STATE DENTAL LICENSURE

State	Year Licensed	License number
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PROFESSIONAL AND SCIENTIFIC ORGANIZATIONS

Society	Initial year of membership	Office Held
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PROFESSIONAL ACTIVITIES (table clinics, etc)

Meeting or Event	Year	Topic
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PROFESSIONAL AND SCIENTIFIC PUBLICATIONS

OFFICE OF GRADUATE STUDIES
SCHOOL OF DENTAL MEDICINE
CASE WESTERN RESERVE UNIVERSITY
10900 EUCLID AVENUE
CLEVELAND, OHIO 44106-4905

EVALUATION OF APPLICATION FOR ADMISSION TO ADVANCED EDUCATION AND RESIDENCY PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE.

Applicant: Please fill in the information below and give to the appropriate person along with a stamped envelope addressed to the address above.

Mr./Ms./Dr. _____ is applying for admission to the Department of _____
(Year) for the class entering in _____ (Specialty)

Authorization for Waiver:

I hereby do ____ do not ____ agree to waive my rights of access to this recommendation as provided in the Family Education Rights and Privacy Act of 1974.

Date

Signature of Applicant

Respondent: Your evaluation is important. Please fill out this evaluation form and return to us as soon as possible. If the applicant has waived their right to access, the contents of this evaluation will not be disclosed to the applicant.

Knowledge of the Applicant:

How long have you known the applicant? _____ years

How well do you know the applicant? Very well ____ Well ____ Casually ____

What is the nature of your contact? Teacher ____ Research Advisor ____ Faculty Advisor ____ Private Practice ____
Personal friend __ Other (specify) _____

If teacher: _____
Number of classes, subjects taught and rank in your class

Evaluation of the Applicant:

Please respond to the following using other students and former graduates as a base of reference. How do you rate the applicant in the following areas? (5 is the highest)

Academic dental knowledge	1	2	3	4	5
Clinical knowledge and skills	1	2	3	4	5
Confidence in knowledge and skill	1	2	3	4	5
Capacity for handling large work load	1	2	3	4	5

(over)

Potential for independent creative study	1	2	3	4	5
Originality and imagination	1	2	3	4	5
Promptness of work	1	2	3	4	5
Integrity, sincerity, and honesty	1	2	3	4	5
Dependability and responsibility	1	2	3	4	5
Persistence, drive and enthusiasm	1	2	3	4	5
Organization and common sense	1	2	3	4	5
Friendliness and personality	1	2	3	4	5
Emotional maturity and stability	1	2	3	4	5
Initiative and leadership	1	2	3	4	5
General health	1	2	3	4	5

Gifted individuals sometimes make mediocre scholastic records. Does your evaluation on this form coincide with the applicant's scholastic record in all subjects? Yes _____ No, why?

Would you accept the applicant for a similar program at your school should one exist and you were able to make the selection? Yes _____ No, why?

What is your understanding of the applicant's motivation in seeking admission to this program?

Indicate your overall endorsement of the applicant as a candidate for advanced studies

Highly recommend ____ Recommend ____ Recommend with reservations ____ Do not recommend _____

Please add any comments in this space provided (attach a separate sheet if you need more space) which will assist in providing a complete picture of the applicant's abilities and potential as a scholar. Please mention any deficiencies the applicant may have, as well as the assets.

Name of Respondent _____ Date _____

Position _____ Institution _____

Address _____

Phone number _____ Date _____ Signature _____

INTERNATIONAL STUDENT INFORMATION

A letter of "proof of support" must be submitted when a student is accepted into a program. There is no financial aid given to international students enrolled in the endodontics, orthodontics or periodontics programs. Applicants must establish that they have available financial resources sufficient to complete the program uninterrupted. All on-campus work-study employment for international students must be cleared by the individual program director and the University Office of International Students.

Applicants graduated from a non-English speaking dental school, and for whom English is not their first language, must take the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (paper-based score) or 213 (computer-based score). An official or certified copy of your scores must be sent to our office at the following address:

Office of Graduate Studies
Case School of Dental Medicine
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

Generally the TOEFL is administered five times during the year in September, December, February, April, and June. If you plan to take TOEFL and do not have information on a location for your country, you can visit the TOEFL web site at: <http://www.toefl.org>.

The TOEFL identification number for Case Western Reserve University is: 1105
The departmental code number is: 38