

## 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](mailto: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**

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.

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 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](mailto:dentalgrad@case.edu)

## **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](mailto: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 of \$50.00
- ✓ **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](http://www.gre.org)); an official TOEFL score must be also be submitted (information on TOEFL can be obtained at [www.toefl.org](http://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](mailto: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



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 \_\_\_\_\_

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*

Have you been accepted at another institution? \_\_\_ yes \_\_\_ no

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

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*Name* \_\_\_\_\_ *Address* \_\_\_\_\_

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*Name* \_\_\_\_\_ *Address* \_\_\_\_\_

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*Name* \_\_\_\_\_ *Address* \_\_\_\_\_

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

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Previous Fellowships or Scholarships you have held

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*School* \_\_\_\_\_ *Year* \_\_\_\_\_ *Amount* \_\_\_\_\_

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*School* \_\_\_\_\_ *Year* \_\_\_\_\_ *Amount* \_\_\_\_\_

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*School* \_\_\_\_\_ *Year* \_\_\_\_\_ *Amount* \_\_\_\_\_

Describe any teaching experience you have had: \_\_\_\_\_

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Describe briefly any research experience you have had: \_\_\_\_\_

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What organizational membership(s) do you hold? \_\_\_\_\_

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Scholastic and professional awards, honors, distinctions, or prizes received: \_\_\_\_\_

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Military service \_\_\_\_\_



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**

## 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

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 \_\_\_\_\_  
\_\_\_\_\_ for the class entering in \_\_\_\_\_,  
(Year) (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 \_\_\_\_\_