



Postgraduate Education in Orthodontics
Section of Orthodontics
Department of Dentistry and Oral Health
Aarhus University
Denmark

Insert your
photo here

APPLICATION FORM
LONG-TERM POSTGRADUATE PROGRAMME IN ORTHODONTICS
2024

FILL IN THE FORM ELECTRONICALLY – NO HANDWRITING WILL BE ACCEPTED

FIRST NAME	
FAMILY NAME	
ADDRESS	
CITIZENSHIP	
DATE AND PLACE OF BIRTH	
GENDER	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
TELEPHONE NUMBER	
E-MAIL ADDRESS	



DENTAL EDUCATION

POSTGRADUATE AND CONTINUING EDUCATION

CLINICAL EXPERIENCE WITH ORTHODONTICS



TEACHING EXPERIENCE

PUBLICATIONS

RESEARCH EXPERIENCE



SHORT STATEMENT DESCRIBING YOUR INTEREST IN ORTHODONTICS, YOUR MAJOR REASONS FOR CHOOSING THIS SPECIALITY AND YOUR LONG-TERM PROFESSIONAL GOAL (MAX 300 WORDS)

BRIEF SUMMARY ABOUT YOURSELF HIGHLIGHTING ITEMS YOU FEEL ARE IMPORTANT FOR OUR CONSIDERATION (MAX 300 WORDS)



PERSONS OF REFERENCE

MISCELLANEOUS (MAX 300 WORDS)

PROFICIENCY IN ENGLISH (TOEFL SCORE)



THE FOLLOWING DOCUMENTATION MUST BE NUMBERED AND SENT TOGETHER WITH YOUR APPLICATION FORM. APPLICATIONS WILL NOT BE CONSIDERED IF THE DOCUMENTATION MENTIONED BELOW IS NOT NUMBERED OR INCLUDED.

1. A transcript of records from the university attended, listing subjects and duration and examinations taken. Such documentation (in the original language) must be accompanied by a translation into Danish or English made by the university in question or the authority issuing the certificate or by a certified translator.
2. Documentation of two years of clinical experience with a minimum of one year full-time (1440 hours) in the field of pediatric dentistry. Please use the file below, one for each clinic you have worked for.
3. Dentist's Authorization
4. Documentation of Postgraduate and Continuing Education
5. Letters of Recommendation
6. Documentation of your proficiency in English (TOEFL Score)

DATE:

SIGNATURE:

BEFORE 15 DECEMBER, EVERY YEAR

Return Application Form and Documentation listed above to:

**Camilla Bonnevie
Section of Orthodontics
Department of Dentistry
Aarhus University
Vennelyst Boulevard 9, Bldg. 1610
Denmark
E-mail address: camilla@dent.au.dk**



Certification for employment as a dentist for **at least two years full-time (2880 hours)**, including **at least one year (1440 hours)** of pediatric dentistry

As a supervising dentist, I endorse the duration of the following employment with my signature and stamp.

I am aware that this certification is the basis for the Danish Health Authorities' decision on recruitment for the post-graduate training in orthodontics. See. § 4 pcs. 3 of the Danish Decree on the training of specialized dentistry (BEK 1020 of 26/08/2010).

NAME OF APPLICANT DENTIST: _____

NATIONAL AUTHORIZATION ID AND COUNTRY: _____

HAVE BEEN EMPLOYED IN:

PEDIATRIC DENTISTRY

DURING THE PERIOD FROM: _____

TO: _____

: TOTAL OF _____ MONTHS WITH A TOTAL OF _____ HOURS.

ADULT DENTISTRY

DURING THE PERIOD FROM: _____

To: _____

TOTAL OF _____ MONTHS WITH A TOTAL OF _____ HOURS.

SUPERVISING DENTIST:

NAME: _____

CLINIC ADDRESS: _____

PHONE: _____

NATIONAL AUTHORIZATION ID AND COUNTRY: _____

DATE AND SIGNATURE FROM SUPERVISING DENTIST _____

STAMP

IF THIS CERTIFICATE IS SIGNED BY A DENTIST OUTSIDE DENMARK, A COPY OF HIS/HER CERTIFICATE OF AUTHORISATION MUST BE INCLUDED.