

# FACULTY OF DENTISTRY

## Supplementary Application Form 2012-2013 Session

**EARLY BIRD DEADLINE: DECEMBER 20, 2011**

**APPLICATION DEADLINE: JANUARY 20, 2012**

- INSTRUCTIONS:**
1. Please print using a **black pen**.
  2. All questions **MUST** be answered fully or the application will not be processed.
  3. Complete and return this form with your **Application for Admission**

This personal information is being collected under the authority of **The University of Manitoba** and is protected under the *Protection of Privacy provisions of The Freedom of Information and Protection Act*. For complete details see **Section 15 of the Application Form**.

Family Name:	Given Names:
Applicant Category? <i>(Please check one)</i>	
<input type="checkbox"/>	Regular Applicant
<input type="checkbox"/>	Aboriginal Applicant*
<input type="checkbox"/>	Special Applicant*
<input type="checkbox"/>	Transfer Applicant* <b>(Pending Senate approval this category will be removed).</b>
<i>Please note:</i>	<i>Those applicants applying in any one of 3 above categories marked with an asterisk (*) <u>must</u> include, with this application, an autobiographical sketch as outlined in sections IV.B, IV.C.2, and IV.D.2 of the Application Information Bulletin.</i>
	<i>If you are applying as an Aboriginal Canadian you must have self declared your aboriginal background on <b>Section 6 of the Application Form</b>.</i>

**The Application Information Bulletin is available with, and constitutes part of every application from issued. It must be assumed, therefore, that all applicants have read and understood it prior to submitting the completed application.**

**PART A ❖ PERSONAL DATA**

Family Name:		Given Name:		Initials:
Gender:	Male ( )	Female ( )	Date of Birth:	Citizenship:
Citizenship and Residence (see <i>Citizenship and Residence</i> in <b>Section V</b> of the <b>Applicant Information Bulletin</b> )				
<ul style="list-style-type: none"> <li>I am a <b>Resident</b> of _____ (indicate province).</li> </ul>				
Mailing Address:			Postal Code:	
Permanent Home Address: (if different)			Postal Code:	
Telephone:	Residence: ( )	Business: ( )	Other: ( )	E-mail:
Do you have any mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>YES</b> , please describe:				
Do you have any medical conditions/health problems, that you are aware of, that may affect your ability to perform in the clinical aspect of the study/practice of Dentistry? (infectious diseases, arthritic conditions, impaired vision etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If <b>YES</b> , please describe:				

**PART B ❖ EMPLOYMENT & PROFESSIONAL EXPERIENCE**

COMPANY / ORGANIZATION	CITY, PROVINCE	DATES	TYPICAL DUTIES

**PART C ❖ COURSE REQUIREMENTS FOR APPLICATION**  
**(List below the courses you have taken to meet our application requirements)**

<b>Requirement</b>	<b>Course Number</b>	<b>Course Name</b>	<b>Institution</b>	<b>Credit Hours</b>
<i>i.e. Biology</i>	<i>Biol 1020</i>	<i>Biology 1 Principles and Themes</i>	<i>University of Manitoba</i>	<i>3 cr hrs</i>
	<i>Biol 1030</i>	<i>Biology 2 Biological Diversity, Function and Interaction</i>	<i>University of Manitoba</i>	<i>3 cr hrs</i>
<b>Biology</b>				
<b>Chemistry</b>				
<b>Physics</b>				
<b>Organic Chemistry</b>				
<b>Biochemistry</b>				
<b>English</b>				
<b>Humanities/Social Sciences</b>				

Applicants whose pre-dental education was not completed in Manitoba will be eligible for consideration if they have completed courses deemed by the University of Manitoba to be equivalent to those listed in the Applicant Information Bulletin (Page 2, III. A.). Eligibility to other Canadian dental programs does not guarantee eligibility to the University of Manitoba dental program.

Applicants who wish to meet our requirements using transcripts from a non-Canadian institution will be required to present course syllabus for all Core Science courses listed in the above table. The syllabus must include a course description, as well as a listing of course assignments, required readings, texts and labs. If a syllabus cannot be provided, the applicant will be required to take an acceptable course equivalent at a Canadian institution.

**PART D ❖ ACADEMIC RECORD**

<b>HIGH SCHOOL</b>	<b>CITY, PROVINCE</b>	<b>DATE COMPLETED</b>	<b>LEVEL COMPLETED</b>
<b>UNIVERSITIES/COLLEGES ATTENDED</b>	<b>CITY, PROVINCE</b>	<b>DATE(S) COMPLETED</b>	<b>LEVEL OR DEGREE COMPLETED</b>
Have you ever attended another Dental School? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please indicate <b>WHERE</b> and <b>WHEN</b> :			
Have you ever been required to withdraw from another Dental School? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please give details:			

**PART E ❖ APPLICATION DATA**

- When did you write or when will you write the Canadian DAT? Give date(s):
- Have you previously filed an application to the University of Manitoba, Faculty of Dentistry?  Yes  No  
If **YES**, please give date(s) of application:
- List all other Dental Schools to which you are applying this year:

**PART F ❖ DECLARATION**

All information required in this application must be given in full or the application will not be considered by the Admissions Committee. False information will invalidate this application and may result in immediate rejection of the applicant or dismissal if the applicant has been admitted.

I hereby certify that I have read and understood the instructions, the information bulletin, and information contained herein, and that all statements made in connection with this application are correct.

Date:	Signature:
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## ADULT CRIMINAL RECORDS AND CHILD ABUSE REGISTRY INFORMATION ADMISSION AND REGISTRATION

**A. The Faculty of Dentistry/School of Dental Hygiene requires that all people APPLYING to the Faculty's education programs submit the enclosed Adult Criminal Records/Child Abuse Registry Self-Declaration form prior to the selection process.**

A signed self-declaration of previous adult criminal convictions will not necessarily preclude admission or registration. Learners are not required to disclose records under *The Young Offenders Act*. Any decisions with regard to criminal records will be made by a Faculty Committee. This Committee will consist of the following: the Associate Dean (Academic), Chair of the Committee for Selection in Dentistry, and a student representative. However, applicants to the Faculty of Dentistry/School of Dental Hygiene programs who have adult criminal convictions which indicate they may pose a threat to the safety and well-being of children and others, and applicants who appear on the Child Abuse Registry as an offender, will be denied admission and registration.

**B. The Faculty of Dentistry/School of Dental Hygiene requires that all applicants accepted to the Faculty of Dentistry/School of Dental Hygiene programs:**

1. must submit and be cleared on a formal Criminal Records Check (including vulnerable sector screening) by the time of their initial registration and subsequent annual re-registrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene programs, etc.) each year while in their particular program.

Criminal Records Checks can be obtained from the Winnipeg Police Service, Public Safety Building, 151 Princess St., Winnipeg or:  
[http://winnipeg.ca/police/RC/info\\_request.stm#crim\\_record\\_search](http://winnipeg.ca/police/RC/info_request.stm#crim_record_search) or from your local law enforcement agency.

2. must submit and be cleared on a formal Child Abuse Registry Self-Check by the time of their initial registration and subsequent annual re-registrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene program, etc.) each year while in their particular program.

The original documents must be verified by the particular Dentistry Education Office after which they will be returned to the learner.

Child Abuse Self-Checks can be obtained from Child and Family Services, Child Protection, 201 - 114 Garry Street, Winnipeg or  
[http://www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry\\_form.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html)

Although the Province of Manitoba notes on its webpage that if you are applying for an unpaid position working with children, you are to make your application "through the employer/agency as a fee exemption may apply" the Faculty of Dentistry is requiring all learners to complete a Child Abuse Registry Self-Check through the Registry itself.

Please be advised of the following pertinent information.

1. Applicant learners who appear on the Child Abuse Registry as an offender, will be withdrawn from the particular undergraduate IDDP, Dentistry and Dental Hygiene Diploma/Degree program.
2. The formal checks are the property of the learner and will be returned to the learner.
3. Any changes in a learner's status while in the Faculty's dentistry/dental hygiene education programs **must be reported** to the appropriate Associate Dean or Director, who will then consult with the Faculty committee described above.



