

**Tufts University**  
**School of Dental Medicine**  
<http://dental.tufts.edu/admissions>

**Description of Program**

The Dental International Student (DIS) Program at Tufts University School of Dental Medicine began in 1956 to provide foreign-trained dentists with the education and experience required to practice dentistry in the United States. The program consists of five semesters of coursework and clinical experience, including innovative courses in implantology and geriatric dentistry. Upon completion of the program, students receive a D.M.D degree and are eligible for licensure to practice dentistry in the United States.

**Contact Information**

Melissa Friedman  
Tufts University  
School of Dental Medicine  
Office of Admissions  
One Kneeland Street, 15<sup>th</sup> floor  
Boston, MA 02111  
Telephone: 617-636-6639  
Fax: 617-636-0309  
Email: [denadmissions@tufts.edu](mailto:denadmissions@tufts.edu)

**Program Details**

Length of Program: 25 months  
Program Deadline: September 14, 2012  
Start Date: April 2013  
Class Size: 10 - 20  
Degree Awarded: D.M.D.

**Requirements to Apply to Program**

*English Language Proficiency*

- ✘ Must be proficient in the English language
- ✘ All applicants must take the TOEFL to be considered for admission
- ✘ Must submit original TOEFL score report directly to program (not to ADEA CAAPID)
- ✘ Scores from TOEFL exams taken AFTER September 14, 2010, will be considered. Scores from exams taken before September 14, 2010, will NOT be considered.

*National Board Dental Examination Requirements*

- ✘ Program requires passage of NBDE Parts I and II to be considered for admission
- ✘ Submit official National Board Dental scores to program after submitting ADEA CAAPID application
- ✘ Preference is given to applicants who receive score of 90 or better on each of the individual sections on Part I and who receive a score of 85 or above on the Part II examination. The Admissions Committee also gives preference to applicants who score at or above the national average on the subsections of the National Board Dental Examination, Part II.

*Letter of Evaluation*

- ✘ Program accepts up to three Letters of Evaluation
- ✘ Program prefers one Letter of Evaluation to come from dean of dental school from which applicant graduated
- ✘ The letters of evaluation must be in English from two dental school professors, or from one former dental school professor and the dean or director of your dental school

*Transcripts and Evaluations*

- ✘ If admitted, program will require official transcripts from original dental school to be sent directly to program
- ✘ All applicants must submit a course-by-course evaluation from either ECE or WES. If admitted, program will require official transcripts from ALL post-secondary institutions attended.

*Application Fees*

- ✘ Please send \$90 application fee to program (not to ADEA CAAPID) after being contacted by program.

*Other Documents That Should Be Sent Directly to Program (not to ADEA CAAPID)*

- ✘ Send 2" x 2" photograph to program (not to ADEA CAAPID) after submitting ADEA CAAPID application