What is ADEA CAAPID?

The American Dental Education Association Centralized Application for Advanced Placement for International Dentists (ADEA CAAPID℠) is the centralized application service for foreign educated dental graduates who wish to practice dentistry in the United States or Canada. ADEA CAAPID℠ is the place to research and apply to participating advanced standing dental programs without having to go through traditional D.D.S./D.M.D. programs. Save time and energy by completing one application for multiple programs. ADEA CAAPID℠ is open from March through February each year.

ADEA CAAPID℠ applicants can locate programs by state or program name before applying by using the ADEA CAAPID℠ Directory. To access the ADEA CAAPID℠ Directory, please click here.

It is the applicant’s responsibility to read, understand and follow all ADEA CAAPID℠ and program-specific instructions.

ADEA CAAPID Application

Once the application cycle opens, an applicant can begin the application at https://portal.caapid.org/.

Create an Account:

To edit any of this information, visit the “My Profile” section of your application by clicking the arrow next to applicant name at the top of the page.

Your Name:
Provide title, first name, middle initial, last name and suffix. Please also indicate a display name, such as a nickname or preferred first name to be used throughout the application.

Contact Information:
Provide an e-mail address and phone number which you would like ADEA CAAPID to use for communication, as well as the type of e-mail address and phone number it is (home, work, or school). Please be sure the e-mail address is accurate, as important messages from ADEA CAAPID and the advanced standing programs to which you are applying will be sent here.

Username and Password:
Create applicant information, making sure the username is at least 4 characters long, and the password is at least 8 characters and contains both letters and numbers or special characters.
Program Selection:
Once an account is created, applicants must select at least one advanced standing program for international dentists to apply to. It is best to add all programs the applicant intends to apply to at this point. Applicants may add more programs later on, or remove a program prior to submission of the application. Please review the list of programs, and then advance to the application. Also utilize the ADEA CAAPID Program Directory found here.

PERSONAL INFORMATION

Biographic Information
Alternate Name:
Indicate if the applicant has any materials being provided to ADEA CAAPID under another name. If so, provide the corresponding information.

Gender:
Indicate if the applicant is male, female, or decline to state.

Birth Information:
Provide date of birth as well as country, city, date, and county of birth.

Contact Information:
Current Address:
Provide current mailing address and the approximate date through which this address is valid if this is not the permanent address.

Phone:
Provide an alternate phone number and type, if applicable.

Email:
To make changes to the email address, please go to the “Profile” section.

Citizenship Information:
Citizenship Details:
Select the applicant current citizenship status and country of citizenship. If the applicant holds dual citizenship, please indicate the second country of citizenship.

Residency Information:
Indicate applicant legal state and county of residency, and how long applicant has maintained residency there.
Visa Information:
Indicate if applicant has a Visa, and if so, the visa number, type, issuer information and dates of validity. Enter the number of years applicant has lived in the U.S.

Race and Ethnicity:
Applicant response is solicited in order to furnish the American Dental Education Association and its member schools with adequate information for strengthening opportunities for cultural diversity within dentistry.

Other Information:

Language Proficiency:
Indicate if the courses applicant took during dental education was taught in English.

Felony:
Indicate if the applicant has ever been convicted of a felony, and if so, provide an explanation.

Misdemeanor:
Indicate if the applicant has ever been in any state or country of a misdemeanor, other than a minor traffic offense, and if so, provide an explanation. If convicted of a misdemeanor or felony prior to matriculation, it is the applicant’s responsibility to immediately inform all designated advanced standing programs.

Academic Infraction:
Indicate if the applicant has ever been disciplined for an academic infraction, such as poor academic performance or conduct violations. If so, provide an explanation.

License/Certification Infractions:
Please indicate professional certification, registration or license suspended or revoked, or if the applicant has have ever had other restrictive conditions placed on the ability to practice a health profession, and if so, provide the details.

DENTPIN:
In order to begin the ADEA CAAPID application process, applicants will need a DENTPIN (Personal Identifier Number: Click here to obtain your DENTPIN.)

(DENTPIN 99999999)

The DENTPIN (DENTal Personal Identifier Number) is a unique personal identifier for applicants and students involved with the U.S. dental education system and standardized testing programs. The DAT, ADEA AADSAS and Texas application systems, ADEA PASS, ADEA CAAPID, and the National Board Dental Hygiene Exam programs all use the DENTPIN for identification of students and test-takers and for the confidential, secure reporting, transmission and tracking of test scores and academic data.
Relatives in Dentistry:
Please indicate any relatives who are dentists/dental hygienist who are in dental/dental
hygiene school or who have studied dental assisting, dental laboratory technology or related
dental field. If “Yes”, indicate the name, relationship, name of school, degree or certificate,
year of graduation or expected graduation.

Previous Applications to U.S. Dental Schools:
Please indicate any applications to U.S dental school prior to the present application cycle. If
“Yes”, indicate to which U.S dental school (s) previously applied and the year.

ACADEMIC HISTORY

As a new feature of the 2016 cycle, official WES and ECE foreign evaluations will be submitted
electronically to ADEA CAAPID to all programs an applicant has applied to, in addition to the
WES and ECE GPAs being sent. ADEA CAAPID only accepts evaluated foreign transcripts
evaluations from Education Credential Evaluators (ECE) (www.ece.org) and World Education
Services (WES) www.wes.org/adea).

In order for official evaluations to be submitted an applicant MUST:

- Create a 2016 ADEA CAAPID application first to generate a CAS applicant ID number.
- Under “Academic History” and “Colleges Attended”, report all dental schools
  attended. List each dental school only once regardless of the number of degrees
  earned or gaps in the dates of attendance.
- Identify the appropriate tab to order a WES and/or ECE foreign transcript evaluation
electronically though ADEA CAAPID.

Once the evaluation is ready it will be electronically sent to ADEA CAAPID. For applicants
using the ECE evaluation, request a course-by-course evaluation (not summary) of the applicant
record.

It is strongly recommended applicants order their foreign transcript evaluations online through
ADEA CAAPID. The applicant may opt to send the official paper copy of the applicant record if
circumstances apply, for example if those applicants may already possess an official paper copy
of the evaluation. Applicant must download and print the “Transcript Request Form” under the
Colleges Attended section of the application if they choose to send a paper copy. Please keep
in mind that by ordering the evaluation form online will ensure the processing of the electronic
form, as well as official GPAs. Applicant should check with all designated advanced standing
programs for specific instructions.

Advanced Dental Education Programs
Identify any advanced dental education programs completed or in-progress. The following 10
program types are available:

1. Advanced Education in General Dentistry
2. Dental Public Health
3. Endodontics
4. Oral and Maxillofacial Pathology
5. Oral and Maxillofacial Radiology
6. Oral and Maxillofacial Surgery
7. Pediatric Dentistry
8. Orthodontics
9. Periodontics
10. Prosthodontics

Identify the program level as Internship, Externship, Fellowship, Graduate Certificate or Residency.

Continuing Education Units:
Identify continuing education courses, including the sponsoring organization and date of complete. A copy of the course certificate can be uploaded.

SUPPORTING INFORMATION

Applicant Reported Standardized Tests

This section includes all collected information for the TOEFL and National Board Dental Examination Scores. All test information collected by ADEA CAAPID is self-reported only.

National Board Dental Examination Scores Part I and II
Identify if the applicant took the test prior to 2007, 2007-2011 or 2012-later

Part I:

Part I Test taken prior to 2007, self-report numerical scores for the following, and the applicant self-reported Reference Number.

- Anatomical Science (49-99)
- Biochemistry/Physiology (49-99)
- Microbiology/Pathology (49-99)
- Dental Anatomy (49-99)
- Average (49-99)
- Reference Number (up to 6 characters)

Part I Test Taken 2007-2011, self-report numerical standard score and status as Pass/Fail

- Standard Score (49-99)
- Pass/Fail
Part I Test taken 2012-later, self-report score as Pass/Fail only

Part II:

Part II Test taken prior to 2012, self-report the average score (49-99)

Part II Test taken after 2012, self-report the status score as Pass/Fail

Test of English as a Foreign Language (TOEFL)
The TOEFL measures the applicant’s ability to use and understand English at the university level. It evaluates listening, reading, speaking and writing skills to perform academic tasks.

Tip: ADEA CAAPID does not accept official test score reports. Test requirements vary by program and official test score reports should be sent directly to the program at the address provided in the program profile.

EVALUATIONS

Letters of evaluation are traditional recommendation letters recommending a person to a U.S dental school. Letters of evaluation are not required as part of the complete application. ADEA CAAPID will process up to 3 electronic letters of evaluation. Applicant must check with their program for specific requirements. If evaluators are not able to provide an electronic version of the reference letter, please check with your program and the evaluations section of “Program Materials” for additional requirements.

Waiver of Access
The letter of evaluation form requires a waiver statement. A U.S. federal law (P.L. 93-30, the Family Educational Rights and Privacy Act [FERPA] of 1974) protecting education records requires applicants to certain educational programs, including dental education programs, to indicate whether they wish to waive or retain the right to read evaluations submitted on their behalf. If an applicant waives access, he or she is assuring the evaluator of the permanent confidentiality of comments made on behalf of the applicant.

As soon as the evaluator’s name and email address are provided, the evaluator will receive an automated message from ADEA CAAPID directing him or her to the Evaluators Portal. Applicant is requited to supply the following information about the evaluator within the request.

Title:
Enter the evaluator’s greeting, such as Dr., Mr., Mrs., etc.

Name:
Enter the evaluator’s first and last name
**Organization:**
Enter the organization with which the evaluator is affiliated, as well as their official title within that organization.

**Contact Information**
Enter the evaluator’s e-mail address and telephone number. This is the e-mail address where the electronic request will be sent.

**Due Date**
Applicant must specify the date by which they need this evaluation submitted to the evaluator. It is advised to use a date no later than the applicant earliest program deadline, while still allowing the evaluator time to complete the process.

**Personal Message to the Evaluator**
Applicant may include a short note to the evaluator regarding the request which will also be included with the request e-mail they receive.

**EXPERIENCES**
Enter in various experience types by completing the required relevant information for each type. Applicant should be sure to correctly classify each experience type using the descriptions below. This section is in lieu of a resume or curriculum vitae (CV). ADEA suggests that applicants update their resumes/CVs before filling out the application.

- Dental Experience – All paid and unpaid dental work experience(s).
- Employment – All paid employment (non-dental). Please list in chronological order from most recent to least recent and include a brief description of responsibilities.
- Non-Dental Health Care – All paid and unpaid non-dental health care experience(s).
- Research
- Teaching
- Awards
- Presentations
- Publications

**LICENSES**
Applicants should enter any license (s) they may have earned.

**Dental License**
Enter the license number, date license was issued, country where license is held.
Other Licenses
Enter the license number, license type, date license was issued, country where license is held.

Other Relevant Information:
Applicants should briefly provide information about any other relevant experiences, and/or credentials unique to them.

PERSONAL STATEMENT
The personal statement provides the applicant an opportunity to explain his/her desire to pursue an advanced placement program in the United States. While this section is required for ADEA CAAPID, not all programs will use the personal statement in their decision-making process. Applicants should not make the essay program-specific as it will be provided to all programs through ADEA CAAPID.

RELEASES
Release Statements and Code of Conduct:

Pre-Submission Release of Information:
Agreeing to this statement will allow designated advanced standing programs to have access to basic contact information prior to the applicant submitting the application to ADEA CAAPID.

All applicants will be required to agree to the ADEA CAAPID Release Statement and Code of Conduct in order to submit an application through ADEA CAAPID.

I agree to the following ADEA CAAPID Release Statement and Code of Conduct.

- I have read, reviewed, and understand the application instructions and program/school-specific admissions requirements, including provisions which note that I am responsible for monitoring and ensuring the progress and status of my application and all supporting materials.
- I have provided ADEA CAAPID information in this application that is complete and accurate to the best of my knowledge. I understand that omitting relevant information or providing misrepresentations or false or misleading information in my application and supporting documents during the application process may jeopardize my application or other actions, including the possibility of expulsion from a program, if enrolled.
I certify that all written passages, such as the personal statement, essays, and descriptions of work/activities, are my own and have not been written, in part or in whole, by a third party.

I understand that all documents provided to ADEA CAAPID will not be returned to me.

I acknowledge my responsibility to inform the programs/schools to which I have applied in the event there is any change in the information I have provided, including, but not limited to, educational information, legal and conduct violations, and contact information and in a timely manner. Programs/schools will consider new information submitted, and in appropriate circumstances, reserve the right to change the status of an applicant or student.

I authorize ADEA CAAPID and the dental programs to which I am applying to investigate any information, including my educational background, disciplinary history, and record of criminal convictions that it believes is relevant to my application.

I give permission for ADEA CAAPID to release the information provided within my application, as well as all supporting application materials to my designated programs/schools.

I authorize the use of information provided within the application for research, applicant tracking, and reporting purposes.

I acknowledge that my only recourse to errors or omissions related to the handling or processing of my application by ADEA CAAPID is to obtain a refund. A refund is not guaranteed. Errors or omissions that are my responsibility are not subject to refund or waiver of fees in a future cycle.

I agree to act with honesty, forthrightness, and integrity throughout the admissions process. I will be professional throughout the application process including interactions with ADEA CAAPID staff, program/school admissions officers and staff, and admissions committee.

PROGRAM MATERIALS

Each program designated on the ADEA CAAPID application will appear in the Program Materials section of the application with their own individual program page. This page contains a short introduction to the program, as well as any program-specific questions applicants must answer before applying to the program. Every ADEA CAAPID program may also require the applicant to upload specified letter of evaluation (up to 3). Applicants should check with their individual program for individual requirements regarding letters of evaluation.

Manage my Programs

Full Programs List:
This page contains a list of all programs participating in the ADEA CAAPID application. For more information, please see the ADEA CAAPID Directory.
Adding Program Designations:
Applicants may apply to additional programs using this page at any time prior to the program’s deadline by clicking the blue sign next to the program name, even if the applicant has already submitted the application to another program.

Removing Program Designations:
Applicants may also remove any programs added at any time prior to submitted the application to that program. Once an application has been submitted for a program, applicants may no longer remove this designation. Please note, ADEA CAAPID does not offer applicant refunds for any reason.

Fee Schedule

Payment may be made by credit card only, and is made at the time of submission of the ADEA CAAPID application to a program. To submit the application to one or more programs, go to the “My Program Selections” tab on the “Manage My Programs” page.

Each first designation to ADEA CAAPID is $245.00, each additional designation is $93

<table>
<thead>
<tr>
<th>Number of ADEA CAAPID Programs</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee</td>
<td>$245.00</td>
<td>$338.00</td>
<td>$431.00</td>
<td>$524.00</td>
<td>$617.00</td>
<td>For each additional Designation, add an additional $93</td>
</tr>
</tbody>
</table>