



## **ADEA AADSAS APPLICATION QUESTIONS**

### **2017-2018 APPLICATION CYCLE**

#### **PERSONAL INFORMATION**

1. Release Statement
  - a. Pre-submission Release of Information
    - i. By answering yes, you authorize ADEA AADSAS to release your name and contact information to your designated programs BEFORE you submit your final application. This will allow your designated programs to send you important information about the local admissions process before you complete your application.
      1. Yes
      2. No
  - b. Release Statement
    - i. By checking this box you are indicating that the information provided is accurate and complete, failure to do so may jeopardize your application.
  - c. Advisor Release
    - i. By answering Yes, you authorize ADEA AADSAS to release selected information regarding your ADEA AADSAS application and admission status to the health professions advisor and the health professions advisory committee of the post-secondary institution (s) that you have attended. By releasing your information, your advisor is better able to assist you in the admissions process, as well as better guide students in the future. You cannot make changes to this item after you submit your application to ADEA AADSAS.
      1. Yes
      2. No
2. Biographic Information
  - a. Your Name
    - i. First or Given Name
    - ii. Middle Name

- iii. Last or Family Name
    - iv. Suffix
  - b. Alternate Name
    - i. Do you have materials under another name (for example a maiden name, middle name, or nickname)?
      - 1. Yes
      - 2. No
    - ii. If yes:
      - 1. Alternate First Name
      - 2. Alternate Middle Name (optional)
      - 3. Alternate Last Name
      - 4. Preferred Nick Name (optional)
  - c. Gender
    - i. What is your gender?
      - 1. Male
      - 2. Female
      - 3. Decline to State
  - d. Birth Information
    - i. Date of Birth (MM/DD/YYYY)
    - ii. Country
      - 1. Select Country
    - iii. City
    - iv. State
    - v. County
- 3. Contact Information
  - a. Current Address
    - i. Street Address 1
    - ii. Street Address 2
      - 1. (optional)
    - iii. City
    - iv. Country/Territory
      - 1. Select a Country
    - v. State/Province
    - vi. County
    - vii. Zip/Postal Code

viii. Approximate Date through which current address is valid  
1. (optional) (MM/DD/YYYY)

ix. Is this your permanent address?

1. If no:

a. What is your permanent address?

i. Street Address 1

ii. Street Address 2

1. (optional)

iii. Country/Territory

1. (select from drop-down)

iv. State

v. County

vi. City

vii. Zip Code

b. Phone

i. Preferred Phone Number

ii. Alternate Phone Number

1. (optional)

c. Email

i. Email

4. Citizenship Information

a. United States Citizenship Details

i. US Citizenship Status

1. Select Citizenship

a. U.S Citizen

b. Permanent U.S Resident

c. Temporary U.S Resident

d. Non-Resident

ii. Country of Citizenship

1. Select country from drop-down

iii. Do you have dual citizenship?

1. Yes/no

b. Residency Information

i. Legal State of Residence

1. Select state from drop-down

- ii. Legal County of Residence
  - 1. Select county from drop-down
- iii. How long have you been a resident of your state?
  - 1. Less than 1 year
  - 2. 1-2 years
  - 3. 2-3 years
  - 4. 3-5 years
  - 5. 5-10 years
  - 6. More than 10 years
- iv. How long have you lived in the US?
  - 1. Less than 1 year
  - 2. 1-2 years
  - 3. 2-3 years
  - 4. 3-5 years
  - 5. 5-10 years
  - 6. More than 10 years

c. Visa Information

- i. Do you have a US Visa?
  - 1. If yes
    - a. Visa Number (optional)
    - b. What type of Visa
      - i. Select Visa type from drop-down
    - c. Who Issued your Visa?
    - d. Issued in City
    - e. Country
      - i. Select country from drop-down
    - f. Valid From
      - i. MM/DD/YYYY
    - g. Valid Until
      - i. MM/DD/YYYY
    - h. Visa Sponsor (optional)

d. Deferred Action for Childhood Arrivals (DACA)

- i. Have you applied for and been accepted to DACA?
  - 1. Yes/No

5. Environmental Factors

a. Family Situations (U.S Applicants Only)

- i. Have you or members of your immediate family ever used federal or state assistance programs ( optional)
  1. Yes
  2. No
  3. I don't know
- ii. What was the income level of your family during the majority of your life from birth to age eighteen? (optional)
  1. Select income from drop-down
    - a. Do Not Know
    - b. Less than \$19,999
    - c. \$20,000 – 29,999
    - d. \$30,000 – 39,999
    - e. \$40,000 – 49,999
    - f. \$50,000 – 59,999
    - g. \$60,000 – 69,999
    - h. \$70,000 – 79,999
    - i. \$80,000 – 89,999
    - j. \$90,000 – 99,999
    - k. \$100,000 – more
- iii. Did you have paid employment prior to age eighteen (optional)
  1. Yes
  2. No
- iv. Were you able to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)? (optional)
  1. Yes
  2. No

b. Disadvantaged Consideration

- i. Do you wish to be considered a disadvantaged applicant by any of your designated programs that may consider such factors (social, economic, or educational) If yes, please answer the following question
  1. Yes
  2. No

\*\* Provide any information about your background that can help clarify your disadvantaged status (optional)

Text box, 4500 characters

- c. Childhood Residency
  - i. In what country did you spend the majority of your life from birth to age eighteen (optional)
    - 1. Select country from drop-down
  - ii. In what state did you spend the majority of your life from birth to age eighteen? (optional)
    - 1. Select state from drop-down
  - iii. In what city did you spend the majority of your life from birth to age eighteen?
    - 1. Select city from drop-down
  - iv. What is the type of geographic area where you were raised? Optional drop-down
    - 1. Military or Government Installation
    - 2. Other
    - 3. Rural
    - 4. Suburban
    - 5. Urban
  - v. Description of Childhood Residency (optional)
    - 1. Text box 250 max character limit
  - vi. Do you feel that the area where you grew up was medically underserved? (optional)
- d. High School Situation
  - i. Did you graduate from a high school from which a low percentage of seniors graduated? (optional)
    - 1. Yes
    - 2. No
    - 3. I don't know
  - ii. Did you graduate from a high school from which a low percentage of students went to college? (optional)
    - 1. Yes
    - 2. No
    - 3. I don't know
  - iii. Did the high school you attended have many students eligible for free or reduced price lunches? (optional)

1. Yes
2. No
3. I don't know
4. Yes
5. No
6. I don't know
7. \$100,000 – or more

e. Relatives in Dentistry

- i. Do you have 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?

- ii. Relative 1, 2, 3, 4

1. If so, please indicate who?
  - a. Father
  - b. Mother
  - c. Sibling
  - d. Spouse
  - e. Aunt
  - f. Uncle
  - g. Cousin
  - h. Grandparent
2. Name (optional)
  - a. Text box 255 character max
3. School Attended (optional)
  - a. Text box 255 character max
4. What type of degree or certificate did they earn or anticipate earning (optional)
  - a. US D.D.S/ D.M.D
  - b. Foreign Dental Degree
  - c. Dental Hygiene Degree
  - d. Dental Laboratory Technology Degree
  - e. Dental Assisting Degree
  - f. Other Degree
5. When did they graduate or anticipate graduating? (optional)
  - a. 1970-2020

- b. Will be a drop down 4 character field to key in year for each relative

6. Parent/Guardian

- a. Add a Parent / Guardian

- i. Parent Info

- 1. Relationship to Applicant

- a. Mother
      - b. Father
      - c. Stepmother
      - d. Stepfather
      - e. Foster Parent
      - f. Guardian
      - g. Other

- 2. First Name

- a. Text

- 3. Last Name

- a. Text

- 4. Gender

- a. Male
      - b. Female
      - c. Decline to State

- 5. Living?

- a. Yes
      - b. No
      - c. Don't Know

- ii. Parent Occupation

- 1. Occupation

- a. Select occupation from drop-down

- iii. Parent Residency

- 1. Country of Legal Residence

- a. United States
      - b. Canada
      - c. Other

- 2. State

- a. Select state from drop-down



3. County

- a. Select county from drop-down

iv. Parent Education

1. Highest Education Level

- a. Less than high – school
- b. High School Graduate (high school diploma or equivalent)
- c. Some college, but not degree
- d. Bachelor Degree (BA, BS, etc.)
- e. Associate's Degree or Certificate
- f. Some Graduate School, but no degree
- g. Master's Degree
- h. Doctorate or Professional Degree
- i. Don't know

v. Parent Household

- 1. Is this parent in your primary household? - Your primary household is where you lived during the majority of your life from birth to age eighteen
  - a. Yes
  - b. No
- 2. How many people other than your parent (s) lived in your primary household during the majority of your life from birth to age eighteen?
  - a. Drop-down 0-9

7. Race & Ethnicity

a. Ethnicity (optional)

- i. Do you consider yourself to be of Hispanic/ Latino Origin? (optional)

1. Drop down Yes/No

b. Race (optional) Please select one or more of the following groups in which you consider yourself to be a member.

- i. American Indian or Alaska Native
- ii. Asian
- iii. Black or African American
- iv. Native Hawaiian or Other Pacific Islander
- v. White

8. Other Information

- a. DENTPIN
  - i. URL Link to obtain DENTPIN
  - ii. Text box to self-report
- b. Language Proficiency
  - i. What is your Native Language?
    - 1. Select language from drop-down
      - a. Add Another Language
- c. Military Status
  - i. Indicate your anticipated United States Military status at the time you enroll:  
(optional)
    - 1. Select Military Status from drop-down
      - a. On Active Duty
      - b. Veteran
      - c. Member of Reserve or National Guard
      - d. Military Dependent
      - e. Other
      - f. Not a member of the military
- d. Felony
  - i. Have you ever been convicted of a Felony?
    - 1. Radio button
      - a. If Yes
        - i. Enter an explanation in this box. Text box 500 character max Include:
          - 1. A brief description of the incident and/or arrest
          - 2. Specific charge made
          - 3. Related dates
          - 4. Consequence
          - 5. A reflection on the incident and how the incident has impacted your life
          - 6.
- e. Misdemeanor
  - i. Have you ever been convicted of a Misdemeanor
    - 1. Radio button
      - a. If yes

i. Enter an explanation in this box. Text box 500 character max include:

1. A brief description of the incident and/or arrest
2. Specific Charge made
3. Related Dates
4. Consequence
5. A reflection on the incident and how the incident has impacted your life

f. License Infraction

i. Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state, or locality?

1. Radio button

a. If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life.

i. Text box 500 character max

g. Academic Infraction

i. Have you ever been disciplined for academic performance (e.g academic probation, dismissal, suspension, disqualification, etc.) by any college or school?

1. Radio button

a. If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life.

i. Text box 500 character max

ii. Have you ever been disciplined for student conduct violations (e.g academic probation, dismissal, suspension, disqualification, etc.) by any college or school?

1. Radio button

- a. If you answered "Yes" to the previous question, you must provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequence, and 5) a reflection on the incident and how the incident has impacted your life.
  - i. Text box 500 character max
- h. Previous Attendance at Health Profession Program
  - i. Have you have matriculated in or attended any health profession program as a candidate for a professional degree
    - 1. Select the type of program into which you matriculated:
      - a. Select Type of Program from drop-down
        - i. Allopathic Medicine (MD)
        - ii. Dental Hygiene (DH)
        - iii. Dental Medicine (DDS/DDM)
        - iv. Nursing (Professional)
        - v. Optometry (OD)
        - vi. Osteopathic Medicine (DO)
        - vii. Occupational Therapy Doctorate (OTD)
        - viii. Pharmacy (PharmD)
        - ix. Physician Assistant (MPAS)
        - x. Physical Therapy Doctorate (DPT)
        - xi. Podiatric Medicine (DPM)
      - b. Please indicate the school and program you attended, If you earned a degree, please indicate what type of degree it was.
        - i. Text box 200 character max
      - c. Attended from
        - i. MM/DD/YYYY
      - d. Attended to (optional)
        - i. MM/DD/YYYY
      - e. Are you eligible to return?
        - i. Radio button
          - 1. I Graduated
          - 2. Yes
          - 3. No

ii. Describe why you left

i. Education Interruption

i. Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance?

1. Radio button

a. Yes

b. No

ii. If you selected "Yes" above, you MUST enter an explanation in the box below (optional)

1. Text box 1000 character max

j. Military Service Interruption

i. Has your education been interrupted because of military service? (optional)

1. Radio button

a. Yes

b. No

k. Previous Application to US Dental Schools

i. Have you ever applied to US dental school prior to the present application cycle?

1. Radio button

a. Yes

b. No

ii. If yes, indicate the year in which you applied (optional)

1. 2017

2. 2016

3. 2015

4. 2014

5. 2013

iii. If you have selected "Yes" above, you MUST list the dental school (s) to which you have previously applied below (optional)

1. Text box 600 character max

iv. If you are a re-applicant, you must explain which has changed since your last application below. (optional)

1. Text box 1000 character limit

l. Manual Dexterity

- i. Describe any activities requiring manual dexterity (e.g activities requiring hand-eye coordination such as cross – stitching , sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient. (optional)
  1. Text box, 600 characters

## **ACADEMIC HISTORY**

1. High Schools Attended
  - a. What high school did you attend? (required)
    - i. Name
    - ii. City
    - iii. Select State from drop-down
  - b. Did you graduate from this high school?
    - i. Radio button
      1. If yes
        - a. When did you graduate?
          - i. Select Month and Year from drop-down
2. Colleges Attended
  - a. What college did you attend?
    - i. Type in from college list
  - b. Did you obtain a degree from this college?
    - i. Radio button
      1. If yes
        - a. What type of degree did you earn?
          - i. Select degree type from drop-down
        - b. When did you earn that degree?
          - i. Select Month and Year from drop-down
        - c. What was your major?
          - i. Select Major from drop-down
        - d. What was your minor? (optional)
          - i. Select Minor from drop-down
        - e. Check box if you were a double major
  2. No

3. My degree is in progress
    - c. What type of term system does this college use?
      - i. Radio button
        1. Quarter
        2. Semester
        3. Trimester
    - d. When did you attend this College?
      - i. Select the first and last (Quarter, Semester, Trimester) that your transcript covers, even if there were breaks between ( Quarters, Semesters, Trimesters).
        1. First (Quarter, Semester, Trimester)
          - a. Select Term, Month, year from drop-down
        2. Last (Quarter, Semester, Trimester)
          - a. Select Term, Month, Year from drop-down
        3. Check if you are still attending this college
    - e. Download Transcript Request form for U.S and English Speaking Canadian Institutions
    - f. Order WES and/or ECE Evaluation for any Foreign Attended Institutions
3. Transcript Entry
  - a. Colleges Attended page displays
  - b. 1<sup>st</sup> term displays
    - i. Add Course
      1. Course Code
      2. Course Title
      3. Subject
        - a. Select subject from drop-down
      4. Credits
        - a. Select credit decimals from drop-down
      5. Grade
      6. CAS Grade
  - c. Is entering your coursework taking too long? Save significant time and ensure accuracy by having our specialist do it for you
    - i. Tell me more
4. Standardized Tests
  - a. US DAT (optional)

- i. Add Test Score
  - 1. Have you taken the test?
    - a. Radio button
      - i. If yes,
        - 1. When did you take this test?
          - a. MM/DD/YYYY calendar
      - ii. No
        - 1. When do you plan to take this test?
          - a. MM/DD/YYYY calendar
  - 2. DENTPIN
    - a. Self-report in text box
  - 3. Self-report U.S DAT scores ( optional)
    - a. Academic Average
    - b. Quantitative Reasoning
    - c. Biology
    - d. Organic Chemistry
    - e. Perceptual Ability
    - f. Reading Comprehension
    - g. General Chemistry
    - h. Total Science
- b. Canadian DAT (optional)
  - i. Add Test Score
    - 1. Have you taken the test?
      - a. Radio button
        - i. If yes,
          - 1. When did you take this test?
            - a. MM/DD/YYYY calendar
        - ii. No
          - 1. When do you plan to take this test?
            - a. MM/DD/YYYY calendar
  - c. Add a Standardized Test

## **SUPPORTING INFORMATION**

- 1. Evaluations



a. Create an evaluation request

i. Evaluators Information

1. Are you requesting a Committee Evaluation? Yes/No

- a. First Name
- b. Last Name
- c. Email address
- d. Due Date
  - i. MM/DD/YYYY calendar
- e. Personal Message
  - i. 500 characters

ii. Waiver of Evaluation

1. I waive my right of access this evaluation

- a. Yes
- b. No

iii. Permission to Contact Reference

1. Check Box:

- a. I hereby give permission to contact this reference via email to request the completion of the reference form and letter of reference. If my reference does not submit an online reference form in response to the email request, it is my sole responsibility to contact the reference directly to ensure all references required by my designated schools are received by the deadline.

iv. Permission for Schools to Contact Reference

1. Check Box:

- a. I understand that the schools to which I am applying may contact the reference either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the schools to do so.

2. Experiences

a. Add an experience

i. Experience type

1. What type of experience would you like to add?

- a. Select type from Drop-down
    - i. Academic Enrichment
    - ii. Dental Shadowing
    - iii. Employment
    - iv. Extracurricular Activities
    - v. Research
    - vi. Volunteer
- ii. Organization
  - 1. Name
  - 2. Address
    - a. Optional
  - 3. Address 2
    - a. Optional
  - 4. City
    - a. Optional
  - 5. Country
    - a. Select country from drop-down
  - 6. Zip code
    - a. Optional
  - 7. State
- iii. Supervisor
  - 1. First Name
    - a. Optional
  - 2. Last Name
    - a. Optional
  - 3. Title
    - a. Optional
  - 4. Contact Phone
    - a. Optional
  - 5. Contact Email
    - a. Optional
- iv. Experience Dates
  - 1. Start Date
    - a. MM/DD/YYYY Calendar
  - 2. Current Experience

- a. Yes
- b. No
- 3. End Date (optional)
  - a. MM/DD/YYYY Calendar
- 4. Status
  - a. Full time
  - b. Part time
  - c. Temporary
  - d. Per diem
- 5. Experience Details
  - a. Title
    - i. Text Box
  - b. Type of Recognition
    - i. Check Box
      - 1. Compensated
      - 2. Received Academic Credit
      - 3. Volunteer
  - c. Average Weekly Hours
    - i. Enter number
  - d. Number of weeks
    - i. Enter number
  - e. Total Hours
    - i. Multiplied total auto- fills from Average Weekly Hours and Number of Weeks
  - f. Description/ Key Responsibilities
    - i. Text box ( 600 characters )
  - g. Release Authorization (May we contact this organization?)
    - i. Yes
    - ii. No

### 3. Achievements

- a. Achievement Details
  - i. Select type from drop-down
    - 1. Honors
    - 2. Awards
    - 3. Scholarships

- b. Name
  - c. Name of presenting organization
    - i. Optional
  - d. Issued Date (Optional)
    - i. MM/DD/YYYY calendar
  - e. Brief description (Optional)
    - i. Text box , 600 characters
4. Licenses
- a. Select Type from drop-down
    - i. RDH (Registered Dental Hygienist)
    - ii. CDA (Certified Dental Assistant)
    - iii. CDT (Certified Dental Technician)
    - iv. Other Licenses
  - b. Number
    - i. Optional
  - c. Date License was Issued?
    - i. MM/DD/YYYY) Calendar
  - d. Country where License is held?
    - i. Select country from drop-down
  - e. Upload a copy of your license (optional)
    - i. Upload choose file
5. Personal Statement
- a. Text box, 4500 characters
    - i. The response you enter below will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application. Do NOT personalize your Personal Statement for a specific dental school. You can NOT make any edits to your Personal Statement after you have e-submitted your completed application to ADEA AADSAS
    - ii. Please explain why you want to pursue a dental career.

## **PROGRAM MATERIALS**

1. Programs applicant has selected from “Add Program” field
  - a. Program configurations include:
    - i. Homepage/branding
    - ii. Prerequisites
    - iii. Program level custom questions

