ADEA AADSAS Application Questions

2018-2019 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, you 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 of 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
   ix. Is this your permanent address?
      1. No
         a. What is your permanent address
            i. Street Address 1
            ii. Street Address 2 (optional)
            iii. Country Territory
            iv. State / Province
            v. County
            vi. Postal Code
   b. Phone
      i. Preferred Phone Number
      ii. Alternate Phone Number (optional)
   c. Email
      i. Email

4. Citizenship Information
   a. United States Citizenship Details
      i. US Citizenship Status
1. Select Citizenship
   a. US Citizen
   b. Permanent US Resident
   c. Temporary US Resident
   d. Non-Resident
   e. None

ii. Country of Citizenship
   1. Select country from drop-down

iii. Do you have dual citizenship?
   1. Yes
      a. If yes,
         i. Second Country of Citizenship (text box)
   2. 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
         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/YY
g. Valid Until
   i. MM/DD/YY
h. Visa sponsor (optional)
d. Deferred Action for Childhood Arrivals (DACA)
i. Have you applied for and been accepted to DACA? (optional)
   1. No
   2. Yes
5. Environmental Factors
a. Family Situations (US 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 or 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 drop-down

ii. In what state did you spend the majority of your life from birth to age eighteen? (optional)
    1. Select state drop-down

iii. In what country did you spend the majority of your life from birth to age eighteen?
    1. Select country drop-down

iv. In what city did you spend the majority of your life from birth to age eighteen?
    1. Select city drop-down

v. What is the type of geographic area where you were raised? drop-down (optional)
    1. Military or Government Installation
    2. Other
    3. Rural
    4. Suburban
    5. Urban

vi. Description of Childhood Residency (optional)
    1. Text box 250 max character limit

vii. Do you feel that the area where you grew up was medically underserved? (optional)
    1. Yes
    2. No
    3. I don’t know

d. High School Situation
   i. Did you graduate from a high school from which a low percentage of seniors graduated (optional)?
      1. No
      2. I don’t know
      3. Yes
   
   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

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?
      1. No
      2. Yes

   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
   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

6. Parent/Guardian
   a. Add a parent/guardian
      i. Parent Information
         1. Relationship to Applicant
            a. Mother
            b. Father
            c. Stepmother
            d. Stepfather
            e. Foster Parent
            f. Guardian
            g. Other
         2. First Name (text)
         3. Last Name (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
2. Parent Residency
   a. Country of Legal Residence
      i. United States
      ii. Canada
      iii. Other
   b. State
      i. Select state from drop-down
   c. County
      i. Select county from drop-down

3. Parent Education
   a. Highest Education level
      i. Less than high school
      ii. High school Graduate (high school diploma or equivalent)
      iii. Some college but no degree
      iv. Bachelor degree (BA, BS, etc.)
      v. Associate’s Degree or Certificate
      vi. Some Graduate School, but no degree
      vii. Master’s Degree
      viii. Doctorate or Professional Degree
      ix. Don’t know
   b. Highest Educational Level School

4. Parent Household
   a. 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
      i. Yes
      ii. No
   b. How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?
      i. Drop-down 0-9

7. Race & Ethnicity
   a. Ethnicity (optional)
      i. Do you consider yourself to be Hispanic/Latino origin? (optional)
         1. Yes (select from drop-down)
            a. Cuban
            b. Mexican/Mexican American/Chicano/Chicana
            c. Puerto Rican
            d. South or Central American
            e. Other Spanish Culture or Origin
         2. 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
         1. Please specify the name of your enrolled or principal tribe (text box)
         ii. Asian (select from drop-down)
iii. Black or African American
iv. Native Hawaiian or Pacific Islander (select from drop-down)
v. White

8. Other Information
   a. DENTPIN
      i. URL link to obtain DENTPIN
         1. URL link to obtain DENTPIN
         2. Text box to self-report
   b. Language Proficiency
      i. Language Proficiency
         1. What is your Native language?
            a. Select language from drop-down
               i. Add another language
               ii. Select Proficiency Level
                  1. Beginner
                  2. Intermediate
                  3. Advanced
   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 of National Guard
            d. Military Dependent
            e. Other
            f. Not a member of the military
   d. Felony
      i. Have you been convicted of a Felony?
         1. Yes/No
            a. If yes,
               i. Enter an explanation in this box include (text box 500 character max):
                  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 (text box 500 max)
            b. No
   e. Misdemeanor
      i. Have you ever been convicted of a Misdemeanor?
         1. Yes/No
            a. If yes,
1. Enter an explanation in this box include (text box 500 character max):
   1. A brief description of the incident and/or arrest
   2. Specific charge made
   3. Related dates
   4. Consequences
   5. A reflection on the incident and how the incident has impacted your life (text box 500 characters)

b. No

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. Yes/No
      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. (Text box 500 character max)
      b. No

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. Yes/No
      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. (Text box character 500 max)
      b. No
   ii. Have you ever been disciplined for a student conduct violation (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school?
      1. Yes/No
      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. (text box character 500 max)
      b. No

h. Previous Attendance at Health Profession Program
   i. Have you matriculated in or attended any health profession program as a candidate for a professional degree? Yes/No
      1. If yes,
a. Select the type of program into which you matriculated. Insert here
   i. Allopathic Medicine
   ii. Dental Hygiene
   iii. Dental Medicine
   iv. Nursing
   v. Optometry
   vi. Osteopathic Medicine
   vii. Occupational Therapy Doctorate
   viii. Pharmacy
   ix. Physician Assistant
   x. Physical Therapy Doctorate
   xi. Podiatric Medicine
b. Please indicate the school and program you attended. If you earned a degree, please indicate what type of degree it was (text box 200 character max)
   i. Attended from MM/DD/YYYY
   ii. Attended to (optional) MM/DD/YYYY
c. Are you eligible to return? Yes/No
   i. I Graduated
   ii. Yes
   iii. No

2. No

i. Application to Other Health Professions
   i. Have you previously, or are you currently applying to a health professions school other than dental school? Yes/No
      1. If yes,
         a. Indicate the school(s), type of program, year applied, and if you were accepted (text box 600 character)

      2. No

j. Education Interruption
   i. Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance? Yes No
   ii. If you selected “Yes” above, you MUST enter an explanation in the box below (optional): (text box 1000 character max)

k. Military Service Interruption
   i. Has your education been interrupted because of military service? (optional)
      1. Yes/No

l. Previous Application to US Dental Schools
   i. Have you ever applied to US dental school prior to the present application cycle?
      1. Yes/No
a. If yes,
   i. 2018
   ii. 2017
   iii. 2016
   iv. 2015
   v. 2014

2. No
   ii. If you have selected “Yes” above, you must list the dental school(s) to which you have previously applied below (optional) (600 character max)
      1. If you are a re-applicant, you must explain what was changed since your last application below (optional) (text box 1000 character max)

m. 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) (text box 600 character)

**Academic History**

1. High Schools Attended
   a. What high school did you attend (required)
      i. City
      ii. State (select from drop-down)
   b. Did you graduate from this high school?
      i. Yes
      1. When did you graduate
         a. Select Month and Year from drop-down
      ii. No

2. Colleges Attended
   a. What college did you attend?
      i. Type in from college list
   b. Did you obtain or are you planning to obtain a degree from this college?
      i. Yes/No
      1. If yes, Degree Info
         a. Degree Awarded
            i. What type of degree did you earn?
               1. Select from drop down list
            ii. When did you earn that degree?
               1. Select Month and Year from drop-down
            iii. What was your major?
               1. Select Major from drop-down
            iv. What was your minor?
               1. Select Minor from drop-down
            v. Check if you were a double major
   b. Degree in Progress
i. What type of degree are you planning to earn?
   1. Select from drop down list

ii. When will you earn that degree?
   1. Select Month and Year from drop-down

iii. What was your major?
   1. Select Major from drop-down

iv. What was your minor?
   1. Select Minor from drop-down

v. Check if you were a double major

   c. Check if you have a double major

d. What type of term system does this college use?
   i. Quarter
   ii. Semester
   iii. Trimester

e. When did you attend this College?
   i. First Semester (select Month and Year)
      1. Winter
      2. Spring
      3. Summer 1
      4. Summer 2
      5. Summer
      6. Fall
      7. Interim
   ii. Last Semester
      1. Winter
      2. Spring
      3. Summer 1
      4. Summer 2
      5. Summer
      6. Fall
      7. Interim
      8. Check if you are still attending this college

f. Download Transcript Request Form for US and any Foreign Speaking
   Canadian Institutions

g. Order WES and/or ECE Evaluation for any Foreign Attended Institutions

3. Transcript Entry
   a. Review and Finalize My Transcript
   b. Colleges Attended page displays
   c. 1st term displays
      i. Add Course
         1. Course Code
         2. Course Title
         3. Subject
4. Select subject from drop-down

4. Credits
   a. Select credit decimals from drop-down

5. Grade

6. CAS Grade

d. Some programs require prerequisites. Enter coursework that fulfills their prereqs.

e. 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. Have you taken the test?
         1. Yes
            a. When do you plan to take this test?
               i. MM/DD/YYYY
               ii. DENTPIN
               iii. Self-report US DAT scores (optional)
                  1. Academic Average
                  2. Quantitative Reasoning
                  3. Biology
                  4. Organic Chemistry
                  5. Perceptual Ability
                  6. Reading Comprehension
                  7. General Chemistry
                  8. Total Science
         2. No
            a. When do you plan to take this test?
               i. MM/DD/YYYY
               ii. DENTPIN

   b. Canadian DAT (optional)
      i. Have you taken the test?
         1. Yes
            a. When did you take this test?
            b. MM/DD/YYYY
               i. Academic Average
               ii. Total Science
               iii. Biology
               iv. General Chemistry
               v. Perceptual Ability
               vi. Reading Comprehension
               vii. Manual Dexterity
         2. No
            a. When do you plan to take this test?
               i. MM/DD/YYYY
Supporting Information

1. Evaluations
   a. Create an evaluation request
      i. Evaluators Information
         1. Are you requesting a committee evaluation?
            a. Yes
               i. First Name
               ii. Last Name
               iii. Email address
               iv. Due Date
                  1. MM/DD/YYYY
               v. Personal Message
                  1. Text box (500 characters)
            b. No
      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 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 Experience
               iii. Employment
               iv. Extracurricular Activities
               v. Research
               vi. Volunteer
      ii. Organization
         1. Name
2. Address (optional)
3. Address 2 (optional)
4. City (optional)
5. Country
   a. Select country from drop-down
6. Zip Code (optional)
7. State

iii. Supervisor
1. First name (optional)
2. Last name (optional)
3. Title (optional)
4. Contact Phone (optional)
5. Contact Email (optional)

iv. Experience Dates
1. Start Date
   a. MM/DD/YYYY
2. Current Experience
   a. Yes
   b. No
3. End Date
   a. MM/DD/YYYY
4. Status
   a. Full time
   b. Part time
   c. Temporary
   d. Per diem
5. Experience Details
   a. Title (text box)
   b. Type of Recognition
      i. Compensated
      ii. Received Academic Credit
      iii. Volunteer
   c. Average Weekly Hours
      i. Enter number
   d. Number of weeks
      i. Enter number
   e. Total Hours
   f. Description/Key Responsibilities
      i. Text box (600 characters)
   g. Release Authorization (may we contact this organization?)
      i. Yes
      ii. No

3. Achievements
   a. Achievements Details
i. Type from drop-down
   1. Honors
   2. Awards
   3. Scholarships

ii. Name

iii. Name of Presenting Organization (optional)
   1. Issued Date (optional)
   2. MM/DD/YYYY

iv. Brief description (optional) 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 (optional)
   c. Date License was Issued?
      i. MM/DD/YYYY
   d. Country where License is held?
      i. Select country from drop-down
   e. Upload a copy of your license (optional)

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. Text box 4500

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