



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, 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 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

- 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 some 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,

- 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

- a. 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 form 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