

APPLICATION FOR DENTISTRY RESIDENCY PROGRAM 2019

We strongly recommend that you read the application carefully, print, fill-in and scan to medicaleducation@doh.gov.ae by the deadline specified.

INTRODUCTION

The Department of Health is pleased to announce the opening of Dentistry residency programs for 2019. This residency will be offered as independent programs at the approved training facilities. The residency programs are a 2-3 year, accredited training programs for dentists interested in subspecializing.

ELIGIBILITY CRITERIA

PLEASE NOTE, THE FOLLOWING CRITERIA MUST BE MET FOR EACH PROGRAM:

- Bachelor degree in dentistry (for non-UAE national less than 5 years from graduation date)
- Internship (completion before 31/08/2019)
- Pre-entry exam, “The Diploma of Membership of the Faculty of Dental Surgery (MFDS) of The Royal College of Surgeons of Edinburgh”
- If applicant is currently employed in UAE, no objection letter will be required
- Valid Emirates ID OR Valid Passport.
- Age less than 35 year old
- Fulfil all licensing requirements as per PQR including Gap of Practice.

RESIDENCY APPLICATION PROCESS OVERVIEW

	Specialties offered	Posts
Ambulatory Health Services - SEHA	Prosthodontics	3
	Pediatric Dentistry	3
	Orthodontics	3

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Process	Description	Deadline
DOH Residency Application Submission	<p><u>Completed</u> application required</p> <p>All applicants must meet all eligibility criteria to be considered for the Fellowship.</p> <p>NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE.</p>	June 23 rd 2019 – July 14 th 2019
Interview Start	All applicants who have met eligibility criteria will be contacted by the individual hospitals applied for, to schedule interviews.	July 21 st 2019 – July 31 st 2019
DOH central interview	Applicants might be called for DOH central interview. (UAE nationals ONLY)	Aug 04 th 2019 - August 06 th 2019
Submission of Fellowship Rank Order List	Applicants and program directors will receive email notification and instructions on how to submit rank order lists. Applicants must submit rank order lists by this date and time. Any rank order lists not received will automatically exclude applicants or programs from the match scheme.	Aug 07 th 2019 - August 11 th 2019
Final Match Publication	Applicants, program directors and facilities will be informed of final fellowship allocations.	August 15 th 2019
License Issuance, Contact and Contract	Completion of DOH licensure and Hospital recruitment/contract procedures.	September - October
Fellowship program start	Start of all Fellowship	September 1 st 2019

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REQUIRED DOCUMENTS

We highly recommend that you prepare the following documents before starting your application. Please ensure all documents are clear and legible.

1. Recent photo
2. Copy of passport, Iqama/UAE residency visa and Emirates ID card.
3. Copy of Dental School Graduation Certificate
4. Copy of Dental School Transcript (record of marks attained for each year of medical school)
5. Copy of Internship Certificate
6. Curriculum Vitae (CV)
9. Employment certificates (if applicable)
10. Health License(s) (if applicable)
11. Good standing certificate(s) (if applicable)
12. No objection letter from the current employer (if applicable).

*Applicant should be eligible for licensing based on HPRQ 2017 (i.e. no gap of clinical practice)

INSTRUCTIONS FOR APPLICATION

- 1) The application will be accepted UNTIL **15:00 ABU DHABI TIME ON July 14th 2019.** Following that, application will be closed. No applications will be accepted after this time.
- 2) Attach the appropriate document in PDF.
- 3) Non Authenticated documents are accepted. All documents will be verified through dataflow with subsequent licensure processes.
- 4) Review the information you entered for accuracy before submission of application.
- 5) Submit your application.

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CONTACT INFORMATION

For inquiries related to the application, please feel free to contact Department of Health via email: medicaleducation@doh.gov.ae OR call us on: 02/41933476 – 02/4193280

DISCLOSURE AND AGREEMENT

Though we do not intend to reject an application, we will not process any incomplete applications, applications with missing documents, or ineligible applicants. **It is the responsibility of the applicant to verify his/her application before submission.**

- I declare that I have read and understood the instructions at the beginning of this form.
- I authorize DOH to obtain my official records from any educational institution.
- I understand that it is my primary responsibility to ensure that requested records are provided to DOH.
- I authorize DOH to obtain any required examination results
- I authorize DOH to verify any information provided by me, including academic records and employment details.
- I understand that DOH may reject my application or revoke any offer of admission if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.
- In providing my personal information to DOH, I understand that, other than as authorized, DOH will only use this information for the purposes for which it is being collected in accordance with DOH's functions and activities associated with my allocation.
- I agree to abide by the Department of Health Regulation, Rules and Policies as they apply from time to time. I also understand that it is my responsibility to ensure that I review the rules and policies of DOH during my training, as they are subject to change.

☐ I Agree

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DEMOGRAPHIC INFORMATION

*First Name (as per your passport)	
Middle Name	
*Last Name	
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	
* Date of Birth (as per your passport)	
* Personal photo (attach to the email)	
*Street Address	
*City	
*Country	
*Your Email (please note this will be used as the primary form of communication regarding your application)	
* Retype your Email	
* Mobile (1)	
Mobile (2)	
* Passport Number	
* Passport Expiry Date	
* Attach copy of your passport	
*National ID Number	

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* UAE Residency Visa (Iqama) Number (if applicable)	
* UAE Residency Visa (Iqama) Expiry Date (if applicable)	
* Attach Copy of Valid UAE Residency Visa (Iqama) (if applicable)	
* Attach Front and Back Copy of Emirates ID card (if applicable)	
*Are you currently employed or sponsored?	
* If Yes, current employer/sponsor name:	
Medical License Number and Licensing Authority Name (if applicable)	

POST GRADUATE EDUCATION

*Name of Dental School	
* Degree	
* City of Graduation	
* Country of Graduation	
* Date of Enrollment (MM/YY)	
* Date of Graduation(MM/YY)	
* Attach copy of your dental school graduation certificate	
* Attach copy of your official dental school transcript (record of grades for each year of medical school)	

INTERNSHIP INFORMATION

* Date of Completion MM/YY	
* Attach completion of internship certificate	

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SPECIALTY AND HOSPITAL CHOICES FOR INTERVIEW

To be matched into a program, you must interview at the facility-offering program.

All interviews for the Residency Programs will be conducted at the training Facilities as per the below, please select your preferred programs that you are interested in:

Hospital	Specialties offered	Applicant selection
Ambulatory Healthcare Services	Prosthodontics	
	Pediatric Dentistry	
	Orthodontics	

DISCLOSURE (1)

* Has your license to practice in any authority or other jurisdiction ever been revoked, suspended, or otherwise encumbered, or have you surrendered your license to avoid a disciplinary proceeding?

☐ YES ☐ NO

* Has your participation in any residency program been terminated, suspended, or restricted, or have you resigned, withdrawn or taken a leave in order to avoid termination, suspension, or restriction?

☐ YES ☐ NO

* Have you ever been denied licensure by any authorities or countries or other jurisdiction?

☐ YES ☐ NO

* Have you ever been the subject of any administrative or judicial proceeding?

☐ YES ☐ NO

* Are you currently involved in any proceeding, or has any proceeding been threatened, that relates to your licensure in any country, your participation in a residency program or the quality or ethics of your practice?

☐ YES ☐ NO

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DISCLOSURE (2)

I declare that all information submitted is true and complete.

I understand this is an application process and by no means grants my selection, recruitment or employment into the fellowship program.

☐ I Agree

Applicant name	
Date	
Signature	