

Answer ALL questions. Use N/A if not applicable.



Department of Veterans Affairs

## APPLICATION FOR VA AEGD RESIDENTS

**Charlie Norwood VA Medical Center  
Augusta, GA 30904**

1. NAME (Last, First, Middle)		2. APPLICATION FOR (Check one) <b>Advanced Education in General Dentistry (AEGD)</b>	
3. PRESENT ADDRESS (Include ZIP Code)		4. TELEPHONE NUMBER (Include Area Code)	
		4A. RESIDENCE/CELL	4B. BUSINESS
5. DATE OF BIRTH	6. PLACE OF BIRTH	7. SOCIAL SECURITY NUMBER	
8A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 8B)		8B. COUNTRY OF WHICH YOU ARE A CITIZEN	

### MEDICAL/DENTAL SCHOOLS ATTENDED

9A. NAME OF SCHOOL	9B. ADDRESS (City, State and ZIP code)	9C. SUBJECT/ MAJOR	9D. YEARS ATTENDED	9E. GRADUATED		9F. DEGREE
				MONTH	YEAR	

10. IF YOU ARE NOT A UNITED STATES OR CANADIAN MEDICAL/DENTAL SCHOOL GRADUATE, HAVE YOU SUCCESSFULLY COMPLETED THE REQUIREMENTS OF A MEDICAL/DENTAL EDUCATION EQUIVALENCY PROGRAM (e.g., examination or "Fifth Pathway"). If "YES," indicate name of program, date completed, and if applicable, certificate number, plus whether permanent or interim.)

YES     NO

**NOTE: If you are not a United States or Canadian medical/dental school graduate, list on a separate sheet all clinical clerkships you have served, with institution (name and address), inclusive dates of service, program type, and program contact for each clerkship.**

### SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

**► CERTIFICATION:**

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

11A. SIGNATURE OF APPLICANT (Sign in dark ink)

11B. DATE (Month, Day, Year)