## header_NL.pngAPPLICATION FORM

## POSTGRADUATE MASTER’S PROGRAMME IN ORAL HEALTH SCIENCES

for the course starting in September 2023

### Graduation profiles of the Oral Health Sciences, MSc

Please choose one (or max two) graduation profiles:

* Endodontology
* Orofacial Pain and Dysfunction
* Paediatric Dentistry
* Periodontology
* Prosthodontics and Oral Implantology

### Personal details and contact information:

First name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please answer these questions so we can assess your eligibility for the programme:

* Do you have a BIG registration number?
* If yes, what is your BIG registration number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If no, please explain your situation.   
  For instance, describe whether you have already started the process of registration, or whether you still have to start. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where and when did you obtain your dental degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How well do you speak and understand the Dutch language? Please elaborate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How well do you speak and understand the English language? Please elaborate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Who will be sending a letter of reference on your behalf? (minimum 2)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Application documents

Please include the documents listed below with your application by 1 December 2022.

* Personal motivation for your application and future plans
* Curriculum vitae, including your home address
* Proof of experience in a general dentistry after graduation (minimum of 1 year)
* Copy of dental diploma obtained in one of the countries within the European Union
* Copy of Radiology certificate

### Please note that if you are accepted into the MSc programme you have to hand in the following documents by 1 July 2023:

* Legalised copy of the dental diploma obtained in one of the countries within the European Union
* Copy of hepatitis-B vaccination, together with titer determination (provide a certified translation if document is not made out in English or Dutch)
* Copy of Reanimation or CPR certificate (not older than 2 years)

### Submission of your application:

This fully filled out application form plus all required documentation should be received at our office on December 1, 2022 at the latest. Please send by email to: [onderwijsbureau@acta.nl](mailto:onderwijsbureau@acta.nl) with subject ‘*PG OHS Application + name(s) of graduation profile*'.

### Letters of recommendation:

The letters of recommendation (minimum 2) should be sent directly by the referee to the appropriate profile director by email or by post to the following address:

Postgraduate Master’s programme in Oral Health Sciences

ACTA - Academic Centre for Dentistry Amsterdam   
Gustav Mahlerlaan 3004, 1081 LA Amsterdam, The Netherlands

|  |  |  |
| --- | --- | --- |
| Endodontology | Dr S. van de Waal, Dept. of Endodontology | [s.vd.waal@acta.nl](mailto:s.vd.waal@acta.nl) |
| Orofacial Pain and Dysfunction | Dr P. Wetselaar, Dept. of Oral Kinesiology | [p.wetselaar@acta.nl](mailto:p.wetselaar@acta.nl) |
| Periodontology | Dr M.M. Danser, Dept. of Periodontology | [m.danser@acta.nl](mailto:m.danser@acta.nl) |
| Paediatric Dentistry | Dr. C.C. Bonifácio, Dept. of Paediatric Dentistry | [c.bonifacio@acta.nl](mailto:c.bonifacio@acta.nl) |
| Prosthodontics and Oral Implantology | Prof. A.J. Feilzer | [a.feilzer@acta.nl](mailto:a.feilzer@acta.nl) |

### STATEMENT

I, . . . . . . . . . . . . . . . . . . . . . . . . . (name of applicant) would like to apply for the postgraduate Master’s programme in Oral Health Sciences at ACTA, starting September 2023. I have included all documents as mentioned above under the header Application documents.

I understand that an interview in Amsterdam may be part of the admission procedure. I appreciate that this is a 3-year programme which requires at least 40 study hours per week and which charges an annual tuition fee.

City: Date:

Signature applicant: