

**Dear Candidate,**

**In addition to the two pages application, please submit the following:**

- Application fee \$70. Make money order or cashier's check to NCH Pediatric Dentistry. **No personal checks or cash on delivery to NCH Pediatric Dentistry Residency Program.**
- Two recent 2x2 photographs
- Curriculum vitae.

**Submit Application and Supplemental Information (Curriculum Vitae, photographs, and application fee) to:**

Ms. Kelly Reardon, DA  
Dr. Oscar Arevalo DDS, ScD, MBA, MS  
Pediatric Dentistry Residency Program  
Nicklaus Children's Hospital  
3601 NW 107th Ave 3rd Floor  
Doral, FL 33178

If any questions arise, please don't hesitate to contact us.



Nicklaus Children's  
Health System

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)  
\_\_\_\_\_

Current Phone #: \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Legal Status: ( ) U.S.Citizen ( ) Permanent U.S. Resident ( ) Other \_\_\_\_\_

List names and phone numbers of 3 individuals that may provide additional information regarding your interaction with pediatric patients.

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Nicklaus Children's  
Health System**

**PLEASE SELECT THE CHARACTERISTIC THAT APPLIES  
TO YOU**

**NAME OF APPLICANT:** \_\_\_\_\_

<b>GENDER</b>	<b>AGE</b>	<b>ETHNICITY</b>	<b>RACE</b>	<b>RURAL / URBAN / SUBURBAN / FRONTIER BACKGROUND</b>	<b>DISADVANTAGE BACKGROUND</b>
Male	Under 20 years	Hispanic or Latino	American Indian or Alaskan Native	Rural	Yes
	20-29 years		Asian (Not Underrepresented)		
	30-39 years		Asian (Underrepresented)		
	40-49 years		Black or African-American		
Female	50-59 years	Non-Hispanic or Non-Latino	Native Hawaiian or other Pacific Islander	Urban	No
	60-69 years		White		
	70 years or older		More than one race	Unknown	Unknown
	Unknown		Unknown		