



## **PERIODONTICS VISITING SCHOLAR PROFESSIONAL DEVELOPMENT PROGRAM AT THE UNIVERSITY OF IOWA COLLEGE OF DENTISTRY**

The University of Iowa College of Dentistry (CoD) Department of Periodontics offers an individualized professional development program for dentists and dental specialists who are interested in advancing their knowledge in Periodontics and Oral Implantology. Individuals participating in this program will have the opportunity to attend periodontal seminars and lectures, observe periodontal faculty members and/or residents in a clinical setting and participate in research-related activities. It is the program's intent that these learning experiences occur in a professional context.

### **EDUCATIONAL GOAL**

The main objective of the University of Iowa Visiting Scholar Professional Development Program in Periodontics is to provide an outstanding and customized professional experience for dentists or dental specialists who are interested in the field of Periodontics and Oral Implantology.

To accomplish that objective this program offers didactic, scholarly and indirect clinical experiences to:

- Assist participants to integrate concepts related to diagnosis and treatment of periodontal and peri-implant conditions, with special consideration to diverse local and systemic factors.
- Facilitate the development of skills to critically evaluate the dental literature, research methods and therapeutic procedures in seminars and lectures.
- Understand the principles of clinical and basic periodontal related research.

### **GENERAL INFORMATION AND EXPECTATIONS**

Six and 12-month program durations are available.

The program will accept up to 2 applicants per academic year.

Participants will experience didactic classes with the periodontal residents and will have the opportunity to observe clinical activities and assist with research projects.

Participants will have no appointment in the College other than a complimentary appointment in order to access University of Iowa resources such as email, and WILL NOT have clinical privileges to provide patient care. Clinical experiences (observation) will occur under the direct supervision of an individual who is licensed to practice dentistry in the State of Iowa.

Time spent participating in the program does not provide any credit towards acceptance into the Advanced Education Program in Periodontics.

Participants will receive continuing education credit for this educational experience. This does not represent credit in the University of Iowa College of Dentistry's ADA accredited advanced education program in Periodontics (Certificate in Periodontics) and does not lead to obtaining a diploma.

Participants are expected to exhibit professional conduct at all times.

While participating in the program, participants are expected to abide by all applicable College of Dentistry and University Community Policies, including but not limited to the University of Iowa Human Rights, Anti-Harassment, Sexual Harassment, Violence, Anti-Retaliation, and Acceptable Use of Information Technology Resources policies. Participants acknowledge that their compliance with all such policies is a condition of participation in the Program and that failure to comply with such policies may constitute ground for dismissal from the program.

## APPLICATION

The application procedure for the individualized program is as follows. Please, know that the paperwork may take up to 2 months to be completed after initiating the application.

1. Must provide the following documentation to the Department of Periodontics:
  - Completed Periodontics Professional Development Application (below)
  - Statement of Purpose
  - Current Curricula Vitae (CV)
  - Current Immunization Records
  - Official<sup>1</sup> copies of dental and college transcripts

Additional requirements for International Applicants include, but are not limited to:

- Official<sup>1</sup> TOEFL score (computer-based) - Minimum TOEFL score of 60 is one of the US State Department requirements for obtaining a J-1 visa.

The deadline for the submission of the application is **October 31<sup>st</sup>**.

2. An interview will be required prior to consideration of a program position and may be conducted electronically. The purpose of the interview is to discuss expectations of the participant as well as to share information about the program's activities with the applicant.

## ACCEPTANCE

1. Applicants will be informed on their acceptance no later than **November 30<sup>th</sup>**.
2. Acceptance into the program is contingent on successful completion of a criminal background check. Please be assured that the criminal background check will only be conducted if an offer to participate in the program is formally made.
3. If accepted and prior to participation in the program, individuals will be responsible for providing documentation demonstrating that they have completed all of the University and Collegiate requirements for:
  - Sexual harassment prevention course
  - HIPAA training
  - TB test
  - Blood Borne Pathogen online training
  - OSHA Generic HazCom Training: required for a non-laboratory program participant
  - HazCom Laboratory Training: required for a laboratory program participant

The aforementioned courses and requirements may be fulfilled after being officially appointed. Any further requirements will be conveyed to the participant.

4. This program will require a fee of \$12,000 for the 6-month program and \$24,000 for a full year program. Fees are due the 15<sup>th</sup> of June prior to the start date of the program for the first 6-month period and the 15<sup>th</sup> of December for the second 6 month period. In the event of withdrawal from the program after acceptance, fees will be prorated, with the exception of \$2000, which is nonrefundable. Apart from the program fees described herein, participants will not be charged University tuition or student fees, nor will they have access to programs or benefits that are generally available to University students.

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<sup>1</sup> *Official*-indicates that the documents cannot be sent electronically and must come directly from the issuing institution. Copies received from applicants will not be accepted and applications will remain incomplete.

5. Participation in the program will award the participant 200 hours of Continuing Education credit for the 6 month program and 400 hours of Continuing Education credit for the full year program.
6. *For international participants*, a J-1 non-immigrant visa is required. International Student and Scholar Services will issue the form DS-2019 following a request from the College of Dentistry. At that time specific documentation required for producing the DS-2019 will be requested, and will include a copy of the passport as well as financial support documentation. The DS-2019 form and instructions for applying for the J-1 visa will be sent from ISSS to the College of Dentistry, who will then mail it to the participant. The J-1 category will be “Specialist,” which carries a maximum 12-month time period in the U.S. with no possibility to extend. Some participants, depending upon country of citizenship as well as other factors, may be subject to provision 212(e) based upon arrangements between the U.S. government and a specific foreign country. More information can be found at: <http://international.uiowa.edu/international-scholars/212e-and-others-bars-return>
7. Participants will be responsible for finding housing (<http://housing.uiowa.edu/>) and are responsible for the cost incurred. The CoD will not provide this type of assistance.
8. Participants are required to obtain health insurance for the duration of the program and are responsible for the cost incurred. The CoD will not provide this type of assistance. *For international participants*: As a J-1 visiting scholar at the University of Iowa, you will be required to purchase one of the University of Iowa plans for you as well as for any family members who may accompany you in J-2 status, as is required by federal law. More information on the health insurance options will be sent along with the DS-2019.
9. Participants are required to obtain a laptop computer equipped with Microsoft Office Suite for didactic and research related activities of the program.
10. Participants are encouraged to participate in professional meetings and courses, but are responsible for all costs incurred.

Any questions can be directed to:

Gustavo Avila-Ortiz, DDS, MS, PhD  
Assistant Professor  
Department of Periodontics  
The University of Iowa College of Dentistry  
801 Newton Road  
Iowa City, Iowa  
52242  
email: [gustavo-avila@uiowa.edu](mailto:gustavo-avila@uiowa.edu)

**Your signature below indicates that you have read this program description and agree to abide by the terms herein.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

## **INTENSIVE ENGLISH LANGUAGE PROGRAM**

For those candidates interested in improving their proficiency in English language, an Intensive English Program is offered from mid-May to mid-July through the University of Iowa English as a Second Language Programs Office (College of Liberal Arts & Sciences).

For more information, please visit this website: <http://clas.uiowa.edu/esl/iiep>

The tuition and fees for this program is approximately \$3,000. These expenses are independent from the tuition for the Visiting Scholar Program in Periodontics.

If you are interested in participating in this program, please mark it in the pertinent section of the application documents.



**PERIODONTICS VISITING SCHOLAR PROFESSIONAL DEVELOPMENT  
APPLICATION FORM**

Full Name:     
Surname First Middle

Address:  
Street  
City, State  
Zip Code

Country:

Telephone:

Mobile:

Email:

Birthdate (mm/dd/yyyy):

Country of legal permanent residence:

Citizenship (if other than country of residence):

Desired date of arrival:  Is this date flexible?  Yes  No

Dental School Attended:

Dental Degree Awarded:

Date Dental Degree Awarded:

**Your signature below will serve as your certification that all the information given in this application is true and correct to the best of your knowledge.**

Applicant Signature:  Date:



**PERIODONTICS VISITING SCHOLAR PROFESSIONAL DEVELOPMENT  
APPLICATION FORM (I)**

**Statement of Purpose**

Applicant Signature:

Date:



**PERIODONTICS VISITING SCHOLAR PROFESSIONAL DEVELOPMENT  
APPLICATION FORM (II)**

Applicant:     
Surname First Middle

U of I faculty sponsor (if any):

Telephone:  Fax:

Email:

Program Length:  6 month  12 month Start Date:

Are you interested in taking the Intensive English Language Program?  Yes  No

Confirmed Acceptance:  Yes  No

Faculty sponsor's signature:  Date:

*(for internal use only)*