



Philippine Board of Orthodontics

Application Form Accreditation of Postgraduate Orthodontic Program

Please print legibly and use additional paper if there is not enough space for your answer.

Part 1: General Information

University Name: _____

University Address: _____

Telephone number/s (include area code):

Fax number/s (include area code):

Email Address:

School Affiliation of the Orthodontic Program with other Institutions: _____ Yes _____ No

Name of Institution:

Dean:

Program Director/ Chairman of Orthodontic Program:

Signature of Program Chair/Director: _____

Date of Submission:

Part 2: Program Director and Teaching Staff

1. Program Director:

Name: _____

Length of months/ years as program director: _____years _____months

Educational attainment: _____PhD in _____
_____MSD in _____

Others _____

Member in good standing in what organizations: _____

Teaching experience:

Research experience:

Are you in exclusive practice in Orthodontics? _____Yes _____No

ClinicAddress: _____

Contact Details : Office no. _____

Mobile no. _____

Number of hours of practice per week: _____

Length of practice in Orthodontics: _____

Publications if any _____

Number of teaching hours per week: _____ in undergraduate

_____ in postgraduate

2. Teaching Staff:

Total number of faculty member/s in the program: _____

Full-time _____ Part-time _____

- a. Please list the names of your teaching/ research staff below:

Please use additional paper if needed.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

- b. Fill out the information sheet (**FORM A**) for each faculty member/ staff.

3. Faculty/ Student ratio of the Orthodontic Program: _____

Part 3: Curriculum and Program Duration

1. Program Duration: _____ Calendar months for Full-time
2. Degree Program offers: _____ MS Degree _____ Certificate _____ Both
3. Number of freshmen additional per year: _____
4. Number of students enrolled: _____ 1st Year _____ 2nd Year _____ 3rd Year
4. Nationality of Students: _____ Filipino (number)
_____ Foreigners (nationality) _____

5. Student's Requirement for acceptance to Program: _____ Dental Degree
_____ Dental License Other _____

6. Number of hours per week of clinical supervision by a faculty member :

First year _____ Second year _____

7. Number of hours per week of clinical case presentation:

First year _____ Second year _____

10. Number of initial cases required: _____

11. Number of transfer cases: _____

12. Average number of graduating students per year: _____

13. Please submit a copy of your curriculum (with the corresponding number of units and number of hours for each subject) with the total number of unit and total number of hours.

Subjects	Year / Semester	No. of Units	No. of hours/week
Total			

Subjects	Year / Semester	No. of Units	No. of hours/week
Total			

Subjects	Year / Semester	No. of Units	No. of hours/week
Total			

Subjects	Year / Semester	No. of Units	No. of hours/week
Total			

Subjects	Year / Semester	No. of Units	No. of hours/week
Total			

FORM A
FACULTY / STAFF INFORMATION SHEET

Name:

Clinic Address: _____

Telephone number (office) : _____ Email address : _____

Position in the University: _____ Professorial Lecturer _____ total number of hours per week

_____ Clinical Supervisor _____ total number of hours per week

Educational attainment: _____ PhD in _____

_____ MSD in _____

Others _____

Current: _____

Organizations affiliated with:

Teaching experience and subjects being taught: (position, length of years,

University): _____

Research experience (position, length of years,
University): _____

Private Practice in Orthodontics: ____ Yes ____ No

Clinic Address:

Telephone Number (Office): _____ (Landline)
_____ (Mobile)

Number of hours of practice per week: _____

Number of years of practice in Orthodontics: _____

Publications if any: _____
