

DENTAL CLINICAL RESIDENCY PROGRAMME

PROGRAMME DETAILS & RESIDENT APPLICATION FORM





Programme Details & Resident Application

Faculty of Dentistry

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INTRODUCTION

From Restorative Dentistry to Oral & Maxillofacial Radiology, Faculty of Dentistry, Universiti Teknologi MARA directs a broad range of residency training programs at its facilities. This residency programme does not contribute to any qualification requirements except for certification of this programme.

RESIDENCY PROGRAMME OUTCOMES

At the end of this course, resident should be able to:

- Apply scientific knowledge and principles to learning and oral health care delivery including using critical thinking; evidence or outcomes based clinical decision-making and technology-based information retrieval systems.
- Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.
- Discuss clinical decision with colleagues and patients with proper evidence and scientific resources.
- Utilize the values of professional ethics, lifelong learning, patient centered care, adaptability and acceptance of cultural diversity in professional practice.

GENERAL INFORMATION

- **Accreditation:** The Programme is currently not accredited by the Malaysian Qualification Agency (MQA) and *accreditation is not guaranteed and is not a condition of acceptance or completion for any professional examination or programme.*
- **Length of Programme:** 12 months (minimum); 36 months (maximum)
- **Program Entrance Date:** Every month
- **Tuition:** The fee would be Malaysian Ringgit (MYR) 6000 per annum (12 months).
- **Salary:** Residents will not be offered of any monetary funding.
- **Benefits:** Residents are eligible for some benefits. Residents may use facilities available with permission of the charged person in each facility.

PROGRAMME STRUCTURE

Most of the resident's time will be spent in the clinic either observing or treating patients. Residents may treat patients while attending the clinic depending on the case and if the specialist feels the case is manageable by the resident. The resident will become well versed in all aspects of patient care from initial consultation and multidisciplinary decision making, through various sessions including treatment planning, to weekly on treatment management, to short-term and long-term follow-up care. Therefore, experience in each of these areas is provided in the clinical rotations. Residents may attend in any undergraduate class if interested. Each of the Head from Centre of Studies shall be responsible for resident's attendance in their specialist clinic. Residents will also participate in ward rounds, operating theatre duties, community service, seminar and other educational experiences.

Disciplines

1. Operative Dentistry & Endodontics
2. Prosthodontics
3. Periodontics
4. Orthodontics
5. Preventive Dentistry
6. Oral Medicine/Oral Pathology
7. Oral Radiology
8. Special Care Dentistry
9. Paediatric Dentistry
10. Oral & Maxillofacial Surgery
11. Primary Care Dentistry
12. Comprehensive Care Dentistry

Additional scopes of the programme may involve any one of the following or combination of:

- Undergraduate clinical supervision
- Patient management/Treatment
- Assisting postgraduate students in the clinic/any related location
- Clinical Photography

Programme Requirement

Each resident is expected to accomplish certain requirement within 12 months. The requirement is as follows:

Disciplines	Case Seen (Perform/Assist)	Case Presentation	Community Service
1. Operative Dentistry & Endodontics	5		
2. Prosthodontics	5		
3. Periodontics	5		
4. Orthodontics	5		
5. Preventive Dentistry	5		
6. Oral Medicine/Oral Pathology	5	1 case	2 visits
7. Oral Radiology	5		
8. Special Care Dentistry	5		
9. Paediatric Dentistry	5		
10. Oral & Maxillofacial Surgery	5		
11. Primary Care Dentistry	5		
12. Comprehensive Care Dentistry	5		

The residents are expected to use the template for the case log and shall be verified by the attending specialist and the completion of each requirement per disciplines shall be verified by the Head of Centre of Studies.

Residents may be asked to treat patient by any specialist at their discretion. All cases must be presented and verified by the attending specialist. Patients will be charged according to dental officer charges, or specialist (if the fee is not available for dental officer).

ADMISSION REQUIREMENTS

Applicants must satisfy the faculty by providing related documents or proof pertaining to the admission requirement as stated below:

1. A completed application form. Please fill up and may send via email (PDF copy)
2. Hold at least a degree in dental surgery (ie. BDS, DDS, DMD or equal)
3. For Malaysian citizen or permanent resident, hold a Malaysian Dental Council's temporary (TPC) or full Annual Practicing Certificate (APC) licensure.
4. Proof of immunization record for Hepatitis B. The latest status of Hep B immunization shall not be longer than 3 years than the date of application.
5. English proficiency based on minimum IELTS 6.0 average band score or TOEFL score of at least 75.
6. Proof of Basic Life Support (BLS) Training and will still be valid for throughout the programme.
7. For international applicants, in addition, hold a current and valid annual practicing practice in the origin country or country of residence.
8. Academic transcripts of each degree obtained

APPLICATION PROCESS

1. To obtain an application form:
 - a. Online: download from www.dentistry.uitm.edu.my
2. In applying for admission, the following materials must be submitted:
 - a. Application form
 - b. Scanned copy of Passport/ Identity Card
 - c. Scanned copy of Annual Practicing Practice (APC) or Temporary Practicing Practice (APC) from Malaysian Dental Council or other country of residence.
 - d. Scanned copy of an official academic transcripts
 - e. Copy of IELTS/TOEFL result. (no later than 3 years)
 - f. Proof of Immunization record.
 - g. Proof of BLS certificate
3. The faculty reserves the right **NOT** to process any application that is incomplete.
4. Acceptance into the program is provisional pending the candidate meeting all conditions of requirement.
5. Applicants will be notified of their status in the program in writing within 45 days of receipt of the completed application.

Details regarding submission of these materials are provided with the application materials.

ADMISSION CONSULTATION

For further information or an application information, please contact

Deputy Dean (Clinical)
Faculty of Dentistry
UiTM Sg Buloh Campus
Jalan Hospital
47000 Sungai Buloh, Selangor
Malaysia

Telephone: +603 6126 6108
Fax: +603 6126 6111
E-mail: nikmohd@uitm.edu.my

This information represents what is current at the time of printing of this publication and is subject to change. Applicants should contact the Women's Health Residency Program at Georgetown University Hospital to verify the requirements for the year in which the application will be submitted.

It is the policy of the Women's Health Residency Program to recruit, admit and retain participants on a nondiscriminatory basis. Specifically, the program does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation and disability or health status.

APPLICATION CHECKLIST

Application materials must be submitted directly to the clinical management.

- Application Form
- Copy of Annual Practicing License (APC) (Current, from residing country).
- A current resume or CV
- Copy of Official Dental Degree
- Copy of Passport (front page of personal details)
- IELTS/TOEFL result (International applicant)
- Copy of HEP B / immunization status (Lab results shall be by an accredited Lab)
- Official transcript of academic qualification(s)

It is the responsibility of the applicant to ensure that all materials (including letters of recommendation) are received by the program director/coordinator in a timely fashion.

Applicants lacking materials will not be considered. Applicants will be notified by email of the Program's decision within 30 days of receipt of the entire application packet.

Send all application materials, letters of recommendation and correspondence to:

Deputy Dean (Clinical)
Faculty of Dentistry
Universiti Teknologi MARA
Cawangan Selangor, Kampus Sungai Buloh
47000 Sungai Buloh

Email: nikmohd@uitm.edu.my

RESIDENT APPLICATION FORM

PERSONAL INFORMATION:

Name (Last, First, Middle):			
Mailing Address:		City, State & Postal code:	Until:
Permanent Address:		City, State & Postal code:	E-mail:
Social Security Number:	Day Phone:	Evening Phone:	Date of Birth:
Are you a Malaysian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what country?	
If NO, do you have Malaysia Permanent Resident Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Or other status? Please state	

RACE/NATIONAL ORIGIN:

- | | |
|--|---|
| <input type="checkbox"/> Malay | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Latino/a or other Hispanic |
| <input type="checkbox"/> Other Asian or Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> European | <input type="checkbox"/> Do not choose to indicate |

EMERGENCY CONTACT INFORMATION:

Name:	Relationship to applicant:	Day phone:
Address:	Evening phone:	E-mail:

Have you ever applied to this program before: Yes No When? _____

Have you ever been place on probation or dismissed from practice? Yes No

If yes, please provide details in attached statement.

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If yes, please provide details in attached statement.

Last Name, First Name

ACADEMIC BACKGROUND:

List all colleges and universities attended. Please enclose official transcripts from all of these institutions.

Institution	City/State	From Mo/Yr	To Mo/Yr	Major	Credits Earned	Degree Date	GPA

Does your academic record accurately reflect your capabilities? Yes No

Describe why or why not.

Have you been certified in any health profession (?) Yes No If yes, please indicate:

Profession:

Date:

Profession:

Date:

Please list other residency programmes/postgraduate programmes to which you are applying this year:

- _____
- _____

PROFESSIONAL LICENSURE:

Please indicate the country(ies) in which you currently are licensed to practice as a dentist.

-
- Submit a photocopy of your licensure certificate(s).

RECOMMENDATIONS:

Please list two (2) individuals whom can recommend your application:

1. _____
Name Title/Organization

Address
1. _____
Name Title/Organization

Address

WORK/VOLUNTEER EXPERIENCE:

Please attach your resume. Please describe below your healthcare experience beginning with the two (2) most recent.

Institution:	City, State:
Position/Title:	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Dates:	Total Hours:
Description of Responsibilities:	

Institution:	City, State:
Position/Title:	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
Dates:	Total Hours:
Description of Responsibilities:	

Last Name, First Name

ADDITIONAL INFORMATION:

How did you learn about the Faculty of Dentistry, Universiti Teknologi MARA Residency Program: Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Bulletin (Posting) /Website | <input type="checkbox"/> Referral by physical therapist/student |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Word of mouth | |

What factors contributed to your decision to apply for admission to our Residency Program?

REQUIRED SIGNATURE:

To the best of my knowledge, the information on this application is true and accurate.

Applicant Signature

Date