

## **Instructions and Release for 2015-16 Forensic Odontology Fellowship Applicants**

1. Complete the application pages
2. Attach or send a copy of your dental school transcript.
3. Attach a recent photograph of you showing your head and shoulders (from the front). Color passport type photographs are preferred but good quality snapshots are acceptable. You may insert a digital image.
4. Complete, sign, and return the release below with your application.

I, (print or type your name), \_\_\_\_\_,

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Social Security or Passport number \_\_\_\_\_, state that I am licensed to practice dentistry in the following states and/or countries: (indicate license number after each)

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I also assert that I have not been convicted of a felony or a misdemeanor involving moral turpitude.

Additionally, I give the Center for Education and Research in Forensics (CERF) permission to request and obtain a criminal and financial background examination reports based on the information in the application and this form. I understand that the information contained in these reports will be held in the strictest confidence and will be used for determining acceptability for this fellowship only.

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Signature

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Date

*All Application and Release materials and attached or E-mailed narrative must be received prior to March 1, 2015 for consideration for the 2015-16 fellowship class.*