



To: Orthodontic Residency Applicants

To be invited for an interview at The Ohio State University, College of Dentistry, Division of Orthodontics, applicants must be applying exclusively to programs participating in the Postdoctoral Dental Matching Program. We feel that residency program participation in the Postdoctoral Dental Matching Program is fair and beneficial to applicants.

We ask all candidates to indicate, by their signature below, that they are only applying to Match programs.

I affirm that I am applying exclusively to Match programs.

Applicant Name (please print) _____

Signature: _____

Date: _____

Please return to orthodontics@osu.edu