

SECOND YEAR RESIDENT ACCEPTANCE FORM



Advanced Education in General Dentistry Residency Program (AEGD)

I understand that the position is offered contingent upon returning this signed acceptance form by (day), (month/date/year); making a non-refundable installment in the total amount of (dollars amount) by (day), (month/date/year) in order to reserve my space in this program.

I understand that the remaining balance of (dollars amount) will be due by (month/date/year), in accordance to the payment schedule\*\*\*. Each installment is a non-refundable payment. All Residents are required to follow the policies and procedures of Community Smiles' dental clinic.

\*\*\*Payment Schedule

- (day), (month/date/year) - dollars amount 1<sup>st</sup> Full Installment
- (day), (month/date/year) - dollars amount 2<sup>nd</sup> Full Installment
- (day), (month/date/year) - dollars amount 3<sup>rd</sup> Full Installment
- (day), (month/date/year) - dollars amount 4<sup>th</sup> Full Installment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**\*\*I do not wish to reserve a space in the Community Smiles Residency Program at this time. \*\***

I do not wish to reserve my space in the Community Smiles Residency program for (Year – Year) at this time. By signing below you are electing to forgo a reserved space in our program.

You also understand that this space will be offered to another candidate upon receiving this confirmation.

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Signature

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Print Name

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Date