

Guidelines for merit assessment in accordance with Swedish orthodontic educational standards in acceptance of candidates for postgraduate training in orthodontics.

*Purpose of the guidelines: Certify a common view on qualifications in all postgraduate training institutes in Sweden and to inform interested applicants how to qualify for a postgraduate programme in Orthodontics.*

### **General instructions**

Applicants are required to have worked a minimum of 24 months as a general practitioner. Good clinical skills and knowledge of the working conditions of a general practitioner are essential in the postgraduate training programme. The programme is given as a continuous education that meets the criteria stipulated in the goal document of each specialistfield. The motive for a continuous education is that the clinical training requires a timeperiod of at least 3 years so that certain complex treatments are possible to finish and to evaluate. In addition the dentist is required to train under the supervision of representatives from other specialistfields.

### **The following parts are of major importance for the applicant:**

- A. Qualifications in form of clinical duty, courses etc.
- B. Interview
- C. References

#### **A. Qualifications/Merits in form of clinical duty, courses etc.**

- **Clinical duty as General Practitioner, min 24 months.**  
Clinical duty of at least 2 years is required and additional clinical practice up to 5 years is meriting.
- **Clinical duty in an Orthodontic Dept./Clinic. Is meriting up to 6 months.**  
Clinical duty in other dental or medical discipline is a merit if it helps fulfill the educational goals of the postgraduate programme.
- **Participation in courses of importance for the PG- programme in orthodontics.**  
Odontological, medical or other courses relevant to the fulfillment of the educational goal of the programme are meriting.
- **Scientific qualifications and teaching experiences are meriting.**
- **Other qualifications.**  
For ex. leaderexperience.

#### **B. Interview.**

For those applicants deemed most merited according to the above mentioned criteria, the application is completed with an interview.

#### **C. References, letters of recommendation.**

Date of birth (yy, mm, dd)	Last name/first name		
Address		E-mail	
Current professional position		Phone	

**Degree awarded (conferred or expected)**

Dental school attended, from date – to date
Legislation, date
Master of Science, date

**1. General practitioner**

	Fulltime		Appendix
	Year	Month	

**2. Private practitioner**

	Fulltime		Appendix
	Year	Month	

**3. Duty in specialist clinic in Orthodontics**

	Fulltime		Appendix
	Year	Month	



**7. List below other courses completed**

	Days	Proficiency test		Degree, diploma, appendix
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**8. Accepted for postgraduate research training, when?**

Subject
University
Instructor

**9. List below completed preparatory courses in the research training!**

	Days	Proficiency test		Certificates, references, appendix
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**10. Completed research projects**


List on manuscripts and accepted scientific publications (write on a separate paper).

**11. List teaching experience, duty**

List subject, position, institution	Transfer to fulltime		Certificates, references, appendix
	Year	Months	

**12. Languages spoken**

Language	Native	Fluent	Fair	Poor
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test of English as a Foreign Language (TOEFL)	Date taken		Score	
Test according to the International English Language Testing System (IELTS)	Date taken		Score (paper-based)	
	Score (computer-based)			

**13. Other qualifications to consider**

**A minimum of two letters of recommendation from well renowned scientific or clinical dental institutions must be enclosed with the application.**