

# Dental Public Health Residency (DPHR) Program



## Requirements Checklist and Application for Academic Year 2025–2026

Thank you for your interest in CDC’s DPHR Program. This document contains the requirements checklist and application for the program. To apply for the 2025–2026 academic year, please complete:

- **The Requirements Checklist:**
  - Please complete the checklist to confirm that you meet the eligibility criteria to be considered for the DPHR Program ([page 2](#))
- **Application form** ([page 3](#))

### Requirements Checklist

Please read the following requirements carefully and verify that you meet the minimum requirements to apply for the DPHR Program. Please note that applicants must obtain their degrees by December 2024 to be eligible for the program. Any misrepresented information may result in your application being disqualified.

Once you have verified that you meet the minimum requirements:

- **Complete and sign the checklist below.**
- **Submit the checklist and complete application materials in a zip file to [DPHResidency@cdc.gov](mailto:DPHResidency@cdc.gov).** Instructions for how to save documents as a zip file can be found in the [Zip File Instructions Document](#).

# Checklist

## 1. Dental Degree Requirement

Please choose one of the following options:

I have/will have completed a dental degree (DDS or DMD) from a U.S. dental school accredited by the Commission on Dental Accreditation or a Canadian school accredited by the Commission on Dental Accreditation of Canada.

I have/will have completed a dental degree from an international institution. My degree has been evaluated or is currently being evaluated by a credentialing organization to determine equivalency to the DDS or DMD degree awarded by a U.S. dental school. I will submit my unofficial evaluation at the time of the application.

## 2. MPH (or equivalent) Degree Requirement

I have/will have completed a Master of Public Health (MPH) or comparable degree from an institution in the U.S. and accredited by an agency recognized by the U.S. Department of Education. **NOTE: If you don't meet this requirement, you are not eligible to apply to this program.**

## 3. Public Health Course Requirement

I have completed/am completing the courses in the following areas:

Biostatistics. Course Title:

Epidemiology. Course Title:

Health Care Policy and Management. Course Title:

Environmental Health. Course Title:

Behavioral Sciences. Course Title:

Note: Course titles should be on your transcripts.

## 4. TOEFL Requirement

Required of applicants with an international dental degree. Please note that TOEFL scores older than two years are acceptable.

If I am an applicant who completed my dental degree in an institution outside of the United States, I have taken either the Computer Based Test (CBT), Internet Based Test (iBT), or the Paper Based Test (PBT) and received the minimum scores below:

- CBT — minimum total score of 250
- iBT — minimum total score of 100
- PBT — minimum total score of 600

NOTE: Include your TOEFL results report in your application.

I, \_\_\_\_\_, verify that I meet the minimum requirements to apply for the CDC Dental Public Health Residency Program.

Signed:

Date:

# Application for Academic Year 2025–2026

Instructions: Before you complete the application below, review the [How to Apply](#) guidance.

## Section 1: General Information

First Name

Middle Name

Last Name

Phone Number (Home)

Phone Number (Mobile)

+

+

### Applicant's Address

Country

State/Province/Territory

City or Town

Street and Number

Zip/Postal Code

E-mail

If Employed, Title/Position

### For your DDS or DMD or comparable dental degree, please provide the following information:

University Name

Dental Degree  
Completion Date

### University Location

Country

State

City

Street and Number

Zip/Postal Code

**For your MPH (or equivalent Public Health degree), please provide the following information:**

University Name

MPH Completion Date

**University Location**

State

City

Street and Number

Zip/Postal Code

**If you are currently in-process of obtaining your MPH (or equivalent Public Health) degree, please provide the following:**

Anticipated MPH (or equivalent PH degree)  
Completion Date

Current GPA

Note: To be eligible you must obtain your degree no later than December 2024

**If selected, please indicate your program enrollment preference\*:**

Full time

Part time

\*Full time enrollment is considered a 12-month commitment and part-time 24 months. Please note that your enrollment preference will be used for internal planning purposes only and will not be used to make selection decisions.



**Application for Academic Year 2025–2026 continued.**

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**Reference 2**

First Name

Middle Name (optional)

Last Name

Phone Number

E-mail

+

University or Institution Name, if applicable

University or Institution Location, if applicable:

Country

State/Province/Territory

City or Town

Street and Number

Zip/Postal Code

**Reference 3**

First Name

Middle Name (optional)

Last Name

Phone Number

E-mail

+

University or Institution Name, if applicable

### Reference 3 (continued)

University or Institution Location, if applicable:

Country

State/Province/Territory

City or Town

Street and Number

Zip/Postal Code

### Section 3: Letter of Intent

Please describe, in 300 words or less, why you are interested in Dental Public Health, what you intend to gain from CDC's DPHR Program, and how it will help you achieve your professional goals.

## Section 4: Experience: Research and/or Non-Research

Please describe, in 300 words or less, an oral health-related research project or MPH capstone/dissertation in which you have served as contributor or lead.

Describe the following:

- Your role
- Research question
- Research methodology (qualitative or quantitative approaches)
- Results
- Review and clearance processes
- Where/how research was published or presented

If you have not completed an oral health-related research project, please describe a non-research project, including your role and outcomes as available.