Applicant Selection Procedures in Endodontic Specialty Programs in the United States

BY

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THESIS

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DEDICATIONS

This thesis is dedicated to my parents, Randy and Marcia Bell, whose unending love, support, and encouragement of my pursuits, academic or otherwise, shaped who I am today. I also dedicate this project to G. William Knight, whose years of tireless advocacy allowed me to have a chance at fulfilling my goals. I would have never made it this far without you all – thank you.
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SUMMARY

Studies in several dental and medical specialties show that applicant selection procedures vary among different institutions, but no such study exists in endodontics. Certainly, program directors seek ambitious, intelligent individuals who are passionate about endodontics in addition to other positive qualities. Despite this, without knowing actual selection procedures, prospective applicants lack any guide regarding how to make themselves attractive to directors. In addition, the selection process may not be able to undergo any type of change if the differences in acceptance criteria are not delineated. Beyond this, the recent change in the National Board Dental Examination score reporting to a pass/fail format may make selection more difficult.

The purpose of this study was to determine the application criteria evaluated by directors of endodontic specialty programs in the United States when selecting their residents. Besides this, the study also aimed to determine the expected effect of the change in National Board Dental Examination score reporting to pass/fail on the applicant evaluation process.

A total of 54 endodontic specialty program directors, encompassing every program in the United States, received a 38-question web-based survey. E-mail addresses were available on the American Association of Endodontists online directory. The survey presented program directors with questions regarding general program information, information obtained from applications, the interview process, the decision process, a retrospective view of the selection process, and director demographics. After distribution and data collection through the REDCap interface, IBM SPSS Statistics
v20.0 (Armonk, NY) was utilized for data analysis. Ranking of data was performed when appropriate.

Of the 54 directors, 26 responded for a response rate of 48.1%. Results indicated a wide range of selection procedures among each program. The interview process was the only factor constant to all programs. The most important application factors considered were interview ratings, dental school class rank, and general practice residency or advanced education in general dentistry experience. The most preferred sources for letters of recommendation were endodontic pre- and post-doctoral program directors and other endodontic faculty members. Desirable applicant characteristics included enthusiasm, listening skills, and verbal skills. Program directors indicated concern regarding initial screening of applicants following the National Board Dental Examination scoring change, but not as much concern relating to final selection. Respondents generally supported a uniform acceptance date, but did not support participation in the Match.

Endodontic specialty programs in the United States all follow a different protocol for evaluating applicants to their institutions. Program directors do not appear overwhelmingly concerned with the changes in National Board Dental Examination score reporting, though this may change in the future when more applicants lack actual scores. In addition, establishment of a uniform acceptance date for endodontic specialty programs may resolve the biggest problem that most respondents have with the current selection process.
1. **INTRODUCTION**

1.1 **Background**

Application to an advanced postgraduate education program in a dental specialty imparts considerable stress on any prospective applicant. Endodontics is no exception to this, as according to the most recent American Dental Association (ADA) Survey of Advanced Dental Education (from 2010-11), only 211 positions are available each year for almost 3,400 applications (2012a). Though the total number of applications declined since 2007, this still reflects an acceptance rate of only 6.2% (ADA 2012a). One source of stress for these practitioners may be the lack of definitive information on important factors to consider before applying. Part of the difficulty in determining these factors could also be due to varied selection procedures among each postgraduate endodontics program.

While prospective applicants find the process difficult, postgraduate program directors may experience a different sort of stress in assessing each applicant. With vast amounts of subjective and objective materials in each application, there is no standard approach to evaluation. Each program will undoubtedly prefer certain applicant characteristics to others, but studies undertaken in medical and other dental specialties suggest that deducing generalities among program preferences is a reasonable goal (Wagoner 1986, Spina 2000, Yuan 2010, Galang 2011). Beyond these preferences, previously used application materials may become obsolete, leading to the need for different selection criteria. As an example of this, the National Board Dental
Examination, which provided a score in the past, became a pass/fail examination in 2012. The loss of this criterion could make applicant selection more difficult.

1.2 **Significance of the Study**

This study is the first to evaluate the applicant selection procedures in endodontic specialty programs through a survey of program directors. Similar prior studies in other specialties showed that while there are some constants across different disciplines, each specialty tends to have different preferences in terms of application materials and applicant characteristics (Spina 2000, Yuan 2010, Galang 2011). With no prior studies of these selection procedures in endodontics, interested parties must try to apply characteristics of other specialties in an attempt to deduce how directors of endodontic specialty programs select their residents. This study is also the first known survey to evaluate the projected impact of the change in score reporting of the National Board Dental Examinations to pass/fail in 2012 on selection procedures in a dental specialty.

1.3 **Specific Aims**

The primary purpose of this study was to determine the application criteria evaluated by directors of endodontic specialty programs in the United States when selecting their residents. The ranking of these criteria by importance (per the respondents) may provide further guidance to prospective endodontic program candidates in addition to presenting ideas that could be incorporated into a more systematic selection process. Moreover, the study aimed to determine the expected effect of the National Board Dental Examination score reporting change on the ability to evaluate candidates.
1.4 **Hypotheses**

The study is based on an expectation that applicant selection procedures in endodontic specialty programs vary greatly among institutions. The change in National Board Dental Examination score reporting to pass/fail, due to the loss of another objective criterion, will make the delineation between endodontic specialty program applicants more difficult.
2. REVIEW OF LITERATURE

2.1 The Interview

In medical education, several studies show a relative preference for program directors to find the interview to be the most important factor in resident selection (Wagoner 1986, Taylor 1995), though this is not universal across all similar studies. For example, one study in emergency medicine found that program directors rated the emergency medicine rotation grade higher than the interview (Crane 2000). Aside from the interview, Poirier found that the ability to work as a team was the most critical in final ranking of applicants (2003).

Similar surveys exist in some dental specialties, including oral and maxillofacial surgery (Spina 2000), orthodontics (Galang 2011), and prosthodontics (Yuan 2010). The latter two dental specialties (which used a modified version of the survey from the Spina study) also found the interview to be the most important factor in selecting an applicant, while the former did not consider the interview in its list of important factors.

Part of the importance of the interview lies in the ability to evaluate some of an applicant’s character traits. The three recent surveys of program directors in dental specialties (Spina 2000, Galang 2011, Yuan 2010) attempted to determine which of these attributes selection committees consider positive, negative, or neutral factors. Qualities considered generally positive included honesty, organization, and confidence, which may seem to be common sense. However, the survey design allowed the ranking of many of these characteristics. With these rankings, applicants with minimal research experience or interest, for example, could see that program directors generally find this attribute less
important than others, such as the previously mentioned honesty, organization, and confidence (Spina 2000, Galang 2011, Yuan 2010). In oral and maxillofacial surgery, applicants rated as friendly, assertive, and confident (among other qualities) received higher rankings at one institution, where assertive applicants tended to match more often (Frantsve 2003). These rankings (or preferences) have potential for use by future applicants to gain an understanding of the relative importance of different personality and character traits to the persons making admission decisions.

2.2 **Application Materials**

Beyond the importance of an interview, academic achievements and other application materials also affect the final decision to accept or deny an applicant. Examples of these may include class rank, board exam scores, letters of recommendation, and private practice or hospital residency experience. Some criteria are near the top of importance rankings across multiple specialties; class rank and dental school grades are two of these (Spina 2000, Yuan 2010, Galang 2011). Applicants to oral and maxillofacial surgery programs believe that dental internships, board scores, and class rank are important in screening applicants for interviews, which generally tends to be the case (Marciani 2003). Definitive rankings of these factors are difficult due to the small sample sizes of each program director survey, but beyond a few traits found at the top of each list, each specialty appears to prefer different criteria when evaluating applicants. Oral and maxillofacial surgery puts more emphasis on basic science grades (Spina 2000) than orthodontics (Galang 2011) or prosthodontics (Yuan 2010), for example.
As a specialty program becomes more desirable, the concomitant increase in applications may make selection decisions more difficult. In programs where this occurs, initial screening based on previous academic achievement (such as board scores or grades) may be more stringent than in a program receiving fewer applications (Wagoner 1986). In a study comparing family practice to obstetrics and gynecology residency programs, Taylor found that the obstetrics and gynecology residencies rated the usefulness of academic transcripts significantly higher than family practice residencies (1995). At the time of publication, prospective residents considered obstetrics and gynecology a desirable specialty, evidenced by the filling of 95% of the residency positions in 1991, compared to only 65% filled in family practice in the same year. With this information, it seems logical that obstetrics and gynecology program directors would be more stringent in terms of an applicant’s academic qualifications because they head a more competitive program.

2.3 **Applicant Evaluations**

Letters of recommendation, which each previously studied specialty considered important, come with a caveat. The source of the recommendation is essential to proper evaluation, as shown in the orthodontics and prosthodontics program director surveys, where evaluations from faculty in their respective specialties were considered more important than others (Galang 2011, Yuan 2010). In oral and maxillofacial surgery, respondents indicated a letter from a department chairman is weighted higher than others for several reasons. Since chairmen often know one another, respondents believed their candidate evaluations would be more accurate in an attempt to maintain credibility.
among peers (Spina 2000). In addition, chairmen are more aware of the stresses involved in training in a specific specialty, so they are better equipped to evaluate a candidate’s attributes with regard to his/her ability to succeed in that discipline (Spina 2000). Many find letters of recommendation to be notoriously unreliable, as they are often inflated (Spina 2000). Some feel that the best information to be gleaned from them actually relates to what is omitted rather than what is actually included (Walker 1975). Despite their potentially minimal use, letters of recommendation still rate as a “very important” selection criterion in screening residency applicants (Makdisi 2011).

In an attempt to further standardize the residency application process, the Postdoctoral Application Support Service (PASS), operated by the American Dental Education Association (ADEA), began using the Personal Potential Index (PPI) during the 2011-12 application cycle. The PPI, developed by the Educational Testing Service (ETS) allows evaluators to provide a “more complete picture of an applicant's potential for success in graduate or professional school beyond grades, test scores and recommendation letters” (ETS 2013). It utilizes six personal dimensions (knowledge and creativity, communication skills, teamwork, resilience, planning and organization, and ethics and integrity) identified as predictors of success in graduate programs to demonstrate an applicant’s capabilities beyond test scores and grades. The PPI works by converting evaluations of these noncognitive factors completed by a person of the applicant’s choice into a numerical score (ETS 2013). Several studies convey the importance of these noncognitive factors, which led to the development of the PPI (Kyllonen 2008, Wood 1990). In fact, noncognitive factors can be as important in predicting future resident performance as commonly used cognitive criteria. In a study of
radiology residents, a resident’s degree of confidence and recognition of his/her limits were the best predictors of future performance in residency (Wood 1990). This study also supported the use of a structured interview, which may be necessary to properly evaluate these noncognitive factors (Wood 1990). Whether the PPI itself is a valid instrument to evaluate the same factors, however, is not yet determined.

2.4 **Board Examinations**

The National Board Dental Examination (NBDE) consists of two parts taken during dental school. The first part is taken sometime during the first two years, while the second part is generally taken prior to graduation. Passing both parts is required to obtain licensure in the United States and Canada. Specialty programs commonly use the first part (and the second part, if scores are available at the time of application) of this criterion-referenced exam as a screening tool for applicants, similar to the United States Medical Licensing Examination (USMLE) Step 1 in medicine, as some feel the board scores are an indicator of academic ability (Spina 2000). General surgery programs still use USMLE Step 1 scores as their primary screening tool (Makdisi 2011).

While board exam scores may be a good indicator of academic ability, evidence is mixed regarding their ability to predict clinical skills or success. A study of international dental students in a United States Doctor of Dental Surgery program revealed a significant association between NBDE Part II scores and final clinical grades (Stacey 2005). In addition, USMLE scores correlate with better performance on a gross motor dexterity test, but not a fine motor test (Goldberg 2008). Whether this better performance would translate to clinical competence (especially in dentistry) is not yet determined.
Beyond these studies, other studies in medicine show there is no predictable correlation between scores and successful performance in a residency program (Stohl 2010, Dirschl 2006, Thordarson 2007).

Until 2012, NBDE scores ranged from 49-99, with a score of 75 or higher required to pass. Starting in 2012, however, score reporting switched to a binary pass/fail system, removing the ability for program directors to use board scores to screen applicants (ADA 2013). Some dental schools utilize a pass/fail grading system (with or without an “honors” classification), which fails to provide a class rank or actual grades for prospective residents. One respondent in the Spina study expressed distaste with this system, describing it as “elitism” (2000). This system may actually work against an applicant, as a study in medicine showed that those with class ranks received higher rankings than those from schools that did not offer such information, even if the latter applicants came from a more “distinguished” institution (Gutman 1985). The loss of board scores as a screening tool may give program directors an even more troublesome time distinguishing between applicants from pass/fail schools, as applications will lack many of the program’s preferred screening variables.

With the removal of numerical board scores, new screening procedures may be necessary. As an example, in 2013, the American Association of Oral and Maxillofacial Surgeons began offering an additional examination to allow for residency programs in oral and maxillofacial surgery to continue to evaluate applicants based on a criterion-referenced score. The Comprehensive Basic Science Examination (CBSE), designed by the National Board of Medical Examiners, allows oral and maxillofacial surgery (OMS) “applicants an opportunity to measure their understanding of the basic sciences and
provide an enhanced mechanism for OMS training programs to evaluate applicants for 2014-2015 residency positions” (AAOMS 2013). Applicants with a numeric score for part I of the NBDE are not required to take the CBSE, indicating that its only purpose is likely to replace the score provided by the NBDE Part 1.

2.5 The Match

The Postdoctoral Dental Matching Program, commonly known as the Match, is a system used to place dental residency applicants into advanced education in general dentistry (AEGD), general practice residency (GPR), oral and maxillofacial surgery, orthodontics, pediatric dentistry, and dental anesthesiology programs (National Matching Services, 2013a). The purpose of the Match is to allow applicants to find residency positions in their preferred institutions while also allowing those programs to obtain applicants of their choice. After the conclusion of interviews, the process involves each applicant ranking the programs they wish to attend in the order of their preference, while each program ranks their preferred applicants in the same manner. The Match algorithm utilizes these rank order lists to place applicants in their most preferred program with an unfilled position, taking into account each program’s preferences. When the algorithm tentatively matches all applicants to the most preferred position possible (or each applicant’s list of choices is completely depleted), tentative matches become final (National Matching Services, 2013b).

A major advantage of the Match system is that it allows the utilization of a uniform acceptance date. Further advantages include the ability to allow applicants to evaluate many programs (and vice versa) without the need to make brash acceptance
decisions and the avoidance of applicants reversing their decision to attend one program to accept a different offer. Spina partially attributed an increase in satisfaction with the applicant selection process in oral and maxillofacial surgery to the introduction of the Match (2000). Prior to this introduction, the application process satisfied program directors at a rate of 72% (Marciani 1976). This rate increased to 89.9% after its inception (Spina 2000). One disadvantage of the Match system may be the perceived lack of ability of the director or admission committee to personally select residents or an entire resident class. Though the ranking system allows participants to rank only those prospective students they want in their program, the Match would not allow for the direct composition of a class of residents a director feels would all get along, for example.

2.6 Retrospective Evaluation of Selection Procedures

Once applicants matriculate into a residency program, directors evaluate their success across multiple facets, depending on the type of program. Over time, program directors may notice certain characteristics common among successful residents. In a study based in a general surgery program, a favorable evaluation of personal characteristics performed during the interview and high quality letters of recommendation predicted future success in the residency program, while academic record and USMLE scores actually correlated negatively with success (Brothers 2007). Retrospective reviews of applicant selection procedures like this may be useful, especially when program directors may not be satisfied with all of the residents they select. In orthodontics and prosthodontics, only 36% and 39% of respective responding directors
claimed they would accept all of the current and past residents from the previous 5 years again (Galang 2011, Yuan 2010).

Despite the shortcomings of existing resident selection procedures, dental residency programs are still relatively satisfied with the status quo. In oral and maxillofacial surgery, orthodontics, and prosthodontics, between 84 and 97% of respondents indicated they were at least somewhat satisfied with the current process (Spina 2000, Galang 2011, Yuan 2010).

While many of these studies in medical education and other dental specialties are important in relation to other specialties, many may consider applying their findings directly to endodontics (or any other specialty) myopic.
3. MATERIALS AND METHODS

3.1 Web-based Survey Research

In the past, a survey of program directors would likely be mailed or physically distributed at a national meeting. As we enter an increasingly digital age, this archaic method of dissemination seems likely to be replaced by web-based tools. In the past, utilization of such tools required significant knowledge of multiple programming languages in order to provide the respondent with an experience similar to a paper survey. Despite the availability of simplified authoring tools, the utilization of web-based surveys is still low, particularly in dentistry. These engines allow those with minimal technological experience to program a survey with the same functionality as a paper survey, including the capability to use different types of questions (such as multiple choice and free response). Advantages of this system include instant distribution at minimal cost (as no postage is necessary), easy access, reduced environmental impact, and ease of use (for example, it is very difficult to miss an entire page). Beyond this, data collection and analysis is much more efficient. Many web-based survey engines allow the export of data to formats utilized by statistical analysis software, bypassing the need to manually enter data from the paper form and thus removing a step where additional error could be introduced.

This survey is the first web-based version of its kind distributed to program directors of a dental specialty to evaluate their applicant selection procedures.
3.2 **Study Design**

Participants received a modified version of the questionnaire used by Yuan et al (2010) and Galang et al (2011). The experimental protocol received approval from the University of Illinois at Chicago Institutional Review Board (Appendix A, research protocol 2012-0993).

The REDCap (Research Electronic Data Capture) online interface provided by the University of Illinois at Chicago Center for Clinical and Translational Science allowed for the web-based design of the 38-item survey (Appendix B, results in Appendix C, raw data in Appendix D). The survey consisted of six sections. Section A related to general program information, including the setting (university or hospital-based), number of residents, and most recent number of applicants. Section B pertained to information obtained from the application, which included ranking the importance of different application materials and the source of letters of recommendation. It also addressed the recent change in scoring methodology to the NBDE. Section C focused on the interview process, including a rating of varying applicant characteristics. These characteristics received a positive, negative, or neutral rating, which allowed for later rankings. Section D asked respondents to elaborate on the decision process, including whether or not they would support a uniform acceptance date or participation in the Match. Section E sought to determine each director’s satisfaction with the current resident selection process and his or her current residents via a retrospective view. Section F requested some demographics on the program director.

Surveys were distributed via e-mail to the 54 program directors of the 55 accredited specialty programs in endodontics in the United States (one program director
is the director of two programs) on December 13, 2012 with a due date of January 13, 2013. The American Association of Endodontists online directory provided e-mail addresses for each director. Subjects who had not yet completed the survey received a reminder e-mail on January 4, 2013. Upon receipt of completed surveys, IBM SPSS Statistics v20.0 (Armonk, NY) was used for statistical analysis. Data were analyzed, descriptive statistics (mean, median, mode, and standard deviation) were compiled, and tabulation and ranking were performed when appropriate.
4. RESULTS

Twenty-six program directors completed the survey, giving a 48.1% response rate. Respondents did not always answer every question, so the number of responses to individual questions did not always equal 26. The REDCap engine ensured that all respondents submitting surveys reached the final page.

4.1 General Information

The vast majority of respondents (80.8%, n=21) indicated they were part of a university-based program. Of the remaining respondents, 11.5% (n=3) headed a hospital-based program, while 7.7% (n=2) led a military-based program.

Most programs (61.5%, n=16) received between 51 and 100 applications during the most recent application cycle (2012, for the class entering in 2013), with the mode being 51-75 applications (n=10). The majority of programs (88.5%, n=23) received less than 100 applications. There was no agreement among directors regarding the percentage of applicants meeting basic requirements for acceptance, though a majority (53.8%, n=14) felt at least 61% met the minimal screening criteria.

Programs admitted an average of 3.73 residents each, with a range of 1 to 7 (6 residents and 1 fellow). In this class, less than half (41.7%, n=10) of directors accepted at least 21% of their resident class from their own institution. Internationally trained dentists are considered by 53.8% (n=14) of programs, though most of the programs indicating they accept these clinicians stated there was no quota in place.
An average of 3.15 residents per program will graduate in the current class. Of the graduating students, directors generally expect the majority (81-100%) to remain in the United States to work in a private practice setting or academia.

Approximately one third of programs changed their size within the past 10 years. Six programs (23.1%) increased their size, two (7.7%) decreased their size, and the majority (69.2%, n=18) remained the same. While two (7.7%) programs indicated they were considering increasing the size of their program at the time of response, the remaining 24 (92.3%) stated they had no changes planned.

4.2 **Application Information**

Less than half (46%, n=12) of respondents claimed their programs utilize ADEA’s PASS for application submission and evaluation. Survey question 12 related to the importance of certain factors in the application. Mean scores with standard deviations were tabulated for each selection factor and ranked in descending order (Table I). The five most important factors with regards to applicant selection were interview ratings, dental school class rank, GPR or AEGD experience, personal statement, and current resident feedback. The least important factors were an on-site oral presentation and the Personal Potential Index, which is only a part of PASS applications.
## Table I
### Application Factors

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<th>SD</th>
<th>Rank</th>
<th># Respondents</th>
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<td>Dental School Class Rank</td>
<td>3.42</td>
<td>0.703</td>
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<tr>
<td>GPR/AEGD Experience</td>
<td>3.40</td>
<td>0.577</td>
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<td>Personal Statement</td>
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<td>0.638</td>
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<td>0.810</td>
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<td>3.23</td>
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<td>Military Experience</td>
<td>2.85</td>
<td>0.834</td>
<td>T16</td>
<td>26</td>
</tr>
<tr>
<td>Advanced Degree (PhD)</td>
<td>2.85</td>
<td>0.925</td>
<td>T16</td>
<td>26</td>
</tr>
<tr>
<td>Publications/Research</td>
<td>2.84</td>
<td>0.746</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>OKU Honorary Dental Society</td>
<td>2.81</td>
<td>0.849</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Extramural Activity</td>
<td>2.77</td>
<td>0.815</td>
<td>21</td>
<td>26</td>
</tr>
<tr>
<td>College Grades (Overall)</td>
<td>2.65</td>
<td>0.629</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>TOEFL Scores</td>
<td>2.63</td>
<td>1.17</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>College Grades (Basic Science)</td>
<td>2.58</td>
<td>0.504</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Endodontics-related Knowledge</td>
<td>2.54</td>
<td>0.833</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Dexterity Skills</td>
<td>2.52</td>
<td>1.19</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Endodontics Externship</td>
<td>2.50</td>
<td>0.812</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Presentation at Endodontic Meetings</td>
<td>2.42</td>
<td>0.758</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>GRE Scores</td>
<td>2.19</td>
<td>1.17</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>On-site Oral Presentation</td>
<td>1.80</td>
<td>1.04</td>
<td>T30</td>
<td>25</td>
</tr>
<tr>
<td>Personal Potential Index (PASS Applications)</td>
<td>1.80</td>
<td>1.04</td>
<td>T30</td>
<td>25</td>
</tr>
</tbody>
</table>

Scoring: 1 = Not Requested, 2 = Little Importance, 3 = Some Importance, 4 = Very Important; T = tie
Survey question 13, which regarded the source of letters of recommendation, received the same score tabulation and ranking protocol as question 12. Results are found in Table II. Letters from endodontic pre-doctoral program directors, endodontic graduate program directors, endodontic faculty, and endodontic department chairs received the highest scores, indicating the most importance. Respondents deemed letters from college advisors or “other” sources the least important.

**TABLE II**
**LETTER OF RECOMMENDATION SOURCES**

<table>
<thead>
<tr>
<th>Recommendation Source</th>
<th>Mean</th>
<th>SD</th>
<th>Rank</th>
<th># Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic Pre-Doctoral Program Director</td>
<td>3.50</td>
<td>0.762</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Endodontic Graduate Program Director</td>
<td>3.38</td>
<td>0.752</td>
<td>T2</td>
<td>26</td>
</tr>
<tr>
<td>Endodontic Faculty</td>
<td>3.38</td>
<td>0.697</td>
<td>T2</td>
<td>26</td>
</tr>
<tr>
<td>Endodontic Department Chair</td>
<td>3.27</td>
<td>0.778</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Research Advisor</td>
<td>2.92</td>
<td>0.744</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Program Alumni</td>
<td>2.65</td>
<td>0.689</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Private Practice Endodontist</td>
<td>2.54</td>
<td>0.761</td>
<td>7</td>
<td>26</td>
</tr>
<tr>
<td>Dean of Dental School</td>
<td>2.36</td>
<td>0.700</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Current Endodontic Resident</td>
<td>2.31</td>
<td>0.788</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>General Dentist</td>
<td>2.27</td>
<td>0.667</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Other Dental Specialist</td>
<td>2.24</td>
<td>0.723</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>College Advisor</td>
<td>1.88</td>
<td>0.653</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Other</td>
<td>1.53</td>
<td>1.01</td>
<td>13</td>
<td>17</td>
</tr>
</tbody>
</table>

Scoring: 1 = Not Requested, 2 = Little Importance, 3 = Some Importance, 4 = Very Important; T = tie

When questioned concerning the recent changes to NBDE scoring, a majority (77%, n=20) of program directors felt that initial screening of applicants would be more difficult, but only about half (57.7%, n=15) believed final selection would be more difficult. Many respondents (65.4%, n=17) support the development of an alternative test
to assess basic dental knowledge. For this type of examination, 73.1% (n=19) of directors felt it should generate a norm-referenced numerical score.

4.3 **Interview Process**

All responding programs require an interview as part of the applicant selection process. Interview formats vary among programs, but 65.4% (n=17) use a structured process, which includes standardized questions and scoring. In the most recent selection process, programs invited an average of 12.48 applicants for interviews (range 5 to 25). A committee composed of the program director, department chairman, and full-time endodontic faculty generally made the final decision pertaining to whom to invite for interviews. In general, interviews tended to last four to eight hours. Informal events such as an evening social are part of the interview process at 42.3% (n=11) of institutions. During the interview, applicants received some sort of evaluation from a larger committee than the one used to make invitation decisions; this generally includes the program director, department head, full- and part-time endodontic faculty, and current residents. Table III displays the results of the evaluations of applicant characteristics during the interview. Enthusiasm, listening skills, and verbal skills ranked highest, while aggressiveness and anxiousness/nervousness rated as the least desirable qualities in an applicant.
### TABLE III
APPLICANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean</th>
<th>SD</th>
<th>Rank</th>
<th># Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthusiasm</td>
<td>1</td>
<td>0</td>
<td>T1</td>
<td>26</td>
</tr>
<tr>
<td>Listening Skills</td>
<td>1</td>
<td>0</td>
<td>T1</td>
<td>26</td>
</tr>
<tr>
<td>Verbal Skills</td>
<td>0.96</td>
<td>0.196</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Maturity</td>
<td>0.92</td>
<td>0.272</td>
<td>T4</td>
<td>26</td>
</tr>
<tr>
<td>Cooperation Skills</td>
<td>0.92</td>
<td>0.272</td>
<td>T4</td>
<td>26</td>
</tr>
<tr>
<td>Confidence</td>
<td>0.88</td>
<td>0.326</td>
<td>T6</td>
<td>26</td>
</tr>
<tr>
<td>Honesty</td>
<td>0.88</td>
<td>0.326</td>
<td>T6</td>
<td>26</td>
</tr>
<tr>
<td>Presentable Appearance/Attire</td>
<td>0.85</td>
<td>0.368</td>
<td>T8</td>
<td>26</td>
</tr>
<tr>
<td>Ability to Ask Relevant Questions</td>
<td>0.85</td>
<td>0.464</td>
<td>T8</td>
<td>26</td>
</tr>
<tr>
<td>Social Skills</td>
<td>0.77</td>
<td>0.430</td>
<td>T10</td>
<td>26</td>
</tr>
<tr>
<td>Organizational Skills</td>
<td>0.77</td>
<td>0.430</td>
<td>T10</td>
<td>26</td>
</tr>
<tr>
<td>Analytical Thinking</td>
<td>0.73</td>
<td>0.533</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Empathy</td>
<td>0.68</td>
<td>0.557</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Teaching Potential</td>
<td>0.56</td>
<td>0.507</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Agreeability</td>
<td>0.52</td>
<td>0.653</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Research Experience</td>
<td>0.46</td>
<td>0.508</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>-0.19</td>
<td>0.801</td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td>Anxiousness/nervousness</td>
<td>-0.20</td>
<td>0.707</td>
<td>18</td>
<td>25</td>
</tr>
</tbody>
</table>

Scoring: -1 = Negative Factor, 0 = Neutral Factor, 1 = Positive Factor; T = tie

### 4.4 Decision Process

Input from several people contributes to the selection decision process. The program director, department head, and full-time endodontic faculty provide input in the vast majority (100%, 80%, and 84%, respectively) of programs, while part-time endodontic faculty and residents provide input in just over half (57.7%). Final selection decisions typically fall on a selection committee (76.9%, n=20), while the program director alone makes the final decision at 23.1% (n=6) of programs.
A preponderance (65.4%, n=17) of program directors supported the concept of a uniform acceptance date for endodontic specialty programs, while only 23.1% (n=6) supported the utilization of the Match system.

4.5 **Retrospective View**

Almost all respondents (92%, n=23) were at least somewhat satisfied with the current selection process. Despite this information, only 38.5% of directors stated they would select all of their current and/or former residents from the last five years again. For those that stated they would not reselect all of these residents, 68.8% (n=11) would admit 81-100% of them, while another 25% (n=4) would accept 61-80% of their five most recent classes. Every respondent stated they were satisfied with the current applicant pool to their program, with 42.3% (n=11) asserting they were very satisfied. In general, directors felt that applicant credentials either increased (42.3%) or did not change (42.3%) in the last five years. Regarding changes in quantity of applications, program heads were fairly evenly split, with 26.9% (n=7) receiving more, 34.6% (n=9) receiving less, and 38.5% (n=10) claiming no change over the past five years.

4.6 **Program Director Demographics**

An even distribution concerning the age of endodontics program directors was noted, as 26.9% (n=7) indicated they were between the ages of 41 and 50, 30.8% (n=8) were between 51 and 60, and 38.5% (n=10) were between 61 and 70. Only one respondent was over the age of 70. All but one respondent (96.2%, n=25) were male. Current terms as program director ranged from 1 to 20 years, with a mean of 7.94 years.
Total time served as a program director ranged from 1 to 33 years, with a mean of 9.60 years. All but one respondent (96.2%) indicated they were board certified.
5. DISCUSSION

5.1 Findings of the Study

While the number of applications to endodontic specialty programs dropped from 2006-07 to 2010-11, the need for quality endodontic treatment in the general population seems unlikely to go away. Despite multiple advances in implant therapy, the survival rates of implant-supported crowns and root canal-treated teeth with restorations are similar (Torabinejad 2007, Iqbal 2008). Implant therapy is about twice as expensive as nonsurgical endodontic treatment, so it seems reasonable to expect continued demand for endodontic services (Iqbal 2008). Given this information, better understanding the selection procedures for those clinicians seeking to obtain advanced training in endodontics may allow the streamlining of this process.

The current selection process for applicants to endodontic specialty programs certainly varies from institution to institution, but there are some constants. Every program required an interview, but each of these interviews featured different components. There was little variation in who had input during the selection process, with most programs utilizing some combination of the program director, department head, full- and part-time endodontic faculty, and residents. An interview panel composed of many different people may be important to evaluate multiple facets of a candidate’s application. A diverse panel may also reduce the effect of interviewers tending to prefer to select applicants whose personality types are similar to their own (Quintero 2009). Good relationships between residents are a critical factor in resident satisfaction with a program, which may help validate the involvement of current residents during the
interview process (Laskin 2003). Resident feedback rated very high on important application factors, further strengthening the reasoning for residents to participate in the interview.

Less than half of programs incorporated an informal event (like an evening social) into the interview, which is dissimilar to orthodontics, where most programs utilized an event of this type (Galang 2011). Perhaps endodontic program directors are confident they can gauge an applicant’s behavior during the formal interview or through resident feedback from a similar event (such as a luncheon) enough that they feel an evening social is unnecessary.

Responding programs as a whole tended to require applicants to complete a separate application for their programs rather than use the PASS system. This is similar to prosthodontics, but not to orthodontics (Yuan 2010, Galang 2011). With the massive amount of time required to complete an application, forcing a prospective resident to complete a separate form for each program may cause a reduction in the number of applications a program receives. This may be a desired result that ensures that candidates truly want to attend that specific program, though. Programs that are not satisfied with the number of applications or the caliber of applicants they receive may consider participating in PASS, which distributes the same application materials to the programs the applicant designates.

Respondents generally considered class rank very important. As previously discussed, some dental schools grade on a pass/fail basis (with or without honors), so they do not provide a class rank. If applicants from schools with class ranks receive higher ratings, attending pass/fail institutions may actually work against candidates for
endodontic specialty positions, as a critical objective criterion will be absent from their application (Gutman 1985).

Beyond the potential for lack of class rank, the loss of NBDE scores might make evaluation more difficult. While 77% of respondents indicated that they felt initial selection of applicants would be more difficult with a pass/fail board examination, only 57.7% felt final selection would be more difficult. This may be attributed to some programs ignoring board scores once an applicant interviews. Upon review of the other survey results, the lack of universal concern regarding the NBDE score change may be attributed to the amount of importance given to the scores. Given the list of important application factors, NBDE scores ranked 11th (Part 2) and 13th (Part 1), respectively. This is similar to prosthodontics, where the highest ranking for a NBDE score was 11th, but quite different from orthodontics, where NBDE Part 1 scores ranked 5th, and oral and maxillofacial surgery, where 76.1% of programs felt NBDE scores were “very important” (Yuan 2010, Galang 2011, Spina 2000). Logically, if a program does not value NBDE scores highly, then a change in score reporting is unlikely to affect its selection procedures. Another reason directors may not indicate concern with score changes is that they simply have not yet had to evaluate applicants without board scores. A repeat of this survey in a few years may yield different results on this front.

Program directors tended to support the development of an alternative test to assess basic dental knowledge. While an alternative test may allow directors to maintain a cognitive application factor (the numeric score, in this case), the development of such an exam can be quite expensive. If there is truly significant concern regarding initial screening of applicants without board scores, the pursuit of such development is
warranted. However, if program directors prefer other screening tools, the value of a different exam may be outweighed by the indifference toward the scores provided.

The survey did not question directors regarding a specific alternative test (such as the CBSE now used by oral and maxillofacial surgery), but respondents had differing ideas as to how to finance such an exam. Some respondents suggested that an organization such as the ADA, ADEA, or the American Association of Endodontists (AAE) should pay for the exam’s development and administration, while others proposed that applicants taking the exam should pay for it. Another suggested that all the dental specialties should combine their resources to develop the exam. If development of the exam occurred, respondents generally felt that it should generate a norm-referenced numerical score. This is different from the NBDE, which generates a criterion-referenced score (ADA 2012b).

GPR or AEGD experience rated 3rd on the list of application factors. This is much higher than these programs rated on any other specialty’s survey, though not entirely surprising. Several respondents said their biggest problem with the current selection process is the timing. Considering the interview process currently takes place for most programs in August and September, one director stated that he would not accept applicants right out of dental school because “they have barely started their senior year.” Knowing this, it is understandable that many programs would prefer an additional year of training through a GPR or AEGD. This is also demonstrated through private practice experience being ranked 10th among important application factors. Beyond this, many respondents felt that clinical experience, whether it is through a one-year residency or private practice, was one of the best predictors of success in their program.
Despite research reporting the PPI’s potential reliability in evaluating a candidate’s noncognitive skills (Kyllonen 2008), it rated lower than any other entry on the application factors question. One could attribute this to less than half of program directors even having access to it, since it requires the program to participate in PASS.

Letters of recommendation received a relatively high ranking, though the true importance relies on the source. Endodontic faculty are the most important sources, especially those in director positions (pre- and post-doctoral). These findings are consistent with previous studies in different specialties (Marciani 1976, Spina 2000, Poirier 2003, Yuan 2010, Galang 2011). Prospective applicants for endodontic specialty programs should certainly seek recommendations from endodontists, especially those in academia.

Based on the findings of the applicant characteristics question, endodontic program directors tend to search for mature, enthusiastic applicants with good verbal and listening skills. As patients presenting to an endodontist are often in pain, good communication skills may help reduce anxiety. In addition, the endodontic specialist is often asked to tackle diagnostic dilemmas, which mandate good listening skills in order to take a proper history.

The concept of a uniform acceptance date, while generally desired by respondents, was a controversial one. Several directors commented that a similar system existed in the past, but some programs violated the agreement to not accept applicants prior to the designated date. Respondents supporting a uniform acceptance date often indicated they would only do so if there was 100% participation on a formal basis. Some detractors of the system cited the previous failure as their reason for not supporting it.
Even more controversial than the uniform acceptance date was the potential use of the Match system for endodontic specialty programs. Supporters often stated that even though the Match is not a perfect system, they prefer it to the current system. In addition to this, they also felt the implementation of the Match would allow applicants to interview at multiple programs without being pressured into accepting or declining an offer of admission from another institution. Opponents of the Match system tended to state that they would lose control of choosing their applicants, even though the system allows them to only rank applicants they would want in their program.

Despite the problems with the current application process, most respondents reported it at least somewhat satisfied them. The most significant challenge or problem with the current selection process, based on free response answers, relates to the timing of interviews and offers of admission (61.5% of respondents felt this way). Under the current system, programs are allowed to make offers of admission and require essentially immediate responses from applicants who may have scheduled interviews at other programs. This “gamesmanship,” as one director called it, may force candidates to accept the first offer of admission they receive due to the uncertainty regarding whether they will receive another offer. In essence, it gives an advantage to the programs that interview candidates early, since they can require responses before candidates can even visit other institutions. Many program directors, especially those who support the uniform acceptance date, echo this feeling. Perhaps the establishment of this date would allow more directors to be more satisfied with their resident classes, as currently only 38.5% claimed they would accept every resident from their previous five classes again.
The results of the study, the first to evaluate applicant selection procedures in endodontic specialty programs through a survey of program directors, should benefit both applicants and program directors. Having an idea of what program directors may prefer in an applicant allows prospective residents to tailor their applications toward more desirable qualities, obtain better references, and avoid stressing over a lack of experiences program directors may find unimportant. Benefits to program directors are based on the provision of a framework for changes in the current application process. For example, as a majority supported the concept of a uniform acceptance date, the results could begin a conversation among program directors in hopes of actually establishing such a date. Additionally, finding that a large amount of programs have an informal event associated with the interview, for example, may convince directors who do not currently incorporate such a gathering into their interview process to attempt doing so, since it appears to work for others.

5.2 **Limitations of the Study**

The most obvious limitation of the study is the sample size. While a 48.1% response rate is generally good for a survey, making inferences about every endodontic specialty program in the United States from the responses of 26 program directors may be imprudent. In addition, the small sample size mandates vigilance when interpreting rankings of the studied factors, as many mean values are very similar and may not indicate the true rankings. Large standard deviations also warrant caution when interpreting rankings. Since the distribution of the survey took place at the end of the year when many people take vacation time, some potential respondents might have
overlooked the initial e-mail due to buildup in their inbox or lack of time during the holidays. Perhaps distributing the survey at a different time would result in a larger response rate.

Beyond the sample size limitation, the survey lacked specific questions regarding the configuration of the interview. Aside from questioning whether or not it was structured, the only characteristics determined were allocated time and presence of an informal event prior to the interview. More in-depth questions dealing with the structure of the interview may provide more useful information. These questions could potentially inquire with regards to interviewers asking applicants the same questions, the open or closed nature of the interview, and the method of scoring the prospective resident’s responses.

In the application information section, the question regarding the scoring for an alternative test to the NBDE only described a potential norm-referenced score. The NBDE scoring until 2012 was criterion-referenced, meaning the exam was not graded on a “curve” (ADA 2012b). An exam with a norm-referenced score would be graded in this manner, so explaining the difference between the two types of scores, or possibly just offering two different answers, might be preferable.

5.3 Future Research

Future studies should focus on the structure of the interview, since it is clearly the most important factor in the selection of applicants to endodontic specialty programs. Once the lack of NBDE scores is essentially standard among applicants, a similar survey
could determine the true effect of pass/fail scoring on screening and final selection of candidates.
6. CONCLUSION

This study highlights the variable selection procedures among endodontic specialty programs in the United States. The interview is the only component utilized by every responding program. Some trends do emerge upon data analysis, however. Program directors value interview ratings, dental school class rank, and GPR or AEGD experience as important factors when selecting candidates. Regarding letters of recommendation, endodontic faculty, especially pre- or post-doctoral program directors, are the most highly regarded sources. The most positive characteristics of applicants evaluated during interviews are enthusiasm, listening skills, and verbal skills. Most program directors are concerned that the loss of NBDE scores will make initial screening of applicants more difficult. In addition, most directors support the concept of a uniform acceptance date, but do not support the implementation of the Match in endodontic specialty programs.

Despite a large majority of directors reporting at least some satisfaction with current applicant selection procedures, many clearly still have issues with the process. Given this information, the implementation of a uniform acceptance date for endodontic specialty programs may increase contentment with not only the selection process, but with other directors, as well.
CITED LITERATURE


APPENDIX A

December 5, 2012

Logan T. Bell, DDS
Endodontics
801 S. Paulina Street, Room 304D
M/C 642
Chicago, IL 60612
Phone: (815) 575-5237 / Fax: (312) 996-9500

RE: Research Protocol # 2012-0993
“Applicant Selection Procedures for Endodontic Specialty Programs in the United States: Survey of Program Directors”

Sponsor(s): None

Dear Dr. Bell:

Your Claim of Exemption was reviewed on December 5, 2012 and it was determined that your research protocol meets the criteria for exemption as defined in the U. S. Department of Health and Human Services Regulations for the Protection of Human Subjects [(45 CFR 46.101(b)]. You may now begin your research.

Exemption Period: December 5, 2012 – December 5, 2015
Performance Site(s): UIC
Subject Population: Adult (18+ years) subjects only
Number of Subjects: 55

The specific exemption category under 45 CFR 46.101(b) is:
(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

You are reminded that investigators whose research involving human subjects is determined to be exempt from the federal regulations for the protection of human subjects still have responsibilities for the ethical conduct of the research under state law and UIC policy. Please be aware of the following UIC policies and responsibilities for investigators:

1. Amendments You are responsible for reporting any amendments to your research protocol that may affect the determination of the exemption and may result in your research no longer being eligible for the exemption that has been granted.

Phone: 312-996-1711 http://www.uic.edu/depts/ovcr/orex/ Fax: 312-413-2929
2. **Record Keeping** You are responsible for maintaining a copy of all research related records in a secure location in the event future verification is necessary, at a minimum these documents include: the research protocol, the claim of exemption application, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to subjects, or any other pertinent documents.

3. **Final Report** When you have completed work on your research protocol, you should submit a final report to the Office for Protection of Research Subjects (OPRS).

4. **Information for Human Subjects** UIC Policy requires investigators to provide information about the research protocol to subjects and to obtain their permission prior to their participating in the research. The information about the research protocol should be presented to subjects in writing or orally from a written script. When appropriate, the following information must be provided to all research subjects participating in exempt studies:
   a. The researchers affiliation; UIC, JBVMAC or other institutions,
   b. The purpose of the research,
   c. The extent of the subject’s involvement and an explanation of the procedures to be followed,
   d. Whether the information being collected will be used for any purposes other than the proposed research,
   e. A description of the procedures to protect the privacy of subjects and the confidentiality of the research information and data,
   f. Description of any reasonable foreseeable risks,
   g. Description of anticipated benefit,
   h. A statement that participation is voluntary and subjects can refuse to participate or can stop at any time,
   i. A statement that the researcher is available to answer any questions that the subject may have and which includes the name and phone number of the investigator(s).
   j. A statement that the UIC IRB/OPRS or JBVMAC Patient Advocate Office is available if there are questions about subject’s rights, which includes the appropriate phone numbers.

Please be sure to:
   → Use your research protocol number (listed above) on any documents or correspondence with the IRB concerning your research protocol.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact me at (312) 355-2908 or the OPRS office at (312) 996-1711. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Charles W. Hoehne, CIP
Assistant Director, IRB # 2
Office for the Protection of Research Subjects

cc: Christopher Wenckus, Endodontics, M/C 642
Bradford R. Johnson, Endodontics, M/C 642
APPENDIX B

Applicant Selection Procedures for Endodontic Specialty Programs in the United States

Please complete the survey below.

---

### A. General Program Information

1. What best describes your program?
   - [ ] Hospital-based
   - [ ] University-based
   - [ ] Other

   If other, describe:

2. How many applications did you receive for the most recent application cycle?
   - [ ] less than 50
   - [ ] 51-75
   - [ ] 76-100
   - [ ] 101-125
   - [ ] more than 125

3. How many applicants were (or will be) accepted in your program for the next academic year (class beginning summer 2013)?

4. Do you accept applicants that did not graduate from a Commission on Dental Accreditation accredited institution (internationally-trained)?
   - [ ] Yes
   - [ ] No

   Since you accept international applicants, how many do you take in each year?

5. What percentage of the applicants met your basic requirements for consideration?
   - [ ] 0-20%
   - [ ] 21-40%
   - [ ] 41-60%
   - [ ] 61-80%
   - [ ] 81-100%

6. Of those applicants who were accepted, what percentage was from your own institution?
   - [ ] 0-20%
   - [ ] 21-40%
   - [ ] 41-60%
   - [ ] 61-80%
   - [ ] 81-100%
   - [ ] N/A

7. How many students will graduate from your program next year?

8. What percentage of your graduating students will remain in the United States to practice and/or teach?
   - [ ] 0-20%
   - [ ] 21-40%
   - [ ] 41-60%
   - [ ] 61-80%
   - [ ] 81-100%
   - [ ] N/A

9. Has your program changed its size within the last ten years?
   - [ ] Yes
   - [ ] No

   Since your program changed its size within the past ten years, it has:
   - [ ] Increased
   - [ ] Decreased

10. Are you contemplating increasing or decreasing the size of your program?
    - [ ] Increasing
    - [ ] Decreasing
    - [ ] No changes planned
### B. Information Obtained from Application

11. Does your program participate in the Postdoctoral Application Support Service (PASS) by ADEA?
   - Yes
   - No

### 12. How important were the following factors in selecting applicants to your program?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not Requested</th>
<th>Little Importance</th>
<th>Some Importance</th>
<th>Very Important</th>
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<tr>
<td>Letters of Recommendation</td>
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</table>
13. How important was the source of the recommendation letters in selecting applicants to your program?

<table>
<thead>
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<th>Source of Recommendation Letters</th>
<th>Not Requested</th>
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<th>Some Importance</th>
<th>Very Important</th>
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<tbody>
<tr>
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<td></td>
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<tr>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
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<td>College Advisor</td>
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<td>□</td>
<td>□</td>
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<tr>
<td>Current Endodontic Resident</td>
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<tr>
<td>Program Alumni</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<td>Other</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

14. How significant is the recent change in National Board test scores to Pass/Fail to your selection process?

<table>
<thead>
<tr>
<th>Significant Change</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial screening</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>is more difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final selection</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>is more difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would support the development of an alternative test to assess basic dental knowledge</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>An alternative test should generate a norm-referenced numerical score</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Since you support the development of an alternative test, how should the development and administration of the test be financed?

C. Interview Process

15. Does your program require an interview as part of the resident selection process?
   □ Yes
   □ No
   □ Other
   (If "No," please proceed to question #23.)

   If other, explain:

16. Do you use a structured interview process (e.g., standardized questions, scoring, etc.)?
   □ Yes
   □ No
   □ Not sure
17. Who makes the final decision on which applicants to invite for interview? (Check all that apply)
☐ Program Director
☐ Department Chairman
☐ Full-time Endodontic Faculty
☐ Part-time Endodontic Faculty
☐ Residents
☐ Staff Members
☐ Others

If others, please specify:

18. How many candidates were (or will be) invited for an interview in the most recent selection process (class starting in 2013)?

19. How long does the interview process last?
☐ Less than 4 hours
☐ 4 to 8 hours
☐ 9 to 16 hours
☐ More than 16 hours

20. Does the interview process include an informal event (e.g. evening social)?
☐ Yes
☐ No
☐ Other

If other, please specify:

21. The interview process was conducted by: (Check all that apply)
☐ Program Director
☐ Department Chairman
☐ Full-time Endodontic Faculty
☐ Part-time Endodontic Faculty
☐ Other Dental School Faculty
☐ Residents
☐ Staff Members

22. How were the following characteristics of the applicant considered during an interview?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Negative Factor</th>
<th>Neutral Factor</th>
<th>Positive Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enthusiasm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Confidence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Honesty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Organizational skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Verbal skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Listening skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooperation skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Maturity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teaching potential</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analytical thinking</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Presentable appearance/attire</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Empathy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Research experience</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Agreeability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Aggressiveness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anxiousness/nervousness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to ask relevant questions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### D. Decision Process

23. Who makes the final decision on candidate acceptance?  
   - Program Director alone  
   - Selection Committee

24. Do you support the concept of a uniform acceptance date?  
   - Yes  
   - No  
   - Not sure

Comments:

25. Would you support MATCH for postgraduate endodontics programs?  
   - Yes  
   - No  
   - Not sure

Comments:

26. Which of the following individuals participate in the decision process in your program? (Check all that apply)  
   - Program Director  
   - Department Chairman  
   - Full-time Endodontic Faculty  
   - Part-time Endodontic Faculty  
   - Residents  
   - Staff Members  
   - Others

If others, please specify:

### E. Retrospective View

27. How satisfied are you with the current selection process?  
   - Not Satisfied  
   - Somewhat Satisfied  
   - Very Satisfied

28. Would you select all of your current and/or former residents from the last 5 years again?  
   - Yes  
   - No

Since you answered "no," what percentage of residents would you admit again?  
   - 0-20%  
   - 21-40%  
   - 41-60%  
   - 61-80%  
   - 81-100%

29. How satisfied are you with the current applicant pool to your program?  
   - Not Satisfied  
   - Somewhat Satisfied  
   - Very Satisfied

30. Have the credentials of the applicant pool for your program changed over the last 5 years?  
   - Increased  
   - Decreased  
   - No change

31. Has the quantity of the applicant pool for your program changed over the last 5 years?  
   - Increased  
   - Decreased  
   - No change

32. In your opinion, what have been the best predictors of success in your program (can be subjective or objective findings)?

33. What is the most significant problem or challenge in the current selection process?
F. Program Director Demographics

34. Age:  
☐ 20-30  
☐ 31-40  
☐ 41-50  
☐ 51-60  
☐ 61-70  
☐ Over 70

35. Gender:  
☐ Male  
☐ Female

36. Length of time as Program Director at this institution:

37. Length of time as Program Director (including other institutions):

38. Are you board certified?  
☐ Yes  
☐ No
### APPENDIX C

Survey Results

#### A. GENERAL PROGRAM INFORMATION

1. What best describes your program?
   - □ Hospital-based
   - □ University-based
   - □ Other

<table>
<thead>
<tr>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>3 (11.5%)</td>
</tr>
<tr>
<td>University-based</td>
<td>21 (80.8%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (7.7%)</td>
</tr>
</tbody>
</table>

2. How many applications did you receive for the most recent application cycle?
   - □ less than 50
   - □ 51-75
   - □ 76-100
   - □ 101-125
   - □ more than 125

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
<tr>
<td>less than 50</td>
<td>7 (26.9%)</td>
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<tr>
<td>51-75</td>
<td>10 (38.5%)</td>
</tr>
<tr>
<td>76-100</td>
<td>6 (23.1%)</td>
</tr>
<tr>
<td>101-125</td>
<td>3 (11.5%)</td>
</tr>
<tr>
<td>more than 125</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

3. How many applicants were (or will be) accepted in your program for the next academic year (class beginning summer 2013)?

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<tbody>
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4. Do you accept applicants that did not graduate from a Commission on Dental Accreditation accredited institution (internationally-trained)?
   - □ Yes
   - □ No

   If “Yes,” how many do you take in each year?

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<thead>
<tr>
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<tbody>
<tr>
<td>Yes</td>
<td>14 (53.8%)</td>
</tr>
<tr>
<td>No</td>
<td>12 (46.2%)</td>
</tr>
</tbody>
</table>

   mode: “varies”

5. What percentage of the applicants met your basic requirements for consideration?
   - □ 0-20%
   - □ 21-40%
   - □ 41-60%
   - □ 61-80%
   - □ 81-100%

<table>
<thead>
<tr>
<th>Response</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0-20%</td>
<td>1 (3.8%)</td>
</tr>
<tr>
<td>21-40%</td>
<td>5 (19.2%)</td>
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<tr>
<td>41-60%</td>
<td>6 (23.1%)</td>
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<tr>
<td>61-80%</td>
<td>6 (23.1%)</td>
</tr>
<tr>
<td>81-100%</td>
<td>8 (23.1%)</td>
</tr>
</tbody>
</table>

6. Of those applicants who were accepted, what percentage was from your own institution?
   - □ 0-20%
   - □ 21-40%
   - □ 41-60%
   - □ 61-80%
   - □ 81-100%
   - □ N/A

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<td>12 (50%)</td>
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<td>41-60%</td>
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<td>61-80%</td>
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<td>81-100%</td>
<td>2 (8.3%)</td>
</tr>
<tr>
<td>N/A</td>
<td>2 (8.3%)</td>
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7. How many students will graduate from your program next year?

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<tbody>
<tr>
<td>mean: 3.15, range: 0-6</td>
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</table>
8. What percentage of your graduating students will remain in the United States to practice and/or teach?  
- □ 0-20% (1 (3.8%))  
- □ 21-40% (0 (0%))  
- □ 41-60% (0 (0%))  
- □ 61-80% (4 (15.4%))  
- □ 81-100% (21 (80.8%))  
- □ N/A (0 (0%))  

9. Has your program changed its size within the last ten years?  
- □ Yes (8 (30.8%))  
- □ No (18 (69.2%))  
  If “Yes:”  
    - □ Increased (6 (75%))  
    - □ Decreased (2 (25%))  

10. Are you contemplating increasing or decreasing the size of your program?  
- □ Increasing (2 (7.7%))  
- □ Decreasing (0 (0%))  
- □ No changes planned (24 (92.3%))  

B. INFORMATION OBTAINED FROM APPLICATION  

11. Does your program participate in the Postdoctoral Application Support Service (PASS) by ADEA?  
- □ Yes (12 (46.2%))  
- □ No (14 (53.8%))  

12. How important were the following factors in selecting applicants to your program?  
Table I in Results  

13. How important was the source of the recommendation letters in selecting applicants to your program?  
Table II in Results  

14. How significant is the recent change in National Board test scores to Pass/Fail to your selection process?  
Table I in Results  

   Initial screening is more difficult  
   - □ Strongly Disagree (1 (3.8%))  
   - □ Disagree (5 (19.2%))  
   - □ Agree (8 (30.8%))  
   - □ Strongly Agree (12 (46.2%))  

   Final screening is more difficult  
   - □ Strongly Disagree (1 (3.8%))  
   - □ Disagree (10 (38.5%))  
   - □ Agree (8 (30.8%))  
   - □ Strongly Agree (7 (26.9%))  

   I would support the development of an alternative test to assess basic dental knowledge  
   - □ Strongly Disagree (2 (7.7%))  
   - □ Disagree (7 (26.9%))  
   - □ Agree (6 (23.1%))  
   - □ Strongly Agree (11 (42.3%))
An alternative test should generate a norm-referenced numerical score

□ Strongly Disagree  
2 (7.7%)

□ Disagree  
5 (19.2%)

□ Agree  
8 (30.8%)

□ Strongly Agree  
11 (42.3%)

If development of alternative test is supported: How should the development and administration of this test be financed?  
Free response question

C. INTERVIEW PROCESS

15. Does your program require an interview as part of the resident selection process?  
n=26

□ Yes  
26 (100%)

□ No  
0 (0%)

□ Other  
0 (0%)

16. Do you use a structured interview process (e.g. standardized questions, scoring, etc.)?  
n=25

□ Yes  
17 (68%)

□ No  
7 (28%)

□ Not sure  
1 (4%)

17. Who makes the final decision on which applicants to invite for interview? (Check all that apply)  
n=26

□ Program Director  
25 (96.2%)

□ Department Chairman  
14 (53.8%)

□ Full-time Endodontic Faculty  
16 (61.5%)

□ Part-time Endodontic Faculty  
6 (23.1%)

□ Residents  
3 (11.5%)

□ Staff Members  
1 (3.8%)

□ Others  
1 (3.8%)

18. How many candidates were invited for an interview in the most recent selection process (class starting in 2013)?  
mode: 12  
range: 5-25 (or “all of them”)

19. How long did the interview process last?  
n=26

□ Less than 4 hours  
2 (7.7%)

□ 4 to 8 hours  
21 (80.8%)

□ 8-16 hours  
2 (7.7%)

□ More than 16 hours  
1 (3.8%)

20. Does the interview process include an informal event (e.g. evening social)?  
n=26

□ Yes  
11 (42.3%)

□ No  
14 (53.8%)

□ Other  
1 (3.8%)
21. The interview process was conducted by: (Check all that apply)  
- □ Program Director  
- □ Department Chairman  
- □ Full-time Endodontic Faculty  
- □ Part-time Endodontic Faculty  
- □ Other Dental School Faculty  
- □ Residents  
- □ Staff Members  

22. How were the following characteristics of the applicant considered during an interview?  

Table III in Results

D. DECISION PROCESS

23. Who makes the final decision on candidate acceptance?  
- □ Program Director alone  
- □ Selection committee  

24. Do you support the concept of a uniform acceptance date?  
- □ Yes  
- □ No  
- □ Not sure  

25. Would you support MATCH for postgraduate endodontics programs?  
- □ Yes  
- □ No  
- □ Not sure  

26. Which of the following individuals participate in the decision process in your program? (Check all that apply)  
- □ Program Director  
- □ Department Chairman  
- □ Full-time Endodontic Faculty  
- □ Part-time Endodontic Faculty  
- □ Residents  
- □ Staff Members  
- □ Others  

E. RETROSPECTIVE VIEW

27. How satisfied are you with the current selection process?  
- □ Not Satisfied  
- □ Somewhat Satisfied  
- □ Very Satisfied  

Table III in Results
28. Would you select all of your current and/or former residents from the last 5 years again? □ Yes □ No

If “No”, what percentage of residents would you would admit again? □ 0-20% □ 21-40% □ 41-60% □ 61-80% □ 81-100%

29. How satisfied are you with the current applicant pool to your program? □ Not Satisfied □ Somewhat Satisfied □ Very Satisfied

30. Have the credentials of the applicant pool for your program changed over the last 5 years? □ Increased □ Decreased □ No change

31. Has the quantity of the applicant pool for your program changed over the last 5 years? □ Increased □ Decreased □ No change

32. In your opinion, what have been the best predictors of success in your program (can be subjective or objective findings)? Free response question

33. What is the most significant problem or challenge in the current selection process? Free response question

F. PROGRAM DIRECTOR DEMOGRAPHICS

34. Age: □ 20-30 □ 31-40 □ 41-50 □ 51-60 □ 61-70 □ Over 70

35. Gender: □ Male □ Female

36. Length of Time as Program Director at this institution (in years): mean: 7.94, range: 1-20
37. Length of Time as Program Director (including other institutions) (in years): n=26
   mean: 9.60, range: 1-33

38. Are you board certified?
   □ Yes
   □ No
   n=26
   25 (96.2%)
   1 (3.8%)
APPENDIX D

RAW DATA

1. What best describes your program?
   1. University-based
   2. University-based
   3. University-based
   4. University-based
   5. University-based
   6. University-based
   7. University-based
   8. University-based
   9. University-based
  10. University-based
  11. University-based
  12. University-based
  13. University-based
  14. University-based
  15. University-based
  16. University-based
  17. Hospital-based
  18. Hospital-based
  19. University-based
  20. University-based
  21. University-based
  22. Other (Military)
  23. University-based
  24. University-based
  25. Hospital-based
  26. Other (Military)
2. How many applications did you receive for the most recent application cycle?
   1. 51-75
   2. 51-75
   3. 51-75
   4. 51-75
   5. 101-125
   6. 76-100
   7. 51-75
   8. 76-100
   9. 101-125
  10. 51-75
  11. 51-75
  12. less than 50
  13. 101-125
  14. 51-75
  15. less than 50
  16. 51-75
  17. 76-100
  18. less than 50
  19. less than 50
  20. 76-100
  21. 76-100
  22. less than 50
  23. 51-75
  24. less than 50
  25. 76-100
  26. less than 50

3. How many applicants were (or will be) accepted in your program for the next academic year (class beginning summer 2013)?
   1. 5
   2. 3
   3. 3
   4. three
   5. 5
   6. 3
   7. 4
   8. 3
   9. 4
  10. 4
  11. 3
  12. 3
  13. 6 residents, 1 fellow
  14. 4
4. Do you accept applicants that did not graduate from a Commission on Dental Accreditation accredited institution (internationally-trained)?

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<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>23.</td>
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<td>24.</td>
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<td>25.</td>
<td>No</td>
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<tr>
<td>26.</td>
<td>No</td>
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</tbody>
</table>
If yes, how many do you take in each year?
1. Varies - No set number per year
2.
3. varies
4.
5. 0-3
6. 1
7. no set number - look for best applicant
8. none this year -- highly variable
9. 0 or 1
10.
11.
12. it depends on quality
13.
14. 2
15.
16. varies
17. 0-2
18.
19.
20. 1
21. there is no quota
22.
23. 1
24.
25.
26.

5. What percentage of the applicants met your basic requirements for consideration?
1. 21-40%
2. 0-20%
3. 61-80%
4. 21-40%
5. 21-40%
6. 81-100%
7. 21-40%
8. 41-60%
9. 41-60%
10. 41-60%
11. 81-100%
12. 41-60%
13. 81-100%
14. 21-40%
6. Of those applicants who were accepted, what percentage was from your own institution?
   1. 0-20%
   2. 61-80%
   3. 21-40%
   4. 0-20%
   5. 0-20%
   6. 7. 21-40%
   8. 0-20%
   9. 21-40%
  10. 61-80%
  11. 21-40%
  12. 21-40%
  13. 14. 0-20%
  15. 21-40%
  16. 0-20%
  17. 0-20%
  18. 0-20%
  19. N/A
  20. 0-20%
  21. 0-20%
  22. N/A
  23. 0-20%
  24. 81-100%
  25. 0-20%
  26. 81-100%

7. How many students will graduate from your program next year?
   1. 5
8. What percentage of your graduating students will remain in the United States to practice and/or teach?

1. 81-100%
2. 81-100%
3. 81-100%
4. 81-100%
5. 81-100%
6. 61-80%
7. 81-100%
8. 81-100%
9. 81-100%
10. 81-100%
11. 61-80%
12. 81-100%
13. 0-20%
14. 81-100%
15. 81-100%
9. Has your program changed its size within the last ten years?
   1. Yes
   2. No
   3. No
   4. No
   5. No
   6. Yes
   7. No
   8. Yes
   9. Yes
   10. Yes
   11. Yes
   12. No
   13. No
   14. No
   15. No
   16. No
   17. No
   18. No
   19. No
   20. No
   21. No
   22. No
   23. No
   24. No
   25. Yes
   26. Yes

   If “Yes:”
   1. Increased
   2.
3.
4.
5.
6. Increased
7.
8. Decreased
9. Decreased
10. Increased
11. Increased
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25. Increased
26. Increased

10. Are you contemplating increasing or decreasing the size of your program?
   1. No changes planned
   2. Increasing
   3. No changes planned
   4. No changes planned
   5. Increasing
   6. No changes planned
   7. No changes planned
   8. No changes planned
   9. No changes planned
  10. No changes planned
  11. No changes planned
  12. No changes planned
  13. No changes planned
  14. No changes planned
  15. No changes planned
  16. No changes planned
  17. No changes planned
11. Does your program participate in the Postdoctoral Application Support Service (PASS) by ADEA?
   1. No
   2. Yes
   3. Yes
   4. Yes
   5. Yes
   6. No
   7. No
   8. Yes
   9. Yes
   10. No
   11. Yes
   12. Yes
   13. No
   14. Yes
   15. No
   16. Yes
   17. Yes
   18. No
   19. No
   20. No
   21. No
   22. No
   23. No
   24. No
   25. Yes
   26. No

12. How important were the following factors in selecting applicants to your program?

Dental School Class Rank
   1. Very Important
2. Some Importance
3. Not Requested
4. Some Importance
5. Very Important
6. Very Important
7. Very Important
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Some Importance
13. Very Important
14. Some Importance
15. Very Important
16. Some Importance
17. Some Importance
18. Some Importance
19. Very Important
20. Very Important
21. Very Important
22. Some Importance
23. Very Important
24. Very Important
25. Some Importance
26. Very Important

Dental School Attended
1. Some Importance
2. Some Importance
3. Some Importance
4. Little Importance
5. Some Importance
6. Some Importance
7. Some Importance
8. Little Importance
9. Some Importance
10. Very Important
11. Some Importance
12. Very Important
13. Some Importance
14. Little Importance
15. Little Importance
16. Some Importance
17. Little Importance
18. Little Importance
19. Some Importance
20. Very Important
21. Some Importance
22. Some Importance
23. Some Importance
24. Some Importance
25. Little Importance
26. Some Importance

Dental School Grades (Basic Science)
1. Some Importance
2. Some Importance
3. Very Important
4. Some Importance
5. Little Importance
6. Very Important
7. Very Important
8. Some Importance
9. Some Importance
10. Very Important
11. Some Importance
12. Some Importance
13. Some Importance
14. Some Importance
15. Some Importance
16. Some Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Very Important
21. Very Important
22. Some Importance
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important

Dental School Grades (Clinical)
1. Some Importance
2. Some Importance
3. Very Important
4. Some Importance
5. Some Importance
6. Very Important
7. Very Important
8. Some Importance
9. Very Important
10. Very Important
11. Some Importance
12. Some Importance
13. Some Importance
14. Some Importance
15. Some Importance
16. Some Importance
17. Some Importance
18. Very Important
19. Some Importance
20. Very Important
21. Very Important
22. Some Importance
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important

Dental School Grades (Endodontics)
1. Some Importance
2. Some Importance
3. Very Important
4. Some Importance
5. Very Important
6. Little Importance
7. Some Importance
8. Some Importance
9. Very Important
10. Very Important
11. Very Important
12. Some Importance
13. Some Importance
14. Some Importance
15. Some Importance
16. Some Importance
17. Some Importance
18. Very Important
19. Some Importance
20. Very Important
21. Very Important
22. Some Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Very Important

College Grades (Basic Science)
1. Little Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Little Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Little Importance
10. Some Importance
11. Some Importance
12. Little Importance
13. Some Importance
14. Little Importance
15. Some Importance
16. Some Importance
17. Some Importance
18. Some Importance
19. Little Importance
20. Some Importance
21. Some Importance
22. Some Importance
23. Some Importance
24. Little Importance
25. Some Importance
26. Little Importance

College Grades (Overall)
1. Little Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Little Importance
6. Some Importance
7. Little Importance
8. Some Importance
9. Some Importance
10. Some Importance
11. Some Importance
12. Little Importance
13. Some Importance
14. Little Importance
15. Some Importance
16. Some Importance
17. Little Importance
18. Some Importance
19. Little Importance
20. Some Importance
21. Some Importance
22. Very Important
23. Little Importance
24. Little Importance
25. Some Importance
26. Very Important

National Board Scores (Part I)
1. Some Importance
2. Little Importance
3. Very Important
4. Some Importance
5. Some Importance
6. Very Important
7. Little Importance
8. Some Importance
9. Very Important
10. Very Important
11. Some Importance
12. Some Importance
13. Very Important
14. Some Importance
15. Some Importance
16. Little Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Some Importance
21. Some Importance
22. Very Important
23. Little Importance
24. Some Importance
25. Some Importance
26. Very Important

National Board Scores (Part II)
1. Some Importance
2. Little Importance
3. Very Important
4. Some Importance
5. Very Important
6. Very Important
7. Little Importance
8. Some Importance
9. Very Important
10. Very Important
11. Some Importance
12. Some Importance
13. Very Important
14. Some Importance
15. Some Importance
16. Little Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Some Importance
21. Some Importance
22. Very Important
23. Little Importance
24. Some Importance
25. Some Importance
26. Very Important

Advanced Degree (MS)
1. Little Importance
2. Very Important
3. Some Importance
4. Some Importance
5. Little Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Some Importance
10. Little Importance
11. Some Importance
12. Not Requested
13. Very Important
14. Some Importance
15. Little Importance
16. Some Importance
17. Very Important
18. Little Importance
19. Little Importance
20. Very Important
21. Very Important
22. Very Important
23. Some Importance
24. Some Importance
25. Very Important
26. Some Importance

Advanced Degree (PhD)
1. Little Importance
2. Very Important
3. Some Importance
4. Some Importance
5. Little Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Some Importance
10. Little Importance
11. Some Importance
12. Not Requested
13. Very Important
14. Some Importance
15. Little Importance
16. Some Importance
17. Very Important
18. Little Importance
19. Little Importance
20. Very Important
21. Very Important
22. Very Important
23. Not Requested
24. Some Importance
25. Very Important
26. Some Importance

Academic Honors
1. Some Importance
2. Very Important
3. Some Importance
4. Some Importance
5. Some Importance
6. Very Important
7. Some Importance
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Some Importance
13. Very Important
14. Some Importance
15. Some Importance
16. Some Importance
17. Some Importance
18. Some Importance
19. Little Importance
20. Little Importance
21. Some Importance
22. Very Important
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important

Clinical Honors
1. Some Importance
2. Very Important
3. Some Importance
4. Some Importance
5. Some Importance
6. Very Important
7. Some Importance
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Little Importance
13. Very Important
14. Little Importance
15. Little Importance
16. Some Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Some Importance
21. Some Importance
22. Very Important
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important

Personal Potential Index (PASS apps)
1. Not Requested
2. Little Importance
3. Some Importance
4. Some Importance
5. Little Importance
6. Not Requested
7. Not Requested
8. Little Importance
9. Very Important
10. Not Requested
11. Little Importance
12.
13. Not Requested
14. Little Importance
15. Not Requested
16. Little Importance
17. Very Important
18. Not Requested
19. Little Importance
20. Not Requested
21. Not Requested
22. Not Requested
23. Not Requested
24. Not Requested
25. Very Important
26. Not Requested

OKU Honorary Dental Society
1. Little Importance
2. Some Importance
3. Very Important
4. Some Importance
5. Some Importance
6. Very Important
7. Some Importance
8. Some Importance
9. Very Important
10. Little Importance
11. Some Importance
12. Some Importance
13. Very Important
14. Little Importance
15. Little Importance
16. Some Importance
17. Some Importance
18. Little Importance
19. Not Requested
20. Some Importance
21. Little Importance
22. Not Requested
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important

Personal Statement
1. Very Important
2. 
3. Very Important
4. Some Importance
5. Some Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Very Important
10. Very Important
11. Some Importance
12. Very Important
13. Some Importance
14. Some Importance
15. Very Important
16. Some Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Little Importance
21. Very Important
22. Very Important
23. Very Important
24. Very Important
25. Very Important
26. Some Importance

Extramural Activity
1. Not Requested
2. Little Importance
3. Some Importance
4. Little Importance
5. Some Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Some Importance
13. Very Important
14. Some Importance
15. Little Importance
16. Some Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Not Requested
21. Very Important
22. Little Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Little Importance
Military Experience
1. Not Requested
2. Some Importance
3. Some Importance
4. Some Importance
5. Little Importance
6. Very Important
7. Very Important
8. Some Importance
9. Some Importance
10. Some Importance
11. Some Importance
12. Little Importance
13. Very Important
14. Some Importance
15. Little Importance
16. Some Importance
17. Some Importance
18. Little Importance
19. Little Importance
20. Not Requested
21. Some Importance
22. Very Important
23. Very Important
24. Some Importance
25. Some Importance
26. Some Importance

GPR/AEGD Experience
1. Some Importance
2. Very Important
3. Very Important
4. Some Importance
5. Some Importance
6. Some Importance
7. Some Importance
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Very Important
13. Very Important
14. Some Importance
15. Some Importance
16. Some Importance
17. Very Important
18. Very Important
19. Little Importance
20. Very Important
21. Very Important
22. Very Important
23. Very Important
24. Some Importance
25. Some Importance
26. Very Important

GRE Scores
1. Not Requested
2. Some Importance
3. Some Importance
4. Some Importance
5. Not Requested
6. Not Requested
7. Some Importance
8. Not Requested
9. Not Requested
10. Not Requested
11. Little Importance
12. Not Requested
13. Some Importance
14. Little Importance
15. Not Requested
16. Little Importance
17. Very Important
18. Not Requested
19. Some Importance
20. Some Importance
21. Some Importance
22. Very Important
23. Very Important
24. Not Requested
25. Not Requested
26. Very Important

Private Practice Experience
1. Some Importance
2.  Some Importance  
3.  Some Importance  
4.  Some Importance  
5.  Very Important  
6.  Little Importance  
7.  Very Important  
8.  Very Important  
9.  Some Importance  
10. Some Importance  
11. Very Important  
12. Very Important  
13. Very Important  
14. Little Importance  
15. Some Importance  
16. Some Importance  
17. Very Important  
18. Little Importance  
19. Some Importance  
20. Some Importance  
21. Some Importance  
22. Some Importance  
23. Very Important  
24. Some Importance  
25. Some Importance  
26. Some Importance  

Publications/Research Experience  
1.  Some Importance  
2.  Some Importance  
3.  Some Importance  
4.  Some Importance  
5.  Very Important  
6.  Little Importance  
7.  Very Important  
8.  Some Importance  
9.  Little Importance  
10. Little Importance  
11. Some Importance  
12. Little Importance  
13. Very Important  
14. Some Importance  
15. Little Importance  
16. Some Importance
17. Little Importance
18. Little Importance
19. Little Importance
20. Little Importance
21. Very Important
22. Some Importance
23. Very Important
24. Some Importance
25. Little Importance
26. Some Importance

Endodontics Externship
1. Some Importance
2. Not Requested
3. Little Importance
4. Some Importance
5. Some Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Little Importance
10. Little Importance
11. Some Importance
12. Little Importance
13. Very Important
14. Some Importance
15. Not Requested
16. Little Importance
17. Some Importance
18. Some Importance
19. Little Importance
20. Not Requested
21. Very Important
22. Little Importance
23. Some Importance
24. Some Importance
25. Little Importance
26. Some Importance

Presentation at Endodontic Meetings
1. Some Importance
2. Little Importance
3. Some Importance
4. Some Importance
5. Some Importance
6. Little Importance
7. Some Importance
8. Some Importance
9. Little Importance
10. Little Importance
11. Some Importance
12. Some Importance
13. Some Importance
14. Little Importance
15. Not Requested
16. Little Importance
17. Some Importance
18. Not Requested
19. Little Importance
20. Not Requested
21. Some Importance
22. Little Importance
23. Very Important
24. Little Importance
25. Little Importance
26. Some Importance

Dexterity Skills
1. Not Requested
2. Some Importance
3. Very Important
4. Some Importance
5. Some Importance
6. Not Requested
7. Very Important
8. Not Requested
9. Very Important
10. Very Important
11. Some Importance
12. Some Importance
13. Some Importance
14. Little Importance
15. Not Requested
16. Not Requested
17. Very Important
18. Some Importance
19. Very Important
20. Little Importance
21.
22. Some Importance
23. Some Importance
24. Not Requested
25. Not Requested
26. Not Requested

Endodontics-related Knowledge
1. Some Importance
2. Some Importance
3. Some Importance
4. Some Importance
5. Some Importance
6. Not Requested
7. Some Importance
8. Some Importance
9. Very Important
10. Some Importance
11. Some Importance
12. Some Importance
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18. Some Importance
19. Some Importance
20. Little Importance
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22. Little Importance
23. Some Importance
24. Not Requested
25. Some Importance
26. Not Requested

On-site Oral Presentation
1. Not Requested
2. Some Importance
3. Some Importance
4. Little Importance
5. Some Importance
6. Not Requested
7. Not Requested
8. Not Requested
9. Not Requested
10. Not Requested
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19. Not Requested
20. Not Requested
21.
22. Some Importance
23. Not Requested
24. Not Requested
25. Very Important
26. Not Requested

TOEFL Scores
1. Very Important
2. Some Importance
3. Very Important
4. Little Importance
5. Some Importance
6. Very Important
7. Very Important
8. Some Importance
9. Very Important
10. Very Important
11. Some Importance
12. Little Importance
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20. Some Importance
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22. Some Importance
23. Very Important
24. Some Importance
25. Very Important
26. Not Requested

Letters of Recommendation
1. Very Important
2. Little Importance
3. Some Importance
4. Some Importance
5. Very Important
6. Little Importance
7. Very Important
8. Some Importance
9. Very Important
10. Some Importance
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13. Some Importance
14. Little Importance
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16. Some Importance
17. Some Importance
18. Some Importance
19. Some Importance
20. Some Importance
21. Very Important
22. Very Important
13. How important was the source of the recommendation letters in selecting applicants to your program?

Dean of Dental School
1. Little Importance
2. Some Importance
3. Some Importance
4. Some Importance
5. Little Importance
6. Little Importance
7. 
8. Little Importance
9. Some Importance
10. Little Importance
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17. Some Importance
18. Little Importance
19. Very Important
20. Little Importance
21. Very Important
22. Little Importance
23. Little Importance
24. Little Importance
25. Little Importance
26. Not Requested

Endodontic Department Chair
1. Some Importance
2. Very Important
3. Very Important
4. Some Importance
5. Very Important
6. Some Importance
7. Little Importance
8. Very Important
9. Very Important
10. Some Importance
11. Some Importance
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18. Some Importance
19. Very Important
20. Little Importance
21. Very Important
22. Some Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Not Requested

Endodontic Graduate Program Director
1. Very Important
2. Some Importance
3. Very Important
4. Some Importance
5. Very Important
6. Some Importance
7. Some Importance
8. Very Important
9. Very Important
10. Some Importance
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18. Some Importance
19. Some Importance
20. Very Important
21. Very Important
22. Very Important
23. Very Important
24. Some Importance
25. Some Importance
26. Not Requested

Endodontic Pre-doctoral Program Director
1. Very Important
2. Very Important
3. Very Important
4. Some Importance
5. Very Important
6. Some Importance
7. Some Importance
8. Very Important
9. Very Important
10. Very Important
11. Some Importance
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16. Some Importance
17. Very Important
18. Very Important
19. Some Importance
20. Very Important
21. Very Important
22. Little Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Not Requested

Endodontic Faculty
1. Very Important
2. Some Importance
3. Some Importance
4. Some Importance
5. Very Important
6. Some Importance
7. Some Importance
8. Very Important
9. Very Important
10. Very Important
11. Some Importance
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18. Very Important
19. Some Importance
20. Very Important
21. Very Important
22. Some Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Not Requested

Private Practice Endodontist
1. Some Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Little Importance
6. Little Importance
7. Some Importance
8. Very Important
9. Little Importance
10. Little Importance
11. Some Importance
12. Very Important
13. Some Importance
14. Little Importance
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17. Some Importance
18. Some Importance
19. Not Requested
20. Little Importance
21. Some Importance
22. Some Importance
23. Some Importance
24. Some Importance
25. Some Importance
26. Not Requested

Other Dental Specialist
1. Little Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Not Requested
6. Little Importance
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8. Some Importance
9. Some Importance
10. Little Importance
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18. Little Importance
19. Not Requested
20. Not Requested
21. Some Importance
22. Some Importance
23. Some Importance
24. Some Importance
25. Some Importance
26. Not Requested

General Dentist
1. Little Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Not Requested
6. Little Importance
7. Some Importance
8. Some Importance
9. Little Importance
10. Little Importance
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18. Some Importance
19. Not Requested
20. Little Importance
21. Some Importance
22. Some Importance
23. Some Importance
24. Some Importance
25. Some Importance
26. Not Requested

Research Advisor
1. Some Importance
2. Very Important
3. Some Importance
4. Little Importance
5. Some Importance
6. Some Importance
7. Some Importance
8. Some Importance
9. Some Importance
10. Some Importance
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19. Little Importance
20. Some Importance
21. Very Important
22. Some Importance
23. Very Important
24. Some Importance
25. Some Importance
26. Not Requested

College Advisor
1. Not Requested
2. Not Requested
3. Little Importance
4. Little Importance
5. Not Requested
6. Little Importance
7. Little Importance
8. Little Importance
9. Not Requested
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18. Not Requested
19. Not Requested
20. Little Importance
21. Some Importance
22. Little Importance
23. Some Importance
24. Some Importance
25. Little Importance
26. Not Requested

Current Endodontic Resident
1. Some Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Not Requested
6. Some Importance
7. Little Importance
8. Little Importance
9. Some Importance
10. Some Importance
11. Little Importance
12. Little Importance
13. Some Importance
14. Little Importance
15. Little Importance
16. Little Importance
17. Very Important
18. Little Importance
19. Not Requested
20. Little Importance
21. Some Importance
22. Not Requested
23. Some Importance
24. Some Importance
25. Some Importance
26. Not Requested

Program Alumni
1. Some Importance
2. Little Importance
3. Some Importance
4. Little Importance
5. Not Requested
6. Some Importance
7. Some Importance
8. Some Importance
9. Some Importance
10. Some Importance
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21. Little Importance
22. Very Important
23. Some Importance
24. Some Importance
25. Some Importance
26. Very Important
Other

1. Not Requested
2. Not Requested
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5. Not Requested
6. Very Important
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8. Little Importance
9. Not Requested
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11. Little Importance
12. Not Requested
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18. Not Requested
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20. Not Requested
21.
22. Not Requested
23. Not Requested
24.
25.
26. Very Important

14. How significant is the recent change in National Board test scores to Pass/Fail to your selection process?

Initial screening is more difficult

1. Agree
2. Disagree
3. Strongly Agree
4. Strongly Agree
5. Strongly Agree
6. Strongly Agree
7. Agree
8. Strongly Agree
9. Strongly Agree
10. Agree
11. Agree
12. Strongly Disagree
13. Strongly Agree
14. Strongly Agree
15. Agree
16. Disagree
17. Agree
18. Agree
19. Strongly Agree
20. Agree
21. Strongly Agree
22. Strongly Agree
23. Disagree
24. Disagree
25. Strongly Agree
26. Disagree

Final screening is more difficult
1. Disagree
2. Disagree
3. Agree
4. Agree
5. Strongly Agree
6. Agree
7. Disagree
8. Strongly Agree
9. Agree
10. Disagree
11. Agree
12. Disagree
13. Strongly Agree
14. Strongly Agree
15. Disagree
16. Disagree
17. Agree
18. Strongly Disagree
19. Strongly Agree
20. Agree
21. Agree
22. Strongly Agree
23. Disagree
24. Disagree
25. Disagree
26. Strongly Agree
I would support the development of an alternative test to assess basic dental knowledge
1. Disagree
2. Strongly Disagree
3. Strongly Agree
4. Disagree
5. Strongly Agree
6. Strongly Agree
7. Agree
8. Strongly Agree
9. Strongly Agree
10. Agree
11. Agree
12. Agree
13. Strongly Agree
14. Strongly Agree
15. Strongly Agree
16. Disagree
17. Agree
18. Disagree
19. Disagree
20. Strongly Agree
21. Agree
22. Strongly Agree
23. Disagree
24. Strongly Disagree
25. Strongly Agree
26. Disagree

An alternative test should generate a norm-referenced numerical score
1. Agree
2. Agree
3. Agree
4. Disagree
5. Strongly Agree
6. Strongly Agree
7. Agree
8. Strongly Agree
9. Strongly Agree
10. Agree
11. Agree
12. Agree
13. Strongly Agree
14. Strongly Agree
15. Strongly Agree
16. Disagree
17. Disagree
18. Strongly Disagree
19. Disagree
20. Strongly Agree
21. Strongly Agree
22. Strongly Agree
23. Disagree
24. Strongly Disagree
25. Agree
26. Strongly Agree

If development of alternative test is supported: How should the development and administration of this test be financed?

1.
2.
3. fees from applicants
4.
5. ADEA + applicant fees
6. ADA
7.
8. by those who will challenge the exam or organization representing students applying -- such as ASDA, ADEA or grant from specialty organization (AAE, ADA)
9. combine the resources of all dental specialties to develop an exam
10.
11. by applicants
12. unsure
13. yes
14. Students pay for test
15. AAE
16.
17.
18.
19.
20. ADA or Dental Schools
21.
22. no suggestion
23.
24.
25. CODA
26.
15. Does your program require an interview as part of the resident selection process?
   1. Yes
   2. Yes
   3. Yes
   4. Yes
   5. Yes
   6. Yes
   7. Yes
   8. Yes
   9. Yes
  10. Yes
  11. Yes
  12. Yes
  13. Yes
  14. Yes
  15. Yes
  16. Yes
  17. Yes
  18. Yes
  19. Yes
  20. Yes
  21. Yes
  22. Yes
  23. Yes
  24. Yes
  25. Yes
  26. Yes

16. Do you use a structured interview process (e.g. standardized questions, scoring, etc.)?
   1. Yes
   2. Yes
   3. Yes
   4. No
   5. Yes
   6. No
   7. Yes
   8. Not sure
   9. Yes
  10. Yes
  11. Yes
  12. No
  13. No
  14. Yes
15. Yes
16. Yes
17. Yes
18. No
19.
20. Yes
21. No
22. Yes
23. Yes
24. Yes
25. No
26. Yes

17. Who makes the final decision on which applicants to invite for interview? (Check all that apply)

Program Director
  1. Checked
  2. Checked
  3. Checked
  4. Checked
  5. Checked
  6. Checked
  7. Checked
  8. Checked
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25. Checked
26. Checked
Department Chairman
1. Checked
2. Unchecked
3. Checked
4. Checked
5. Checked
6. Unchecked
7. Checked
8. Checked
9. Checked
10. Unchecked
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17. Checked
18. Unchecked
19. Unchecked
20. Unchecked
21. Checked
22. Checked
23. Checked
24. Checked
25. Unchecked
26. Checked

Full-time Endodontic Faculty
1. Unchecked
2. Unchecked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Unchecked
11. Checked
12. Unchecked
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16. Checked
17. Checked
18. Unchecked
19. Unchecked
20. Unchecked
21. Checked
22. Checked
23. Checked
24. Checked
25. Unchecked
26. Checked

Part-time Endodontic Faculty
1. Unchecked
2. Unchecked
3. Checked
4. Checked
5. Unchecked
6. Unchecked
7. Checked
8. Unchecked
9. Checked
10. Unchecked
11. Unchecked
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7. Checked
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Staff Members
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**If others, please specify:**

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18. How many candidates were invited for an interview in the most recent selection process (class starting in 2013)?

   1. 20
   2. 5
   3. 12
   4. 18
   5. 15
   6. 7
   7. 12
   8. 12
   9. 15
  10. 12
  11. 12
  12. 10
  13. 20
  14. 9
  15. 14
  16. 7
  17. 16
18. 7  
19. 15  
20. 12  
21. 20  
22. all of them  
23. 11  
24. 14  
25. 25  
26. 14  

19. How long did the interview process last?  
   1. 4 to 8 hours  
   2. 4 to 8 hours  
   3. 4 to 8 hours  
   4. 4 to 8 hours  
   5. 4 to 8 hours  
   6. 4 to 8 hours  
   7. 4 to 8 hours  
   8. 9 to 16 hours  
   9. 4 to 8 hours  
  10. 4 to 8 hours  
  11. 4 to 8 hours  
  12. 4 to 8 hours  
  13. 4 to 8 hours  
  14. 4 to 8 hours  
  15. 4 to 8 hours  
  16. 4 to 8 hours  
  17. 9 to 16 hours  
  18. Less than 4 hours  
  19. 4 to 8 hours  
  20. 4 to 8 hours  
  21. 4 to 8 hours  
  22. Less than 4 hours  
  23. 4 to 8 hours  
  24. 4 to 8 hours  
  25. More than 16 hours  
  26. 4 to 8 hours  

20. Does the interview process include an informal event (e.g. evening social)?  
   1. No  
   2. No  
   3. Yes  
   4. Yes
5. Yes
6. No
7. Yes
8. No
9. No
10. No
11. Yes
12. No
13. Yes
14. Yes
15. No
16. Other
17. No
18. No
19. Yes
20. Yes
21. No
22. Yes
23. No
24. No
25. No
26. Yes

If other, please specify:
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16. Lunch with residents
17.
18.
19.
21. The interview process was conducted by: (Check all that apply)

Program Director
   1. Checked
   2. Checked
   3. Checked
   4. Checked
   5. Checked
   6. Checked
   7. Checked
   8. Checked
   9. Checked
  10. Checked
  11. Checked
  12. Checked
  13. Checked
  14. Checked
  15. Checked
  16. Checked
  17. Checked
  18. Checked
  19. Checked
  20. Checked
  21. Checked
  22. Checked
  23. Checked
  24. Checked
  25. Checked
  26. Checked

Department Chairman
   1. Checked
   2. Unchecked
   3. Checked
   4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Checked
11. Checked
12. Checked
13. Checked
14. Checked
15. Unchecked
16. Unchecked
17. Checked
18. Checked
19. Unchecked
20. Checked
21. Checked
22. Checked
23. Checked
24. Checked
25. Unchecked
26. Checked

Full-time Endodontic Faculty
1. Unchecked
2. Checked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Checked
11. Checked
12. Checked
13. Checked
14. Checked
15. Checked
16. Checked
17. Checked
18. Unchecked
19. Checked
20. Checked
21. Checked
22. Checked
23. Checked
24. Checked
25. Checked
26. Unchecked

Part-time Endodontic Faculty
1. Unchecked
2. Checked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Unchecked
9. Checked
10. Unchecked
11. Checked
12. Unchecked
13. Checked
14. Unchecked
15. Checked
16. Unchecked
17. Checked
18. Unchecked
19. Checked
20. Unchecked
21. Checked
22. Unchecked
23. Checked
24. Checked
25. Checked
26. Unchecked

Other Dental School Faculty
1. Unchecked
2. Unchecked
3. Unchecked
4. Unchecked
5. Unchecked
6. Unchecked
7. Unchecked
8. Unchecked
9. Unchecked
10. Unchecked
11. Unchecked
12. Unchecked
13. Checked
14. Unchecked
15. Unchecked
16. Checked
17. Unchecked
18. Checked
19. Unchecked
20. Unchecked
21. Unchecked
22. Unchecked
23. Unchecked
24. Unchecked
25. Unchecked
26. Unchecked

Residents
1. Checked
2. Checked
3. Unchecked
4. Unchecked
5. Checked
6. Checked
7. Checked
8. Unchecked
9. Checked
10. Checked
11. Checked
12. Checked
13. Checked
14. Checked
15. Checked
16. Checked
17. Checked
18. Unchecked
19. Checked
20. Checked
21. Checked
22. Checked
23. Unchecked
24. Checked
25. Checked
26. Unchecked

Staff Members
1. Unchecked
2. Unchecked
3. Unchecked
4. Unchecked
5. Unchecked
6. Unchecked
7. Unchecked
8. Unchecked
9. Unchecked
10. Unchecked
11. Checked
12. Unchecked
13. Unchecked
14. Checked
15. Unchecked
16. Unchecked
17. Unchecked
18. Unchecked
19. Unchecked
20. Unchecked
21. Unchecked
22. Checked
23. Unchecked
24. Unchecked
25. Unchecked
26. Unchecked

22. How were the following characteristics of the applicant considered during an interview?

Enthusiasm
1. Positive Factor
2. Positive Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Confidence
1. Positive Factor
2. Neutral Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Neutral Factor

Honesty
1. Positive Factor
2. Positive Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Neutral Factor
12. Positive Factor
13. Neutral Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Neutral Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Organizational skills
1. Positive Factor
2. Neutral Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Neutral Factor
9. Positive Factor
10. Neutral Factor
11. Positive Factor
12. Positive Factor
13. Neutral Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Neutral Factor
24. Positive Factor
25. Positive Factor
26. Neutral Factor

Verbal skills
1. Positive Factor
2. Positive Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor  
25. Positive Factor  
26. Positive Factor  

Listening skills  
1. Positive Factor  
2. Positive Factor  
3. Positive Factor  
4. Positive Factor  
5. Positive Factor  
6. Positive Factor  
7. Positive Factor  
8. Positive Factor  
9. Positive Factor  
10. Positive Factor  
11. Positive Factor  
12. Positive Factor  
13. Positive Factor  
14. Positive Factor  
15. Positive Factor  
16. Positive Factor  
17. Positive Factor  
18. Positive Factor  
19. Positive Factor  
20. Positive Factor  
21. Positive Factor  
22. Positive Factor  
23. Positive Factor  
24. Positive Factor  
25. Positive Factor  
26. Positive Factor  

Cooperation skills  
1. Positive Factor  
2. Neutral Factor  
3. Positive Factor  
4. Positive Factor  
5. Positive Factor  
6. Positive Factor  
7. Positive Factor  
8. Positive Factor  
9. Positive Factor  
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Neutral Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Social skills
1. Positive Factor
2. Neutral Factor
3. Positive Factor
4. Neutral Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Neutral Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Neutral Factor
21. Positive Factor
22. Positive Factor
23. Neutral Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Maturity
1. Positive Factor
2. Neutral Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Neutral Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Teaching potential
1. Neutral Factor
2. Positive Factor
3. Positive Factor
4. Neutral Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Neutral Factor
9. Neutral Factor
10. Positive Factor
11. Neutral Factor
12. Positive Factor
13. Neutral Factor
14. Positive Factor
15. Neutral Factor
16. Positive Factor
17. Positive Factor
18. Neutral Factor
19. Neutral Factor
20. Positive Factor
21.
22. Positive Factor
23. Neutral Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Analytical thinking
1. Positive Factor
2. Negative Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Neutral Factor
11. Neutral Factor
12. Neutral Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Neutral Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Neutral Factor
Presentable attire/appearance
1. Positive Factor
2. Neutral Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Neutral Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Neutral Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Neutral Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

Empathy
1. Positive Factor
2. Negative Factor
3. Positive Factor
4. Neutral Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Neutral Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Neutral Factor
13. Neutral Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Neutral Factor
21. Positive Factor
22. Positive Factor
23.
24. Positive Factor
25. Positive Factor
26. Neutral Factor

Research experience
1. Positive Factor
2. Neutral Factor
3. Neutral Factor
4. Neutral Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Neutral Factor
9. Neutral Factor
10. Positive Factor
11. Neutral Factor
12. Neutral Factor
13. Neutral Factor
14. Positive Factor
15. Neutral Factor
16. Positive Factor
17. Positive Factor
18. Neutral Factor
19. Neutral Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Neutral Factor
25. Positive Factor
26. Neutral Factor

Agreeability
1. Positive Factor
2. Negative Factor
3. Neutral Factor
4. Neutral Factor
5. Positive Factor
6. Positive Factor
7. Positive Factor
8. Neutral Factor
9. Positive Factor
10. Positive Factor
11. Neutral Factor
12. Positive Factor
13. Neutral Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Negative Factor
19. Positive Factor
20. Positive Factor
21. Neutral Factor
22. Neutral Factor
23. Positive Factor
24. Positive Factor
25. Neutral Factor
26. Positive Factor

Aggressiveness
1. Negative Factor
2. Neutral Factor
3. Neutral Factor
4. Negative Factor
5. Positive Factor
6. Negative Factor
7. Positive Factor
8. Neutral Factor
9. Negative Factor
10. Negative Factor
11. Neutral Factor
12. Neutral Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Neutral Factor
17. Negative Factor
18. Neutral Factor
19. Negative Factor
20. Positive Factor
21. Negative Factor
22. Neutral Factor
23. Neutral Factor
24. Negative Factor
25. Negative Factor
26. Negative Factor

Anxiousness/nervousness
1. Negative Factor
2. Neutral Factor
3. Neutral Factor
4. Neutral Factor
5.
6. Negative Factor
7. Positive Factor
8. Negative Factor
9. Negative Factor
10. Neutral Factor
11. Neutral Factor
12. Negative Factor
13. Positive Factor
14. Neutral Factor
15. Positive Factor
16. Neutral Factor
17. Negative Factor
18. Negative Factor
19. Neutral Factor
20. Positive Factor
21. Neutral Factor
22. Neutral Factor
23. Neutral Factor
24. Negative Factor
25. Neutral Factor
26. Negative Factor

Ability to ask relevant questions
1. Negative Factor
2. Neutral Factor
3. Positive Factor
4. Positive Factor
5. Positive Factor
6. Neutral Factor
7. Positive Factor
8. Positive Factor
9. Positive Factor
10. Positive Factor
11. Positive Factor
12. Positive Factor
13. Positive Factor
14. Positive Factor
15. Positive Factor
16. Positive Factor
17. Positive Factor
18. Positive Factor
19. Positive Factor
20. Positive Factor
21. Positive Factor
22. Positive Factor
23. Positive Factor
24. Positive Factor
25. Positive Factor
26. Positive Factor

23. Who makes the final decision on candidate acceptance?
   1. Selection Committee
   2. Selection Committee
   3. Selection Committee
   4. Selection Committee
   5. Selection Committee
   6. Program Director alone
   7. Selection Committee
   8. Selection Committee
   9. Selection Committee
   10. Selection Committee
   11. Selection Committee
   12. Selection Committee
   13. Selection Committee
   14. Program Director alone
   15. Program Director alone
   16. Selection Committee
   17. Selection Committee
   18. Program Director alone
19. Selection Committee  
20. Selection Committee  
21. Program Director alone  
22. Selection Committee  
23. Selection Committee  
24. Selection Committee  
25. Program Director alone  
26. Selection Committee  

24. Do you support the concept of a uniform acceptance date?  
   1. Yes  
   2. No  
   3. Not sure  
   4. Yes  
   5. Yes  
   6. Yes  
   7. Not sure  
   8. No  
   9. Yes  
   10. Yes  
   11. Yes  
   12. Yes  
   13. Yes  
   14. Yes  
   15. Not sure  
   16. No  
   17. Yes  
   18. No  
   19. Yes  
   20. Not sure  
   21. Yes  
   22. No  
   23. Yes  
   24. Yes  
   25. Yes  
   26. Yes  

Comments?  
   1. More important than the MATCH!!  
   2.  
   3. We tried this and programs cheated!  
   4. A uniform acceptance date has been tried before but not on a formal basis. This needs to be done so that applicants can have a chance to compare programs and
make a decision based on thought rather than being pressured into accepting a program by being told that they need to decide in the next five minutes.

5. It has been tried and failed plus the date should be in Feb or March

6.

7.

8. not unless all programs were mandated to participate -- not sure how it could be enforced

9. I think this is a great idea, but past attempts have failed

10. good luck with that

11.

12. A uniform date for delivering acceptance letters would be helpful to applicants

13.

14.

15. Require 100% participation

16.

17. All Program Directors need to be on board, ethical and honest.

18. Tried and failed!

19.

20.

21.

22.

23.

24. All programs would have to participate!

25.

26.

25. Would you support MATCH for postgraduate endodontics programs?

1. No

2. No

3. Not sure

4. No

5. No

6. Yes

7. No

8. Yes

9. Yes

10. No

11. No

12. No

13. Not sure

14. No

15. Not sure

16. No
17. Yes
18. No
19. No
20. No
21. Yes
22. No
23. No
24. No
25. Yes
26. No

Comments?
1.
2.
3.
4.
5. I want to choose my own residents
6.
7.
8. would prevent residents from traveling to extraneous interview locations -- would help programs not have to rush to a decision or 'lose out' on potential applicants
9.
10. we tried this years ago. It went over like a lead balloon. It just isn't feasible for several programs.
11.
12. absolute not interested, we'd have no choice in quality of applicant
13.
14.
15. Require 100% participation
16.
17. As long as there is close to 100% participation and the process is honest and ethical.
18. I do not believe MATCH would be a good option for a very small program.
19.
20.
21.
22.
23.
24. Still does not ensure the best candidate selection and all programs would have to participate.
25. MATCH is the most fair system we have at this time. It is not perfect, but what we currently have is ridiculous and unfair to the applicants and to the program directors.
26. Which of the following individuals participate in the decision process in your program? (Check all that apply)

Program Director
1. Checked
2. Checked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Checked
11. Checked
12. Checked
13. Checked
14. Checked
15. Checked
16. Checked
17. Checked
18. Checked
19. Checked
20. Checked
21. Checked
22. Checked
23. Checked
24. Checked
25. Checked
26. Checked

Department Chairman
1. Checked
2. Unchecked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Checked
11. Checked
12. Checked
13. Checked
14. Checked
15. Unchecked
16. Unchecked
17. Checked
18. Checked
19. Unchecked
20. Checked
21. Checked
22. Checked
23. Checked
24. Checked
25. Unchecked
26. Checked

Full-time Endodontic Faculty
1. Unchecked
2. Checked
3. Checked
4. Checked
5. Checked
6. Checked
7. Checked
8. Checked
9. Checked
10. Checked
11. Checked
12. Unchecked
13. Checked
14. Checked
15. Checked
16. Checked
17. Checked
18. Unchecked
19. Checked
20. Unchecked
21. Checked
22. Checked
23. Checked
24. Checked
25. Checked
26. Checked

Part-time Endodontic Faculty
1. Unchecked
2. Checked
3. Checked
4. Checked
5. Checked
6. Unchecked
7. Checked
8. Checked
9. Checked
10. Unchecked
11. Checked
12. Unchecked
13. Checked
14. Unchecked
15. Checked
16. Checked
17. Checked
18. Unchecked
19. Checked
20. Unchecked
21. Unchecked
22. Unchecked
23. Checked
24. Unchecked
25. Checked
26. Unchecked

Residents
1. Checked
2. Checked
3. Unchecked
4. Unchecked
5. Checked
6. Unchecked
7. Checked
8. Checked
9. Checked
10. Checked
11. Unchecked
12. Checked
13. Checked
14. Checked
15. Checked
16. Checked
17. Checked
18. Unchecked
19. Checked
20. Unchecked
21. Unchecked
22. Unchecked
23. Unchecked
24. Unchecked
25. Checked
26. Unchecked

Staff Members
1. Unchecked
2. Unchecked
3. Unchecked
4. Unchecked
5. Unchecked
6. Unchecked
7. Unchecked
8. Unchecked
9. Unchecked
10. Unchecked
11. Unchecked
12. Unchecked
13. Unchecked
14. Checked
15. Unchecked
16. Unchecked
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18. Unchecked
19. Unchecked
20. Unchecked
21. Unchecked
22. Checked
23. Unchecked
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Others

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<td>Unchecked</td>
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<tr>
<td>16.</td>
<td>Checked</td>
</tr>
<tr>
<td>17.</td>
<td>Unchecked</td>
</tr>
<tr>
<td>18.</td>
<td>Unchecked</td>
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<tr>
<td>19.</td>
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<td>21.</td>
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<td>22.</td>
<td>Unchecked</td>
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<tr>
<td>23.</td>
<td>Unchecked</td>
</tr>
<tr>
<td>24.</td>
<td>Unchecked</td>
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<tr>
<td>25.</td>
<td>Unchecked</td>
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<td>26.</td>
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15.
16. Admissions committee must approve invitations to interview and must approve
   final decisions to accept
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.

27. How satisfied are you with the current selection process?
   1. Very Satisfied
   2. Somewhat Satisfied
   3. Somewhat Satisfied
   4. Very Satisfied
   5.
   6. Somewhat Satisfied
   7. Somewhat Satisfied
   8. Not Satisfied
   9. Not Satisfied
   10. Somewhat Satisfied
   11. Somewhat Satisfied
   12. Somewhat Satisfied
   13. Very Satisfied
   14. Somewhat Satisfied
   15. Somewhat Satisfied
   16. Very Satisfied
   17. Somewhat Satisfied
   18. Very Satisfied
   19. Somewhat Satisfied
   20. Very Satisfied
   21. Somewhat Satisfied
   22. Very Satisfied
   23. Very Satisfied
   24. Very Satisfied
   25. Somewhat Satisfied
   26. Very Satisfied
28. Would you select all of your current and/or former residents from the last 5 years again?
   1. Yes  
   2. Yes  
   3. Yes  
   4. Yes  
   5. No  
   6. No  
   7. No  
   8. No  
   9. No  
   10. No  
   11. Yes  
   12. No  
   13. No  
   14. Yes  
   15. No  
   16. Yes  
   17. Yes  
   18. No  
   19. No  
   20. Yes  
   21. No  
   22. No  
   23. Yes  
   24. No  
   25. No  
   26. No  

If no, what percentage of residents would you admit again?
   1.  
   2.  
   3.  
   4.  
   5. 81-100%  
   6. 81-100%  
   7. 81-100%  
   8. 61-80%  
   9. 81-100%  
   10. 81-100%  
   11.  
   12. 21-40%  
   13. 61-80%  
   14.  

29. How satisfied are you with the current applicant pool to your program?
   1. Somewhat Satisfied
   2. Somewhat Satisfied
   3. Very Satisfied
   4. Very Satisfied
   5. Very Satisfied
   6. Somewhat Satisfied
   7. Somewhat Satisfied
   8. Somewhat Satisfied
   9. Somewhat Satisfied
  10. Somewhat Satisfied
  11. Very Satisfied
  12. Somewhat Satisfied
  13. Somewhat Satisfied
  14. Somewhat Satisfied
  15. Somewhat Satisfied
  16. Very Satisfied
  17. Very Satisfied
  18. Very Satisfied
  19. Somewhat Satisfied
  20. Somewhat Satisfied
  21. Very Satisfied
  22. Somewhat Satisfied
  23. Very Satisfied
  24. Somewhat Satisfied
  25. Very Satisfied
  26. Very Satisfied
30. Have the credentials of the applicant pool for your program changed over the last 5 years?
   1. No change
   2. Increased
   3. Increased
   4. Increased
   5. Increased
   6. No change
   7. Increased
   8. Decreased
   9. Decreased
  10. No change
  11. Increased
  12. No change
  13. Decreased
  14. No change
  15. Decreased
  16. Increased
  17. No change
  18. No change
  19. No change
  20. No change
  21. Increased
  22. No change
  23. Increased
  24. No change
  25. Increased
  26. Increased

31. Has the quantity of the applicant pool for your program changed over the last 5 years?
   1. Decreased
   2. No change
   3. Increased
   4. No change
   5. Increased
   6. Decreased
   7. Increased
   8. No change
   9. No change
  10. Decreased
  11. No change
  12. No change
  13. Decreased
14. No change
15. Decreased
16. Increased
17. Decreased
18. No change
19. No change
20. Increased
21. Decreased
22. No change
23. Increased
24. Decreased
25. Decreased
26. Increased

32. In your opinion, what have been the best predictors of success in your program (can be subjective or objective findings)?

1. Organizational skills and ability to work with others.
2. GPA National Board Scores Experience Initiative Performance at interview(Personality, empathetic,etc
3. Experience and recommendations from people who I know well
4. Academic record and outcomes of interview process.
5. Class Rank - GPA - Good dental school
6. private practice experience, then any other practice experience (residencies, etc)
7. I wish we had better predictors of success, but these 3 come to mind as possible predictors:  1) OKU (usually a good indicator that applicant is academically qualified AND probably able to get along well with others)  2) knowledge of the specialty  3) interview performance (especially feedback from current residents)
8. bright residents who work well with each other
9. Previous endodontic and general dentistry clinical experience, ability to work in a group, and enthusiasm
10. How they respond and act towards the selection questioning.
11. Board scores
12. Consistent interview process.
13. Maturity and life experience
15. Strength in their GPR program if completed immediately after dental school, or if not, private practice.
16. Quality of the full-time Faculty; Commitment of the Program Director,
17. Structure of the Program.
22. Experience
23. Class standing, ability to work with others
24. Previous experience to include an AEGD/GPR with additional endo and surgical exposure...letters of recommendation from these individuals have more weight than any others because it likely predicts the strength of the future resident based on past resident performance.

33. What is the most significant problem or challenge in the current selection process?
1. Not having a uniform acceptance date.
2. People interviewing earlier and earlier so that by the time your interviews take place many students have already accepted.
3. Having other programs pressure applicants into accepting a position in their program without giving the applicants a chance to interview at other programs.
4. Timing. The process is too early. I will not take students right out of school because they have barely started their senior year.
5. Gamesmanship with other programs.
6. Having to rush through the process early in order to not miss out on high quality applicants who might be accepted early at other schools, thus nullifying the opportunity for them to see our program. They are often forced into accepting whoever gives them their first offer, thus both 'sides' often miss one another that perhaps could have been a better fit for both parties.
7. Lack of a uniform acceptance date and/or MATCH system. Every year we seem to move the interview cycle earlier and earlier. Some programs interview before us and force applicants to make a decision before they have visited all programs.
8. Entitlement
9. Programs accepting residents earlier and earlier
10. Without MATCH, applicants pressured to decide if offered acceptance before they can visit all programs interested in candidate.
11. The 'Free for all' activity of some programs. Giving a applicant 24 or 48 hours to decide is unprofessional and totally inappropriate. We allow two weeks to reply after an acceptance is offered. The process should be 'about the students'
12. Applicants are 'forced' to accept an offer from a Program when they haven't had the opportunity to interview at some other programs.
13. I only get to choose one person - finding the right person with both the clinical skills/abilities along with the personality to get along well with the second year resident is a challenge.
20. Confirmation of the International applicants credentials and qualifications compared to the US SYSTEM.
21. Unability to detect personal traits such as dishonesty.
22.
23. Lack of a uniform acceptance date
24. Some programs consistently moving their deadline and admission dates earlier than the majority of programs.
25. interviewing early enough so that there are still good candidates available.
26. A dwindling ability to differentiate academically due to lack of schools providing class standing, transition to pass/fail grades, and now the loss of national board raw scores.

34. Age:
   1. 61-70
   2. 41-50
   3. 61-70
   4. Over 70
   5. 61-70
   6. 61-70
   7. 51-60
   8. 51-60
   9. 51-60
   10. 41-50
   11. 61-70
   12. 51-60
   13. 51-60
   14. 41-50
   15. 61-70
   16. 61-70
   17. 61-70
   18. 41-50
   19. 51-60
   20. 41-50
   21. 61-70
   22. 41-50
   23. 51-60
   24. 61-70
   25. 51-60
   26. 41-50

35. Gender:
   1. Male
   2. Male
   3. Male
4. Male
5. Male
6. Male
7. Male
8. Male
9. Male
10. Female
11. Male
12. Male
13. Male
14. Male
15. Male
16. Male
17. Male
18. Male
19. Male
20. Male
21. Male
22. Male
23. Male
24. Male
25. Male
26. Male

36. Length of Time as Program Director at this institution (in years):
   1. 9 years
   2. 3
   3. 4 yrs
   4. three years
   5. 4 years
   6. 8 yr
   7. 8 years
   8. 2 yrs
   9. 15 years
  10. 7
  11. 12 years
  12. 1 yr
  13. 2 years
  14. 15 yrs
  15. 4 years
  16. 16 y
  17. 6 years
  18. 2 yrs
19. 18 years
20. 4 years
21. 16
22. 4
23. 12 years
24. 20 years
25. 7
26. 4.5 yrs

37. Length of Time as Program Director (including other institutions) (in years):
   1. 32 years
   2. 3
   3. 4 yrs
   4. six years
   5. 12 years
   6. 8 y4
   7. 12 years
   8. 2 yrs
   9. 15 years
  10. 7
  11. 12 years
  12. 0
  13. 2 years but Current and Classic Literature instructor as well as Clinical instructor for the past 16 years
  14. 15
  15. 4 years
  16. 33 y
  17. 10 years
  18. 2 yrs
  19. 18 years
  20. 2 years
  21. 2
  22. 4
  23. 12 years
  24. 20 years
  25. 7
  26. 4.5 yrs

38. Are you board certified?
   1. Yes
   2. Yes
   3. Yes
   4. Yes
5. Yes
6. No
7. Yes
8. Yes
9. Yes
10. Yes
11. Yes
12. Yes
13. Yes
14. Yes
15. Yes
16. Yes
17. Yes
18. Yes
19. Yes
20. Yes
21. Yes
22. Yes
23. Yes
24. Yes
25. Yes
26. Yes
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American Dental Association
Chicago Dental Society
Edgar D. Coolidge Endodontic Study Club