

POSTDOCTORAL DENTAL MATCHING PROGRAM

Sponsors

American Academy of Pediatric Dentistry
American Academy of Periodontology
Special Care Dentistry Association

American Association of Oral & Maxillofacial Surgeons
American Society of Dentist Anesthesiologists

American Association of Orthodontists
American Student Dental Association
American College of Prosthodontists

APPLICANT AGREEMENT

I plan to apply for a postdoctoral dental position, to start between April 1 and December 31, 2020, for the first year of training in one or more programs that participate in the Postdoctoral Dental Matching Program (the "Match"). I agree to participate in and to abide by the policies of the Match. Specifically, I agree:

1. To abide by the Schedule of Dates of the Match as shown on the Match web site (natmatch.com/dentres), which is incorporated by reference in and is an integral part of this Agreement.
2. To provide complete and accurate information to programs to which I apply.
3. Not to make any commitments to or contracts with any participating program prior to the release of the Match results. If I choose to accept a position at a program that is not participating in the Match, or decide not to participate in the Match for any other reason, then I will submit a withdrawal from the Match and will NOT submit a Rank Order List for the Match.
4. To accept appointment to the program with which I am matched. The program will send a letter of confirmation of the Match result to me, which I must sign and return to the program within 30 days of the release of the Match results.
5. To pay a non-refundable, non-transferable applicant fee of \$95 USD to register for the Match for positions beginning in 2020.

I understand that I am free to make contacts with any participating program in which I am interested, and to apply to as many of these programs as I wish, and to rank them according to my judgement. If I submit a Rank Order List for Phase I of the Match, I may rank only programs participating in Phase I of the Match on my Phase I Rank Order List. If I am matched in Phase I, I understand that I will not be permitted to submit a Rank Order List for Phase II of the Match. If I do not submit a Rank Order List for Phase I, or if I am not matched in Phase I, I may submit a Rank Order List for Phase II on which I may rank only programs participating in Phase II of the Match.

I understand that I may freely discuss any matter with a program and that I and the program may express a high level of interest in each other. I may voluntarily inform a program as to whether or not I intend to rank the program, and a program may voluntarily inform me as to whether or not it intends to rank me. However, neither party (applicant or program) may solicit such information from the other party. In addition, neither party may disclose to the other party or solicit from the other party any information regarding the positioning of any program or applicant on a Rank Order List. Furthermore, any expression of interest made during the discussion between me and a program is subject to change based on further considerations. **Both the program and I have the right to change our minds at any time prior to the submission of the Rank Order Lists.**

The Rank Order List I submit for each Phase of the Match will be the sole determinant of my order of preference for the programs to which I have applied for that Phase of the Match. Similarly, the Rank Order List submitted by each program will be the sole determinant of the program's order of preference for the applicants to the program.

I agree to accept the Terms of Use and Privacy Policies of the Match web sites as shown at natmatch.com/dentres. I agree that NMS may contact me by e-mail and phone regarding my participation in the Match.

I agree that information concerning my participation in the Match, including my status and the result I obtain in the Match may be reported to me as well as to my dental school, to programs participating in the Match, and to other parties deemed appropriate by the sponsoring organizations.

I understand that my appointment to the program to which I am matched may be contingent on my satisfying eligibility requirements for appointment specified by the institution and program.

I understand that the sponsoring organizations of the Postdoctoral Dental Matching Program possess beneficiary standing to enforce this Agreement, and violations of the terms of this Agreement will be reported to the appropriate sponsoring organizations. I understand that if I violate any of the terms of this Agreement, such as refusing to accept a position at a program to which I have been matched, the sponsoring organizations may pursue all available remedies, including reporting my actions to my dental school or to other Match participants. Even if I receive a written release from the program, the sponsoring organizations may impose penalties on me, such as cancellation or denial of memberships in the sponsoring organizations, and barring me from participation in future Matches.