



Application for Apprentice Residency at NY Smile Institute
693 FIFTH avenue – 14 floor | New York City
1-Year Program Sept 2025-Sept 2026

Full Name:

[First Name] [Last Name]

Contact Information:

Phone: [Your Phone Number]

Email: [Your Email Address]

Address: [Your Address]

Educational Background:

Degree: [e.g., DDS, DMD]

Institution: [Your School Name]

Year of Graduation: [Year]

Professional Experience:

[Provide a brief summary of your dental experience, including any relevant internships, externships, or work history related to dental practice, particularly in implants, aesthetics, or inclusion.]

RECOMMENDATIONS form 2 Dental professionals Names and Contact information

1 _____

2 _____

Why Are You Interested in this Apprentice Program?

[Briefly explain why you want to join this high-end dental residency program.]

Signature:

[Your Signature]

Date: [Today's Date]

Submission Instructions:

Please email the completed application to drdean17@gmail.com, (CV, dental school transcripts, any cases you have completed, etc.). If selected, you will be contacted for an interview.

Program Fee: \$25,000 for 1-Year Apprentice – ONLY 4 Candidates will be Chosen

We look forward to reviewing your application and helping you elevate your skills to the highest standards in the dental industry.

Dr Dean Vafiadis
New York Smile Institute
693 Fifth Avenue – 14 floor
New York, NY 10022