

# Residency Personal Statement Guide

*Dissected Sample for Dental Residency Applicants*

## How to Use This Guide

This guide dissects an Endodontic residency personal statement by explaining what each paragraph is doing and why it works. Use it to understand how to outline a personal statement, and how what you write about can be framed effectively to align with your residency application goals and narrative. At the end of this guide are additionally aligned dental residency personal statement samples by specialty.

## Table of Contents

Paragraph 1: The Narrative Hook .....	3
Paragraph 2: Specialty Interest + Technical Clinical Complexity .....	3
Paragraph 3: Community Service as Evidence .....	4
Paragraph 4: Research and Forward Vision .....	4
Paragraph 5: Long-Term Goal .....	5
Paragraph 6: Program Alignment.....	5
Paragraph 7: Closing.....	5
Structure and Focus .....	6
Experience and Evidence.....	6
Specialty and Program Fit.....	6
Personality and Voice.....	6
Complete Endodontics Personal Statement 1: Narrative Approach.....	8
Complete Endodontics Personal Statement 2: Direct Approach (Alternate Version).....	10
Appendix: Standalone Sample Personal Statements by Specialty.....	12
Orthodontics Personal Statement: Olivia Ortho .....	12
Oral and Maxillofacial Surgery Personal Statement: Opal OMFS .....	13
Prosthodontics Personal Statement: Priscilla Prostho .....	14
Pediatric Dentistry Personal Statement: Phong Peds .....	15
AEGD Personal Statement: Amanda AEGD .....	17

## Elements of a Strong Residency Personal Statement

A strong residency personal statement does five things:

- Engages the reader with a clear opening
- Arrives at a specialty focus without delay
- Demonstrates motivation through meaningful experience
- Shows alignment with the skills the specialty requires

- Connects your goals to what the program offers

Every paragraph should be doing at least one of these things intentionally.

5 WRITING TECHNIQUES	PURPOSE OF TECHNIQUE
<b>1a. Narrative Hook</b> ( <i>Optional, choose one approach</i> )	Creates an emotional entry point that makes your statement memorable. This is one valid approach, not a requirement. See the note below.
<b>1b. Direct Specialty Opening</b> ( <i>Optional, choose one approach</i> )	States your specialty focus and motivation from the first sentence. Better for applicants who don't see themselves as writers, or have struggled with writing in the past.
<b>2. Specialty Focus</b>	Shows the reader you know what you are applying for and why. Whether you open with a story or a direct statement, your specialty must be clearly established by the end of your first paragraph and explicitly named no later than your second.
<b>3. Meaningful Experience(s)</b>	Illustrates motivation through story, not just claim. Can be one defining experience or several that build on each other. What matters is naming what each one revealed.
<b>4. Specialty-Aligned Skills</b>	Links your personal qualities to what the specialty demands. Show them through action, not self-report.
<b>5. Program Alignment</b>	Tells the program why you chose them specifically. Avoid generic statements.

### A NOTE ON NARRATIVE OPENINGS

Ama's personal statement opens with a narrative hook, which is one effective approach, but not the only path to a strong statement. Starting with a story is harder to execute well than it may seem. A compelling narrative requires a confident, authentic voice; if it feels flat or generic, it can be harder to recover from than using a direct approach. If storytelling does not come naturally, or if you feel pressured to create a gripping opener, consider starting more directly and just getting to the point. Regardless of your writing style, have someone who knows you and your work well, ideally a mentor in your field, review your statement before submitting. CPD does not review personal statements due to their subjective writing style.

### A NOTE ON DEMONSTRATING PERSONALITY

Dental residency programs are evaluating clinical readiness, but they are also evaluating who you are as a colleague and a future practitioner. Interview questions often signal this directly (the common "if you were a tooth, what tooth would you be and why" prompt is one example). Your personal statement is where personality should come through. Show personality through what you noticed, chose to do, stayed with, or learned from, rather than through self-reported traits like "I am compassionate" or "I am dedicated." Programs believe what you describe; they discount what you claim.

## Dissected Endodontics Personal Statement

The sample annotated below uses a narrative opening. For a complete comparison, both the narrative and direct-approach statement versions appear in full later in this guide.

**Sample Author:** Ama Mensah

**Specialty:** Endodontics

Three Themes (Superpowers/Interests) This Statement Conveys:

1. Resilience
2. Technical Clinical Complexity
3. Community Service

### Paragraph 1: The Narrative Hook

*Her intake form listed Ghana as her country of origin. My family left Ghana over twenty years ago, and I had not expected to see a familiar last name, possibly from my old community, in the student dental clinic that afternoon. The patient, "Marie," was scheduled for a routine appointment, but as we talked she mentioned a tooth that had been bothering her for almost a year. Percussion on tooth #14 was sharp, and the radiograph confirmed what she had been hoping to avoid. I referred her to our postgraduate endodontic clinic, and when I asked Dr. Niels Bohr if I could assist on the case, he agreed. Following her through treatment was the first time I understood what endodontics actually does for a patient who has been carrying pain for that long.*

#### TECHNIQUE: NARRATIVE HOOK + SPECIALTY SIGNAL

This opening does two things at once. The encounter with Marie gives the reader an entry point through a specific clinical scene rather than a biographical claim. Crucially, the specialty arrives within the paragraph through clinical detail (percussion on #14, the referral to the postgraduate endodontic clinic) rather than through declaration. Notice that "Marie" is anonymized with quotation marks on first use, the standard convention for patient names. Notice also that Ama's own origin is introduced as recognition, not as the focus; the paragraph is about the patient, not about Ama. This is one valid way to open; not every strong personal statement begins this way.

**Ask yourself:** *if I am using a narrative hook, does my opening paragraph name or clearly imply my specialty within the first few sentences, and is my opening about the patient or experience rather than about me?*

### Paragraph 2: Specialty Interest + Technical Clinical Complexity

*That experience clarified an interest in building more knowledge and skill in technical clinical complexity that had been growing since my second year. My interest in endodontics began during my pre-clinical laboratory endodontics course. The course was both challenging and rewarding, and it stimulated my desire for more clinical exposure to root canal procedures. What I noticed in lab, and then again while assisting Dr. Bohr, is that endodontics rewards the kind of careful, stepwise problem-solving I am drawn to. I sought out additional experiences to develop that skill further: I participated in an advanced endodontic literature review, observed private practice endodontists and postgraduate residents, and performed root canal*

#### TECHNIQUE: PIVOT TO PROFESSIONAL EVIDENCE + THEME NAMING

This paragraph completes the hook by pivoting from Marie's story to Ama's professional development, while keeping Marie present through the structural anchor in the final sentence. The phrase "technical clinical complexity" names one of the applicant's three themes explicitly; strong statements weave their themes into the language of the essay, not just into the experiences described. Notice that the paragraph builds clinical evidence (preclinical course, literature review, observation, rotations) without listing it like a CV. Each experience earns its place by

*procedures during my clinical rotations. All the while, I stayed current with Marie's endodontic journey, and later consulted mentors and sponsors to further reflect on and confirm my decision to pursue endodontics.*

showing how Ama sought it out and what it developed in her.

**Ask yourself:** *does my second paragraph name what the opening experience revealed to me about the specialty, and does it begin to build the case for why I am ready for residency-level work?*

### Paragraph 3: Community Service as Evidence

*Throughout dental school, I have taken advantage of available opportunities to serve my community. During my first year, I was selected for a three-year coordinator position with the UCSF Community Dental Clinic, a completely student-run free clinic. I served as clinic director during my third year, managed clinical operations, and supervised fifteen other dental student coordinators. During the past year, we doubled clinical productivity, expanded interest within the dental school, raised funds through the San Francisco Foundation, and provided an estimated \$100,000 worth of free dental services to the city's high-risk homeless population. The work taught me how to organize people and resources around a real community need, and reinforced my commitment to making specialty care available to socioeconomically vulnerable populations.*

#### **TECHNIQUE: SERVICE EXPERIENCE + SKILL ALIGNMENT**

Community service is not presented as a value Ama holds; it is presented as a leadership role with measurable outcomes (clinic director, fifteen coordinators supervised, doubled productivity, \$100,000 in services). The topic sentence names the community service theme directly. The closing sentence does the work of meaning-making: it names what the experience taught Ama and how it connects to the kind of endodontist she intends to be. This is the difference between "I value service" (a claim) and evidence of what service actually taught her (evidence).

**Ask yourself:** *for each experience I describe, have I said what it taught me about the kind of dentist I am becoming?*

### Paragraph 4: Research and Forward Vision

*The same instinct toward community leadership drew me toward research that would continue to develop my technical clinical thinking. I joined a research project with Dr. Charles Darwin at the UCLA Medical Center, working to apply three-dimensional imaging and visualization technologies for biomedical and educational purposes. What I valued most from that experience, beyond the project itself, was learning what it actually takes to run a clinical operation: in conversations with my PI, I came to understand the realistic costs of equipment, technology, and the supporting infrastructure that quality endodontic care depends on. Just as my fundraising work at the Community Dental Clinic taught me how to bring resources to a community need, the research experience gave me a clearer picture of what it would take to equip and sustain a sliding-scale specialty practice serving the patients I want to reach.*

#### **TECHNIQUE: RESEARCH AS IDENTITY EVIDENCE, NOT CV FILLER**

Research is included here to show how it shaped Ama's clinical thinking and her vision for practice, not because research is a CV line worth listing. The topic sentence ties the paragraph back to the community leadership theme; this is what makes the essay feel connected rather than episodic. The closing sentence draws a specific bridge from research to the long-term career goal (a sliding-scale specialty practice), which sets up paragraph 5 directly. Programs want residents who learn and adapt, who can name what an experience gave them beyond the project.

**Ask yourself:** *for any research or scholarly work I mention, have I said what it taught me about practice, patients, or the field, not just what it produced?*

### Paragraph 5: Long-Term Goal

*My long-term goal is to become a board-certified endodontist and a leader within the field, equipped with the skills to perform surgical and non-surgical root canal procedures, to use modern techniques and instrumentation, and to make sound treatment planning decisions for patients based on current best practices from evidence-based sources. In conjunction, I hope to attain a Master's Degree in Public Health. With this combination, I plan to either start or join a sliding-scale specialty group practice for low-income families in an underserved community. A sustainable facility such as this would offer low-cost alternatives and options for patients who would otherwise resort to extractions. The public health degree would educate me in the intricacies of the public and private charity systems, whose financial support would be used to offset clinical expenses and reduce fees.*

#### **TECHNIQUE: SPECIFIC, INTEGRATED CAREER VISION**

A common weak move is to end a statement with vague aspiration. Ama does the opposite. She names the credentials (board certification), the additional degree (MPH), the practice model (sliding-scale specialty group), the patient population (low-income families in an underserved community), and the financial mechanism. Specificity signals planning, not just preference. The MPH plus sliding-scale combination pulls together all three themes: Ama is not asking the reader to choose between seeing her as a clinician or as a community leader; she is showing they are the same plan.

**Ask yourself:** *are my career goals specific enough that they could not belong to any other applicant?*

### Paragraph 6: Program Alignment

*In residency, I am looking for a program with strong clinical mentorship, exposure to a broad range of cases, and faculty who treat public health as part of specialty training rather than separate from it. I also hope to find a program that supports interdisciplinary learning, since patients living in underserved circumstances rarely arrive with only one problem.*

#### **TECHNIQUE: PROGRAM FIT (TEMPLATE + PERSONALIZATION)**

This paragraph is intentionally short. It is written as a template because a common statement version is sent to multiple programs. Notice that it names characteristics of a strong program for Ama, rather than naming specific programs or faculty. When you customize your statement, this is the paragraph to update with the program's actual features, faculty, or clinical model. Generic program fit paragraphs are easy for residency directors to spot.

**Ask yourself:** *if I removed the program name from a customized version of this paragraph, would it still be clear why I am writing to this specific program?*

### Paragraph 7: Closing

*Throughout my journey, I have come to recognize that endodontics is the specialty that would allow me to combine the technical precision the field demands with the kind of care I want to bring to underserved communities. This is meaningful to me because, like Marie, whose case I followed, my family also survived political instability that cost us our home and required us to rebuild a life in America with very little. I immediately recognized my family's experience when Marie told me she had been carrying a year or more of pain in hopes it would just go away or not be too expensive to fix. Endodontics is the specialty that allows me to do something about that, and to do it well. I am grateful*

#### **TECHNIQUE: CIRCULAR CLOSING + COMMITMENT STATEMENT**

The strongest closings do two things: return to the opening image to create narrative closure, and articulate the kind of dentist the applicant is committed to becoming. Ama opens with Marie and closes with Marie, making the statement feel complete rather than simply finished. The closing weaves all three themes together: technical precision, care for underserved communities, and the resilience implied by the family parallel. The final sentence is a commitment, not a credential. It answers the question: what kind of endodontist will you be?

*for every chance I have been given, and I intend to use them to become a caring, skilled, and dedicated endodontist who uses what I have been afforded to relieve the pain of others.*

**Ask yourself:** *does my closing feel like an ending, or does it feel like my introduction just ran out of space?*

## Self-Assessment Checklist: Before You Submit

Use this checklist on your own draft. If you cannot check a box with confidence, that section may need revision.

### Structure and Focus

- If using a narrative opening: my specialty is named or clearly implied within the first two sentences. If using a direct opening: my specialty is stated in my first sentence. Note: if you are struggling to name your specialty early while using a narrative approach, that may be a signal to consider the direct approach instead.
- My specialty is explicitly named no later than my second paragraph.
- Every paragraph is doing at least one of the five things programs look for: engaging opening, specialty focus, meaningful experience, specialty-aligned skills, or program alignment.
- My closing feels like an ending, not an afterthought. It returns to a theme, image, or question from my opening.
- Someone who knows me and my work well, ideally a mentor in my chosen field, has read this statement and given me feedback.

### Experience and Evidence

- Each experience I describe ends with a named clinical insight or skill it developed in me.
- I show my strengths through action and story, not through self-reporting (“I am empathetic,” “I am passionate”).
- Any research I mention is connected to how it changed my clinical approach or scholarly direction.
- Patient names are anonymized using quotation marks on first use.

### Specialty and Program Fit

- My specialty rationale paragraph references evidence established earlier in my statement.
- My goals are specific enough that they could not belong to any other applicant.
- My program fit paragraph names characteristics of this specific program, not programs in general.

### Personality and Voice

- My statement gives the reader a sense of what it would be like to work with me.
- My voice sounds like me, not like what I think a residency director wants to hear.
- I have not relied on self-reported traits (“I am compassionate,” “I am hardworking”) to do the work that evidence should do.

## Common Mistakes to Avoid

MISTAKE	WHY IT COSTS YOU
<b>Starting with a narrative because you think you have to</b>	Flat or generic stories are harder to recover from than a direct opening. Only use a narrative if it genuinely serves your statement.
<b>Delaying the specialty name</b>	If your specialty is not clear by the end of paragraph two, you have lost the reader's confidence.
<b>Narrating without meaning-making</b>	Describing what happened is not enough. You must say what it showed you about the dentist you want to be.
<b>Self-reporting strengths</b>	"I am compassionate" is a claim. Showing a patient encounter where you acted with compassion is evidence. Programs believe evidence.
<b>Listing credentials without context</b>	Naming a leadership role, a research project, or an award without saying what it taught you treats your statement like a CV. The committee already has your CV.
<b>Generic program fit</b>	"I am drawn to your diverse patient population" applies to nearly every program. Name something specific.
<b>Vague future goals</b>	"Making a difference in underserved communities" describes a value, not a plan. Name what you will actually do and with whom.
<b>Closing without closure</b>	Ending with "I look forward to growing as a clinician" leaves the reader with nothing memorable. Return to your story or opening question.
<b>Hiding personality</b>	Statements that are technically correct but voiceless leave the committee with no sense of who you are. Programs interview people, not paragraphs.
<b>Skipping a mentor review</b>	A trusted mentor in your field will catch what you cannot see in your own writing.

## Complete Personal Statements

The two Endo personal statement versions below describe the same applicant, the same three themes, and the same specialty focus using different writing approaches. Reading them together illustrates how structure and opening approach can shape the reader's experience.

### Complete Endodontics Personal Statement 1: Narrative Approach

**Author:** Ama Endo, v1

**Approach:** Narrative opening with a clinical scene as the entry point

**Specialty:** Endodontics

**Three Themes Conveyed:** Resilience | Technical Clinical Complexity | Community Service

**Word Count:** 888 words

Her intake form listed Ghana as her country of origin. My family left Ghana over twenty years ago, and I had not expected to see a familiar last name, possibly from my old community, in the student dental clinic that afternoon. The patient, "Marie," was scheduled for a routine appointment, but as we talked she mentioned a tooth that had been bothering her for almost a year. Percussion on tooth #14 was sharp, and the radiograph confirmed what she had been hoping to avoid. I referred her to our postgraduate endodontic clinic, and when I asked Dr. Niels Bohr if I could assist on the case, he agreed. Following her through treatment was the first time I understood what endodontics actually does for a patient who has been carrying pain for that long.

That experience clarified an interest in building more knowledge and skill in technical clinical complexity that had been growing since my second year. My interest in endodontics began during my pre-clinical laboratory endodontics course. The course was both challenging and rewarding, and it stimulated my desire for more clinical exposure to root canal procedures. What I noticed in lab, and then again while assisting Dr. Bohr, is that endodontics rewards the kind of careful, stepwise problem-solving I am drawn to. I sought out additional experiences to develop that skill further: I participated in an advanced endodontic literature review, observed private practice endodontists and postgraduate residents, and performed root canal procedures during my clinical rotations. All the while, I stayed current with Marie's endodontic journey, and later consulted mentors and sponsors to further reflect on and confirm my decision to pursue endodontics.

Throughout dental school, I have taken advantage of available opportunities to serve my community. During my first year, I was selected for a three-year coordinator position with the UCSF Community Dental Clinic, a completely student-run free clinic. I served as clinic director during my third year, managed clinical operations, and supervised fifteen other dental student coordinators. During the past year, we doubled clinical productivity, expanded interest within the dental school, raised funds through the San Francisco Foundation, and provided an estimated \$100,000 worth of free dental services to the city's high-risk homeless population. The work taught me how to organize people and resources around a real community need, and reinforced my commitment to making specialty care available to socioeconomically vulnerable populations.

The same instinct toward community leadership drew me toward research that would continue to develop my technical clinical thinking. I joined a research project with Dr. Charles Darwin at the UCLA Medical Center, working to apply three-dimensional imaging and visualization technologies for biomedical and educational purposes. What I valued most from that experience, beyond the project

itself, was learning what it actually takes to run a clinical operation: in conversations with my PI, I came to understand the realistic costs of equipment, technology, and the supporting infrastructure that quality endodontic care depends on. Just as my fundraising work at the Community Dental Clinic taught me how to bring resources to a community need, the research experience gave me a clearer picture of what it would take to equip and sustain a sliding-scale specialty practice serving the patients I want to reach.

My long-term goal is to become a board-certified endodontist and a leader within the field, equipped with the skills to perform surgical and non-surgical root canal procedures, to use modern techniques and instrumentation, and to make sound treatment planning decisions for patients based on current best practices from evidence-based sources. In conjunction, I hope to attain a Master's Degree in Public Health. With this combination, I plan to either start or join a sliding-scale specialty group practice for low-income families in an underserved community. A sustainable facility such as this would offer low-cost alternatives and options for patients who would otherwise resort to extractions. The public health degree would educate me in the intricacies of the public and private charity systems, whose financial support would be used to offset clinical expenses and reduce fees.

In residency, I am looking for a program with strong clinical mentorship, exposure to a broad range of cases, and faculty who treat public health as part of specialty training rather than separate from it. I also hope to find a program that supports interdisciplinary learning, since patients living in underserved circumstances rarely arrive with only one problem.

Throughout my journey, I have come to recognize that endodontics is the specialty that would allow me to combine the technical precision the field demands with the kind of care I want to bring to underserved communities. This is meaningful to me because, like Marie, whose case I followed, my family also survived political instability that cost us our home and required us to rebuild a life in America with very little. I immediately recognized my family's experience when Marie told me she had been carrying a year or more of pain in hopes it would just go away or not be too expensive to fix. Endodontics is the specialty that allows me to do something about that, and to do it well. I am grateful for every chance I have been given, and I intend to use them to become a caring, skilled, and dedicated endodontist who uses what I have been afforded to relieve the pain of others.

## Complete Endodontics Personal Statement 2: Direct Approach (Alternate Version)

This alternate version conveys the same applicant, the same three themes, and the same specialty focus as Statement 1. It opens without a personal narrative, arriving at specialty focus through biographical context and direct career framing. Both writing approaches are effective. The right choice depends on your writing voice, confidence with writing, and comfort with personal narrative.

**Author:** Ama Endo, v2

**Approach:** Direct opening, biographical context and specialty motivation stated in the first paragraph

**Specialty:** Endodontics

**Three Themes Conveyed:** Resilience | Technical Clinical Complexity | Community Service

**Word Count:** 839 words

Leaving Ghana over twenty years ago, I never imagined I would be in the position I am today. My family came to America during a period of political instability that cost us our home and required us to rebuild a life with very little. The hardships I navigated thereafter instilled in me a work ethic and a deeper appreciation for what stable, dignified care means in a person's life. From my academic, employment, and volunteer experiences, I have used that motivation to become a skilled dentist and to pursue a career as a caring and technically proficient endodontist and community leader.

My interest in endodontics began during my pre-clinical laboratory endodontics course. The course was both challenging and rewarding, and it stimulated my desire for more clinical exposure to root canal procedures. My very first emergency patient turned out to be a young woman with an abscess in the area of tooth #14, extreme tenderness to percussion and palpation, and a restless six-year-old son in the clinic who made the appointment that much more memorable. After performing the emergency debridement, I found the experience of relieving her pain extremely satisfying, despite the hectic circumstances. The case taught me that endodontics rewards the kind of careful, stepwise problem-solving I am drawn to, even when the conditions are not ideal. I sought out additional experiences to develop that skill further: I participated in an advanced endodontic literature review with Dr. Niels Bohr, observed private practice endodontists and postgraduate residents, and performed root canal procedures during my clinical rotations. In the process of consulting mentors and sponsors, I believe I am making an informed and conscientious decision to pursue endodontics.

Throughout dental school, I have taken advantage of available opportunities to serve my community. During my first year, I was selected for a three-year coordinator position with the UCSF Community Dental Clinic, a completely student-run free clinic. I served as clinic director during my third year, managed clinical operations, and supervised fifteen other dental student coordinators. During the past year, we doubled clinical productivity, expanded interest within the dental school, raised funds through the San Francisco Foundation, and provided an estimated \$100,000 worth of free dental services to the city's high-risk homeless population. The work taught me how to organize people and resources around a real community need, and reinforced my commitment to making specialty care available to socioeconomically vulnerable populations.

The same instinct toward community leadership drew me toward research that would continue to develop my technical clinical thinking. I joined a research project with Dr. Charles Darwin at the UCLA Medical Center, working to apply three-dimensional imaging and visualization technologies for biomedical and educational purposes. What I valued most from that experience, beyond the project itself, was learning what it actually takes to run a clinical operation: in conversations with my PI, I came

to understand the realistic costs of equipment, technology, and the supporting infrastructure that quality endodontic care depends on. Just as my fundraising work at the Community Dental Clinic taught me how to bring resources to a community need, the research experience gave me a clearer picture of what it would take to equip and sustain a sliding-scale specialty practice serving the patients I want to reach.

My long-term goal is to become a board-certified endodontist and a leader within the field, equipped with the skills to perform surgical and non-surgical root canal procedures, to use modern techniques and instrumentation, and to make sound treatment planning decisions for patients based on current best practices from evidence-based sources. In conjunction, I hope to attain a Master's Degree in Public Health. With this combination, I plan to either start or join a sliding-scale specialty group practice for low-income families in an underserved community. A sustainable facility such as this would offer low-cost alternatives and options for patients who would otherwise resort to extractions. The public health degree would educate me in the intricacies of the public and private charity systems, whose financial support would be used to offset clinical expenses and reduce fees.

In residency, I am looking for a program with strong clinical mentorship, exposure to a broad range of cases, and faculty who treat public health as part of specialty training rather than separate from it. I also hope to find a program that supports interdisciplinary learning, since patients living in underserved circumstances rarely arrive with only one problem.

Leaving Ghana over twenty years ago required my family to rebuild from very little, and the same circumstances opened the door to the education and opportunities I have had since. I think about that often, especially when I treat patients who have been carrying pain for months because care has felt out of reach. Endodontics is the specialty that allows me to do something about that, and to do it well. I am grateful for every chance I have been given, and I intend to use them to become a caring, skilled, and dedicated endodontist who uses what I have been afforded to relieve the pain of others.

## Appendix: Standalone Sample Personal Statements by Specialty

The statements in this appendix were donated by previous UCSF School of Dentistry students who were accepted into dental residency programs. They have been anonymized and are included as reference examples, organized by specialty. Each statement reflects an individual applicant's authentic voice and approach. Use these statements to see how real applicants have approached the personal statement task, not as templates to imitate.

### Orthodontics Personal Statement: Olivia Ortho

*Residency Application Themes (Superpowers): 1. Analytical Problem-Solving, 2. Patient-Centered Care, 3. Commitment to Lifelong Learning*

**Word Count:** 762 words

I have never made a rash decision in my life. I remember the first time my mother let me pick a bouquet of flowers for our house, it took me 30 minutes of analysis to know I was getting the right bunch. Now, 20 years later, not much has changed when it comes to making major life decisions. I carefully weigh my options and critically analyze how they fit with my interests, strengths, and professional goals.

In college, I majored in engineering because I was excited about such a transformational field with limitless career opportunities. I interned with several companies before deciding to pursue a career in traditional engineering. In a relatively short time, it became clear to me that I did not want to work in a highly corporate environment. I was far more excited and fulfilled by the many community engagement and service opportunities provided by my workplace. I was challenged by the engineering aspects of the job and it sparked my love of creative problem solving; however, I craved more personal interactions. This experience taught me that I needed to find a career which engaged me intellectually and allowed me to work with people in a more profound and personal way.

Knowing that I wasn't professionally satisfied, I explored careers I thought would foster both my scientific drive and need for personal interactions. I shadowed at a dental office and immediately felt a sense of belonging. I knew I had found something I would truly enjoy. Fast forward three years and I am thrilled with my decision to become a dentist. I have developed wonderful relationships with my patients and have never felt more rewarded. True to my nature, in addition to striving for excellence, I have spent time meticulously investigating different career paths within dentistry. I shadowed in specialty clinics and carefully ruled out each specialty before starting my orthodontics rotation. In the post-graduate orthodontics clinic my engineering side came alive again! I was surprised by how much engineering there was in treating a smile to ideal. You can perfectly place a bracket, apply appropriate root torque, and create a smile your patient will be excited to sport. I realized that orthodontics is a field which brings together my appreciation of engineering and love of patient-centered care.

While at UCSF, I have worked hard to become the best dentist and orthodontic candidate possible. I have focused on clinical and academic excellence, research, and leadership. Knowing that my scope of experience in the dental field was limited, I sought to expand my knowledge base by pursuing a research fellowship. During my fellowship I saw dentistry practiced in an underserved community and learned first-hand how much benefit even one dentist can provide to a community without adequate care. Within my project I was also able to practice statistical analysis, sharpen my analytical skills, and present at national conferences. In my determination to expand my knowledge of the dental field, I discovered a great appreciation for clinical research and furthered my intellectual curiosity.

In parallel, I've continued strengthening my leadership and interpersonal skills. I was elected president of a student organization chapter as a second-year student. My board members and I revitalized the organization and turned it into the National Chapter of the Year. The reorganization gave us the opportunity to orchestrate our own professional skills. In addition to club and committee leadership, I strive to give back to the UCSF community through teaching and volunteering. I teach first-year dental students anatomy, tutor biochemistry, and volunteer at various outreach events. My favorite form of volunteerism is promoting science, technology, engineering, and math to young girls. I am in an ideal position to teach and inspire this population to pursue careers they may never have considered. These extracurricular activities, particularly those centered on working with youth, have further fueled my desire to become an orthodontist.

I realize my journey to dental school and pursuit of orthodontics were somewhat atypical; however, I firmly believe I have developed the qualities and skills necessary to be a highly successful orthodontic resident. I am a curious, lifelong learner with a strong analytical side and love for patient care. I have spent the requisite time determining that orthodontics is a field in which I will be happy, impactful, and highly successful. My passion for the field has grown along with my knowledge and clinical skills. I am confident that the fast-paced, youthful environment will provide me continual satisfaction and joy throughout my career. I look forward to the challenge and excitement presented by your program.

## Oral and Maxillofacial Surgery Personal Statement: Opal OMFS

*Residency Application Themes (Superpowers): 1. Translational Research, 2. Surgical Skills, 3. Service to Underserved Communities*

**Word Count:** 497 words

Playing in an orchestra taught me to pay attention not only to my own role, but to how each part connects to the whole. As a cellist, I learned that precision and coordination produce something greater than any single instrument can achieve alone. That instinct has guided me ever since, through a research career that began at the bench and extended into the clinic, and now toward oral and maxillofacial surgery, where technical precision, interdisciplinary collaboration, and the capacity to change a patient's life converge.

My path to surgery began in earnest during a research fellowship in craniofacial biology. Working alongside surgeons and scientists to study bone regeneration in jaw reconstruction, I saw for the first time how a question formed in a laboratory could be answered in an operating room. I co-authored two publications from that work, but what I valued most was learning to think across disciplines, to ask not only what the data showed but what it meant for the patient in recovery. That experience oriented me toward a specialty where research and surgical skill are not separate pursuits.

In dental school, I pursued every surgical opportunity available to me. I completed an oral surgery externship at a county hospital where I assisted on dentoalveolar cases, orthognathic procedures, and trauma reconstruction. I learned to manage complexity under pressure, to read a surgical field quickly, and to communicate clearly with a team in the middle of a case. A supervising attending told me once that surgery rewards those who prepare obsessively and adapt instantly. I have tried to embody both.

I have also been deliberate about the population I want to serve. My community outreach has focused consistently on patients with limited access to specialty care. I volunteered with a mobile dental unit serving farmworker communities in the Central Valley, and I organized a student-led clinic that provided

extractions and oral surgery consults to uninsured patients in San Francisco. Those experiences showed me what oral surgery can mean for someone who has been told no by every other provider, and they clarified the kind of practice I want to build.

My long-term goal is to complete a residency that develops my surgical judgment alongside my technical skill, and to pursue fellowship training in craniofacial and reconstructive surgery. I want to work in an academic or hospital-based setting where I can contribute to research, train the next generation of surgeons, and maintain a practice that serves patients regardless of ability to pay. I am drawn to programs that expect residents to think rigorously about both the science and the ethics of what we do in the operating room.

The orchestra analogy returns to me when I think about what surgery requires. No single surgeon operates alone. The resident who can listen as well as cut, who can follow the attending's lead and eventually lead in turn, who understands that the patient's outcome is the measure of every decision, is the resident I am working to become.

### Prosthodontics Personal Statement: Priscilla Protho

*Residency Application Themes (Superpowers): 1. Methodical Problem-Solving, 2. Precision and Attention to Detail, 3. Patient-Centered Aesthetics*

**Word Count:** 747 words

26.2. I find it ironic that such a rational number can invoke such irrational fears. For as long as I can remember, I have wanted to run a marathon. When I began running in college, I could not even finish a mile. My lungs struggled to keep up with my body, and the breathlessness felt incredibly unpleasant. Too windy outside. Too cold. Too hot. There were numerous excuses to justify staying at home, but I was determined to meet my goal, and so I broke it down to steps and fractions. Each month, I pushed myself to run a little longer. During my first year of dental school, I reached my first milestone, 13.1. Crossing the finish line was exhilarating, and that moment ignited my passion for running. I ran my second half marathon the following year and achieved a new personal record. Being able to complete these races proved that I could push myself further than I thought, and I began to feel that 26.2 would become a reality for me.

My journey to a full marathon paralleled my experience in dental school, particularly with the field of prosthodontics. When I was first introduced to prosthodontics as a second-year dental student, I really struggled. We learned to fabricate a complete denture, but from the start, wax dripped everywhere on my table. I spent more time than my classmates in lab only to be told that the teeth were not occluding correctly. The disappointment and frustration were crippling at times. But as I had learned from running, I endeavored not to be discouraged by setbacks, and to actively seek help.

The extra time spent with faculty gave me the opportunity to discover incredible aspects of prosthodontics. I saw how they methodically dissected each patient case: first a problem list, then diagnosis, then phases of treatment, and finally a definitive restorative plan. They saw beyond a patient's immediate concerns, broke down challenging and complex cases effortlessly into smaller and simpler fragments, and addressed the restorative needs comprehensively. It was as if they were solving interesting puzzles. When I shadowed the prosthodontics residents, I saw how they made treatment decisions with scientifically-based rationale and confidence. These role models and the way they

practiced really captivated me. I wanted to feel this confident, and be able to fluidly deconstruct a patient's case and build a treatment plan, with every step supported by logic, science, and care.

Additionally, I learned to appreciate the aesthetics in prosthodontics. I have always enjoyed making art with my hands. Prosthodontics highlights this artistic process, through creating beautifully designed dental and maxillofacial prostheses. This past spring, I worked with a prosthodontist to fabricate a set of dentures for my patient. With a quick glance, she saw that the patient needed more lip support and suggested widening the dental arch by moving the canines. The adjustments immediately provided a more natural facial profile. I approached the remaining steps with similar precision, focused on addressing the psychological and aesthetic concerns of my patient. I will never forget the smile on my patient's face when we delivered her denture.

Just as having good body posture and awareness helps during long runs, having a clear understanding of underlying mechanics will help me create dental prostheses that endure daily use. I want to build strong fundamentals to craft prostheses that restore lost oral structure, transform a patient's smile, and improve their confidence. Throughout my journey in dental school, I have refined my manual dexterity and attention to detail, and have cultivated a curious mind. Along with my artistic ability, these are the skills I look forward to honing during my residency.

My clinical experience inspired my love for prosthodontics. Running gave me the mental framework to pursue this love. When you run, you cannot become complacent, and you have to keep pushing yourself to grow, especially when you hit a mental roadblock. My dental prosthodontics residency will challenge me to continue my pursuit for ongoing growth and lifelong learning. It will provide me with the necessary skills to practice as a prosthodontist, but more importantly, further foster my mentality to consistently strive for excellence in service. As I begin the next stage of my training, I am looking forward to learning more about designing durable dental prostheses, collaborating between specialties, and practicing better patient management. It is my desire to pursue a residency in prosthodontics, and like my training for this marathon, I will do so with great perseverance and passion.

## Pediatric Dentistry Personal Statement: Phong Peds

*Residency Application Themes (Superpowers): 1. Child-Centered Communication, 2. Adaptability and Resilience, 3. Community Advocacy*

**Word Count:** 687 words

Dirt, dust, rubble. Children covered in soot and debris from what remained of their homes and neighborhoods. These were the children that could have been my siblings and me, if not for a twist of fate. I was faced with this reality when my family took in five displaced children and their parents from a conflict-affected country to live with us for four months when I was eleven years old. We slept five to a room, waited in long lines to use the bathroom, spent every moment playing and enjoying our youth, and ended up becoming lifelong friends. This life was a luxury compared to the war they had escaped. My parents' decision to invite this family into our home stemmed from the mirrored history of our own family, driven out of our home and having to start a new life in a foreign country. At a young age, I vowed that the life I had been given would do good, and thus began my pursuit of an altruistic path integrating healthcare, education, and humanity, leading me to pediatric dentistry.

My desire to become a pediatric dentist is more than a love for children: it is a passion to serve all people at their earliest stages of life in hopes of fostering long-term quality of life. One experience from

dental school that cemented my passion involved a patient I will call “Maya,” a twenty-year-old refugee I treated during my third year. Maya explained that while living in a refugee camp with her two young children, treating her severe dental decay and infections had been a low priority despite the psychological distress and physical discomfort she endured. In the months that followed, we extracted, restored, and arrested her diseased dentition while also discovering her undiagnosed Type I Diabetes after managing her through a medical emergency in my chair. The complexity of Maya’s case, coupled with her relief at the end of treatment, affirmed my aspiration to combine humanistic patient care with complex dental and medical management. While Maya was not a pediatric patient, my ability to educate her on the importance of preventive health for herself and her children may have changed the course of their own relationship with healthcare.

Reflecting back on my life, a number of experiences have shaped my career path. Just after completing elementary school myself, I gave up my summer vacations to tutor younger children. I also had my first experience working in local hospitals, going room to room with a cart of books and games and asking if patients would like company. It was there that I fell in love with patient care in its simplest form. I saw the many dimensions that impact care beyond medicine, and it exposed me to the power of interprofessional healthcare teams.

From middle school through college, I continued to empower children of all ages as an educator, coach, and healthcare volunteer. These experiences showed me the resilience that children exhibit with the right support. During dental school, I was elected to lead an interprofessional student organization, and my first act was to expand our services to vulnerable children in the San Francisco Bay Area. By including pharmacy and medical students, we grew our outreach events from oral screenings alone to more holistic health screenings. Within three years, we diagnosed and referred hundreds of children to appropriate health facilities who would not otherwise have received care.

Beyond my local community, I serve as a board member of a medical relief organization that aids victims of conflict and disaster. We have organized healthcare teams across multiple disciplines to serve communities struck by conflict. This work has allowed me to advocate for those whose voices are not heard.

Pursuing a career as a pediatric dentist allows me to continue my commitment at the frontline of dental advancement by preventing and treating severe forms of oral and systemic disease in academic and hospital settings, locally and globally. Intervention and empowering people in their most formative years is essential in changing life outcomes. My cultural background, work, and academic experience have led me to find that balance in pediatric dentistry.

## AEGD Personal Statement: Amanda AEGD

*Residency Application Themes (Superpowers): 1. Care for Medically Complex Patients, 2. Adaptability and Breadth of Scope, 3. Community and Hospital-Based Service*

**Word Count:** 477 words

Doctors said she would never walk on her own, yet she took her first steps at two years old. They also said she would never be able to communicate, but she can do that too. My sister is a testament to drive, desire, and inspiration. Born with a complex medical condition, she was never given much of a chance at a typical life, but through the support of those around her, her life has been filled with opportunities and triumphs. Growing up as her sibling shaped me into the person I am today: motivated, passionate, and committed to serving others, especially those whose medical complexity makes care harder to access. Dentistry is the avenue by which I pursue that commitment.

Throughout dental school, I participated annually in a student-run homeless clinic, providing care to over 500 individuals across the San Francisco Bay Area. I was nominated student of the year for my dedication to that clinic. I also helped organize community service events and developed the organizational and leadership skills needed to serve underserved populations effectively in urban settings.

In addition to this work, I sought out opportunities to further develop my clinical skills in settings that required adaptability and breadth. I completed rotations in hospital dentistry, where I cared for patients whose medical status required modified approaches, careful coordination with physicians, and a willingness to work outside the comfort of a standard clinic. Those experiences clarified for me that general dentistry is not a step toward something else. It is a full specialty in its own right, and the AEGD pathway is where I want to build its foundations.

In addition to clinical work, I have taken on leadership roles that strengthened my ability to support both patients and colleagues. During my third year, I was elected class president and organized initiatives to ease the transition from preclinical training to the clinic, including skill-building sessions and peer mentoring. Clinical production for my class nearly doubled compared to the prior year, and I attribute that in part to the community we built around shared learning.

My interest in advanced education in general dentistry stems from a desire to expand my ability to care for patients with medical complexity, including the population my sister represents. I want to become a dentist who can treat patients that others find difficult, who can work comfortably in a hospital setting, and who can build a practice that genuinely reflects the range of people who need care.

An AEGD program will allow me to further develop my clinical judgment, improve efficiency, and gain experience managing complex medical cases in a supervised environment. I am looking for a program that values both technical excellence and the human dimensions of care: one that trains dentists who see the full patient, not just the presenting condition. I intend to make the most of that opportunity.