

## **ADA CDEL/AAL Teacher Scholarship Criteria, Eligibility Requirements and Application**

The American Dental Association's Council on Dental Education and Licensure established two scholarships for general dentists to the 2017 [Academy for Academic Leadership's Institute for Teaching and Learning](#) (ITL). Each scholarship is in the amount of ITL tuition. The ITL is a teacher training program for full- or part-time dental educators and private practitioners interested in a career in academia. General Dentist ADA Members may apply at any time during the year. The 2017 deadline for submitting an application is March 15, 2017.

### **Teacher Scholarship Recipient Criteria:**

Scholarship recipients are selected based on the following criteria

- Meets the eligibility requirements
- Accuracy of information on the application form
- Strength of recommendation letters
- Strength of the personal essay

### **Teacher Scholarship Eligibility Requirements:**

- General Dentist
- Current ADA Membership
- Graduate from a dental education program (DDS/DMD) accredited by the Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada.
- Licensed to practice/teach dentistry in the United States
- Is active in the practice of dentistry
- Submit application form
- Submit curriculum vitae
- Submit two recommendation letters documenting commitment to clinical dentistry and dental education and/or research
- Submit personal essay of not more than two (2) pages that discusses your career goals as they relate to transitioning to academic dentistry
- Obtain a letter of commitment from a dental school/educational institution that a teaching position (either full- or part-time) may be available to you upon completion of the Institute for Teaching and Learning

**Section 1 - Applicant Contact Information**

*(Please indicate either Business or Home as preferred for mailing purposes)*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*ADA Membership Number*

Business

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Area Code and Phone*

Home

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Area Code and Phone*

**Name and Location of Dental School Attended**

\_\_\_\_\_  
*Dental School Name*

\_\_\_\_\_  
*City, State*

**Current Institutional Affiliation or Dental School (if applicable)**

\_\_\_\_\_  
*Institution's Name*

\_\_\_\_\_  
*City, State*

If you currently hold an academic position, please indicate if your appointment is:

\_\_\_\_\_  
Full-Time

\_\_\_\_\_  
Part-Time

Please list the state(s) in which you hold an active licensure to practice dentistry:

\_\_\_\_\_

## **Section 2 - Professional Experience**

Please provide a current curriculum vitae or resume of not more than four (4) pages that summarizes your career.

## **Section 3 – Letters of Recommendation**

Please provide two (2) recommendation letters documenting your commitment to clinical dentistry and dental education and/or research.

## **Section 4 – Personal Statement**

Please submit a personal essay of not more than two (2) pages that discusses your career goals as they relate to transitioning to academic dentistry.

## **Section 5 – Letter of Employment Commitment**

Please submit a letter of commitment from a dental school that a teaching position (either full- or part-time) is/will be available to you upon completion of the ITL.

## **Section 6 – Application Attestation**

In completing this application, I understand that it is a scholarship application only and does not guarantee receipt of an ADA/CDEL ITL scholarship.

I understand that, if granted a scholarship, I am required to attend all activities of the Institute for Teaching and Learning and complete any and all assignments throughout the ITL sessions. I also understand that, if an ITL tuition scholarship is granted, it becomes my responsibility to finance any applicable transportation fees or other expenses not covered by the ADA/CDEL ITL scholarship.

To the best of my knowledge, all statements contained within the application are true and accurate. I understand that any false or misleading information may be cause for denial of this application by the ADA/CDEL.

I understand that neither the American Dental Association or the Academy for Academic Leadership provide placement services and makes no promise of employment as a result of completion of the Institute for Teaching and Learning.

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*Signature*

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*Date*

Please submit the application form and all supporting documents to:

Council on Dental Education and Licensure  
American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611

Or by e-mail to:  
Rosemary Monehen at: [monehenr@ada.org](mailto:monehenr@ada.org)