Commission on Dental Accreditation
Review Committee Nomination Form

(Electronic copies only please; do NOT submit CV/resume)

Name:

Accredited Program Affiliation:

Business Address: ☐ Preferred **Phone#:**

Fax #:

Home Address: ☐ Preferred **Phone #:**

Fax #:

Email Address:

Position Applying For (check one):

- ☐ AEGD Educator by ADEA*
- ☐ Dental Anesthesiology Educator by ASDA*
- ☐ Dental Assisting Educator*
- ☐ Dental Assisting Practitioner
- ☐ Dental Hygiene Educator*
- ☐ Dental Hygiene Practitioner
- ☐ Dental Laboratory Technology Educator*
- ☐ Dental Therapy Educator *
- ☐ Dental Laboratory Owner by NADL
- ☐ General Dentist Educator*
- ☐ General Dentist Practitioner
- ☐ General Dentist (Graduate of GPR or AEGD)
- ☐ GPR Educator by SCDA
- ☐ Hospital Administrator
- ☐ Higher Educator Administrator
- ☐ Oral Medicine Educator by AAOM
- ☐ Orofacial Pain Educator by AAOP
- ☐ Predoctoral Educator*
- ☐ Specialty Dentist Educator*
- ☐ Specialty Dentist Practitioner
- ☐ Nominated by Specialty Organization/Certifying Board

**Educator nominees must have prior or current experience as a Commission site visitor*

Nominated or Appointed by:

All nominees must agree to the following (please check each box to confirm agreement):

- ☐ Ability to commit to one four (4) year term
- ☐ Willingness to commit five (5) to ten (10) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters
- ☐ Ability to objectively evaluate an educational program in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment
- ☐ Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; and Professional Conduct Policy and Prohibition Against Harassment)
- ☐ Ability to conduct business through electronic means (email, Commission Web Sites)
- ☐ Active member of the American Dental Association, where applicable.

Membership: ADA#: **State:**

Certification:

Previous CODA Committee and/or Site Visitor:
List Committee(s) and/or Site Visitor Dates:

Educational Background (Begin with College Level):

Name of School, City& State	Year of Grad.	Certificate or Degree	Area of Study

Private Practice Experience for Past 10 Years:

Employer (include self-employed)	Address/Email	Type of Practice	From (Year)	To (Year)	FT/PT?**

****Please indicate the number of days/week**

Teaching Appointments/Hospital Appointments for Past 10 Years (Begin with Current):

Name of Institution, City& State	Rank (e.g., Assistant Professor, etc.)	Discipline/Specialty	From (Year)	To (Year)	FT/PT?**

****Please indicate the number of days/week**

Please provide information for all categories that apply:

Program Director (List Programs):

Course Director (List all Courses Last 5 Years):

Administration (List Positions):

Clinical Teaching Experience (List Number of Years and # of Days/Week):

Preclinical Teaching Experience (List Number of Years and # of Days/Week):

CE Coursed Presented (List All Presentations Last 3 Years):

Research (List All Publications in Referred Journals Last 3 Years):

Organizational Affiliations for Past 10 Years:

Name of Organization	Offices Held	From (Year)	To (Year)

Statement:

Write a short paragraph summarizing on your unique qualifications and interest in serving with the Commission on Dental Accreditation.

List Two Professional References:

Name	Address/Email	Position

Licensure Action Attestation:

I hereby attest that (check one):

☐ **NO** licensure action (e.g. revocation, suspension, or censure) has been taken against me within the past twelve (12) months.

☐ Licensure action (e.g. revocation, suspension, or censure) **HAS BEEN** taken against me within the past twelve (12) months.
Please describe:

☐ **Not Applicable** (I do not hold licensure in a dental or dental-related discipline)

Submission Date:

Signature:

Please Return to:
hooperm@ada.org
Commission on Dental Accreditation