

**Commission on Dental Accreditation  
Public Member Nomination Form**

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

**Name:**

**Business Address:** Preferred

**Phone#:**

**Fax #:**

**Home Address:** Preferred

**Phone #:**

**Fax #:**

**Email Address:**

Nominating Organization (identify):

Self-Nomination

How did you learn about this opportunity?

**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)



**Organizational Affiliations for Past 10 Years**

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

**List all experiences with higher education organizations and/or experiences serving on boards or committees:**

**List any current or past relationship with any organization/business affiliated with the profession of dentistry:**

**Statement:**

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

**List Two References:**

Name	Address/Email	Position

Submission Date:

Signature:

Please Return to:  
[hooperm@ada.org](mailto:hooperm@ada.org)  
Commission on Dental Accreditation