

ADA Leadership Institutes Application Form

Instructions

In order for your application to be considered, the ADA must receive your completed application form and one completed reference form. Applications will be acknowledged when both documents have been received. All applicants will be notified of their acceptance status by September 30, 2025.

Please complete all sections of this interactive form and return via email to leadershipinstitutes@ada.org by June 15, 2025. Please include both candidate reference forms in the same email. Use "Institutes Application – Your Name" as the subject line.

Time Commitment

Applicants should be prepared to commit significant personal time to the Institute. The 15-month program includes the following mandatory time commitments:

- Three in-person sessions at ADA Headquarters in Chicago, Washington DC and a select city in your district, scheduled for: May 2026; August 2026; and March 2027.
- Monthly 60-minute webinars.
- Developing and executing a leadership group project to address an issue or challenge within the community, organization or the profession.
- Mentoring future Institutes participants.

Section 1: Contact Information

Please provide your preferred contact information below. This will be used for all Institutes and all ADA correspondence.

Name *(First, Middle, Last)*

Street Address *(No PO Box)*

City/Town

State

Zip/Postal Code

Email Address

Phone Number

Cell Phone Number

Are you a current ADA member? *(ADA membership is required for participation.)*

Yes No

ADA Member Number

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Section 2: Education and License

(Participation is open to all active, licensed dentists, residing in the U.S. regardless of their ADA membership status)

Predoctoral Dental Education

Dental Degree

D.M.D. D.D.S. Other

Dental School

Graduation Date *(month, year)*

Advanced Dental Education

Type of Program

Other Type of Program

Completion Date *(month, year)*

Type of Practice *(Check all that apply.)*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Oral Radiology | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Dental Industry | <input type="checkbox"/> Dental Education | <input type="checkbox"/> Dental Public Health |
| <input type="checkbox"/> Other, please specify | | | |

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Please indicate the state or states in which you are licensed and any specialty license information, if applicable.

	State	Specialty
1.		
2.		
3.		
4.		
5.		

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Section 3: Employment Experience

Please list relevant employment experience, with most recent experience first. Dates should be entered in month/year format. If you are still employed at any location, leave the “date ended” field blank.

	Place of Employment	Position	Date Started	Date Ended
1.				
2.				
3.				
4.				
5.				
6.				

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Section 4: Memberships, Leadership and Volunteer Positions

Please list current or past memberships in professional and civic organizations, including any leadership/volunteer positions, recognitions and dates. Dates should be entered in month/year format.

	Organization	Positions and Recognitions	Date Started	Date Ended
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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Section 5: Essays

Please answer the three essay questions that follow in the space provided (approximately 500 words or less for each essay question).

1. Please share your reasons for participating in the ADA Leadership Institutes. What are your strengths as a leader and what leadership skills do you want to develop further? After completing the program, what kinds of leadership/volunteer roles would you hope to fill with dental associations, community organizations or other institutions?

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2. Please describe a situation or project where you demonstrated your leadership potential or your talent as a leader. In your response, include details on the outcomes achieved and the lessons learned. Additionally, explain how and why participation in the Leadership Institutes would be valuable to you at this stage in your leadership journey. What are your expectations, as well as your short and long term goals? Lastly, what personal skills or abilities do you bring to this experience that will support your growth as a leader?

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3. Please discuss an issue of social or political concern that impacts the dental profession or your community. Why is this issue important and what could be done to resolve the issue at the local, state or national levels? Would you consider pursuing a leadership group project in this area?

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Section 6: References

Please list the name and email address of two individuals who will provide a reference in support of your application. The Candidate Reference Form is available at **ADA.org**. Download the form and forward it to each person submitting a reference on your behalf. Please submit your application and two candidate reference forms in one email message to leadershipinstitutes@ada.org by June 15, 2025.

References

	First Name	Last Name	Email Address
1.			
2.			

Describe how long you have known each reference listed above and under what circumstances. Be specific.

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Section 7: Applicant Agreement

I hereby apply as a candidate in the ADA Leadership Institutes. If chosen to participate, I agree to commit the time necessary for successful completion of the program, including attendance at all three sessions of the program, monthly video conference calls and mentoring future class participants. I acknowledge that all the information contained herein is accurate and true to the best of my knowledge.

If selected, as part of my participation in the ADA Leadership Institutes, I hereby grant to the ADA, their agents, partners, sponsors and designees, all rights and permission to use and reproduce my name, likeness (including my photograph), biographic information (including professional credentials) and any statements I make in connection with the program, in any media now existing or hereafter created, for research, education, promotional and marketing purposes. I hereby release and discharge for myself and my heirs, executors, administrators and assigns the ADA, their officers, directors, employees and agents, from any and all claims and demands arising out of or in connection with the exercise of this grant.

I have read the statements above and by signing below I agree.

Name	(First)	(Last)	Date (mm/dd/yyyy)
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Thank you for your interest in the ADA Leadership Institutes. Please email your completed application package (application and two candidate reference forms) to [leadershipinstitutes](#) by June 15, 2025. Include “Institutes Application” and your name in the subject line.

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