

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

The American Dental Association's Council on Dental Education and Licensure is offering seven (7) scholarships for general dentist ADA Members to the 2025 [Academy for Advancing Leadership's Institute for Teaching and Learning](#) (ITL). The ITL is a 4-day onsite program for full- or part-time dental educators and private practitioners interested in a career in academia. Each scholarship is worth the amount of ITL tuition (\$3,500). Please note that airfare and hotel costs are covered by scholarship recipients.

If interested in applying, please complete the scholarship application below and submit the application with all supporting documents to Ms. Annette Puzan at [puzana@ada.org](mailto:puzana@ada.org) no later than **March 21, 2025**.

### **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 Member
- 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 currently engaged in the active practice or teaching of dentistry
- Submission of application form
- Submission of curriculum vitae or resume of not more than four (4) pages
- Submission of two recommendation letters documenting commitment to clinical dentistry and dental education and/or research
- Submission of personal essay of not more than two (2) pages that discusses your career goals as they relate to academic dentistry. If applicable, describe a teaching position (either full- or part-time) that is or may be available to you upon completion of the Institute for Teaching and Learning.

# ADA CDEL/AAL Teacher Scholarship Application

## Section 1 - Applicant Contact Information

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

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

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

\_\_\_\_\_  
*Credentials (i.e., DDS, DMD, etc.)*

( ) Business

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

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

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

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

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

\_\_\_\_\_  
*Email*

( ) Home

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

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

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

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

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

\_\_\_\_\_  
*Email*

Are you a General Dentist?

\_\_\_\_ Yes

\_\_\_\_ No

Are you an ADA Member?

\_\_\_\_ Yes

If yes, \_\_\_\_\_  
*ADA Membership Number*

\_\_\_\_ No

Dental School Attended:

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*Dental School Name*

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*City, State*

Current Institutional Affiliation or Dental School (if applicable):

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*Institution's Name*

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*City, State*

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

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

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*Academic Position Title*

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

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Please select your Career Stage:

\_\_\_\_ Early Career (0-10 years)

\_\_\_\_ Mid-Career (11-25 years)

\_\_\_\_ Later Career (26+ years)

Please list any Awards/Other Distinctions:

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## **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 academic dentistry. If applicable, describe a teaching position (either full- or part-time) that is or may be available to you upon completion of the Institute for Teaching and Learning.

#### **Section 5 – 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 Advancing 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*

#### **Teacher Scholarship Submission:**

If interested in applying, please complete the scholarship application and submit the application with all supporting documents to Ms. Annette Puzan at [puzana@ada.org](mailto:puzana@ada.org) no later than **March 21, 2025**.