

Institute for Diversity in Leadership Candidate Application Form

Deadline May 31, 2021

Instructions

In order for your application to be considered, the ADA must receive your completed application form and two completed reference forms by May 31, 2021. Applications will be acknowledged when all three documents have been received. All applicants will be notified of their acceptance status by July 30, 2021.

Please complete all sections of this interactive form and return via email to IDL@ada.org by May 31, 2021. Include "Institute Application" along with your name in the subject line.

If you have any questions about the ADA Institute for Diversity in Leadership program, contact Susana Galvan at 312.440.2809.

Time Commitment

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

- Three, two-day, in-person sessions at ADA Headquarters in Chicago scheduled for: December, 2021; August 2022; and December 2022 (see Section 8 for exact dates)
- Monthly 60-minute webinars
- Developing and executing a leadership project to address an issue or challenge within their community, organization or the profession
- Mentoring future Institute participants

Section 1: Contact Information

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

Name *(First, Middle, Last)*

Street Address *(No PO Box)*

Suite

City/Town

State

Zip/Postal Code

Email Address

Phone Number

Cell Phone Number

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If you have previously applied to the ADA Institute for Diversity in Leadership or been selected as an alternate, please indicate below.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a current ADA member? *(ADA membership not required for participation.)*

Yes No

ADA Member Number *(000-00-0000)*

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Section 2: Demographic Information

Gender

Male Female

Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian or Alaska Native | |

Date of Birth (*mm/dd/yyyy*)

Section 3: 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

Other Dental School

Graduation Date (*month, year*)

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Advanced Dental Education

Type of Program

Other Type of Program

Completion Date (*month, year*)

Type of Award

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 | | | |

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 4.1: Employment Experience

Please list your 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.				
7.				
8.				
9.				
10.				

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Section 4.2: 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.

	Memberships, Leadership and Volunteer Positions	Positions and Recognitions	Date Started	Date Ended
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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 Institute for Diversity in Leadership. 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, other associations, community organizations or other organizations?

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2. Please describe a situation or project where you demonstrated your talent or promise as a leader. Please include information on results and lessons learned.

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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 project in this area through the Institute for Diversity in Leadership?

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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/diversityinstitute](https://ada.org/diversityinstitute). Download the form and forward it to each person submitting a reference on your behalf. They must complete and submit the form on your behalf no later than May 31, 2021 in order for your application to be considered.

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 8: Applicant Agreement

I hereby apply as a candidate in the ADA Institute for Diversity in Leadership. 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 (December 2-3, 2021, August 11-12, 2022, and December 1-2, 2022), monthly video conference calls and mentoring future class participants. I acknowledge that all of the information contained herein is accurate and true to the best of my knowledge.

If selected, as part of my participation in the ADA Institute for Diversity in Leadership, 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)

Thank you for your interest in the ADA Institute for Diversity in Leadership program. **Please email your completed application to IDL@ada.org by May 31, 2021. Include “Institute Application” and your name in the subject line.**

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