

## Special Care Dentistry Association Special Care Dental Hygiene Fellowship

Obtaining a fellowship is a unique opportunity that Special Care Dentistry Association (SCDA) offers to dental professionals that include and/or focus their work on special care patients in both community and institutional settings. Dental Hygienists have always been recognized in SCDA as a crucial part of the team. Benefits of holding this fellowship include the ability to have a support network of other dental hygienists that face the many challenges of special care dentistry, opportunities for continuing education specifically for dental hygienists, and access to special care dental resources that have been of value to other dental hygiene fellows.

Fellowship applications are due six weeks prior to the Special Care Dentistry Association Annual Meeting. Complete applications should be emailed to the Special Care Dental Hygiene Fellowship Committee Chair. The packet should be sent in a PDF format.

Qualification includes two parts:

### Part I

- A. Practice in a Special Care environment for at least three years
- B. Membership in SCDA for at least five years
- C. Attend at least three SCDA Annual Meetings within the last five years
- D. Complete a minimum of thirty hours of Special Care CE within the last five years.
- E. A letter of recommendation from a SCDA Member in good standing.

### Part II

- A. Currently hold a Fellowship from ADPD.
- OR
- B. Complete a narrative portfolio describing their special care dentistry experience. Requirements for the portfolio are attached to this document.

If you have questions or would like more information please contact Christine Miller, Special Care Dental Hygiene Fellowship Committee Chair (cmiller@pacific.edu) or SCDA's Executive Office (scda@scdaonline.org).

# SCDA Special Care Dental Hygiene Fellowship Application

Do not attach Curriculum Vitae.

Print or Type Only

Name: \_\_\_\_\_

Private Practice/Current Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EDUCATIONAL BACKGROUND-Include advanced dental education (Begin with Dental Hygiene School level)**

Name of School, City and State	Yr of Grad.	Certificate or Degree	Area of Study

**LICENSURE**

License (Do not include license number)	From (Year)	To (Year)

**Part I Requirements**

**SPECIAL CARE EXPERIENCE**

	Yes	No
Practice in a Special Care environment for at least three years.		

**SCDA MEMBERSHIP**

	Yes	No
Membership in SCDA for at least three years.		
Attend at least three SCDA Annual Meetings within the last five years (Please list years of attendance)		

**SPECIAL CARE CE COURSES (last 5 years – Minimum 30 hours/Units)**

Course Title	Course Content and Provider	Month and Year	CE Hours

Please attach your letter of recommendation from a SCDA Member in good standing.

**Part II Requirements**

Currently holds a Fellowship in ADPD

If you do not hold an ADPD Fellowship please complete the following:

Please list three to five resources that you use on a regular basis and consider to be of value.

Resource Title	Location(Web link, Book/Journal Title, etc)	Month and Year

Please support these recommendations and explain how they are useful for your care delivery:

Please complete a narrative portfolio describing your special care dentistry experience within the last five years. This may be a combination of any of the following that add up to 100 points.

1. Verification of 30 **additional** hours of approved continuing education in special care dentistry in the last five years. – 25 points.

Course Title	Course Content and Provider	Month and Year	CE Hours

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

2. Verification of 20 **additional** hours of approved continuing education in special care dentistry in the last five years – 20 points

Course Title	Course Content and Provider	Month and Year	CE Hours

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

3. Verification of 10 **additional** hours of approved continuing education in special care dentistry in the last five years – 10 points

Course Title	Course Content and Provider	Month and Year	CE Hours

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

4. Published research or clinical article in an area related to or with applications to special care dentistry.
- i. Original research article in peer reviewed journals (limit 3) –
    - 1. Primary author (10 points for one, 15 points for two, 20 points for three)
    - 2. Co-authors (5 points for one, 10 points for two, 15 points for three).

Author(s)	Title	Publication	Date

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

5. Special Care Dentistry Table clinic presentation.

- i. 5 points for one
- ii. 10 points for two
- iii. 15 points for three

Author(s)	Title	Date

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

6. Documentation of a community project involving special care dentistry; i.e., Dental Health Fair for persons with disabilities, Special Olympics/Special Smiles

- i. Leadership in Project – 15 Points
- ii. Participation in Project – 10 Points

Organization	Title of Project	Target Group	Date

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

7. Development and implementation of professional programs in special care dentistry.
- i. At the local level – In-Service Programs, etc. – 5 points per program (15 points Max.)
  - ii. At State or Regional Level that award continuing education - 10 points per program (20 points max.)
  - iii. At the National Level that award continuing education – 15 points per program (30 points max.)

Organization	Title of Program	Target Group	Date	Points

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

8. Membership in professional organizations other than SCDA that focus on special care patient issues. (e.g. Special Care Advocates in Dentistry (SAID), Autism Society, Gerontology Society, etc.) – 1 point for each organization (5 points max.)

Name of Organization	Focus	Points

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

9. Serving on the Board of Directors, Taskforce or committees for SCDA –

- i. Service of 1 year 5 points
- ii. Service of 2-4 years 10 points
- iii. Service of 5 or more 15 points

Name of Committee	Title	# of Years	Points

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

10. Serving on Legislative Committees or Taskforces at the to promote advocacy for special care dentistry.

- i. At the local level - 5 points per Committee or Taskforce (10 points max)
- ii. At State or Regional Level - 10 points per Committee or Taskforce (20 points max)
- iii. At the National Level - 15 points per Committee or Taskforce (30 points max)

Name of Organization	Advocacy / Role	Points

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_



11. Regularly scheduled clinical care to special care patients in a nursing home, group home, personal residence, mobile programs, hospital, institution, or private or university clinic setting.
- i. 5 years – 10 Points
  - ii. 6-10 Years – 15 Points
  - iii. 11-15 Years – 20 Points
  - iv. More than 15 Years – 25 Points

Location (City and State)	Type of Practice (nursing home, group home, personal residence, mobile programs, hospital, institution, or private or university clinic setting)	Approx. Hours per Week	From (Year)	To (Year)

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Points: \_\_\_\_\_

**Total Points:** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_