Commission On Dental Accreditation
Site Visitor Nomination Form

(Do not attach Curriculum Vitae. Print or Type Only)

Name: _____

Accredited Program Affiliation: _____

Business Address: _____ **Phone #** _____
(Check preferred address)

_____ **Fax #** _____

Home Address: _____ **Phone #** _____

_____ **Fax #** _____

E-mail Address: _____

Discipline In Which Appointment Is Being Sought (check one). If you are a specialist applying for an appointment in predoctoral, please indicate predoctoral only.

Predoctoral	**Allied**	**Advanced**	
____ Chair	____ Dental Assisting	____ Dental Public Health	____ Pediatric Dentistry
____ Clinical Sciences	____ Dental Hygiene	____ Endodontics	____ Periodontics
____ Curriculum	____ Dental Lab Tech.	____ Oral & Maxillofacial Pathology	____ Prosthodontics
____ Finance	____ Dentist Consultant	____ Oral & Maxillofacial Radiology	____ Advanced Educ General Dent*****
____ Basic Science		____ Oral & Maxillofacial Surgery	____ General Practice Residency*
____ Nat. Licensure		____ Oral Medicine*	____ Dental Anesthesiology*
		____ Orthodontics & Dentofacial Orthopedics	
		____ Orofacial Pain*	

Membership: ADA # _____

Certified Dental Technician # _____ Certified Dental Assistant # _____

EDUCATIONAL BACKGROUND (Begin with college level)

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

TEACHING APPOINTMENTS (Begin with current)

Name of Institution, City and State	Rank	Subjects Taught/ Administrative Responsibilities	From (Year)	To (Year)

****All Postdoctoral General Dentistry disciplines (AEGD, GPR, Dent Anes, Oral Med, and Orofacial Pain) nominees-please review and complete the applicable section at the end of this form.***

HOSPITAL APPOINTMENTS (Begin with current)

Name of Hospital	City	State	From (Year)	To (Year)

CURRENT TEACHING RESPONSIBILITIES AT PRIMARY INSTITUTION

Course Title	Discipline and Level of Students (Year)	Total Contact Hours Per Year		
		Didactic	Preclinic	Clinic

CE COURSES TAUGHT IN LAST 3 YEARS

Course Title	Discipline Taught	Month and Year

PRACTICE EXPERIENCE

Location (City and State)	Type of Practice	From (Year)	To (Year)

MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY

Name of Organization	Title	From (Year)	To (Year)

PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

Author(s)	Title	Publication	Date

Committee Assignments and Conjoint Course Involvement:

STATEMENT (Write a short paragraph on why you are seeking appointment as a Site Visitor)

(Signature of Applicant) (Date)

Please return to:
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

All Postdoctoral General Dentistry (GPR, AEGD, Dent Anes, Oral Med, Orofacial Pain) Nominees Only:

1. Please indicate which of the following type of program(s) you have completed. Also, indicate the name of the program and the date(s) enrolled.

Discipline	Name of Program	Date(s) of enrollment
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

2. Please indicate whether you have significant experience in the ***administration*** of any of the type of program(s) listed below. If so, please indicate the name of the program and a description of your experience.

Discipline	Name of Program	Description of Experience
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

3. Have you been *a **faculty member*** of any of the types of program listed below when it went through an accreditation site visit? _____Yes _____No

   If yes, what program(s) and when was that site visit(s)?

Discipline	Name of Program	Date of site visit
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

4. Have you gained other experiences that you believe qualify you to serve as a site visitor for the discipline noted below? If yes, please describe.

Discipline	**Description of other experiences**
General Practice Residency	
Advanced Education in General Dentistry	
Dental Anesthesiology	
Oral Medicine	
Orofacial Pain	