



# Application for the Resource Persons Network

(Please type or print your responses)

## Demographic Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Suite/Apt.

\_\_\_\_\_ City State Zip

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Ethnicity:  White (Non-Hispanic)  Black/African American  
 Hispanic/Latino  American Indian/Alaska Native  
 Asian American  Native Hawaiian/Other Pacific Islander  
 Other: \_\_\_\_\_

Language Proficiency:	Speak		Write		Reading	
	Fair	Exc.	Fair	Exc.	Fair	Exc.
_____	<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"/>
_____	<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"/>

Primary position:  Clinician  Educator  
 Advocate  Researcher  
 Administrator/manager  Other: \_\_\_\_\_

Do you have experience/specialty to serve as a consultant to students and/or hygienists interested in pursuing a career in one of the following areas? (Check all that apply)

- Anesthesiology  Dental Public Health  Forensics  Gerontology  Hospital Dentistry  Nutrition
- Oncology  Oral Pathology  Orthodontics  Pediatric Dentistry  Periodontics  Practice Management
- Radiology  Research  Tobacco Cessation

State(s) in which you hold current license(s): \_\_\_\_\_

## Education and Training

Degree(s), License(s), Certification(s) & Specializations	School or Agency	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Areas in which you would like to volunteer

1. Indicate those areas in which you would be willing to volunteer your time and expertise. *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Advisor of committees, task forces, work groups      | <input type="checkbox"/> Evaluation and research    |
| <input type="checkbox"/> Conference/meetings/seminar/presentations            | <input type="checkbox"/> Fundraising                |
| <input type="checkbox"/> Data collection/analysis                             | <input type="checkbox"/> Organizational development |
| <input type="checkbox"/> Document review                                      | <input type="checkbox"/> Program Development        |
| <input type="checkbox"/> Subject expert <i>(Please Specify)</i> _____         |   |
| <input type="checkbox"/> Training/educational programs for professionals      |   |
| <input type="checkbox"/> Training/educational programs for the general public |   |

2. In which ways can you provide technical assistance?

- Email                       Phone                       Tele-conference                       Site Visit

3. For special technical assistance assignment, ADHA may need selected members of the RPN to travel. ADHA would arrange for out-of-town travel. Would you be willing to travel?

- Yes                       No

4. What are your travel capabilities? *(Check all that apply)*

- Local travel                       Out-of-town travel                       Overnight travel                       2-3 nights travel

## Membership Information

1. Are you a member of ADHA?                       Yes                       No

2. If yes, what is your ADHA Membership ID No. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed applications and CV/Resumes can be mailed to:

American Dental Hygienists' Association  
Resource Persons Network  
444 N. Michigan Avenue, Suite 3400  
Chicago, IL 60611

You will receive notification upon acceptance into the RPN  
If you have any questions, please contact us at (312) 440-8900, x284