



American
Dental
Hygienists'
Association

Bio-Data Form

Please type.

NAME _____ MEMBERSHIP # _____

HOME ADDRESS _____

Street

City

State

Zip Code

OFFICE PHONE _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

CONSTITUENT _____

COMPONENT _____

STATES OF LICENSURE _____

STATUS OF LICENSURE _____

CURRENT PROFESSIONAL POSITION _____

Please attach: copy of current dental hygiene license

POSITION YOU SEEK:

ELECTIVE OFFICE

- _____ President-Elect
- _____ Vice-President
- _____ Treasurer
- _____ Speaker of the House
- _____ Finance Committee Member
- _____ Trustee
- _____ Ethics Committee Member

APPOINTMENTS

COUNCILS:

- _____ Regulation and Practice
- _____ Member Services
- _____ Education
- _____ Research
- _____ Public Relations
- _____ Policy and Bylaws
- _____ Public Health

COMMITTEES:

- _____ National Boards
- _____ Annual Session

OTHER:

- _____ ADHA Commissioner to
Commission on Dental Accreditation
- _____ ADHA Commissioner to JCNDE
- _____ Commission on Dental Accreditation Site Visitor

- _____ IFDH Delegate
- _____ Association Liaison/Representative to other
organizations
- _____ Sergeant-at-Arms
- _____ Other

INSTITUTE FOR ORAL HEALTH:

- _____ Research Grant Review Committee
- _____ Scholarship Review Committee

STUDENTS ONLY:

- _____ Committee on National Boards
- _____ Advisory Board to Committee on Student
Affairs

Please attach a narrative statement up to one page outlining why you are pursuing this opportunity at this time including the strengths and accomplishments you bring to the position.

Please attach a brief resume (typed or computer generated) including the following information in this order:

- I. Education
- II. Association Experience (Component, Constituent & National)
- III. Professional Experience (Private Practice, Education, Managed Care)
- IV. Related Experience (Liaison Activities, Legislative Activities, Foundation/Fundraising)
- V. Honors/Recognition

This information is limited to two pages, single sided of 8 ½ X 11 paper. No cover page or additional information is allowed.

I authorize the ADHA Governance Committee to share the information in this application with my district trustee.

Signature

Date

COMMITMENT

I understand that acceptance of appointment to any ADHA position indicates a substantial personal commitment as well as a willingness to represent the ADHA mission, goals, and policies. I assume responsibility for updating ADHA of any changes in the above information. I understand that I will be required to sign a Conflict of Interest form and a Rules of Conduct form. **ONLY MEMBERS OF ADHA ARE ELIGIBLE FOR APPOINTMENT.**

Signature

Date

Please return completed form to ADHA's central office. It will be forwarded to the president-elect for consideration.