

Council on Scientific Affairs Nomination  
Summary of Qualifications

Name:

Date:

Nominated by:

Dental Education (degrees, post-doctoral education, residencies, fellowships, etc...):

Licenses and board or other certifications:

Other education, expertise, and/or experience applicable to council activities:

Summary of current position(s), appointments and responsibilities (include estimated percentage of time currently engages in research, teaching, clinical patient care, etc.):

Career highlights (past positions, appointments, etc.):

Summary of research grants, publications and presentations:

Professional Awards (research, academic, other):

Brief summary of professional organizations, associations and positions held:

Professional consulting or potential conflicts of interest:

Brief statement of interest in a council volunteer position:

If selected as a CSA member, I understand that this is a four year appointment. As a volunteer, I am expected and prepared to attend two (2) CSA meetings to convene for two (2) days each at the ADA headquarters in Chicago. I will also be prepared to work on CSA projects, subcommittees, or workgroups, etc., as requested by the Chair.

Signature:

Date: