

# COUNCIL ON DENTAL PRACTICE NOMINATION FORM—2017

## ELIGIBILITY REQUIREMENTS (GENERAL):

- All members of councils (and commissions) must be active, life, retired or non-practicing members in good standing of the American Dental Association.
- Council/commission members may not concurrently serve as a member of another ADA council or commission.
- An individual may not serve more than one term on the same council or commission, except as otherwise provided in the *Bylaws*.

## SELECTION CRITERIA (Top 4 desired characteristics and credentials for nominees):

- A working knowledge of practice management, including the importance of the dental team; an interest in learning about emerging issues and trends likely to impact the structure and operations of dental practice; and willingness to become familiar with matters relating to dental informatics, including the electronic health record;
- Leadership experience in organized dentistry at the local, state and/or national level; or have specialized subject matter knowledge and/or experience;
- Interest in the art and science of dentistry and lifelong continuing education, commitment to the improvement of the health and well-being of patients and dental team members and a history of community involvement; and
- Willingness to work collaboratively with appropriate ADA agencies and other allied dental organizations on relevant issues affecting the profession of dentistry.

## TIME COMMITMENT:

- Willingness to fully engage in Council activities including, but not limited to, participation in the biannual Council meetings, periodic conference calls, review of documents, call for comments, mail ballot approvals and other Council business.
- Must agree to attend Council meetings as scheduled (approximately two meetings annually of two or three day's duration).

## NAME OF NOMINEE:

(Please print if not completing this form electronically.)

Address of Nominee:

Nominee ADA Member Number:

Conflict of Interest Statement Attached:

Nominating Trustee:

District:

Trustee has confirmed nominee is in good standing with their state dental association:

- Yes
- No

**Statement of Qualifications of Nominee:** (Please submit a brief narrative statement of the nominees' qualifications as they relate to the above listed criteria.)