

ADA JOINT COMMISSION ON NATIONAL DENTAL EXAMINATIONS NOMINATION FORM—2021

ELIGIBILITY REQUIREMENTS (GENERAL):

- All members of councils (and commissions) must be active, life or retired 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 *Governance Manual*.
- In accordance with the *Governance Manual*, the ADA representative shall not be a faculty member of an accredited dental school or a member of a state board of dentistry.
- Members of the JCNDE may not simultaneously serve as a principal officer of another organization that has a role in appointing a member of the Joint Commission, including the American Dental Education Association, American Association of Dental Boards, American Dental Association, and the American Dental Hygienists' Association. Similarly, members of the JCNDE may not simultaneously serve as a principal officer of a clinical testing agency.

SELECTION CRITERIA (Top 3 desired characteristics and credentials for nominees):

- Strong interest in and understanding of the dental licensure process, the role of licensure examinations in the licensure process, and the impact of licensure examinations on stakeholders and communities of interest (e.g., dental boards, dental and dental hygiene educators, licensure candidates, and the public);
- Appreciation for test development and the principles of psychological measurement, and a desire to learn more in this area; and
- Experience with constituent councils or committees on education and/or licensure, and at least five (5) years' experience in active practice.

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. Note that your statement may be shared with members.)