

ADA NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS NOMINATION FORM—2021

ELIGIBILITY REQUIREMENTS (GENERAL):

- All ADA-appointees to this Commission must be general dentists who are active, life or retired members in good standing of the American Dental Association except as otherwise provided in the *Governance Manual*.
- 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*.
- Members of the National Commission may not simultaneously serve as a principal officer of another national dental organization within the Commission's community of interest. The Commission interprets principal officer to mean those in the position of being final decision makers which usually includes positions such as the president, president-elect, immediate past president, secretary or treasurer of an organization, as well as members of any executive committee that has decision making authority which does not require confirmation by a board or house.

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

- Commitment to protection of the public through recognition of dental specialty practice areas and certifying boards and willingness to initiate programs, activities, policies to support the recognition program;
- Prior experience in specialty recognition matters, e.g., former member of the Council on Dental Education and Licensure or its Committee on Recognition (aka Committee G);
- Willingness to comply with all Commission policies and procedures;
- Familiarity with general dentistry and specialty dentistry scope of practice and education, including knowledge of the ADA Requirements for Recognition of Dental Specialties and National Certifying Boards

TIME COMMITMENT:

- Ability to commit to one four-year term.
- Willingness to meet a minimum time commitment of 10 days per year as required for attending Commission meetings, participating in committee work and conducting application reviews.

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 a general dentist 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.)