

**ADA COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION  
NOMINATION FORM—2019**

**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*.

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

- Substantial knowledge of current health care practices with funding streams, oral health care/disease prevention systems in both the private and public sectors along with associated issues, successes and challenges; personal experience in treating and interfacing with underserved populations or programs which work with underserved populations on their healthcare needs;
- In-depth understanding of dental public health issues and policies; knowledge of state Medicaid issues, school based programs, local FQHCs and WIC/Head Start programs; as well as community water fluoridation; and
- The ability to interface with both the organized dentistry, primary care and public health communities; demonstrated success in forming/building relationships with non-dental partners to promote the oral health of the public within a community based environment.

**TIME COMMITMENT:**

- Commitment to attend at least two Council meetings annually, to devote 4-5 hours weekly time to reviewing and responding to Council material and communiquéé via email and Internet, to accept special assignments as assigned by the Council chair, to participate fully in Council Subcommittees as well as on special committees as assigned by the Council chair, and to partake in regular consultation with staff while sharing information from district activities and serving as a resource for Council information to their Districts.

**NAME OF NOMINEE:**

(Please print if not completing this form electronically)

Component:	Has your component endorsed your nomination?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

**Statement of Qualifications of Nominee:** (Please submit a brief narrative statement of the nominee's qualifications as they relate to the above listed criteria. Note that your statement may be shared with members.)