

APPLICATION FOR DANB DIRECTOR NOMINEE

**American Dental Assistants Association
35 E Wacker Drive, Suite 1730
Chicago, IL 60601
FAX: (312) 541-1496**

All forms must be typewritten to be considered.

Last Name	First Name	MI	Date
Street Address		E-mail address	
City/State/Zip	Home Phone ()	Business Phone ()	
Name of Employer		Position held	How long?
Employer's Street Address		City/State/Zip	
Education (check all that apply)	<input type="checkbox"/> High School Graduate		<input type="checkbox"/> College Graduate- list Degrees held:
	<input type="checkbox"/> Certificate-List		<input type="checkbox"/> Post Graduate-List Degrees held:
Dental Experience:	Number of years chairside	Number of years practice management	Number of years educator
			Other (describe and state number of years)
Are you currently certified? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of years certified:	Are you a member of ADAA? <input type="checkbox"/> yes <input type="checkbox"/> no	How long as an ADAA member?
List all officer positions held in your state/local organization:			
List all council/committee appointments held in ADAA:			
List all positions held in other allied health organizations:			
Have you previously ever held any position with DANB? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please describe:	
Signature			