

**American Dental Hygienists' Association  
Personal/Professional Data Form**

Please print or type.

NAME \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

OFFICE PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

CONSTITUENT \_\_\_\_\_

COMPONENT \_\_\_\_\_

STATES OF LICENSURE \_\_\_\_\_

STATUS OF LICENSURE \_\_\_\_\_

CURRENT PROFESSIONAL POSITION \_\_\_\_\_

POSITION YOU SEEK:

**ELECTIVE OFFICE**

- \_\_\_\_\_ President-Elect
- \_\_\_\_\_ Vice-President
- \_\_\_\_\_ Treasurer
- \_\_\_\_\_ Speaker of the House
- \_\_\_\_\_ Finance Committee Member
- \_\_\_\_\_ Trustee
- \_\_\_\_\_ Ethics Committee Member

**APPOINTMENTS**

**COUNCILS:**

- \_\_\_\_\_ Regulation and Practice
- \_\_\_\_\_ Member Services
- \_\_\_\_\_ Education
- \_\_\_\_\_ Research
- \_\_\_\_\_ Public Relations
- \_\_\_\_\_ A Policy and Bylaws
- \_\_\_\_\_ Public Health

**COMMITTEES:**

- \_\_\_\_\_ National Boards

OTHER:

- \_\_\_\_\_ ADHA Commissioner to  
Commission on Dental Accreditation
- \_\_\_\_\_ ADHA Commissioner to JCNDE
- \_\_\_\_\_ Commission on Dental Accreditation Site Visitor
- \_\_\_\_\_ IFDH Delegate
- \_\_\_\_\_ Association Liaison/Representative to other organizations
- \_\_\_\_\_ Sergeant-at-Arms
- \_\_\_\_\_ Other

STUDENTS ONLY:

- \_\_\_\_\_ Committee on National Boards
- \_\_\_\_\_ Advisory Board to Committee on Student Relations

Please attach a narrative statement up to one page outlining why you are pursuing this opportunity at this time including the strengths and accomplishments you bring to the position.

Please attach a brief resume (typed or computer generated) including the following information in this order:

- I. Education
- II. Association Experience (Component, Constituent & National)
- III. Professional Experience (Private Practice, Education, Research, Corporate)
- IV. Related Experience (Liaison Activities, Legislative Activities, Foundation/Fundraising)
- V. Honors/Recognition

**This information is limited to two pages, single sided of 8 ½ X 11 paper. No cover page or additional information is allowed.**

**COMMITMENT**

I understand that acceptance of appointment to any ADHA position indicates a substantial personal commitment as well as a willingness to represent the ADHA brand, mission, goals, and policies. I assume responsibility for updating ADHA of any changes in the above information. I understand that I will be required to sign a Conflict of Interest form and a Rules of Conduct form. **ONLY MEMBERS OF ADHA ARE ELIGIBLE FOR APPOINTMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to ADHA's central office. It will be forwarded to the president-elect for consideration.**