



ADHA Bio-Data Form for Presidential Appointments

Appointment

WHAT PRESIDENTIAL APPOINTMENT ARE YOU APPLYING FOR? _____

Personal Information

NAME _____

HOME ADDRESS _____

PRIMARY PHONE _____

SECONDARY PHONE _____

EMAIL _____

STATES AND STATUS OF LICENSURE (IF APPLICABLE) _____

CURRENT PROFESSIONAL POSITION _____

Areas of Expertise

Please Check	✓
Clinical dental hygienist	
Advanced practice dental hygienist	
Education	
Research	
Administration/management	
Public health	
Corporate	
DSO	
Insurance/dental benefits	
Self employed	

Code of Ethics & Disclosure

I pledge to uphold the [ADHA Code of Ethics](#) and affirm that I have no felony convictions or pending actions by a state dental board.

YES

NO

Signature: _____

(If no, please attach supporting documentation.)

Conflict of Interest

CONFLICT OF INTEREST DISCLOSURE FORM

1. Employment

Please list the individuals or entities for which you¹ are now or about to be employed, or for which you have been employed within the past three years.

2. Consultancies

Please list any individual or entity for which you are now providing, or are about to provide, consulting services, as well as any individual or entity for which you performed such services, or by which you were paid, during the past two years.

3. Ownership Interests

Do you have any ownership interests (including stock options) in a company, the stock of which is not publicly traded?

No _____

Yes _____

Please List:

With respect to each question, "you" includes you as well as anyone with whom you directly share income.

Do you have any ownership interests (including stock options but excluding indirect investments through mutual funds and the like) valued at \$1,000 or more in a publicly traded company?

No _____ Yes _____ Please List:

Do you have any other ownership interests in a commercial entity that reasonably may be anticipated to conflict with the interests of ADHA?

No _____ Yes _____ Please List:

4. Honoraria

Have you been paid within the last three years, or do you expect to be paid, honoraria exceeding \$1,000 per year or \$2,500 over a three-year period?

No _____ Yes _____ Please List:

5. Research Funding

Have you received any research funding within the past three years, or are you about to receive such funding?

No _____ Yes _____ Please List:

6. Leadership Role in Other Organizations

Do you serve in a leadership capacity (e.g., Board member, committee member, advisor) for any other association, society, or foundation?

No _____ Yes _____ Please List:

Signature Required

I represent that the information reported above is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that failure to complete this Disclosure Form when so requested will automatically disqualify me from participating in the affected activity.

Submitted by: _____ Date: _____

**Please return completed electronic form to ADHA at
NominatingCommittee@adha.net.**