

Commission on Dental Accreditation BioSketch

The Commission has mandated the use of a Biosketch in lieu of a Curriculum Vitae to ensure that no personally identifiable information is provided. Individuals must use the Biosketch when submitting information to the Commission.

Type Only; Do Not Print

Name:

Current Institution:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

EDUCATIONAL BACKGROUND-Include advanced dental education (Begin with college level and list all degrees and certificates including those currently pursuing)

Name of School, City and State	Yr of Grad.	Certificate or Degree	Area of Study

LICENSURE (If licensure/credential will expire within three (3) months of date noted below, provide evidence of re-certification in progress.)

License (Do not include license number)	From (Year)	To (Year)

BOARD CERTIFICATION

Certifying Organization	Discipline	Date certified

CE COURSES (For dental disciplines, provide all CE taken in the last five (5) years; For allied disciplines, provide all recent CE taken related to all subjects you currently teach-See Teaching Responsibilities)

Course Title	Course Content and Provider	Month and Year

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TEACHING APPOINTMENTS (Begin with current and provide all prior teaching appointments)

Name of Institution, City and State	Rank	Subjects/Content Areas Taught/ Administrative Responsibilities	From (Year)	To (Year)

CURRENT TEACHING RESPONSIBILITIES (Current Teaching Assignments Only)

Name of Institution, City, State	Course Title	Discipline and Level of Students (Year)	Total Contact Hours Per Year	
			Didactic	Clinic/Laboratory

HOSPITAL APPOINTMENTS (Begin with current)

Name of Hospital	City	State	From (Year)	To (Year)

PRACTICE EXPERIENCE (All prior and current practice experience)

Location (City and State)	Type of Practice	From (Year)	To (Year)

MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY, REGIONAL CLINICAL TESTING AGENCIES, AND CODA

Name of Organization	Title	From (Year)	To (Year)

PUBLISHED WORKS (For the most recent five (5) years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

Author(s)	Title	Publication	Date

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