



International College of

Dentists

Section XV: Regions

CANDIDATE INFORMATION FORM

(SHOULD BE COMPLETED AND SUBMITTED ELECTRONICALLY)

INSTRUCTIONS

- 1. FIRST save a copy of this form to your computer. Select "SAVE" or "SAVE AS" from the Menu Bar and save as "YOUR LAST NAME_ICD CIF".
2. Fill out the form completely. It is important that each item (1-17) is answered to insure full and fair evaluation. Everything is important. Let others decide what is valid.
3. Enough space is provided for our purposes, but if more is desired you can use the last section of this form.
4. Save and send the file to your Sponsor as an email attachment.

1. Name Email

2. Address Street City Country Zip

3. Date of Birth (MM/DD/YYYY) Place of Birth City Country

4. Pre-dental Education Institution Degree Year

5. Dental Education Institution Degree Year

6. Advanced Education Institution Area of Concentration Degree/Certificate Year

7. Honorary Degree(s) Institution Degree Year

8. Career Type (Practice/Education/Research/Military/Public Health/ Other) Career Type(s) Active/Retired

9. Years in Career Practice Education Military Research Other

10. Military Service Branch Years Federal Dental Specialty

11. Specialty Status Specialty Date of Specialty Years in Specialty Board Certification (Y/N)

12. Hospital Appointments Position Institution Dates

13. Dental Organizational Membership: Official Positions Held/Honors Received, etc. LIST ALL OF THEM.

Organization

Dates

Positions/Honors

14. Other Professional Contributions (Mark NONE in applicable areas)

a. Academic Appointments

Institution

Title/Position

Area/Subject

Dates

b. Professional Lectures/Presentations - Summarize lecture activities or list five(5) most significant

c. Publications - List five (5) examples you consider significant and representative. State title, journal, year, pages.

d. Research - Projects, grants/funding/dates

15. Community and Non-dental Organizational Activities - include everything which you are involved in such as:

- a. Public Health or Public Welfare - e.g. volunteer work: local, general, government agencies, social, etc.
- b. Civic (political, social, economic, community planning, educational, etc.)
- c. Religious activities
- d. Other evidence of concern for needs of others: youth, indigent, handicapped, aged, etc.

16. Humanities Activities - Contributions to/involvements in literature/arts/music/etc.

17. Other Activities - travel/hobbies/recreation/athletics/interests/etc.

.....
Use space below to list additional information to any of the above items.

Comments:	<u>Item Number</u>	<u>Additional Comments/Information</u>

.....
Date Submitted _____

Sponsor(s) Name and Email Address

Section XV: Region Name and Number _____