

Samuel D. Harris Research and Policy Fellowship sponsored by Preventech 2014 – 2015 Call for Applications

The American Academy of Pediatric Dentistry (AAPD) is accepting applications for the Samuel D. Harris Research and Policy Fellowship sponsored by Preventech. Pediatric dental residents and individuals in their first five years post-residency are eligible and encouraged to apply. The AAPD and past-president Dr. Paul S. Casamassimo initially created this opportunity for individuals to participate in supporting research and advocacy activities of the Academy. A deliverable project such as a published article in a peer reviewed journal or presentation at a national meeting is required at the end of the Fellowship. A cash stipend and payment for travel to relevant meetings is provided. The AAPD and the selected applicant/program director will agree upon exact fellowship dates. Applications are due April 11, 2014 and are accepted by e-mail only to sdalhouse@aapd.org.

The goals of the Samuel D. Harris Research and Policy Fellowship are outlined below:

- Gain an understanding of the role of advocacy by pediatric dentists for the profession and the AAPD.
- Participate in leadership activities within the specialty and related communities.
- Support the research activities of the AAPD Pediatric Oral Health Research and Policy Center (POHRC).
- Perform relevant, POHRC-directed research and policy analysis in the area of pediatric oral health.
- Develop advocacy skills and knowledge for use in post-fellowship participation in organized dentistry.
- Inform members of organizational strategies, advocacy and interprofessional relationships not commonly available to pediatric dentists in practice or academics.
- Complete a relevant project in pediatric dentistry.

To receive more information, please contact Scott Dalhouse at (312) 337-2169 or by e-mail to sdalhouse@aapd.org.

The AAPD gratefully acknowledges its sponsor

PREVENTECH*

For the Samuel D. Harris Research and Policy Fellowship

American Academy of Pediatric Dentistry 2014 – 2015 Samuel D. Harris Research and Policy Fellowship Application Sponsored by Preventech

Personal Information					
Candidate Name					
Office or Program Address					
City	State	Zip	District		
Office or Work Phone	Fax Number_				
Home Phone	E-mail Address				
Education & Training (attach along a curr	rent curriculum vita	e along with the an	plication)		
Name of Pediatric Dentistry Program					
Address				ZIP	
Name of Program Director					
Address	City	Sta	te	Zip	
I am currently a member of the AAPD					
Year of graduation or anticipated graduation date from pediatric dentistry residency program					
Name of Dental School	Year of graduation				
Interest in Program					
Why do you want to participate in this fellowship program and what benefits do you hope to gain? (250 word limit)					
viriy do you want to participate in this reliowship program and what benefits do you hope to gain: (250 word limit)					
-					

Proposed Research Project Topic(s)

The proposed research topic must address a primary area of concern to pediatric dentistry, including:

- Essential pediatric oral health benefits
- Cost / benefit of benefit schedules that follow AAPD periodicity guidelines
- Cost / benefit of Age-One Dental Visit
- Relationship of state EPSDT schedules to access and for utilization in Medicaid population

Please list the topic(s) th	at you hope to research for your Fellowship pr	roject:
Pertinent activity	and experience with the AAPD and	l / or other organizations
Please list any profession	nal positions / activities in which you have serve	ed or have agreed to serve in the future.
Organization	Position or Office	Years(s)
experience to better the One letter must be from	oral health of children through advocacy, poli	ress your abilities and how you are likely to use this tical action or investment in organized dentistry. re still in a residency program, this letter must grant
Activities/Require	ments of Program	
 Attend selected Dentistry Lead committees or Contribute mat 	ers; Lobby Day (congressional visits) activities	e AAPD website.
 Complete a pro 	ng requirements of the program and will comp oject on a topic mutually agreed upon by AAPD ne planning and implementation of AAPD activ	and fellow.
Signature_		_Date