Samuel D. Harris Research and Policy Fellowship sponsored by Preventech
2015 – 2016 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 10, 2015 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
2015 – 2016 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 current curriculum vitae along with the application)

Name of Pediatric Dentistry Program _____

Address _____ City _____ State _____ Zip _____

Name of Program Director _____

Address _____ City _____ State _____ Zip _____

Year of graduation or anticipated graduation date from pediatric dentistry residency program _____

Name of Dental School _____ Year of graduation _____

I am currently a member of the AAPD Yes ☐ No ☐

Interest in Program

Why do you want to participate in this fellowship program and what benefits do you hope to gain? (250 word limit)

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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) that you hope to research for your Fellowship project:

_____

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Pertinent activity and experience with the AAPD and / or other organizations

Please list any professional positions / activities in which you have served or have agreed to serve in the future.

Organization Position or Office Years(s)

_____

_____

_____

Reminder:
Please include with this application, three letters of support which address your abilities and how you are likely to use this experience to better the oral health of children through advocacy, political action or investment in organized dentistry. One letter must be from your program director (if applicable). If you are still in a residency program, this letter must grant permission for leave of training. Also attach a current curriculum vitae.

Activities/Requirements of Program

The fellow will participate in the following activities:

- Attend selected AAPD's major governance or advocacy activities: Advanced Legislative Workshop for Pediatric Dentistry Leaders; Lobby Day (congressional visits) activities and / or selected meetings of the councils, committees or task forces.
- Contribute material, where appropriate and applicable, to the AAPD website.
- Attend the AAPD Annual Session for a presentation to the Board of Trustees.

I understand the following requirements of the program and will comply with these requirements if selected:

- Complete a project on a topic mutually agreed upon by AAPD and fellow.
- Participate in the planning and implementation of AAPD activities during the program.

Signature_____Date_____