



**American Academy of Pediatric Dentistry
2014 Master Clinician Program
Application**

This application form is the first step in becoming part of the AAPD Master Clinician Program. Please read and complete each section fully and accurately, in clear, legible handwriting or typed. You may apply at any time during the year. **The deadline for submitting applications is March 14, 2014.**

SECTION I – Applicant Contact Information

(please check either Home or Business as preferred for mailing purposes)

Name	AAPD Membership Number
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☐ Business

Street

City	State	Zip
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Area Code and Phone	E-mail
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☐ Home

Street

City	State	Zip
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Area Code and Phone	E-mail
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Name and Location of Dental School Attended

Name	Location
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Current Institutional Affiliation or Dental School *(if applicable)*

Name	City, State, Zip
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If you currently hold an academic position, please indicate if your appointment is:

☐ Full-time

☐ Part-time

SECTION II – Professional Experience

Please provide a recent curriculum vitae or resume of not more than two (2) pages that summarizes your career highlights. Items may include, but are not limited to:

- CE course facilitator / instructor / lecturer
- Dental school courses
- Community activities
- Articles published
- Any other teaching experiences that may or may not be directly related to dentistry – i.e., community college classes, serving as a preceptor, etc.
- Research activities

SECTION III – Personal Statement

Please provide a personal statement of not more than two (2) pages that discusses your career goals as they relate to transitioning from private practice to academic dentistry.

SECTION IV – Dental School Commitment

The first priority for applicant selection will be candidates that have been seeking faculty appointments (either at the dental school or residency program level) in the United States.

Candidates are to obtain a letter of commitment from the dental school or residency program that a teaching position (either full- or part-time) will be available to them upon completion of the AAPD Master Clinician Program. Candidates are also urged to inquire with the applicant institution(s) for additional financial support that may be used for transportation, lodging, etc. for the program

SECTION V – Application Attestation

In completing this application, I fully understand that it is an application only and does not guarantee admission into the AAPD Master Clinician Program.

I understand that if accepted into the program, I am required to attend all activities of the AAPD Master Clinician Program which includes programming at the *Institute for Teaching and Learning* and the *AAPD Comprehensive Review of Pediatric Dentistry* and complete any and all assignments throughout these sessions. I also understand that, once accepted, and enrolled it becomes my responsibility to finance the balance of tuition and any applicable transportation fees not covered by the AAPD Scholarship.

To the best of my knowledge and belief, all statements contained within the application are true and accurate. I understand that any false or misleading information may be cause for withdrawal of this application by the AAPD.

I understand that neither the American Academy of Pediatric Dentistry or the Academy for Academic Leadership provide placement services and makes no promise of employment as a result of participation in the AAPD Master Clinician Program.

If accepted, and upon completion of the AAPD Master Clinician Program, I agree to allow the AAPD to publish my name in its list of graduates.

Signature

Date