

## Description and History

The American Academy of Pediatric Dentistry (AAPD) and past-president Dr. Paul S. Casamassimo initially created this opportunity to participate in policy research addressing one of the priority areas of interest as identified by the AAPD Pediatric Oral Health Research and Policy Center (POHRPC) Advisory Board and approved by the AAPD Board of Trustees. The fellowship benefits from the continuing support of its corporate sponsor, Preventech, Inc.

## Fellowship Goals

- Conduct oral health policy research, including but not limited to health services research, that advances children's oral health issues and supports AAPD public policy and public relations initiatives at the national, state, local, and international levels with legislatures, government agencies, professional associations, and other non-governmental organizations,
- Participate in AAPD leadership and advocacy activities that advance children's oral health issues and public understanding of pediatric dentistry,
- Produce and present a timely and high quality policy analysis on critical issues impacting children's oral health within the Harris Fellowship year, as either a refereed journal article or a policy brief or commentary through the POHRPC,
- Acquire leadership skills to better advocate for children post-fellowship.

## Applicant Qualifications

Pediatric dental residents and individuals in their first five years post-residency are eligible to apply for the Samuel Harris Fellowship. Applicants must:

- Complete and submit the attached application prior to the deadline date
- Identify and seek participation of a mentor with requisite skills to insure completion of a quality product
- Propose a project or activity that will:
  - meet the goals and strategic directions of the AAPD and the POHRPC, and
  - be achievable in the fellowship year
- Attend required activities as designated in the fellowship agreement
- Be a member of the AAPD

## How to Apply

The POHRPC annually accepts applications. The deadline to apply is March 27, 2020. Applications must be submitted by e-mail to [rwright@aapd.org](mailto:rwright@aapd.org).

## Fellowship Benefits and Commitments

Travel expenses are reimbursed for any required meetings. The POHRPC and the candidate selected will agree upon exact fellowship dates. If the candidate selected is enrolled in a residency program, the dates may be made in consultation with the program director. A cash stipend may also be made available.

The Fellow must attend the following meetings and events as funding permits:

- POHRPC meeting during the AAPD Annual Session
- POHRPC meeting during the AAPD Board of Trustees' Winter Planning Meeting
- AAPD Public Policy Advocacy Conference in Washington, DC (generally held during March of each year)
- Presentation of research or project to the AAPD Board of Trustees at the conclusion of the fellowship year (annual meeting of the Board of Trustees in May during the AAPD Annual Session)
- AAPD General Assembly held during the Annual Session at the conclusion of the fellowship year

To receive more information, please contact Robin Wright at [rwright@aapd.org](mailto:rwright@aapd.org) or by phone at (312) 337-2169.

The AAPD gratefully acknowledges its sponsor

PREVENTECH® 

For the Samuel D. Harris Research and Policy Fellowship



**2020 – 2021 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 \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Secondary 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 the AAPD and its Pediatric Oral Health Research and Policy Center. Be as detailed as needed for determination of project relevance, but limit your response to no more than two (2) pages.

## 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:

The application must be accompanied by three (3) letters attesting to the applicant's ability to comply with the fellowship requirements. One of the three must be from the proposed mentor and include his or her qualifications and readiness to ensure compliance with the fellowship requirements. If the applicant is currently in a residency program and intends to participate during that program, one of the three letters must be from the program director attesting to the applicant's availability to: 1) attend required meetings and sessions; and 2) the ability to meet other fellowship requirements that may occur during the applicant's training program.

## Activities/Requirements of Program

The fellow will participate in the following activities:

- Attend selected AAPD's major governance or advocacy activities: Public Policy Advocacy Conference (congressional visits), selected meetings of the Board of Trustees, councils, committees or task forces.
- Contribute material, where appropriate and applicable, to the AAPD website.
- Attend the AAPD Annual Session at the conclusion of the fellowship year for a presentation to the Board of Trustees and recognition at the General Assembly.

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 \_\_\_\_\_