



At-Large Member Nomination Form
CMDL Executive Committee

Name:

Business Address: Preferred [checkbox]

Phone #:

Home Address: Preferred [checkbox]

Phone #:

Email Address:

- Nominating Organization (identify):
Self-Nomination
How did you learn about this opportunity?

All nominees must agree to the following (please check each box to confirm agreement):

- Ability to commit to one one-year term, renewable up to three terms total, in support of the Coalition's Mission and Strategic Plan and serve as a member of the Executive Committee.
Willingness to commit five (5) to ten (10) days per year to the Coalition. Time will include training, conference calls, review of print and electronically delivered materials, travel to Coalition Executive Committee meetings (1-2 per year), and travel to the Annual Coalition Meeting.
Ability to objectively represent Coalition Members and the Executive Committee in assessing current state provisions for dental licensure and advocating for change that will protect the public/consumer and improve the process for the dental profession.
Ability to conduct business through electronic means (email, Coalition websites).
I attest that the organization I represent is a Partner of the Coalition for Modernizing Dental Licensure.
I attest that I meet the criteria above to serve as an At-large member of the Coalition for Modernizing Dental Licensure Executive Committee.

Educational Background (Begin with College Level)

Table with 4 columns: Name of School, City & State, Year of Grad., Certificate or Degree, Area of Study

Employment Background for Past 5 Years

Employer	Address/E-mail	Position	From (Year)	To (Year)

Organizational Affiliations for Past 5 Years

Name of Organization	Offices Held	From (Year)	To (Year)

List experiences with organizations and agencies and/or experiences serving on boards or committees:

List current or past relationship with any organization/business affiliated with the profession of dentistry:

List Two References:

Name	Address/Email	Position

Submission Date:

Signature:

Please return this form and nomination letter to:
info@dentallicensure.org