



## MEMBERSHIP APPLICATION

**The Coalition for Modernizing Dental Licensure was founded in 2018 by the American Dental Association, American Dental Education Association and American Student Dental Association.**

### **MISSION OF THE COALITION**

To ensure patient safety, increase access to care, and promote professional mobility by modernizing the dental licensure process.

### **STRATEGIC GOALS**

1. Achieve adoption of valid and reliable examinations for dental licensure that do not include the use of single encounter, procedure-based examinations on patients.
2. Achieve portability of dental licensure among all licensing jurisdictions in the United States for the benefit of the public and the profession.

## COALITION MEMBERSHIP CATEGORIES

### **Coalition Members**

The Coalition is comprised of one representative from each member organization/agency, and two representatives from each of the three founding organizations. Coalition Members:

- Inform the development of the Coalition strategy
- Approve the Strategic Plan developed by the Executive Committee
- Engage in learning, best practice exchange and information sharing to advance the Coalition's goals
- Participate in national, state and local efforts to advance the Coalition's goals
- Utilize the Coalition's tools and resources in their own work to help advance the Coalition's goals

As evidence of their commitment, Coalition Members agree to:

- Actively participate in the work of the Coalition
- Appoint a representative to the Coalition
- Attend the Coalition's annual meeting
- Keep the Coalition informed of the organization's related activities
- Disseminate relevant information to organizational members or employees through listservs, websites and newsletters

### **Coalition Supporters**

Coalition Supporters are committed to the goals of the Coalition and are willing to lend their names to the effort.

Coalition Supporters:

- Have access to the Coalition's tools and resources
- May participate in national, state and local Coalition activities, as appropriate

As evidence of their commitment, Coalition Supporters agree to:

- "Lend their names" in support of Coalition efforts
- Keep the Coalition informed of the organization's related activities
- Disseminate relevant information to organizational members or employees through listservs, websites and newsletters



# COALITION FOR MODERNIZING DENTAL LICENSURE

**Please complete this membership application to join the Coalition for Modernizing Dental Licensure. Pending review by the Coalition Executive Committee, you will be notified of acceptance for membership.**

The Coalition is a multi-year effort. The benefits of serving as a Coalition Member or Coalition Supporter are listed above. At the current time, there are no dues for Coalition Members or Supporters. However, member and supporter organizations are responsible for covering travel costs for their own representatives to Coalition meetings.

Our organization is interested in joining the **Coalition for Modernizing Dental Licensure** as a:

- Coalition Member:** National, state and local organizations and agencies that are committed to and actively engaged in advancing the mission and goals of the Coalition. Coalition Members must affirm their commitment to the mission and goals of the Coalition and actively participate in advancing the work of the Coalition.
- Coalition Supporter:** National, state and local organizations and agencies that share the Coalition’s vision for modernization of the dental licensure process.

**On behalf of our organization, I affirm our commitment to the mission and goals of the Coalition as stated above and we will work to advance efforts at the national, state and local levels to achieve these goals.**

Name of Organization: \_\_\_\_\_

Name of CEO/Dean: \_\_\_\_\_

Signature of CEO/Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Appointed CMDL Representative: \_\_\_\_\_

Title of Appointed CMDL Representative: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Questions to be answered by Appointed Coalition Representative:**

- Yes No Do you currently hold, or do you anticipate holding within the next 12 months, a position as a dental examiner or member of any state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency?
- Yes No Do you currently hold, or do you anticipate holding within the next 12 months, any faculty appointments?
- Yes No Do you currently hold, or do you anticipate holding within the next 12 months, a position as an officer or committee member or similar position in a national or state dental association?

*If you answered “Yes” to any of the above, please explain below.*

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**Please Return to:**  
[info@dentallicensure.org](mailto:info@dentallicensure.org)  
**Coalition for Modernizing Dental Licensure**