



Candidate Application Form for CDA Diversity in Leadership program New Extended Deadline March 15, 2019

Instructions: In order for your application to be considered, the CDA must receive a completed application form and two completed reference forms by March 15, 2019. Applications will be acknowledged when all three documents have been received. All applicants will be notified of their acceptance status by March 29, 2019.

Please complete all sections of this interactive form and return via email to CDA Director of Membership, Erica Carvin at Erica@cdaonline.org or mail to 8301 East Prentice Avenue Suite 400, Greenwood Village, CO 80111.

Time Commitment:

Applicants should be willing to commit substantial time to the program by participating in the following activities:

- 3 face-to-face ALL DAY Leadership Workshops (Workshop dates for the class of 2019-2020 are April 26, 2019, September 20, 2019 and April 17, 2020 in Denver.
- Dinner prior to ALL DAY training April 25, September 19 and April 16 from 6-8pm in Denver.
- Mini Leadership Workshops from 6:00pm – 7:30pm on June 19, 2019, August 21, 2019, November 6, 2019 and February 5th, 2020. If living outside the Denver area, ability to attend these via GoTo Meeting.
- Active participation in the online platform
- Completion of a leadership project
- Mentorship of a future class

Section 1:	<p>Contact Information</p> <p>Please provide your preferred contact information below. This will be used for all program correspondence.</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Initial</td> <td style="width: 34%;">Last Name</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Street Address</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 25%;">Zip</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Email Address</td> <td style="width: 30%;">Primary Phone Number</td> <td style="width: 30%;">Secondary Phone Number</td> </tr> </table>	First Name	Middle Initial	Last Name	Street Address	City	State	Zip	Email Address	Primary Phone Number	Secondary Phone Number
First Name	Middle Initial	Last Name									
Street Address	City	State	Zip								
Email Address	Primary Phone Number	Secondary Phone Number									
Section 2:	<p>Demographic Information</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>										

	<p>Race/Ethnicity</p> <p><input type="checkbox"/> African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <hr/> <p>Date of Birth (mm/dd/yyyy)</p>
<p>Section 3:</p>	<p>Education and License (Participation is open to all active, licensed dentists, residing in Colorado regardless of their CDA membership status.)</p> <p>Predoctoral Dental Education</p> <p>Dental Degree</p> <p><input type="checkbox"/> D.M.D.</p> <p><input type="checkbox"/> D.D.S.</p> <p><input type="checkbox"/> Other</p> <hr/> <p>Dental School Other Dental School</p> <hr/> <p>Graduation Date (month, year)</p> <p>Advanced Dental Education</p> <hr/> <p>Type of Program Complete Program (month, year)</p>

Other Type of Program

Complete Program (month, year)

Type of Practice (Check all that apply.)

General Practice

Periodontics

Prosthodontics

Endodontics

Pediatric Dentistry

Orthodontics

Oral Pathology

Oral Radiology

Oral Surgery

Dental Industry

Dental Education

Dental Public Health

Section 4.1:

Employment History

Please list your employment experience, with most recent experience first. Dates should be entered in mm/dd/yyyy format. If you are still employed at any location, leave the "date ended" field blank. A current Resume/CV can be submitted in place of completing section 4.1.

Place of Employment	Position Held	Date Started	Date Ended

Section 4.2:

Memberships, Leadership and Volunteer Positions

Please list current or past memberships in professional and civic organizations, including any leadership/volunteer positions, recognitions and dates. Dates should be entered in mm/dd/yyyy format.

Memberships, Leadership and Volunteer Positions	Positions and Recognitions	Date Started	Date Ended

Section 5:

Essays

Please answer the five essay questions that follow in the space provided (please attach additional sheets if necessary).

1. Please describe your interest in the CDA's program, including why you should be selected by the DIL Selection Committee to participate.

2. Identify your current leadership skills and list the top 3 leadership development goals you would like to focus on if you were selected for this program.

3. Do you have previous leadership experience in and/or outside of the work place and if so please explain?

4. Following your participation in this program, how might you impact changes in the profession or oral health?

5. Please discuss an issue of social or political concern that impacts the dental profession or your community. Why is this issue important and what could be done to resolve the issue at the local, state or national levels? Would you consider pursuing a leadership project in this area through the Diversity in Leadership program?

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Section 6:

References

Please list the name, phone number and email address of two individuals who will provide a reference in support of your application.

First & Last Name	How long have you known this person?	Phone Number	Email Address

Please describe under what circumstances you know your references.

<p>Section 7:</p>	<p>Applicant Agreement</p> <p>I hereby apply as a candidate in the CDA Diversity in Leadership program. If chosen to participate, I agree to commit the time necessary for successful completion of the program, including attendance at all three sessions of the program, mini workshops, active participation in the online platform and mentoring future class participants. I acknowledge that all of the information contained herein is accurate and true to the best of my knowledge. If selected, as part of my participation in the program, I hereby grant to the CDA, their agents, partners, sponsors and designees, all rights and permission to use and reproduce my name, likeness (including my photograph), biographic information (including professional credentials) and any statements I make in connection with the program, in any media now existing or hereafter created, for research, education, promotional and marketing purposes. I hereby release and discharge for myself and my heirs, executors, administrators and assigns the CDA, their officers, directors, employees and agents, from any and all claims and demands arising out of or in connection with the exercise of this grant.</p> <p><input type="checkbox"/> I have read the statements above and agree.</p> <p>_____</p> <p>Signature & Date</p>

Thank you for your interest in the CDA’s Diversity in Leadership program. Please email your completed application to Erica@cdaonline.org or mail to 8301 East Prentice Avenue Suite 400, Greenwood Village, CO 80111 by March 15, 2019. Include “DIL Application” and your name in the subject line. In order for your application to be considered, the CDA must receive your completed application form by March 29, 2019. Applications will be acknowledged when the completed application form has been received. All applicants will be notified of their acceptance status by March 29, 2019.