



**International College of Dentists
Section XX: Regions**

CANDIDATE INFORMATION FORM

(SHOULD BE COMPLETED AND SUBMITTED ELECTRONICALLY)

INSTRUCTIONS

1. **FIRST save a copy** of this form to your computer. Select “**SAVE**” or “**SAVE AS**” from the Menu Bar and save as “**YOUR LAST NAME_ICD CIF**”.
2. Fill out the form completely. It is important that each item (1-17) is answered to insure full and fair evaluation. Everything is important. Let others decide what is valid.
3. Enough space is provided for our purposes, but if more is desired you can use the last section of this form.
4. **Save and send the file to your Sponsor as an email attachment.**

1. **Name** _____ **Email** _____

2. **Address**
Street _____ City _____ Country _____ Zip _____

3. **Date of Birth** _____ **Place of Birth** _____
(MM/DD/YYYY) _____ City _____ Country _____

4. **Pre-dental Education**
Institution _____ Degree _____ Year _____

5. **Dental Education**
Institution _____ Degree _____ Year _____

6. **Advanced Education**
Institution _____ Area of Concentration _____ Degree/Certificate _____ Year _____

7. **Honorary Degree(s)**
Institution _____ Degree _____ Year _____

8. **Career Type (Practice/Education/Research/Military/Public Health/ Other)**
Career Type(s) _____ Active/Retired _____

9. **Years in Career**
Practice _____ Education _____ Military _____ Research _____ Other _____

10. **Military Service**
Branch _____ Years _____ Federal Dental Specialty _____

11. **Specialty Status**
Specialty _____ Date of Specialty _____ Years in Specialty _____ Board Certification (Y/N) _____

12. Hospital Appointments

Position	Institution	Dates
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13. Dental Organizational Membership: Official Positions Held/Honors Received, etc. LIST ALL OF THEM.

Organization	Dates	Positions/Honors

14. Other Professional Contributions (Mark NONE in applicable areas)

a. Academic Appointments

Institution	Title/Position	Area/Subject	Dates

b. Professional Lectures/Presentations – Summarize lecture activities or list five(5) most significant

c. Publications – List five (5) examples you consider significant and representative. State title, journal, year, pages.

d. Research – Projects, grants/funding/dates

15. Community and Non-dental Organizational Activities – include everything which you are involved in such as:

- a. Public Health or Public Welfare – e.g. volunteer work: local, general, government agencies, social, etc.
- b. Civic (political, social, economic, community planning, educational, etc.)
- c. Religious activities
- d. Other evidence of concern for needs of others: youth, indigent, handicapped, aged, etc.

16. **Humanities Activities** – Contributions to/involvements in literature/arts/music/etc.

17. **Other Activities** – travel/hobbies/recreation/athletics/interests/etc.

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Use space below to list additional information to any of the above items.

	<u>Item Number</u>	<u>Additional Comments/Information</u>
Comments:		

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Date Submitted _____

Sponsor(s) Name and Email Address

Section XX: Region Name and Number _____