

Pacific Coast Society for Prosthodontics Nomination for Associate Membership

Nominee: _____ Degree: _____ Age: _____

Office Address: _____

Geographic Section: North: _____ Central: _____ South: _____

Dental Degree: _____ School: _____ Year: _____

Graduate Education: School: _____ Year: _____

Degree or Certificate: _____

Subject of Thesis: _____

Type of Private Practice: _____

Number of years: _____ Days Per Week: _____

Teaching Commitment: Academic Position: _____

University: _____ Days Per Week: _____

Continuing Education
Or Study Club: _____ Days Per Week: _____

Research: _____ Days Per Week: _____

Number of Articles Written: _____ Number Published: _____

Presentations to PCSP: Composite of Evaluation Scores (by Committee)

Date: _____ Subject: _____ A: ___ B: ___ C: ___ D: ___

Paper Submitted: _____ Journal: _____ Date: _____

Paper Published: _____ Journal: _____ Date: _____

Date: _____ Subject: _____ A: ___ B: ___ C: ___ D: ___

Paper Submitted: _____ Journal: _____ Date: _____

Paper Published: _____ Journal: _____ Date: _____

Date: _____ Subject: _____ A: ___ B: ___ C: ___ D: ___

Paper Submitted: _____ Journal: _____ Date: _____

Paper Published: _____ Journal: _____ Date: _____

Nominator: _____ Second: _____

Date: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY SECRETARY OR MEMBERSHIP COMMITTEE:

Check list:

Curriculum Vitae: _____ Photograph: _____
Date and name of recommendation letters listed on the back of this form.