

# PCSP Application Form for Affiliate Membership

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

DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

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

Lab Owner:  Employee:  Number of Years: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Education: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_ CDT  Master Tech.

## 1. Academic Teaching - University:

Teaching Commitment: \_\_\_\_\_ % Research Commitment: \_\_\_\_\_ % Academic Rank: \_\_\_\_\_ Leadership Commitment: \_\_\_\_\_ %

## 2. Continuing Dental Education Teaching - Days/Year: \_\_\_\_\_

Study Club Leader - \_\_\_\_\_ Days/Year: \_\_\_\_\_

3. Number of Articles Published: \_\_\_\_\_ Articles submitted but pending: \_\_\_\_\_

## 4. Presentation to PCSP - Date: \_\_\_\_\_ Title: \_\_\_\_\_

5. Sent Manuscript Sent to PCSP: Y  N  Date: \_\_\_\_\_

Journal Name Submitted: Y  N  Date: \_\_\_\_\_

Manuscript Published: \_\_\_\_\_

## 6. First Nominator:

Letter Sent: Y  N

### FOR SECRETARY AND MEMBERSHIP COMMITTEE USE ONLY

Check list: Presentation  Manuscript  Curriculum Vitae  Photograph  Biography

Presentation Evaluation: \_\_\_\_\_

First Nominator: \_\_\_\_\_

Letter Received: Y  N