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:** |  |  | **Academic Rank:** |  |
| Teaching Commitment: |  % | Research Commitment: |  % | Leadership Commitment: | % |

1. **Continuing Dental Education Teaching -** Days/Year:

Study Club Leader - Days/Year:

1. **Number of Articles Published:** Articles submitted but pending:
2. Presentation to PCSP - Date: Title:
3. Sent Manuscript Sent to PCSP: Journal Name Submitted: Manuscript Published:
4. First Nominator:

Letter Sent: Y  N 

Y  N  Date:\_\_\_\_\_\_\_\_\_\_\_

**Y ** **N ** **Date:\_\_\_\_\_\_\_\_\_\_**

**FOR SECRETARY AND MEMBERSHIP COMMITTEE USE ONLY**

**Check list: Presentation**

**Manuscript**

**Curriculum Vitae**

**Photograph**

**Biography**

**Presentation Evaluation:**

**First Nominator:**

**Letter Received: Y**

**N**