

PCSP Nomination Form for Affiliate Membership

Nominee: _____ Email: _____ Cell# _____

Residential Address: _____

Business Address: _____

Type of Laboratory: _____

☐ Employer: _____ ☐ Self-Employed Number of Years: _____ Days/Week: _____

Dental Technologist Program: _____ Grad Year: _____

Diploma or Certificate: _____

Area(s) of Interest: _____

Additional Certification Courses: _____

Teaching Activities

Position: _____ Institution: _____ Days/Week: _____

Research: _____ Days/Week: _____

Number of Articles Written: _____ Number Published: _____

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

Presentations to PCSP:

Candidate Ranking

1. Date: _____ Subject: _____ A: _____ B: _____ C: _____ D: _____
DD/MM/YY

Paper Submitted: _____ Journal: _____ Date: _____
DD/MM/YY

Paper Published: _____ Journal: _____

2. Date: _____ Subject: _____ A: _____ B: _____ C: _____ D: _____
DD/MM/YY

Paper Submitted: _____ Journal: _____ Date: _____
DD/MM/YY

Paper Published: _____ Journal: _____

Nominator: _____ Date: _____

Seconder: _____ Date: _____

FOR SECRETARY AND MEMBERSHIP COMMITTEE USE ONLY

Check list: ☐ Curriculum Vitae ☐ Photograph

Date and name of recommendation letters listed on the back of this form.