



## PCSP Nomination Form for Associate Membership

Nominee: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
cell phone

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

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

Type of Practice: \_\_\_\_\_ Number of Years: \_\_\_\_\_ Days/Week: \_\_\_\_\_

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

Graduate Education: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

Degree or Certificate: \_\_\_\_\_

Subject of Thesis: \_\_\_\_\_

### Teaching Commitment

Academic Position: \_\_\_\_\_ University: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Research: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Number of Articles Written: \_\_\_\_\_ Number Published: \_\_\_\_\_

Continuing Education Or Study Club: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Presentations to PCSP: \_\_\_\_\_ : \_\_\_\_\_

1. Date: \_\_\_\_\_ Subject: \_\_\_\_\_  
DD/MM/YY

Paper Submitted: \_\_\_\_\_ Journal: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YY

Paper Published: \_\_\_\_\_ Journal: \_\_\_\_\_

2. Date: \_\_\_\_\_ Subject: \_\_\_\_\_  
DD/MM/YY

Paper Submitted: \_\_\_\_\_ Journal: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YY

Paper Published: \_\_\_\_\_ Journal: \_\_\_\_\_

3. Date: \_\_\_\_\_ Subject: \_\_\_\_\_  
DD/MM/YY

Paper Submitted: \_\_\_\_\_ Journal: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YY

Paper Published: \_\_\_\_\_ Journal: \_\_\_\_\_

Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Seconder: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR MEMBERSHIP and Nominating COMMITTEE USE ONLY

Check list: ☐ Curriculum Vitae ☐ Photograph

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