

ACADEMY OF DENTAL HYGIENE STUDIES
Distinguished Member Application

Distinguished Member:

- Maintain Academy General membership for a **minimum** of five (5) successive years.
- Make a significant contribution to dental hygiene as defined by the Academy Board of Directors.
- Submit a completed application and be approved by the Academy Board of Directors
- Earn a **minimum** of thirty (30) hours of continuing education, **ten** (10) of which must be from Academy approved **and** PDHA sponsored courses, for this application **and** each license renewal period thereafter.
- Submit a **list** of your continuing education (**course number, course name, date taken and CE**) with application. (You do NOT need to send the certificates-JUST the list)

Name: _____
(as it is to appear on certificate with credentials)

Address: (city, state, zip) _____

Phone#: _____ **Email address:** _____

Dental Hygiene License Number: _____

1. List the offices and/or committee chairs you have held in local, state or national DH associations.
2. State how you have contributed to dental hygiene practice or education by listing your credentials in one or more of the following areas:
 - Community Dental Service.
 - Continuing education courses you have presented. Give dates and CEUs awarded (Send copy of outline or brochure).
 - Representation of dental hygiene on a panel, committee or board outside the specific area of dental hygiene, example—federal health systems, state, local or municipal public health or school groups.
 - Publications in professional journals and/or texts (Send copy).
 - If you have another area you wish to have considered by the board of directors, attach information.

***You may send a resume or CV with the pertinent areas highlighted or circled.

Application deadline is July 31st

Send completed application to: PDHA Central Office 1804 Elmhurst Ave. Jersey Shore, PA 17740

Signature: _____ **Date:** _____