



International College of Dentists
Section XV
CANDIDATE INFORMATION FORM
(SHOULD BE COMPLETED AND SUBMITTED ELECTRONICALLY)

INSTRUCTIONS

1. **FIRST** save a copy of this form to your computer. Select "SAVE" or "SAVE AS" from the Menu Bar and save as "YOUR LAST NAME_ICD CIF".
2. Fill out the form completely. It is important that each item is answered to insure full and fair evaluation. Everything is important. Let others decide what is valid.
3. **Save & Send the file to your Sponsor as an email attachment.**

Full Name	<input type="text"/>		
Contact No. (WA)	<input type="text"/>		
E-mail Address	<input type="text"/>		
Date of Birth	MM <input type="text"/>	DD <input type="text"/>	YYYY <input type="text"/>
Place of Birth	City <input type="text"/>	Country <input type="text"/>	
Address	<input type="text"/>		
	City <input type="text"/>	Country <input type="text"/>	
	ZIP Code <input type="text"/>		
Social Media Address	Facebook <input type="text"/>	Twitter <input type="text"/>	
	Instagram <input type="text"/>	Linked-in <input type="text"/>	

EDUCATION BACKGROUND

Pre-Dental Education	Name of Institution	<input type="text"/>		
	Degree	<input type="text"/>	Year	<input type="text"/>
Dental Education	Name of Institution	<input type="text"/>		
	Degree	<input type="text"/>	Year	<input type="text"/>
Advanced Education	Name of Institution	<input type="text"/>		
	Area of Concentration	<input type="text"/>		
	Degree or Certificate	<input type="text"/>	Year	<input type="text"/>
Honorary Degree(s)	Name of Institution	<input type="text"/>		
	Degree	<input type="text"/>	Year	<input type="text"/>

CAREER TYPE(Give to the appropriate choice **OR** Write down if it is not one of the choices)

Practice	<input type="checkbox"/>	Active	<input type="checkbox"/>	Retired	<input type="checkbox"/>	None
Education	<input type="checkbox"/>	Active	<input type="checkbox"/>	Retired	<input type="checkbox"/>	None
Research	<input type="checkbox"/>	Active	<input type="checkbox"/>	Retired	<input type="checkbox"/>	None
Military	<input type="checkbox"/>	Active	<input type="checkbox"/>	Retired	<input type="checkbox"/>	None
Public Health	<input type="checkbox"/>	Active	<input type="checkbox"/>	Retired	<input type="checkbox"/>	None
Other						

YEARS IN CAREER

Practice	Start	<input type="text"/>	Until	<input type="text"/>
Education	Start	<input type="text"/>	Until	<input type="text"/>
Research	Start	<input type="text"/>	Until	<input type="text"/>
Military	Start	<input type="text"/>	Until	<input type="text"/>
Public Health	Start	<input type="text"/>	Until	<input type="text"/>
Other	Start	<input type="text"/>	Until	<input type="text"/>

Military Service	Branch	<input type="text"/>	Year	<input type="text"/>
	Federal Dental Speciality	<input type="text"/>		

Speciality Status	Speciality	<input type="text"/>	Year	<input type="text"/>
	Board Certification	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Hospital Appointments	Position	<input type="text"/>	Year	<input type="text"/>
	Institution	<input type="text"/>		

DENTAL ORGANIZATIONAL MEMBERSHIP (Official Positions Held / Honors Received, etc)

Organization - 1	<input type="text"/>			
	Position	<input type="text"/>	Year	<input type="text"/>
Organization - 2	<input type="text"/>			
	Position	<input type="text"/>	Year	<input type="text"/>
Organization - 3	<input type="text"/>			
	Position	<input type="text"/>	Year	<input type="text"/>

OTHER PROFESSIONAL CONTRIBUTIONS

(Give to the appropriate choice & Kindly list down all the details **OR** You may mark **NONE** in applicable areas)

A. Academic Appointments

YES NO

1. Institution	<input type="text"/>		
Area / Subject	<input type="text"/>		
Position	<input type="text"/>	Year	<input type="text"/>
2. Institution	<input type="text"/>		
Area / Subject	<input type="text"/>		
Position	<input type="text"/>	Year	<input type="text"/>
3. Institution	<input type="text"/>		
Area / Subject	<input type="text"/>		
Position	<input type="text"/>	Year	<input type="text"/>
4. Institution	<input type="text"/>		
Area / Subject	<input type="text"/>		
Position	<input type="text"/>	Year	<input type="text"/>
5. Institution	<input type="text"/>		
Area / Subject	<input type="text"/>		
Position	<input type="text"/>	Year	<input type="text"/>

B. Professional Lectures / Presentations

(Summarize lecture activities or list five (5) most significant)

YES NO

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

C. Publications

(List five (5) examples you consider significant & representative)

YES NO

1. Title

[Redacted Title]

Journal

[Redacted Journal] Year [Redacted Year]

2. Title

[Redacted Title]

Journal

[Redacted Journal] Year [Redacted Year]

3. Title

[Redacted Title]

Journal

[Redacted Journal] Year [Redacted Year]

4. Title

[Redacted Title]

Journal

[Redacted Journal] Year [Redacted Year]

5. Title

[Redacted Title]

Journal

[Redacted Journal] Year [Redacted Year]

D. Research

(List five (5) examples you consider significant & representative)

YES NO

1. Project

[Redacted Project]

Funding

[Redacted Funding] Year [Redacted Year]

2. Project

[Redacted Project]

Funding

[Redacted Funding] Year [Redacted Year]

3. Project

[Redacted Project]

Funding

[Redacted Funding] Year [Redacted Year]

4. Project

[Redacted Project]

Funding

[Redacted Funding] Year [Redacted Year]

5. Project

[Redacted Project]

Funding

[Redacted Funding] Year [Redacted Year]

COMMUNITY & NON DENTAL ORGANIZATIONAL ACTIVITIES

(Give ✓ to the appropriate choice & Kindly list down all the details **OR** You may mark **NONE** in applicable areas)

A. Public Health or Public Welfare

(e.g.: Volunteer work, General, Government Agencies, Social, etc.)

YES

NO

1.

2.

3.

4.

5.

B. Civic

(e.g.: Political, Social, Economic, Community Planning, Educational, etc.)

YES

NO

1.

2.

3.

4.

5.

C. Religious Activities

YES

NO

1.

2.

3.

4.

5.

D. Other evidence of concern for needs of others

(e.g.: Youth, Indigent, Handicapped, Aged, etc.)

YES

NO

1.

2.

3.

4.

5.

HUMANITIES ACTIVITIES (Contribution to / involvements in Literature / Arts / Music / etc)

1.
2.
3.
4.
5.

OTHER ACTIVITIES (Travel / Hobbies / Recreation , Athletics / Interests / Music / Acting / etc)

1.
2.
3.
4.
5.

REFEREE / SPONSORS – SECTION XV

Name	<input type="text"/>		
E-mail Address	<input type="text"/>		
Region	<input type="text"/>	Number	<input type="text"/>