

International College of Dentists

U. S. A. SECTION

CANDIDATE INFORMATION FORM

Date Received _____
App. Complete _____
Reviewed _____
For Office Use Only

District _____
Constituent _____

Name _____ Date of Birth _____

To the sponsor: Please read carefully. The screening committee in your area has recommended further evaluation of the candidate whom you sponsored for Fellowship. PLEASE DETATCH THIS ENDORSEMENT SHEET BEFORE PRESENTING THE INFORMATION FORM TO THE PROSPECTIVE CANDIDATE. You are reminded that no commitment is to be made to the candidate at the time that you ask him/her to fill out the form. The objective of this form is to record the information that is pertinent to the determination of whether or not this candidate meets the qualifications for the bestowal of the honor of Fellowship. This form has been designed to gather information in both professional and non-professional areas of activity. It is important that each item (1-15) is answered as completely as possible to insure full and fair evaluation during the selection process. Failure to supply adequate information may result in rejection of the candidate somewhere in the approval process.
Encourage completeness.

***NOTE:** Fellowship is recognition of "conspicuous achievement and meritorious service" above the average.

1. Answers should be **complete and TYPED** in the space provided on the form. **DO NOT forward C.V.s to the Central Office.**
2. In addition to this formal biographical information, two or three letters of endorsement from Fellows personally acquainted with the candidate's qualifications should be attached. These letters must be attached to this form prior to sending it to the Deputy Regent.
3. College Bylaws require that a candidate must be approved by the three officers listed below before his/her name can appear on a candidate list for final consideration by the Board of Regents.
4. Candidates will be submitted for a ballot in the order in which information forms are received in the Central Office. When our yearly maximum has been reached, subsequent candidate lists will be compiled for the following College year.
5. Thank you for your support of the U.S.A. Section of the International College of Dentists.

Letters of endorsement. TYPE names.

- 1) _____
- 2) _____
- 3) _____

This candidate has been approved by the Screening Committee. _____ Date _____
Deputy Regent Signature

Sponsor: _____
Type Name, Degree Signature Date

Address of Sponsor _____
Street City State Zip Code

Sponsor Tel. No: Residence _____ Office _____ E-mail _____

Officers:

1) Vice Regent _____
Type Name Signature Date

2) Deputy Regent _____
Type Name Signature Date

3) Regent _____
Type Name Signature Date

Forwarded by the Regent to the Registrar for subsequent consideration by the Board of Regents. Date _____