A logo of a college of dentists

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**American College of Dentists**

**Nomination for Fellowship**

Dear Fellows,

Thank you for considering an outstanding colleague for Fellowship. Nominations are accepted year-round, and you are encouraged to submit quality candidates as you identify them. To be considered for ACD 2025, nominations must be submitted by January 15, 2025.

Successful nominations include a thorough description of the nominee’s commitment to leadership within dentistry and in service to the wider community. For dentists in the earlier years of their career, the nominator should focus on the leadership trajectory and potential of the nominee. Nominators are encouraged to use direct and detailed examples of their nominee’s contributions, and to thoroughly describe the value of those contributions, when completing the form.

There are four parts to the nomination form:

1. General information about the Nominator and Seconder.
2. General information about the Nominee, including their education and work experience.
3. Specific information about the Nominee’s leadership, service, and accomplishments.

There are two items for each of these topics. The first is a listing of the key positions held, recognitions given, and accomplishments. These are things that could be copied from a CV. The second is a space for the nominator to write in narrative form about the value of their contributions, and how dentistry or the nominee’s community were improved by their work.

1. Additional comments by the Nominator.

The review process is performed by the Credentials Committee, which is made up of five Fellows who have distinguished themselves as leaders within the College and the profession. Every effort is made to include those who have previous experience with peer review processes. This committee works anonymously, and the identifying information regarding the nominator and seconder is removed from each nomination so that the reviewers are not influenced by who the nominees know. Final approval of each new cohort of Fellows is by the Board of Regents at their spring meeting. The Staff makes every effort to notify nominators and successful Fellowship Candidates by the first week in May.

By submitting the Nomination Form you attest that you and the Seconder are Fellows in good standing of the College, Support Statements are your own work, and that you have abided by the ACD bylaws which state that all nominations are made confidentially, and the nominee has not been made aware of their nomination. This nomination form should be submitted to the National Office by email to [office@acd.org](mailto:office@acd.org). Alternatively, there is an online form that may be accessed by clicking on the Members tab at acd.org.

Please do not hesitate to contact the office or your Regent with any questions you might have.

**Helpful hints:**

* Ask the person you are interested in nominating for their CV. Let them know they are being considered for an honor, but please do not share that it is ACD Fellowship.
* Do not repeat information on the nomination form from one box to another. Utilize each section as they are intended.
* Publications in peer reviewed journals should be specific and not redundant.
* Use thoughtful, detailed verbiage. Although the Nominee and their activities and accomplishments are familiar to you, they might not be familiar to the members of the Credentials Committee.
* Start early! Although the cutoff date for the current year is January 15, nominations are accepted year-round.
* When listing organizations in which the Nominee is active, it is important to note if the Nominee held a leadership position, such as Chair, Secretary, Committee Chair, etc.
* When submitting your nomination through email, you should hear back from a staff member within a few days confirming it has been received. If you complete the application online, you will receive an automatic confirmation.

**Examples of Common Statements:**

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| “He’s the most ethical dentist I know.” | **Consider** | “Through his state peer review board, he has overseen with diligence and sensitivity ethics violation brought before the board.”  “He served as his dental school’s SPEA Chapter Chair, planning and executing two successful ethics days in collaboration with the faculty.” |
| “She’s a real leader!” | **Consider** | “Her leadership abilities became clear when she served as the president of X organization, where she collaborated with other organizations to present a leadership workshop to all three dental schools in our state.”  “It became clear when she was president of her SPEA Chapter and worked with the ACD Section Chair to bring a workshop in serving patients with special needs that she is a true leader focused on ensuring the best outcomes for all patients.” |

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| --- | --- | --- | --- |
| Nominator Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Other Phone |  |
| Email |  | | |
| Section |  | | |
| Primary  Address |  | | |
| Signature |  | | |
| Seconder Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Other Phone |  |
| Email |  | | |
| Section |  | | |
| Primary  Address |  | | |
| **I affirm that all statements included in this profile summary are true to the best of my knowledge. Please initial:** | | | |

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| --- | --- | --- | --- | --- |
| Nominee Information | | | | |
| First Name and Middle Initial |  | | | |
| Last Name |  | | | |
| Cell Phone |  | Other Phone |  | |
| Email |  | | | |
| Street Address |  | | | |
| City/State or Province/ZIP or Postal Code |  | | | |
| Date of Birth |  | | | |
| Current Professional Title and Position |  | | | |
| Was the Nominee awarded the Outstanding Student Leader Award by the local Section of the ACD while in dental school? **Yes or no.** | | | |  |
| Undergraduate Degree: *Name of school conferring degree, degree earned/major, and year degree was conferred* | | | | |
| Dental School: *Name of school conferring degree, degree earned, and year degree was conferred* | | | | |
| Post-graduate work: *Please list any residencies, specialty, or advanced education below.* | | | | |
| Work Experience Practice type: *Generalist or Specialist? If Specialist, please include specialty.* | | | | |
| Other Work Experience: *Please specify positions held in academia, industry, the military, or other work experience related to oral health care. How has their work experience prepared them for Fellowship?* | | | | |
|  | | | | |
| Please list dental, community, civic and other organizations to which the Nominee belongs. Please note any leadership positions held currently or previously. | | | | |
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| Leadership: Please describe the value and significance of the Nominee's leadership experiences to the profession and their community. | | | | |
|  | | | | |
| Service: Please list areas of service in which the Nominee engages. This might include activities in dentistry, their community, church, and/or the military. Please describe the level of commitment and the value of the Nominee's service to others. How will these experiences help the Nominee contribute to the mission of the College? | | | | |
|  | | | | |
| Awards and Publications: Please list notable awards, accolades, and/or publications held by or attributed to the Nominee. Please describe the significance of the Nominee’s publications and awards. | | | | |
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| Other Relevant Information | | | | |
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