



ADHA Bio-Data Form for Council & Committee Appointments

Please return completed form and supplemental materials (Sections 1-4) to ADHA's central office at NominatingCommittee@adha.net .

Section 1: Supplemental Materials

1. Copy of current dental hygiene license
2. In a brief paragraph, please describe your experience and comfort level working in an electronic environment (e.g. email, conference calls, electronic meetings, ADHA website, social media, PowerPoint presentations, Microsoft Word and Excel)
3. In no more than three pages, please create a narrative statement outlining why you are pursuing this opportunity at this time. Include the leadership strengths and accomplishments you bring to the position.
4. In no more than three pages, create a brief resume which includes the following information in this order:
 - a. Education
 - b. Association Experience (Component, Constituent & National)
 - c. Professional Experience (Private Practice, Education, Managed Care)
 - d. Related Experience (Liaison Activities, Legislative Activities, Fundraising)
 - e. Unleashing Your Potential (UYP) and the year attended
 - f. Honors/Recognition

Section 2: Personal Information

NAME _____ MEMBERSHIP # _____

HOME ADDRESS _____

PRIMARY PHONE _____

SECONDARY PHONE _____

EMAIL _____

CONSTITUENT _____ COMPONENT _____

STATES OF LICENSURE _____

STATUS OF LICENSURE _____

CURRENT PROFESSIONAL POSITION _____

Section 3: Appointments Sought

PLEASE MARK THE ONE APPOINTMENT YOU SEEK:

COUNCILS:

- _____ Regulation and Practice
- _____ Member Services
- _____ Education
- _____ Research
- _____ Public Relations
- _____ Policy and Bylaws
- _____ Public Health

COMMITTEES:

- _____ National Boards
- _____ Annual Session
- _____ Diversity Committee

OTHER:

- _____ ADHA Commissioner to Commission on Dental Accreditation
- _____ ADHA Commissioner to JCNDE
- _____ Commission on Dental Accreditation Site Visitor
- _____ IFDH Delegate
- _____ Association Liaison/Representative to other organizations
- _____ Sergeant-at-Arms
- _____ Other

INSTITUTE FOR ORAL HEALTH:

- _____ Research Grant Review Committee
- _____ Scholarship Review Committee
- _____ Community Service Grant Review Committee

STUDENTS ONLY:

- _____ Committee on National Boards
- _____ Advisory Board to Committee on Student Relations

Section 4: Signature Required

COMMITMENT

I understand that acceptance of appointment to any ADHA position indicates a substantial personal commitment as well as willingness to represent ADHA's mission, goals, and policies. I assume responsibility for updating ADHA of any changes in the above information. I understand that I will be required to sign the attached Conflict of Interest form (Addendum A) and the Rules of Conduct form (Addendum B). **ONLY ADHA MEMBERS ARE ELIGIBLE FOR APPOINTMENT.**

Signature

Date

Please return completed form and supplemental materials (Sections 1-4) to ADHA's central office at NominatingCommittee@adha.net .

Addendum A

CONFLICT OF INTEREST POLICY

The American Dental Hygienists' Association ADHA is a not-for-profit association which provides support, directly or indirectly, for a variety of activities in the areas of research, education, promotion, and advocacy. The integrity of such activities, as well as that of the Association generally, is dependent on the avoidance of conflicts of interests, or even the appearance of such conflicts, by the participants.

At the same time, ADHA recognizes that the elected and appointed leaders of ADHA, as well as others acting on the Associations behalf, also have significant professional, business and personal relationships. Therefore, ADHA has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is primarily through liberal disclosure of any financial or other interest which might be construed as resulting in such a conflict. This Policy should not be construed as creating a presumption of impropriety. Rather, it reflects ADHA's recognition of the many factors that can influence ones judgment and a desire to make as much information as possible available to other participants in ADHA-related matters.

Any individual involved in an ADHA activity or decision-making process shall have an obligation to disclose a significant financial interest in or other relationship with, an entity having a commercial interest in the activity or outcome of the decision. A commercial interest may exist not only where the entity's products or services are under consideration by the Association, but also where the entity's products or services are in competition with those under consideration. By the disclosure of such interests, ADHA will be in a better position to determine whether the participant may have an interest in conflict with the interests of ADHA.

ADHA is primarily concerned with potential conflicts of interest involving those individuals participating directly in ADHA-related activities. Potential conflicts of interest also may arise, however, if an individual with whom the participant directly shares income (e.g., a spouse) has a financial interest in, or other relationship with, an entity having a commercial interest in the activity or matter under consideration.

Financial interests or relationships requiring disclosure include, but are not necessarily limited to, the following:

Employment

Any full- or part-time employment must be disclosed.

Consultancies

Consultant arrangements must be disclosed if (i) the consultation is current or proposed; or (ii) the consultation was performed, or payments were made for such consultation, within the prior two years.

Ownership Interests

Any ownership interests (including stock options but excluding indirect investments through mutual funds and the like) in a company, the stock of which is not publicly traded, must be disclosed. If the company is publicly traded, ownership interests valued at \$1,000 or more must be disclosed. In addition, any other ownership interests in an entity having a commercial interest in an activity or matter under consideration by ADHA must be disclosed.

Honoraria

Honoraria are reasonable payments for specific speeches, seminar presentations, or appearances. Disclosure of honoraria is required in the event the amount paid, or about to be paid, is equal to or greater than \$1,000 per year or \$2,500 over a three-year period.

Research funding

Receipt of funds for conducting research must be disclosed. Moreover, research funding which varies according to research outcomes or which is not commensurate with the requisite effort is particularly relevant.

Leadership Role in Other Organizations

Any leadership role (e.g., as a Board member, committee member, advisor) in another organization must be disclosed.

The nature of the required disclosure may vary according to the circumstances. In most instances, disclosure of the conflicting or potentially conflicting interest will itself suffice to protect the Association's interests. In other words, once such a conflict is fully disclosed to the relevant parties, they generally will be able to evaluate the possible influence of the disclosed interest. In relatively limited situations where such disclosure does not appear to deal with actual or potential problems, additional action, including denial of participation in the subject activity or consideration of the matter, may be necessary. It will be the responsibility of the appropriate ADHA leaders to interpret and apply the guidelines to fit the particular circumstances.

Integral to the implementation of the Conflict of Interest Policy is the ADHA Conflict of Interest Disclosure Form, a copy of which is attached, which shall be considered a part of the Conflict of Interest Policy and must be submitted by any individual desiring to participate in an ADHA activity. Disclosure Forms shall be kept on file by the ADHA staff for a period of two years, or 1 year after the conclusion of the activity or decision-making process, whichever is longer, unless otherwise determined by the Board.

In order to facilitate implementation of the Conflict of Interest Policy, the Board of Trustees, or their designee(s), shall determine when an individual engaged in, or about to engage in, an ADHA -related activity or other matter under consideration has an actual, potential, or apparent conflict of interest requiring some response by ADHA.

Specifically, subject to the procedures set forth herein, the Board may require any action it deems appropriate, including, but not limited to, the following:

- (1) Disclosure of the interests to the other participants in the decision- or policy-making body (e.g., committee, editorial board, affiliated society).
- (2) Written and, in some cases, oral disclosure of the interest (e.g., to an audience receiving the results of clinical research or at scientific or educational sessions).
- (3) Recusal from voting on a matter and limitation of the individual's participation only to the provision of factual information of benefit to the group discussion.
- (4) Complete recusal from a portion of a meeting or from other consideration of the subject matter.
- (5) Replacement of the individual in the subject position or activity.

All participants in ADHA-related activities must comply with the ADHA Conflict of Interest Policy. Committee chairs, editors, etc., may be specifically designated by the Board to interpret and apply the Policy. Inasmuch as the Policy is stated in general terms, however, the appropriate ADHA leaders are expected to use their best judgment to interpret and apply the Policy to the particular circumstances presented before them.

**CONFLICT OF INTEREST
DISCLOSURE FORM**

NAME: _____

ACTIVITY: _____

1. Employment

Please list the individuals or entities for which you¹ are now or about to be employed, or for which you have been employed within the past three years.

2. Consultancies

Please list any individual or entity for which you are now providing, or are about to provide, consulting services, as well as any individual or entity for which you performed such services, or by which you were paid, during the past two years.

3. Ownership Interests

Do you have any ownership interests (including stock options) in a company, the stock of which is not publicly traded?

No _____

Yes _____

Please List:

With respect to each question, you includes you as well as anyone with whom you directly share income.

Do you have any ownership interests (including stock options but excluding indirect investments through mutual funds and the like) valued at \$1,000 or more in a publicly traded company?

No _____

Yes _____

Please List:

Do you have any other ownership interests in a commercial entity that reasonably may be anticipated to conflict with the interests of ADHA?

No _____

Yes _____

Please List:

4. Honoraria

Have you been paid within the last three years, or do you expect to be paid, honoraria exceeding \$1,000 per year or \$2,500 over a three-year period?

No _____

Yes _____

Please List:

5. Research Funding

Have you received any research funding within the past three years, or are you about to receive such funding?

No _____

Yes _____

Please List:

6. Leadership Role in Other Organizations

Do you serve in a leadership capacity (e.g., Board member, committee member, advisor) for any other association, society, or foundation?

No _____

Yes _____

Please List:

PLEASE RETURN to ADHA CENTRAL OFFICE

I represent that the information reported above is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that failure to complete this Disclosure Form when so requested will automatically disqualify me from participating in the affected activity.

Submitted by: _____

Date: _____

Please forward a copy of this Disclosure Form to the ADHA headquarters office. Keep a copy for your records.

Addendum B

**ADHA Rules of Conduct
Appointed and Elected Volunteers**

As a member and volunteer of the American Dental Hygienists' Association, I agree to support and am bound by the following principles to assure effective and ethical decision-making:

1. I will be deliberate in my responsibility to ADHA by preparing for all meetings and decision-making (e.g. by studying all materials in advance). I will consider the need for and request any additional information in advance of meetings.
2. I will base my decisions on all available facts in each situation, taking into consideration the views of my fellow members.
3. I will make decisions in the best interest of ADHA as a whole, and will strive to keep personal bias or the views of special interests at a minimum.
4. I will accept, implement and support all decisions of the Council/Committee/Task Force or Board of Trustees, even those that I did not initially support or those that were made in my absence.
5. I will work to provide an environment conducive to comprehensive analysis of issues, and assessment of benefits and risks of action or inaction, in an open dialogue between members of the Council/Committee/Task Force, Board Advisor, Executive Director, and staff.
6. I will not speak or act for ADHA or the Council/Committee/Task Force unless specifically authorized to do so. I will not present opinions about ADHA business unless those opinions have been approved in advance by the Board of Trustees and/or the Council/Committee/Task Force, or unless those opinions are clearly expressed as personal opinions and not necessarily the views of ADHA.
7. I will not discuss matters deemed confidential by the Council/Committee/Task Force or the Board, outside of Board / Council//Committee/Task Force meetings, without the express permission of the President.
8. I will abide by ADHA's policies on conflicts of interest and will strive to avoid even the appearance of such conflicts.

I hereby acknowledge that I have received a copy of the ADHA Rules of Conduct for members serving as volunteers of the ADHA. I understand that it describes the general rules by which I will conduct myself as a volunteer of the ADHA and that I am responsible for familiarizing myself with the statements it contains.

Name _____

Signature _____

Position held _____

Date _____