Commission on Dental Accreditation

Allied BioSketch

 **Do not attach Curriculum Vitae**

**Type Only**

**Note: The submitted biosketch must reflect current and complete information for the role held at the time of submission. The biosketch must demonstrate compliance with all program director and faculty Accreditation Standards, as applicable. An Incomplete biosketch will not be accepted; the biosketch must address all information requested below.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Current Institution:** |  |
| **Institutional Address:** |  |
| **Direct Office Phone:** |  | **Institutional Email:** |  |

**EDUCATIONAL BACKGROUND (Begin with the most recent college level and list all degrees and certificates including those currently pursuing. If pursuing a degree, indicate “in-progress” and expected date of graduation.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School, City and State | Month and Year of Grad. orExpected Grad. | Certificate or Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**LICENSURE & CREDENTIALING (Do not include license number) If licensure/credential will expire within six (6) weeks of date noted below, provide evidence of re-certification in progress.**

|  |  |  |
| --- | --- | --- |
| State License (if applicable)**Indicate all credentials required for the subjects you teach in accordance with the CODA Accreditation Standards.** | From (Month/Year) | To (Month/Year) |
| CPR (if in laboratory, preclinical or clinical setting, must include) |  |  |
| DDS/DMD |  |  |
| CDA |  |  |
| EFDA |  |  |
| RDH |  |  |
| CDT |  |  |
| Dental Therapist |  |  |

# TEACHING APPOINTMENTS (Provide current teaching appointments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution, City and State | Appointment Title | Specify Full-Time or Part-Time | From(Year) | To (Year) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**FOR THE SECTION BELOW, PLEASE INDICATE THE FOLLOWING** *(CURRENT TEACHING ASSIGNMENTS ONLY FOR ALL PROGRAMS WITH WHICH YOU ARE AFFILIATED)***:**

* **CONTINUING EDUCATION (CE)** COURSES TO REFLECT CURRENT KNOWLEDGE OF THE AREAS IN WHICH TEACHING RESPONSIBILITY IS ASSIGNED (All recent CE taken related to all subjects you currently teach. Must align with Teaching Responsibilities Table below)
* **EDUCATION METHODOLOGY (ED METH)** COURSES RELATED TO THE METHODS OF INSTRUCTION (All recent educational methodology taken related to all modalities used by you when teaching: didactic, laboratory/pre-clinic/clinic, and/or distance education/hybrid courses, including curriculum development, educational psychology, test construction, measurement and evaluation)

**Name of Institution and Program:** *[Insert name and allied program to which this biosketch applies. Copy as needed]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All Course(s) Assigned:**Course Title and Number, and Term Offered | **Teaching Setting:**Didactic, Laboratory,Pre-clinic,Clinic | **Teaching Modality:**In-Person, Hybrid, Online, etc. | **CE Taken:**Course Title andMonth and Year Taken | **ED METH Taken:**Course Title and Month and Year Taken |
|  |  |  |  |  |
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## PRACTICE EXPERIENCE (All current practice experience)

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Location and Type (City and State) | Position Title | From (Year) | To(Year) |
|  |  |  |  |
|  |  |  |  |

**For all semesters/trimesters/quarters in the academic year (copy/paste table for subsequent semesters/trimesters/quarters) submit a current teaching schedule for which you have assigned teaching and/or supplemental responsibilities. The teaching schedule must reflect current and complete information for the role held at the time of submission.**

|  |  |
| --- | --- |
| **Name of Faculty:** *Insert Name Here* | **Term:** *For example Spring/Fall/YEAR* |
| **Full-Time Appointment:** | *Check here (X)* | **Part-Time Appointment:** | *Check here (X)* |
| **A. Current Teaching Contact Hours** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* | **B. Current Supplemental Responsibilities** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* |
| **Course No and Title** | ***Lecture*** | ***Lab*** | ***Pre-Clinic/******Clinic*** |
|  |  |  |  | **Program Administration** |  |
|  |  |  |  | **Class Preparation**  |  |
|  |  |  |  | **Student Counseling** |  |
|  |  |  |  | **Committee Activity** |  |
|  |  |  |  | **Other (Specify, and to include other programs or responsibilities assigned)** |  |
| **A. Total Clock Hours Per Week:** |  |  |  | **B. Total Clock Hours Per Week:** |  |
| **Hours Per Week Devoted to Total Effort (A+B)**  | *Insert total contact hours (A+B) per week here* |

See below for additional Teaching Schedule tables, and copy as needed for **ALL** terms in the academic year.

|  |  |
| --- | --- |
| **Name of Faculty:** *Insert Name Here* | **Term:** *For example Spring/Fall/YEAR* |
| **Full-Time Appointment:** | *Check here (X)* | **Part-Time Appointment:** | *Check here (X)* |
| **A. Current Teaching Contact Hours** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* | **B. Current Supplemental Responsibilities** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* |
| **Course No and Title** | ***Lecture*** | ***Lab*** | ***Pre-Clinic/******Clinic*** |
|  |  |  |  | **Program Administration** |  |
|  |  |  |  | **Class Preparation**  |  |
|  |  |  |  | **Student Counseling** |  |
|  |  |  |  | **Committee Activity** |  |
|  |  |  |  | **Other (Specify, and to include other programs or responsibilities assigned)** |  |
| **A. Total Clock Hours Per Week:** |  |  |  | **B. Total Clock Hours Per Week:** |  |
| **Hours Per Week Devoted to Total Effort (A+B)**  | *Insert total contact hours (A+B) per week here* |

|  |  |
| --- | --- |
| **Name of Faculty:** *Insert Name Here* | **Term:** *For example Spring/Fall/YEAR* |
| **Full-Time Appointment:** | *Check here (X)* | **Part-Time Appointment:** | *Check here (X)* |
| **A. Current Teaching Contact Hours** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* | **B. Current Supplemental Responsibilities** | **Provide Number of Clock Hours Per Week** *(Insert hours here)* |
| **Course No and Title** | ***Lecture*** | ***Lab*** | ***Pre-Clinic/******Clinic*** |
|  |  |  |  | **Program Administration** |  |
|  |  |  |  | **Class Preparation**  |  |
|  |  |  |  | **Student Counseling** |  |
|  |  |  |  | **Committee Activity** |  |
|  |  |  |  | **Other (Specify, and to include other programs or responsibilities assigned)** |  |
| **A. Total Clock Hours Per Week:** |  |  |  | **B. Total Clock Hours Per Week:** |  |
| **Hours Per Week Devoted to Total Effort (A+B)**  | *Insert total contact hours (A+B) per week here* |