

The Ohio Dental Hygienists' Association

Academy of Dental Hygiene Studies

Senior Membership Application

I. Background Information:

Name: _____

Address: _____

City

State

Zip Code

Telephone: _____ Component _____

School of Dental Hygiene Education: _____

Year Graduated: _____ Current Ohio DH License #: _____

Are you a Member in Good Standing of:

ADHA _____, ODHA _____, AND Your Local Component _____?

II. Senior Status Requirements:

Date of Induction into the Academy _____.

Dates of service and positions held as either trustee, officer, delegate, or committee chairperson on local, state, or national level:

Demonstration of individual contribution to dental hygiene or dental hygiene

education through any of the following:

- a. Presented all or part of an Academy approved continuing education course.
- b. Served as a representative of dental hygiene on a panel, committee, board, etc. outside of the special profession of dental hygiene itself, such as: Federal Health Systems agency; state, local, or municipal public health organizations, etc.
- c. Had research paper, article, or manuscript published in a professional journal.

Attach additional documentation as necessary.

III. Submit Application:

Submit application along with copies of any pertinent documentation, e.g. component newsletter, Odontia, syllabi for course, etc.

SEND ALL MATERIALS TO:

Jill M. Hay, RDH
Chairperson, Academy of Dental Hygiene Studies
8600 Agerter Road
Spencerville, Ohio 45887

Applications are reviewed and approved by the Administrative Board of the Academy of Dental Hygiene Studies. Please note that application deadlines are 30 days prior to the Ohio Dental Hygienists' Annual Session. Notification will be sent regarding approval or denial of senior membership.

IV. Please PRINT your name exactly as you wish it to appear on your certificate:

Signature of Applicant

Date