



CALIFORNIA  
**DENTAL ASSISTANTS**  
ASSOCIATION

**Nomination Form for Student Director**

\_\_\_\_\_ is nominated as a candidate  
(Nominee's Name)

for Student Director of the California Dental Assistants Association.

Any active member of the CDAA or a local society may nominate a candidate for Student Director or the candidate can be self-nominated.

Nominees: Please complete this form in its entirety, sign as indicated and send to the CDAA President at [president@cdaaweb.org](mailto:president@cdaaweb.org) along with a professional looking headshot. This completed form will be posted in the *Members Only* section of the CDAA website. Incomplete forms and/or handwritten forms will not be accepted and will be returned to the nominee.

*Eligibility includes being a current CDAA member who has graduated from or who will graduate from a dental assisting program within 12 months of the application deadline date and who will represent the interests of dental assisting students and emerging dental assistants.*

For more information about the requirements of the position, you can refer to the bylaws and or the manual of procedures in the [members only section of the CDAA website](#).

Dental Assisting Program Name: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_  
Month / Year

Nominee's Email: \_\_\_\_\_

Nominee's Phone number: \_\_\_\_\_

What year did you join CDAA? \_\_\_\_\_

Local organization to which you belong: \_\_\_\_\_

I hereby state that the information contained in this application is true and if selected as Student Director, I will accept the responsibilities of that office and will serve to the best of my ability. I will uphold and support the policies of CDAA. I understand that I must be able to communicate on a regular basis via email.

Signature of Nominee \_\_\_\_\_  
*typed signature is acceptable*

Date \_\_\_\_\_



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**List education** *(include high school and dental assisting)*

<b>SCHOOL</b>	<b>DATE OF GRADUATION</b>	<b>DEGREE OR CERTIFICATE</b>

**List any dental related work experience** *(this does not include school training)*

<b>EMPLOYER (Name, City/State)</b>	<b>DUTIES</b>	<b>DATES</b>

Describe any specific projects, experiences, activities and accomplishments which you feel will be beneficial to your performance as the Student Director of the CDAA.

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**Position Statement:**

Please tell us why you would like to serve as Student Director in the CDAA and what you would like to see accomplished in the coming year. To advance to the next line, hit TAB.

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