

PILLAR

Scholarship Application Form

INSTRUCTIONS

- 1) Type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The FDLT reserves the right to reject any application if the Board has evidence that the applicant has made a false or misleading statement in the application or any supporting documents.

I. Applicant Information

1. Name _____ Mr. / Mrs. / Ms. / Miss / Other _____
2. CDT or RG # (if applicable) _____
3. Street Address _____
City _____ State _____ Zip _____
4. Home Telephone _____
5. Business Telephone _____
6. FAX _____ 7. E-mail _____
8. Date of Birth _____

II. Language Requirement

9. Do you read, speak and write the English language? Yes No

III. Legal Requirement

10. Have you been convicted of the illegal practice of dentistry? Yes No

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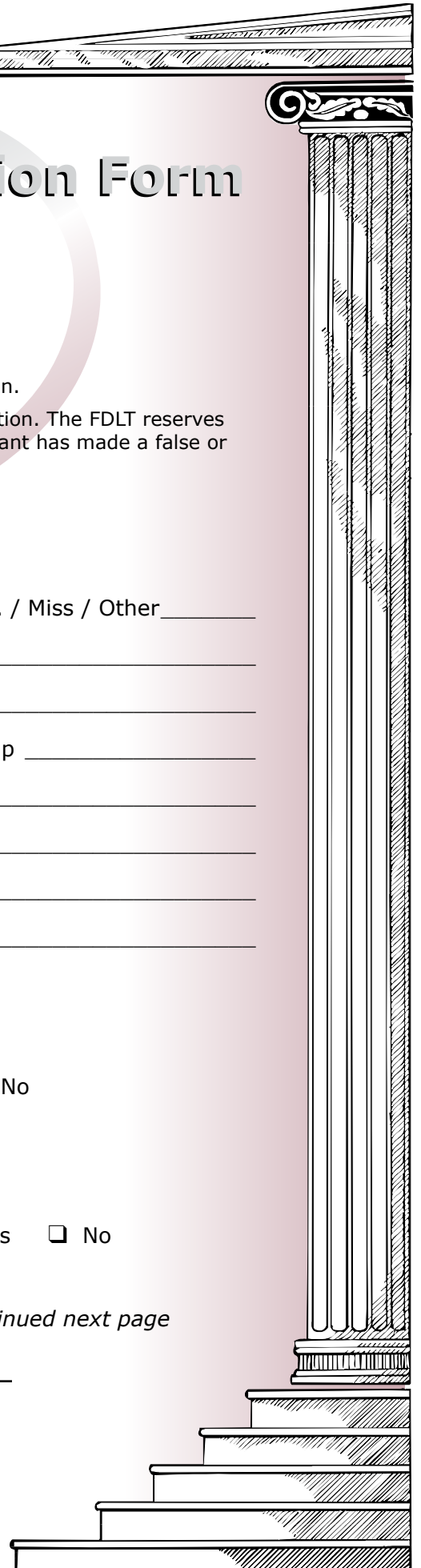
NADL
National Association of
Dental Laboratories



The Foundation
For Dental Laboratory Technology

Return this completed form to:

FDLT Pillar Scholarship
325 John Knox Road, #L103
Tallahassee, FL 32303
Phone: (866) 627-3990
Fax: (850) 222-0053



IV. Education

11. Did you graduate from high school? Yes No

12. List post-secondary studies and degree(s) earned:

Name of Institution	Courses or Major	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Certification

13. If you achieved the NBC's Certified Dental Technician (CDT) designation or Recognized Graduate (RG) designation, please complete the following information (RGs please list the school you attended and the year in which you passed your RG examination):

CDT: CDT Number _____

Specialty _____

RG: School _____

Year _____ RG Number _____

VI. Applicant's Employment

The National Board for Certification requires that CDT applicants fulfill one of the following: Recognized Graduate (RG) of a 2-year ADA-accredited dental technology program, **OR** Recognized Graduate (RG) of non-AD-accredited dental technology program and 3 years of practical experience in dental technology, in addition to, and not concurrent with their two years of formal education, **OR** Graduate from an ADA-accredited dental technology education program (non-RGs) and two years of practical experience in addition to their education, **OR** Technicians who are trained and educated in other settings and have five years of full-time practical experience in dental technology (at least 35 hours per week). Applicants must supply such information as FDLT might need to verify compliance with the requirement — including the complete mailing address and name of employer and supervisor.

14. How many years have you worked in the field of dental laboratory technology? _____

15. Present employer _____

16. Business address _____

17. Date of employment _____ Full-Time Part-Time (hrs. per week _____)

18. Name and title of present supervisor _____

19. Job title and brief description of the work you do _____

20. Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

21. Are you regularly or occasionally responsible for the instruction or training of other technicians?

22. Number of years as a dental technician:

23. Most recent previous employer:

Name _____

City/State/Zip _____

Telephone # _____

a. Dates employed: from (month and year) _____ until (month and year) _____

Full-Time Part-Time (hrs. per week _____)

b. Job title and brief description of duties _____

c. Name of supervisor _____

24. Employment prior to position listed above:

Business Name _____

City/State/Zip _____

Telephone # _____

a. Dates employed: from (month and year) _____ until (month and year) _____

Full-Time Part-Time (hrs. per week _____)

b. Job title and brief description of duties _____

c. Name of supervisor _____

(Please use additional pages if needed to report at least five years of dental technology training, education, and experience).

VII. Other Credentials

25. Specialized training/certification/other designations _____

Other Credentials, continued

26. Association/volunteer involvement (list committee or board involvement with specific organizations and the number of years involved). _____

27. Continuing Education (Up to four years. Use another sheet if necessary.)

Name of Course	Provider	Year(s) Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Letter of Interest

28. On an attached sheet, please compose one typewritten page in response to the following question:
“Why is attaining the CDT certification important to you?”

IX. Checklist

Make sure you check the following list before submitting your application to FDLT.

- Completed Application
- Submitted before deadline of August 15th.
- Completed and attached Letter of Interest.