

Dear Doctor,

The American Association of Orthodontists (AAO) would like to invite you to participate in a search process for the **AAO's CODA Commission's Review Committee on Orthodontics and Dentofacial Orthopedics Education**. Those interested in either of these roles must have completed their self-submission process to the AAO by **Monday, May 1 at Noon** (central time.)

If our nominee is selected by CODA, the member will serve one, four-year term beginning and ending with the ADA Fall Meeting.

**More about the AAO's appointment to the CODA Commission's Review Committee on Orthodontics and Dentofacial Orthopedics Education**

To be considered for this role, you must be able to do the following:

- Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member.
- Prior or current experience as a CODA Site Visitor *preferred*.
- Subject matter experts with formal education and credentialed in the applicable discipline;
- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters.
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment.
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment); and
- Ability to conduct business through electronic means (email, Commission Web Sites)

**To Apply**, submit an email of interest and your completed CODA Dental Accreditation Review Committee Nomination form document to [mritterskamp@aaortho.org](mailto:mritterskamp@aaortho.org) by **noon (CDT) on Monday, May 1, 2023**

Sincerely,

**AAO Search Committee**

**REFERENCE:****Tentative CODA 2023-2025 dates****REVIEW COMMITTEE AND COMMISSION MEETING DATES**

	<b>Winter 2023</b>	<b>Summer 2023</b>	<b>Winter 2024**</b>	<b>Summer 2024**</b>	<b>Winter 2025**</b>	<b>Summer 2025**</b>
<b>PREDOC RC</b>	Jan 9-10	July 10-11	Jan 8-9	July 8-9	Jan 6-7	July 7-8
<b>PGD RC</b>	Jan 12-13	July 13-14	Jan 11-12	July 11-12	Jan 9-10	July 10-11
<b>DA RC</b>	Jan 12-13	July 13-14	Jan 11-12	July 11-12	Jan 9-10	July 10-11
<b>DH RC</b>	Jan 10-11	July 11-12	Jan 9-10	July 9-10	Jan 7-8	July 8-9
<b>DLT RC</b>	Jan 9	July 10	Jan 8	July 8	Jan 6	July 7
<b>DPH RC</b>	Jan 13	July 14	Jan 12	July 12	Jan 10	July 11
<b>ENDO RC</b>	Jan 9	July 10	Jan 8	July 8	Jan 6	July 7
<b>OMP RC</b>	Jan 12	July 13	Jan 11	July 11	Jan 9	July 10
<b>OMR RC</b>	Jan 9	July 10	Jan 8	July 8	Jan 6	July 7
<b>OMS RC</b>	Jan 10	July 11	Jan 9	July 9	Jan 7	July 8
<b>ORTHO RC</b>	Jan 13	July 14	Jan 12	July 12	Jan 10	July 11
<b>PED RC</b>	Jan 10	July 11	Jan 9	July 9	Jan 7	July 8
<b>PERIO RC</b>	Jan 12	July 13	Jan 11	July 11	Jan 9	July 10
<b>PROS RC</b>	Jan 11	July 12	Jan 10	July 10	Jan 8	July 9
<b>DENTANES RC</b>	Jan 11	July 12	Jan 10	July 10	Jan 8	July 9
<b>OM RC</b>	Jan 10	July 11	Jan 9	July 9	Jan 7	July 8
<b>OFP RC</b>	Jan 9	July 10	Jan 8	July 8	Jan 6	July 7
<b>Closed Session Commission</b>	<b>Feb. 9 10:00 a.m.</b>	<b>Aug. 10 10:00 a.m.</b>	<b>Feb. 1 10:00 a.m.</b>	<b>Aug. 8 10:00 a.m.</b>	<b>Jan. 30 10:00 a.m.</b>	<b>Aug. 7 10:00 a.m.</b>
<b>Open Session Commission</b>	<b>Feb. 10 10:00 a.m.</b>	<b>Aug. 11 10:00 a.m.</b>	<b>Feb. 2 10:00 a.m.</b>	<b>Aug. 9 10:00 a.m.</b>	<b>Jan. 31 10:00 a.m.</b>	<b>Aug. 8 10:00 a.m.</b>



Commission on Dental Accreditation
Review Committee Nomination Form
(Electronic copies only please; do NOT submit CV/Resume)

Name:

Accredited Program Affiliation:

Business Address: Preferred [ ]

Phone#:

Fax #:

Home Address: Preferred [ ]

Phone #:

Fax #:

Email Address:

Position Applying For (check one):

- Checkboxes for various dental roles: AEGD Educator by ADEA\*, General Dentist Practitioner, Dental Assisting Educator\*, Dental Assisting Practitioner, Dental Hygiene Educator\*, Dental Hygiene Practitioner, Dental Laboratory Technology Educator\*, Dental Therapy Educator\*, Dental Laboratory Owner by NADL, General Dentist Educator\*, General Dentist (Graduate of GPR or AEGD), GPR Educator by SCDA\*, Hospital Administrator, Higher Educator Administrator, Predoctoral Educator\*, Non-General\*\* Dentist Educator\*, Non-General\*\* Dentist Practitioner, Dentist Nominated by Discipline-Specific Organization/Certifying Board

\*Educator nominees with prior or current experience as a Commission site visitor are preferred

\*\* A dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.







*Commission on Dental Accreditation*

**Please provide information for all categories that apply:**

Program Director (List Programs):

Course Director (List all Courses Last 5 Years):

Administration (List Positions):

Clinical Teaching Experience (List Number of Years and # of Days/Week):

Preclinical Teaching Experience (List Number of Years and # of Days/Week):

CE Coursed Presented (List All Presentations Last 3 Years):

Research (List All Publications in Referred Journals Last 3 Years):





Commission on Dental Accreditation

**Licensure Action Attestation:**

I hereby attest that (*check one*):

- NO** licensure action (e.g. revocation, suspension, or censure) has been taken against me within the past twelve (12) months.
  
- Licensure action (e.g. revocation, suspension, or censure) **HAS BEEN** taken against me within the past twelve (12) months.

Please describe:

- Not Applicable** (I do not hold licensure in a dental or dental-related discipline)

Submission Date:

Signature:

**Please Return to:**

**[mritterskamp@aaortho.org](mailto:mritterskamp@aaortho.org) by Noon (CDT) on Monday, May 1, 2023.**

First step is to be reviewed by AAO Board appointed selection committee.  
If selected for next step, this info will be submitted to CODA.