

Leadership GDA Application

Please complete the application and return via email to katherine@gadental.org
Call 404-636-7553 for more information

Name _____
Email _____ Phone _____
Mailing Address _____
City _____ State _____ Zip Code _____
Dental School Attended _____ Year of Graduation _____

Practice type:

- Recent Graduate Solo Practitioner Small, Independent Group Practice
 Institutional/University Large Group Practice/DSO

If Specialist please indicate specialty: _____

What skills do you hope to develop through the GDA Leadership course? How do you plan to apply these to your work and personal life?

Please provide current Curricula Vitae or Fill out sections A, B, and C, Including Dates of Participation.

A) GDA DISTRICT • GDA • ASDA • ADA ACTIVITIES

B) OTHER PROFESSIONAL ACTIVITIES AND AFFILIATIONS

C) COMMUNITY INVOLVEMENT (Civic, Cultural, Church)

