

## Accreditation Committee Summary of Skills and Experience Form

<b>Name</b>			
<b>Address</b>			
<b>Occupation</b>			
<b>Areas of Experience and Expertise appropriate to the ADC</b>	<b>Applicant response</b>		
	<b>None</b>	<b>Limited</b>	<b>Extensive</b>
Good communication skills and able to work within a team			
Program/Course Accreditation			
Dental Practitioner Assessment			
Academic			
Clinical			
Regulatory/Government			
Political			
Membership of boards/committees/panels or similar			
<b>Other Attributes</b>	<b>Applicant Response</b>		
	<b>Yes</b>	<b>No</b>	<b>Maybe</b>
I have more than 3 years in my present occupation			
I am a member of a professional dental association			
I hold current registration (without conditions relating to conduct)			
I am able to represent other disciplines i.e. <b>(circle applicable discipline(s))</b> Dentists; specialists; dental hygienists; dental therapists; prosthetists; oral health therapists			
I understand the health sector broadly			
I understand the confidentiality requirements			
I am seen to be a person of good standing			
I support the work of ADC accreditation			