

DANB Speakers Bureau Application

Dental societies and associations, and dental assistant groups in particular, have a hard time finding appropriate continuing dental education courses suited to a skilled, knowledgeable, experienced, and predominately DANB Certified Assistant audience. DANB Certified Assistants who are speakers (presenters) are also finding themselves outside of the meeting/CDE planner's radar.

The DANB Speakers Bureau is a free service to both presenters and CDE planners. DANB does not charge listing fees, booking fees, or speakers' fees.

DANB only acts as a resource, providing a library of speakers that planners can contact directly to arrange and negotiate the terms of the speaking engagement. DANB does not guarantee speakers' availability, presentation skills, or clinical/management knowledge, nor does DANB ensure speakers of obtaining engagements simply by enrolling in the bureau.

DANB looks forward to connecting the communities of interest – speakers providing innovative and lively seminars, planners who are searching for valuable and timely subject matter that is assistant/auxiliary oriented, and dental assistants (specifically DANB Certified Assistants) who are looking for programs to meet their CDE requirements.

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611
1-800-FOR-DANB
Fax: 312-642-1475
www.danb.org



Speaker Criteria

To be listed on DANB's Speaker's Bureau list, speakers must have at least one year of public speaking experience and have conducted at least three speaking engagements.

Speakers from the dental profession must:

- Have 3-5 years experience as a clinical dental assistant and be DANB Certified OR
- Be a dental assisting educator from a CODA-accredited dental assisting school, non-CODA-accredited dental assisting school, or a provider of continuing education courses and be DANB Certified, OR
- Be a registered dental hygienist or a DDS/DMD.

Application Instructions

When completing the application, include:

- Name, address, phone, etc.
- Additional credentials, if appropriate to dentistry or professional speaking
- Description of three previous speaking engagements
- Notation of honorarium/fee, travel expense reimbursement/requirements, or gratis programs
- Presentation listing (brief description optional) or areas of expertise
- Dental audiences you are willing to address
- Any travel restrictions

Please Note: A curriculum vitae or resume may be attached to the application in lieu of answering the more narrative questions. However, all application items flagged with an arrow must be completed.

Application Process

Complete the enclosed application and mail or fax it to DANB. If the application is approved, speakers will be enrolled in the bureau. If the application is declined, the speaker will be notified that information provided does not match DANB criteria.

Speaker Benefits

Enrollment and participation in the Speakers Bureau is free. Speakers also benefit from free exposure on DANB's Website. DANB provides speakers with a DANB Course Provider Packet to help speakers gear programs to the DANB Recertification Guidelines or apply for DANB CDE approval.

DANB Speakers Bureau Application



This form must be completed by individuals who are interested in being enrolled in the DANB Speakers Bureau. Sections marked "required" must be completed. If you have any questions, contact DANB's Marketing and Communications Department at 1-800-FOR-DANB.

Fax the two pages of the completed application to DANB, Attn: Marketing Department, at 312/642-1475 or mail to DANB, Attn: Marketing Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611.

Applicant Contact Information

REQUIRED

Please print clearly

Resume or Curriculum Vitae attached Date of Application _____

Name (print or type) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number (____) _____ Fax Number _____

E-Mail Address _____

Applicant Experience

REQUIRED

How many years have you worked in the oral healthcare profession? _____

In what capacity? (Check all that apply)

- DANB Certified Assistant Educator Office Manager Professional Speaker
- CE# _____ RDH DDS/DMD

Please list your credentials (as related to dentistry/professional speaking):

How many years of experience do you have in public/professional speaking?

Please list the dates, groups, and locations of your 3 most recent speaking engagements:

1. _____
2. _____
3. _____

Please list presentation titles, as they will appear on the DANB Website: _____

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Applicant Details

What type of dental audiences are you willing to address? *(check all that apply)*

- Local meetings Regional meetings Private practices (i.e., in-office CDE)
- State meetings National meetings Study clubs

Applicant Travel/Fee Information

REQUIRED

Do you have any restrictions concerning travel? (i.e., not willing to travel out of state) Yes No

If yes, please explain: _____

Do you require travel expenses to be paid/reimbursed? Yes No If possible

What is your typical honorarium/fee requirement? \$ _____

Would you/do you offer any gratis programs? Yes No

Presentation/Topic Information

Please provide a brief narrative of your course(s) or session(s): _____

Applicant Signature

REQUIRED

I do hereby certify that the information stated in this application is true to the best of my knowledge.

Signature _____ Date _____

THANK YOU

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