



Dental Assisting National Board, Inc.  
*Measuring Dental Assisting Excellence®*

## ***Speakers Bureau Application***

DANB's Speakers Bureau is a free resource for presenters and continuing education planners.

# About DANB's Speakers Bureau

DANB's Speakers Bureau is a listing of speakers that planners can contact directly to arrange and negotiate the terms of the speaking engagement. DANB does not guarantee the speakers' availability, presentation skills or clinical/management knowledge,

## Speakers Criteria

To be listed on DANB's Speakers 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 of experience as a clinical dental assistant and be DANB Certified OR
- Be a dental assisting educator from a CODA-accredited dental assisting program, non-CODA-accredited dental assisting program, or a provider of continuing education courses and be DANB Certified, OR
- Be a registered dental hygienist or a DDS/DMD

## Application Process

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

A curriculum vita 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.

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.

## Benefits

Speakers benefit from free exposure on DANB's website. DANB provides speakers with *DANB's Recertification Requirements*, for those speakers who wish to gear programs to DANB Certificants.

DANB does not guarantee speakers will obtain engagements by enrolling in the bureau.

*DANB looks forward to connecting speakers with meeting planners so that they may provide dental assistants and DANB Certificants with programs to meet their continuing education requirements.*

# 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 Vita 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 field? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DANB Speakers Bureau Application

## 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): \_\_\_\_\_

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## 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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