

ACDDA NOMINATION FORM

Instructions: Nominations for ACDDA positions are to be accompanied by a standardized biographical sketch of the nominee's qualifications. Nominees, or nominators in their absence, should submit completed nomination forms to the ACDDA headquarters office at 5700 Lake Worth Rd., Ste 207C Lake Worth, FL 33463 fax number (561) 968-5842, or to acdda@aol.com, by **DECEMBER 31, 2008** so that they may be posted. This form is in a table format; complete it electronically by tabbing over to each column to be completed.

Name of person completing this form:	Lee R. Cohen, D.D.S., M.S., M.S.		
Are you: (place "x" by choice)	Nominator	<input checked="" type="checkbox"/>	Nominee

Nominee Information

Name of Nominee:	Lee R. Cohen, D.D.S., M.S., M.S.		Address:	4520 Donald Ross Road, Suite 110		
City/State/Zip:	Palm Bch Gardens, FL 33418		Component Dental Association:	Atlantic Coast		
Affiliate Dental Association (if any):	North Palm Beach County Dental Association		ADA Membership Number:	084-98-0856		
Number of years in ACDDA:	8		Years of ADA Membership:	14		
Year Graduated from Dental School:	1998		Dental School Attended:	New York University College of Dentistry		
Nature of Practice: (place "x" to the left of your choice)			General Practice			
			Oral & Maxillofacial Surgery			
			Orthodontics			
	XX	Periodontics		Prosthodontics		
			Public Health	Retired (but voting member of FDA)		
Are you board certified or board eligible as a recognized ADA specialist? (place "x" by choice)						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Seeking Appointment or office. PLEASE SPECIFY	ACDDA Alternate Trustee					
	to FDA					

List any leadership experience and other pertinent qualifications

<u>ADA Delegate and Alternate Delegate [2nd and 17th Districts] (Served as Delegation Chair)</u>
<u>FDA Delegate and Alternate Delegate</u>
<u>American Academy of Periodontology Board of Trustees (District III Trustee) / ADA Liaison Committee</u>
<u>Florida Association of Periodontists Executive Cabinet and Board of Dentistry Liaison</u>
<u>Atlantic Coast District Dental Association Executive Council</u>
<u>27th National President, American Student Dental Association (97-'98)</u>
<u>Governor, Board of Governors, Dental Society of the State of New York (now NYSDA)</u>
<u>FDA Representative: Florida Commission on Excellence in Healthcare</u>
<u>North & South Palm Beach County Dental Association Line Officer and Program Chairman</u>
<u>Legislative Contact Dentist / Annual Dentist's Day participant</u>
<u>FNDC Committee / 2007 Program Chairman</u>

I certify the information provided herein is true and correct to the best of my knowledge and belief.

Name:	Lee R. Cohen, D.D.S., M.S., M.S.	Signature:	<u>(email)</u>	Date:	<u>12/13/08</u>
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