



Professional Excellence Scholarship

The NCDLA Professional Excellence Scholarship is designed to financially assist qualified dental technicians with the examination fees that comprise the Certified Dental Technician examination process.

The NCDLA Professional Excellence Scholarship may be applied toward the application and testing fees for a candidate to take the written comprehensive exam, the written specialty exam and/or the hands-on practical examination. One or more scholarships will be awarded annually as funding allows. The scholarship amount is up to \$500 per recipient and the scholarship must be used within 12 months.

Who is Eligible?

Scholarships will be awarded to qualified dental technicians who:

1. Have a working knowledge of the English language
2. Have graduated high school or obtained an equivalent;
3. Are of satisfactory legal and ethical standing in the dental laboratory and dental community.

Applicants may qualify for the Scholarship by meeting any ONE of the following education and experience requirements:

1. Recognized Graduates (RG) of a 2-year ADA-accredited dental technology program may apply for the CDT examination upon graduation and successful completion of the RG exam.
2. Recognized Graduates (RG) of non-Commission-accredited dental technology programs may apply for the CDT examination upon completion of at least three years of practical experience in dental technology, in addition to, and not concurrent with, their two years of formal education.
3. Graduates of Commission-accredited dental technology education programs (non-RGs) may apply for the NBC's CDT Examination after completion of two years of practical experience in addition to their education.
4. Technicians trained and educated in other settings may apply for the CDT Examination upon completion of at least five years of practical experience in dental technology.
5. Any technician who is currently a Certified Dental Technician may apply for the scholarship in order to achieve an additional certification.

Application Criteria

A completed application must include:

1. A completed NCDLA Professional Excellence Scholarship application form.
2. A typewritten copy of the candidate's resume.
3. One typewritten page in response to the following question: "Why is attaining certification important to me?"

All applications must be postmarked no later than August 16th. Scholarship recipients will be announced annually at the Eastern Conference of Dental Laboratories meeting in November sponsored by the NC & SC Dental Laboratory Associations.

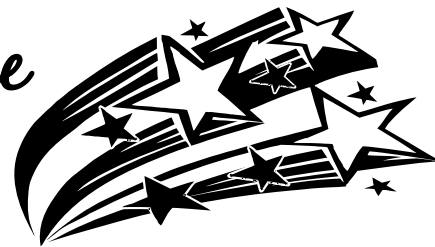
Scholarship applications should be mailed to:

N.C. Dental Laboratory Association, Inc.
Attention: Professional Excellence Scholarship
PO Box 206
Elkin, NC 28621

For additional information about the NCDLA Professional Excellence Scholarship, contact Wanda Hincer, CDT by email at wanda@cmai.pro or by phone at 336-835-9251.



Professional Excellence Scholarship



OFFICIAL SCHOLARSHIP APPLICATION FORM - Must be postmarked by August 16th.

- Instructions:**
- 1) Type or print all answers clearly in ink.
 - 2) Use extra sheets of paper if you need more space for requested information
 - 3) Be honest, accurate, and thorough in completing all sections of this application. The NCDLA reserves the right to reject any application if the Board has evidence that the applicant has made a false or misleading statement in the application or any supporting documents.

I. Applicant Information

Name: _____ Mr. Mrs. Ms. Miss Other: _____

CDT or RG# (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Business Telephone: _____

FAX: _____ E-mail: _____

Date of Birth: _____

II. Language Requirement

Do you read, speak, and write the English language? Yes No

III. Legal Requirement

Have you been convicted of illegal practice of dentistry? Yes No

IV. Education

Did you graduate from high school? Yes No

List post-secondary studies and degree(s) earned:

Name of Institution	Courses / Major	Dates attended	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Applicant's Eligibility

13. If you are a current participant in the NBC's Recognized Graduate program, please list the school you attended and the year in which you passed your RG examination:

School: _____ Year: _____

RG #: _____

VI. Applicant's Current Employment

Present Employer: _____

Business Address: _____

Date of Employment: _____ Full-time Part-time (*hours per week:* _____)

Name and title of present supervisor: _____

Brief description of the work you perform: _____

Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

Are you regularly or occasionally responsible for the instruction or training of other technicians? Yes No

VII. Applicant's Previous Employment

The National Board for Certification requires that CDT applicants have at least five years of education and/or employment in dental technology, unless the applicant is a Registered Graduate. Applicants must supply such information as the Board might need to verify compliance with this requirement. This includes complete mailing information, name of employer, and name of supervisor. This requirement is interpreted to mean five years of full-time employment (at least 35 hours per week). Additional credit is not awarded for formal education concurrent with employment claimed towards this requirement.

Most recent previous employer (full name of business, mailing address, city, state, and zip)

Dates employed: Start (*month and year*) _____ End (*month and year*) _____

Full-time Part-time (*hours per week:* _____) Telephone: _____

Job title and brief description of duties: _____

Name of supervisor: _____

Employment prior to position listed above (full name of business, mailing address, city, state, and zip)

Dates employed: Start (*month and year*) _____ End (*month and year*) _____

Full-time Part-time (*hours per week:* _____) Telephone: _____

Job title and brief description of duties: _____

Name of supervisor: _____

Please use additional pages if needed to report at least five years of dental technology training, education, and experience.

**NCDLA • PO Box 206 • Elkin, NC 28621 • Phone: 336-835-9251 • Fax: 336-835-9243
E-mail: contactus@ncdla.org • www.ncdla.org**