



## Faculty Advisor Intention Form

I, \_\_\_\_\_  
Name/Credentials/Title

with the \_\_\_\_\_  
Name of University

will serve in the capacity of Faculty Advisor for the new Student Chapter of the American Association of Public Health Dentistry within this University.

I agree to be available to the student members of this Chapter, and will do my best to guide/mentor them and be involved in their chapter activities.

On behalf of this Student Chapter, I have requested a 'Letter of Support' from the University's Administration (Dean or Dean of Student Affairs)

I understand that as a Faculty Advisor of the said Student Chapter, I am required to set a good example to the students by being a current member of the American Association of Public Health Dentistry.

- I am a current member of the American Association of Public Health Dentistry and have verified my membership with the National Office
- I have completed the online membership application to be a member of the American Association of Public Health Dentistry.

### My contact information is below:

University:

Department:

Street Address:

City, State, Zip:

Email Contact:

Phone:

Fax:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed Faculty Advisor Intention Form and Letter of Support should accompany the Letter of Intent and be emailed to [info@aaphd.org](mailto:info@aaphd.org) or mailed to the American Association of Public Health Dentistry, PO Box 7317, Springfield, IL 62791-7317 (Fax: 217-529-9120)