

New PASS Program Participation Form

Thank you for your interest in the Postdoctoral Application Support Service (PASS). To be eligible to participate in ADEA PASS, advanced dental education programs must be accredited by the Commission on Dental Accreditation or be offered by a dental school that is accredited by the Commission on Dental Accreditation. Please complete this forms and submit it to ADEA PASS.

Is your program accredited by CODA? Yes No

If no, is your program offered by a dental school that is accredited by CODA? _____

If yes, enter the dental school: _____

Program Director's Information

Length of Program (e.g 12 Month): _____

Program Type: _____

Institution Name: _____

State of Program Location: _____

Program Director's Full Name: _____

Title: _____

Email Address: _____

Telephone: _____

Program Coordinator's Information:

The program coordinator's information is for internal use only. Only the program director's information will be posted on the search engine.

Program Coordinator's Full Name: _____

Telephone: _____

Email Address: _____

- By submitting this Program Participation Form you are accepting services provided as defined by ADEA PASS and agree to abide by policies and procedures developed by the institution.
- ADEA PASS will contact you to confirm the status of your program within seven business days.
- ADEA PASS reserves the right to modify the terms of this agreement and will notify the program director of any changes that would affect services provided to your program.
- ADEA PASS reserves the right to not accept a program if the information provided cannot be verified.

Program Director's Signature: _____

Date Submitted: _____

Please email or fax (202-238-3980) this form to the ADEA PASS Office. If you have any questions or concerns please contact Ms. Yolanda Jones, PASS Manager at JonesY@adea.org or Emily Rhineberger, Senior Director of Application Services at RhinebergerE@adea.org.