



### **NNOHA Ambassador Application**

Email:

Name:

Organization name:

Position at Organization:

Street Address:

City:

State:

Zip code:

How long have you been a NNOHA member?

- a. <12 months
- b. 1 to 5 years
- c. 6 to 10 years
- d. More than 10 years

Briefly describe your involvement(s) to date with any other NNOHA committees, workgroups, learning collaboratives, or other activities (250 words):

Briefly state what contributions you would like to make as a NNOHA Ambassador and/or areas of interest regarding outreach (e.g., connecting with dental schools, collaboration with other professional organizations, connection with state PCAs or oral health coalitions) (250 words):

Please describe your primary employer:

- a. Federally Qualified Health Center / Community Health Center / Free Clinic / Look-a-Like
- b. State Primary Care Association
- c. State Oral Health Coalition
- d. Dental academic institution (e.g., dental school, hygiene school, dental residency program, dental therapy school, dental assistant training program/school)
- e. Industry partner (e.g., dental supply manufacturer, electronic health record platform)
- f. Other (please specify)

Please provide any further information you would like considered in your application (250 words):

**Please return the completed application to Dr. McAllister Castelaz:  
mcallister.castelaz@gmail.com**