



## 2026 iADH Fellowship application form - Dentists

### Welcome and Key instructions

This form is for **dentists** to apply for an iADH Fellowship Award.

If you are a **allied healthcare professional** (e.g. speech and language therapist or dental hygienist or dental nurse) or therapist please complete the dedicated allied professionals fellowship form.

### **Applications open on Tuesday 3rd March and end on Tuesday 31st March.**

Please note that eligibility to apply for the fellowship an iADH membership requires at least **3 years of iADH membership** either as an individual member or as a member of one of our affiliated member societies. If you are unsure of your iADH membership number then either contact your National Organisation or the iADH membership secretary [membership@iadh.org](mailto:membership@iadh.org).

Please do not complete the application if you have less than the required three years membership as it will be verified by the adjudicators prior to awarding a fellowship.

Fellowships will be awarded in person at iADH Conference e.g. Dublin in 2026. If you are unable to attend, the certificate and the lapel badge will be sent by courier.

We recommend that you watch one of our instructional videos before starting the form and to study the pdf version of the application form (visit the iADH website).

This will help you to collect and prepare the necessary information in advance.

### TECHNICAL INFORMATION

The information you enter will be saved in your registry through the unique personalised link you were sent in your application email so please do not forward your personalised link to other people.

It is possible to complete the form in multiple stages/sessions using the personalised link each time. Please remember to press the button "Save and progress" at the bottom of each page to save the information entered on that page every session.



**iADH**

International Association  
for Disability & Oral Health

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### Contact Details and Affiliations

#### \* 1. Contact Information

Name and Family Name

Professional Affiliation  
and Job Title  
(Department,  
University, Health Care  
system, etc.)

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

#### \* 2. iADH Membership Number

Please note that applicants must have been a member of IADH for a minimum of 3 years to be considered for an iADH fellowship

#### \* 3. Please indicate your type of iADH Membership

- I am an individual iADH Member
- I hold iADH membership via membership of an iADH Affiliated or iADH National Member Society \*
- Honorary Member of iADH
- Other (please specify)

\* 4. Please tell us your National Member Society from the list below)

If you have held a combination of Individual membership and/or National Member Membership please specify more details below

\* 5. Please tell us your National Member Society from the list below)

If you have held a combination of Individual membership and/or National Member Membership please specify more details below

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# iADH

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### Domain 1. iADH Activity

This domain is designed to provide evidence of your personal iADH and National Member Organisation participation and activity during your career to date.

You may enter data in one or more of these sections as appropriate. A maximum of 30 points are available towards the fellowship total score. Please note that a threshold (total) score of at least 6/30 possible points is required to pass this iADH Activity Domain.

\* 6. How many years have you been an iADH Member

- <3 years
- 3-5 years (1 point)
- 6-10 years (2 points)
- 11-20 years (3 points)
- >20 years (4 points)

7.

**Please complete this box if you have served a term or held a position on a named iADH Committee (e.g. iADH Executive, iADH International Advisory Committee, iADH Education Committee, iADH Research Committee, iADH Media Committee, iADH Conference Organising Committee)**

(Please provide a brief explanation of the length and date of service and roles undertaken)

(Maximum 4 points)

8.

**Please complete this box if you have served on other Professional iADH Groups, iADH Council member, Expert Committees or Taskforces within iADH**

(Please provide a brief explanation of name of task force and/or role undertaken)

(Maximum 2 points)

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9.

**Please Indicate whether you have attended any of the following IADH International Conferences/Events** (e.g. as a delegate, as a speaker or to present a poster or oral presentation)

(1 point per conference. Minimum 1, maximum 5 points)

- Dublin 2026 (booking confirmed)
- Seoul 2024
- Paris 2022
- iADH Online Research Symposium 2020
- Dubai 2018
- Chicago 2016
- Berlin 2014
- Melbourne 2012
- Ghent 2010
- Santos 2008
- Gothenburg 2006
- Calgary 2004
- Athens 2002
- Madrid 2000
- Japan 1998
- Edinburgh 1996
- Trier 1994
- Others (please specify)

10.

**Please complete this box if you entered any iADH research or poster competitions**

(Please provide a brief explanation)

(Maximum 2 points)

11.

**Please complete this box if you have served on any of the Local Conference Organising or Scientific Committees for one of the iADH International Conferences listed above**

(Please provide a brief explanation of your involvement and/or role undertaken as part of the Local Conference Organising or Local Scientific Committee)

(Maximum 3 points)

12.

**Please complete this box if you have delivered an iADH INVITED Keynote Presentation or taken part in an iADH INVITED Seminar or Symposium at any of the Conferences listed above**

(Please provide information including title of the Lecture/Symposium, conference attended, city and year. Please give details about role and your topic within symposium)

(Maximum 2 points)

13.

**Please complete this box if you have served a term or held a Committee or other position within your iADH affiliated or iADH National Members Organisation**

(Please provide a brief explanation of the length and date of service and the name of the National Member Organisation and roles undertaken)

(Maximum 3 points)

14.

**If Yes please Indicate the National Member Society on whose Committees you served from the drop down list below**

If your National Organisation is not listed above please indicate the Name of the Organisation here

15.

**Please give details of any iADH National Member or Affiliated Society Annual Conferences (minimum 1 day) that you have attended either as a delegate or speaker (in person or virtual)**

Please provide title and City where Conference was held

Please note you can add additional detail in Continuing Dental Education Session in Domain 3 later in the application

(0.5 per conference. Maximum 3 points)

2026	<input type="text"/>
2025	<input type="text"/>
2024	<input type="text"/>
2023	<input type="text"/>
2022	<input type="text"/>
2021	<input type="text"/>
2020	<input type="text"/>
2019	<input type="text"/>
2018	<input type="text"/>
2017	<input type="text"/>
2016	<input type="text"/>

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### Domain 2. Clinical Training & Clinical Practice for people requiring SCD

This section is designed to evidence information related to your Clinical Training and Clinical Experience related to providing care for people with disabilities.

You may enter data in one or more of the available boxes in order to capture all of your Qualifications/Training and your Continuing Professional Education and Clinical Experience and comprehensively as possible.

A maximum of 40 points are available in this domain.

If you do not reach the required threshold training, you may be asked to provide real-world evidence of Professional/Clinical Practice via an anonymised patient clinical logbook. You will be contacted shortly after submission and sent an electronic logbook to submit at a later date if this is required.

16.

#### Are you on a registered Specialist list for Special Care Dentistry?

(Please give details of the year of entering your chosen speciality. Please upload certificate to provide evidence)

#### 17. Please upload copy of evidence of being on a Specialist list

Choose File

Choose File

No file chosen

18.

**Please complete the box below ONLY if you have completed minimum of 2-3 years full time Specialist or equivalent part-time training in Special Care Dentistry. Otherwise please leave it blank**

(Please give details of the year and title of qualification(s) and the University/Institution or Awarding Body)

19.

**Please upload copy of certificate of completion of 2 or 3 years full time Specialist training or equivalent**

Choose File

Choose File

No file chosen

20.

**Please complete the box below ONLY if you have completed minimum of 1 year accredited full time or 2 years part-time equivalent Clinical training in Special Care Dentistry. Otherwise please leave it blank**

(Please give details of type of qualification, e.g. masters, diploma, certificate and also the length of course and number of days per week of the year and title of qualification(s) and the University/Institution or Awarding Body)

21.

**Please upload copy of certificate of completion of 1 year full time Clinical training or equivalent (e.g. 2 years part-time)**

Choose File

Choose File

No file chosen

22.

**Please complete the box below ONLY if you have completed Training in Disability or Special Needs Dentistry/Special Care Dentistry as part of other Specialty training (e.g. Paediatric Dentistry/Oral Medicine/Gerodontics/Public Health/Orthodontics, etc.). Otherwise leave it blank**

(Please provide a brief explanation of the amount of training undertaken as part of the Speciality programme and the year and title of qualification and the University/Institution or Awarding Body)

23.

**Please upload copy of certificate of completion of Specialist training in your own complimentary speciality**

Choose File

Choose File

No file chosen

24.

**Please complete the box below ONLY if you have completed a 1 year Residency/Fellowship Training Clinical Special Care Dentistry. Otherwise please leave it blank**

(Please provide a brief explanation of the residency undertaken and the amount of training provided during the residency/certificate/diploma)

25.

**Please upload evidence of completion of residency/fellowship/certificate/diploma**

Choose File

Choose File

No file chosen

26. **Please complete the box below ONLY if you have completed a clinical attachment 1-6 months for the study of Special Care Dentistry**

(Please provide a brief explanation of the location and length of the attachment, clinical training provided and the nature and scope of the placement)

27. **Please upload evidence of clinical attachment (e.g. letter of invitation, letter of confirmation or certificate of attendance)**

Choose File

Choose File

No file chosen

28.

**In the following box please list any verified Continuing Education Courses relevant to Special Care Dentistry or disability and oral health completed in last 10 years (e.g. e-learning, day/evening or other short courses)**

(Please provide a brief explanation of each course including year, title and length and provider of course)

29.

**Please enter details of typical regular scheduled sessions providing dental care for people with disabilities/vulnerable groups every month (regular session equals approximately 4 hours)**

	Sessions per month
Dental Hospital or University Clinic	<input type="text"/>
Government/Community Setting	<input type="text"/>
Nursing home or Institution	<input type="text"/>
Prison or Secure Unit	<input type="text"/>
General/Acute Hospital Setting	<input type="text"/>
GA/Sedation Theatre	<input type="text"/>
Conscious Sedation Clinic	<input type="text"/>
Domiciliary or Outreach Setting	<input type="text"/>

Other (please specify)

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### Domain 3. Research and Scholarship

This section is designed to provide evidence of Scholarship and Research Activity.

There are 30 possible points in this domain.

Please, note that you may enter data in one or more of the boxes.

30.

**Research - Please complete the box below ONLY if you have completed a PhD or Doctorate in a subject related to the broad scope of Disability and Oral Health and Special Care Dentistry**

(Please provide a brief explanation including year awarded, title and short synopsis of Thesis and the University/Awarding body. Note publications should be listed in later section and not this box)

31.

**Research - Please complete the box below ONLY if you have completed a Masters by research in a subject related to the broad scope of Disability and Oral Health and/or Special Care Dentistry**

(Please provide a brief explanation including year awarded, title and short synopsis of Masters and the University/Awarding body. Note publications should be listed in later section and not this box)

32.

**Please complete this box if you have been awarded any research prizes or awards or bursaries**

(Please provide a brief explanation of prizes/honours/bursary)

33.

**Research - Please give a list of any Peer Reviewed Publications in basic, translational or clinical research ONLY within the broad scope of Disability and Oral Health and/or Special Care Dentistry published in journals indexed in JCR**

(Please list a maximum of 30 Published Papers)

34.

**Guidelines - Please list any Published Guidelines (produced as part of a Guideline Development Group) relevant to the scope of Disability and Oral Health and/or Special Care Dentistry**

(Please list Guidelines and provide a link to where they can be found online if possible)

35.

**Books - Please list any Book or Book Chapters that you have written, edited or translated, relevant to the scope of Disability and Oral Health and/or Special Care Dentistry**

(Please list book titles, publisher, year and your role and a link where possible)

36.

**Please list any unpublished Research and non Peer Reviewed Research**

(Please provide a brief explanation of any additional Research Projects or Research Activities undertaken which may be unpublished or not yet complete)

37.

**Please list any Clinical audit related to disability and/or oral health and/or oral function**

38.

**Conference Oral Presentations - iADH Conferences**

(Please give a list of any Oral Presentations given at any of the iADH Conferences and include authors, title of the presentation, city and date)

39.

**Conference Poster Presentations - iADH Conferences**

(Please provide a list of any Posters Presented at any of the iADH Conferences and include authors, title of the poster, city and date)

40.

**Academic Appointments**

(Please provide a brief explanation of any Academic Faculty Position in Special Care Dentistry including title and length of time)

41.

**Academic Research Supervision**

(Please provide a brief explanation and details regarding your role and time spent Supervising Research or Mentoring young career researchers focusing on Disability and Oral Health or Special Care Dentistry)

42.

**Editorial and Reviewers Duties**

(Please provide a brief explanation of any Editorial or Review Roles related to journals focusing on Disability and Oral Health or Special Care Dentistry)

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### Domain 4. Education and Teaching

This section is designed to capture your activity related to Educational Projects /Teaching Tools and Innovation in educational methodology and pedagogy/ This will also include any Invited Lectures on Education courses relevant to SCD and other participation related to Special Care Dentistry Education other than at iADH conferences.

Please, note that more than one of the items can be scored and there are 30 points available towards the fellowship.

43.

#### **Educational Activity - Development and Implementation of Training Courses**

(Please provide details of any teaching activity related to the Development or Implementation of Professional Training or Formal Education Programs in Special Care Dentistry or Disability and Oral Health)

44.

#### **Educational Projects - Curriculum Development**

(Please provide details of work related to Curriculum Development in Disability and Oral Health or Special Care Dentistry including inter-disciplinary and inter-professional education. Provide a brief explanation)

45.

#### **Educational Projects - Teaching Tools and Student Innovation**

(Please provide details of any Student Educational Innovation Projects or activities completed. Provide a brief explanation)

46.

**Pedagogy/Teaching Activity**

(Please provide brief explanation and length of any Lectures or Seminars/Symposiums or similar which are regularly delivered in Universities or Continued Education Programmes)

47.

**Teaching or Mentoring Activities**

(Please provide details of any other Educational/Teaching/Mentoring activities not captured in previous boxes. Provide a brief explanation)

48.

**Invited or Keynote Lectures related to Disability and Oral Health and Special Care Dentistry at International Conferences or Meetings OTHER than at iADH Conferences. Note that Keynote Lectures in iADH conferences should be included in question 11**

(Please provide information including title of the Lecture, conference attended, city and year)

49.

**Oral Presentations or Posters related to Special Care Dentistry or Disability and Oral Health given at International Meetings or Conferences, OTHER than at iADH Conferences. Note that Oral Presentations or Posters in iADH Conferences should be included in questions 37-38**

(Please give a list of any Oral/Poster Presentations given at any International Conferences and include authors, title of the presentation, Conference attended, city and date)

50.

**Invited Lectures, Oral Presentations, Posters, and other relevant participations related to Special Care Dentistry or Disability and Oral Health in National Meetings or Conferences**

(Please give a list of any Oral/Poster Presentations given at any National Conferences and include authors, title of the presentation, Conference attended, city and date)

51.

**PRIZES and BURSARIES (NON iADH). OTHER than Research Prizes and Bursaries. Note Research Prizes and Bursaries should be included in questions 31.**

(Please give a list of any PRIZES OR BURSARIES awarded outside of iADH including year and title and awarding body)

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### Domain 5. Community Engagement and Outreach

This final section is to evidence important activity related to outreach work for vulnerable groups including Community projects, Advocacy activities and Voluntary work and Resource Development.

Please, note that more than one of the items can be scored and there are 30 points available in this domain.

52.

**In this section please give details of activities/tools related to development of Patient Education Resources (e.g. leaflets/websites/apps/books/stands/aids related to oral health)**

(Please provide a brief explanation)

53.

**In this section please describe any Oral Health Promotion Programmes or Service Delivery Models that you have designed and/or delivered for people with disabilities or other vulnerable groups**

(Please include a short description of the aims methods and outcomes of the projects)

54.

**In this section please detail any Voluntary Work or Advocacy Activities that you have undertaken with people with disabilities or vulnerable or socially excluded groups**

(Please provide a brief explanation including hours and length of time)

55.

**In this box please give details of community or personal activities or roles not captured in the boxes above**

(Please provide a brief explanation)

Please proceed to the next page to submit your application form and read what happens next

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### Personal Statement

In this final section please write a short 300 word personal statement about why you should be an iADH Fellow. This should not be a list of activities or comities or publications as in previous sections but should be more reflective about the achievements you are most proud of, or the obstacles you have overcome in your career and perhaps your interaction with iADH and your Local Member Organisations. You may also detail the impact of your research or oral health promotion projects. The outcomes of changes or actions that were made whilst serving on committees that achieved change and please don't hesitate to add local context and local barriers that were overcome.

56. **Please write your personal statement here (max 300 words)**

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Thank you for completing this application form

The survey will be submitted when you press 'DONE' at the bottom of this page and you will not be able to edit your application after this time

Following submission, two adjudicators from a panel will independently assess your application. They may need to contact you to verify certain information and may request completion of a clinical log book

Please enter the names and contact details of two referees who may be contacted to support your application. At least one referee should be members of iADH

\* 57.

**Please supply the name and email contact of two referees**

Referee 1 (iADH member)

Referee 2

\* 58.

**I confirm that the information that I have provided is true, honest and trustworthy record of my career portfolio of experience. I give my permission for the iADH fellowship panel to contact my referees and my member organisation to verify any of the information provided**

Yes

\* 59.

**I consent to allowing information on this form to be shared with the adjudication panel on the understanding that it will be stored according to local data protection laws and will remain confidential outside of the judging panel**

Yes

\* 60.

**I understand that if I am unsuccessful in the application I will receive feedback as to where there needs to be better levels of evidence or activity in my portfolio and I may reapply (one time only) within 2 years of receiving my adjudication with no further application fee payable. (small administration fee applies)**

Yes

\* 61.

**You should have received an invoice when you registered for this process. Please confirm payment of your application fee - and attach proof of payment for the application**

- I have paid 300 dollars by Paypal - Receipt/confirmation of transaction attached below
- I have paid 200 dollars (developing economies rate) by Paypal - Receipt/confirmation of transaction attached below
- I have paid 300 dollars by bank transfer - Receipt/confirmation of transaction attached below
- I have paid 200 dollars (developing economies rate) by bank transfer - Receipt/confirmation of transaction attached below

\* 62.

**Please attach your receipt for payment. If you need more information on how to make payment please visit the iADH website or contact the iADH membership secretary [membership@iadh.org](mailto:membership@iadh.org). Please ensure that your country is listed below if you have applied the developing economies rate**

Please upload evidence of payment - this may include copy of receipt or proof or bank transfer

Choose File

Choose File

No file chosen

### List of developing countries, according to the World data bank

Afghanistan	Dominica	Lebanon	Senegal
Albania	Dominican Republic	Lesotho	Serbia
Algeria	Ecuador	Liberia	Sierra Leone
American Samoa	Egypt, Arab Rep.	Libya	Solomon Islands
Angola	El Salvador	Madagascar	Somalia
Argentina	Equatorial Guinea	Malawi	South Africa
Armenia	Eritrea	Malaysia	South Sudan
Azerbaijan	Eswatini	Maldives	Sri Lanka
Bangladesh	Ethiopia	Mali	St. Lucia
Belarus	Fiji	Marshall Islands	St. Vincent and the Grenadines
Belize	Gabon	Mauritania	Sudan
Benin	Gambia, The	Mexico	Suriname
Bhutan	Georgia	Micronesia, Fed. Sts.	Syrian Arab Republic
Bolivia	Ghana	Moldova	Tajikistan
Bosnia and Herzegovina	Grenada	Mongolia	Tanzania
Botswana	Guatemala	Montenegro	Thailand
Brazil	Guinea	Morocco	Timor-Leste
Bulgaria	Guinea-Bissau	Mozambique	Togo
Burkina Faso	Guyana	Myanmar	Tonga
Burundi	Haiti	Namibia	Tunisia
Cabo Verde	Honduras	Nepal	Turkey
Cambodia	India	Nicaragua	Turkmenistan
Cameroon	Indonesia	Niger	Tuvalu
Central African Republic	Iran, Islamic Rep.	Nigeria	Uganda
Chad	Iraq	North Macedonia	Ukraine
China	Jamaica	Pakistan	Uzbekistan
Colombia	Jordan	Papua New Guinea	Vanuatu
Comoros	Kazakhstan	Paraguay	Venezuela, RB
Congo, Dem. Rep.	Kenya	Peru	Vietnam
Congo, Rep.	Kiribati	Philippines	West Bank and Gaza
Costa Rica	Korea, Dem. People's Rep.	Russian Federation	Yemen, Rep.
Côte d'Ivoire	Kosovo	Rwanda	Zambia
Cuba	Kyrgyz Republic	Samoa	Zimbabwe
Djibouti	Lao PDR	São Tomé and Príncipe	

[Go back to the page](#)

Thank you for completing the form please press "done" at the bottom of the page to finally submit your application

The Fellowship Team will write to confirm whether you have been successful.

Unsuccessful applications will be given feedback and given the opportunity to resubmit an application within 2 years at no further cost if they have further information or activity to add to their original application. (small administration fee will apply)

Sincerely,

The iADH Fellowship Award Committee

