



# Leadership Academy Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

LinkedIn® Profile (optional): \_\_\_\_\_

PDA District: \_\_\_\_\_

Years in Practice: \_\_\_\_\_

*Return application to:*  
PDA  
P.O. Box 3341  
Harrisburg, PA 17105  
ATTN- Leadership Academy  
or email to [shipdentist@gmail.com](mailto:shipdentist@gmail.com)

*Please answer the following questions and feel free to expand your answers on additional sheets of paper.*

1) Why are you interested in participating in the Leadership Academy?

2) Tell us something unique about yourself.

3) What are your aspirations for leadership in organized dentistry once you complete your Leadership Academy training? What are your interests within the PDA?