

# Council of Interstate Testing Agencies, Inc.

## Grader Information Form

*In an effort to keep our database current, please fill out the information below, even though we may already have your information on file. Thank you.*

- 1) State License Number: \_\_\_\_\_ DDS/DMD \_\_\_\_\_ RDH \_\_\_\_\_
- 2) Name: \_\_\_\_\_
- 3) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 4) Professional Liability Insurance # (If applicable) : \_\_\_\_\_
- 5) Home Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 6) Work Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 7) Mobile Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 8) Fax Number: (\_\_\_\_) \_\_\_\_\_
- 9) Email Address: \_\_\_\_\_
- 10) Lab Coat Size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL
- 11) Specific Dietary Needs? \_\_\_ Yes \_\_\_ No  
(If yes, please specify.) \_\_\_\_\_
- 12) I am an educator at: \_\_\_\_\_ where I  
work \_\_\_\_\_ hours per week. OR  Not Applicable
- 13) Sites where I have a child, relative or close acquaintance in the dental program:  
\_\_\_\_\_
- 14) Are you currently practicing dentistry/dental hygiene? \_\_\_ Yes \_\_\_ No  
If yes, please list the # of hours per week \_\_\_\_\_
- 15) How many years have you been licensed? \_\_\_\_\_
- 16) In what states/jurisdictions are you licensed? \_\_\_\_\_

- By checking this box, I acknowledge that I have read the CITA Policy for Acceptance of Deputy Examiners.
- By checking this box, I acknowledge that I have met all the requirements stated in the CITA Policy for Acceptance of Deputy Examiners.