

Council of Interstate Testing Agencies, Inc.

1003 High House Road, Suite 101
Cary, NC 27513
(919) 460-7750 phone
(919)460-7715 fax

Grader Information Form

Directions: Please complete and return to the CITA office at the address listed above or you may fax the form to **(919)460-7715**.

- 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) Would you like your name to be in the CITA pool of graders for contact with future examinations? _____ Yes _____ No
- 13) Would you be willing to have your name in the Regional Pool of graders?
(North Carolina, Mississippi, Alabama, Puerto Rico, Louisiana)
_____ Yes _____ No
- 14) Would you be willing to have your name in the National Pool of graders?
_____ Yes _____ No

15) How many miles would you be willing to travel by car to assist with grading?

_____ 0-50 _____ 50-100 _____ 100-150 _____ >150

16) Are you willing to fly? _____ Yes _____ No

17) Are you willing to spend the night when assisting with grading of the CITA Examination? _____ Yes _____ No

18) Are you currently practicing dentistry/dental hygiene? _____ Yes _____ No

If yes, please list the # of hours per week _____

19) How many years have you been licensed? _____

20) In what states/jurisdictions are you licensed? _____

21) How did you hear about CITA? _____

By checking this box, I acknowledge that I have read the CITA Grader Information Policy.

By checking this box, I acknowledge that I have met all the requirements stated in the CITA Grader Information Policy.