

**Appendix 1: Request for Proposals for Division of Oral Health Long-Term Training (LTT)  
Dental Program Site Award**

**DOH LTT Program Site Award Proposal Submission Form**

**To be considered, the proposal must be accompanied by the application form. The form must be signed by the Submitter of the Proposal (official contact for communication), Dental Program Director, Clinical Director, Chief Executive Officer, and Area Dental Officer of the applying Dental Program.**

Name of the Dental Program:	
Address of the Dental Program :	
Name of the Submitter:	
Phone number of the Submitter:	
Email address of the Submitter:	

\_\_\_\_\_  
Signature of the Submitter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Dental Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clinical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Area Dental Officer

\_\_\_\_\_  
Date

