



SPECIAL SMILES CLINICAL DIRECTOR CANDIDATE APPLICATION QUESTIONNAIRE

Dear Special Smiles Clinical Director Candidate,

Thank you for expressing an interest in becoming a clinical director for the Special Olympics Special Smiles® program. As a clinical director, you will join other volunteer health professionals in supporting the Special Olympics Healthy Athletes® program. A clinical director must be licensed in and according to the standards of the state/province/region in which they serve. Your application will be reviewed by the local Special Olympics Program, Regional Health team, and Special Olympics International (SOI). Once approved by SOI, you will participate in a blended learning experience to complete your training and become a clinical director.

For more information about Special Olympics Healthy Athletes® and Special Smiles, visit:

<https://resources.specialolympics.org/special-smiles>

Name: _____ Professional Title/Degree: _____

License Number: _____ State/Province/Country of License: _____

If a license number is not applicable in your country, please describe: _____

**Include certifications in your attached CV to support your qualifications if a clinical license is not applicable.*

Expiration date of most recent licensure or renewal:

Have you ever volunteered at a Special Smiles event? Yes No

If yes, please describe: _____

Do you have experience providing dental care to people with intellectual and developmental disabilities (IDD)? Yes No

If yes, please describe: _____

Age demographic of patients cared for (select all that apply): Pediatric Adolescent Adult Geriatric

List any memberships or affiliations with professional organizations: _____

Do you have flexibility in your schedule to support Special Smiles events to fit your Program's needs with the expectation of one event per year minimum? Yes No

Are you able to travel within your Programs' service area to support Special Smiles events? Yes No

In your role as clinical director, how would you contribute to the Special Smiles program and support its continued success while working within the existing program model? *(please select all that apply)*

- Professional network relations
- Connections to local equipment and supply resources
- Supporting recruiting and training efforts in alignment with Special Smiles protocols
- Facilitating access to follow-up services and care for athletes
- Other: _____

Please share details of these contributions with your Special Olympics Program staff.

Please check the boxes below to confirm you have read, understand, and agree to the Special Smiles Clinical Director requirements:

The Special Smiles program and role of clinical director have been explained to me. Yes No
See description [here](#).

I hold an active license in the state/province/country where I will serve as a clinical director for Special Smiles events. Yes No

I understand that this role requires active licensure and will alert my SO Program if my license becomes inactive. Yes No

I agree to follow the most up-to-date Special Smiles event and screening protocols as determined by Special Olympics International. Yes No

I will ensure compliance with any/all partnership agreements between Special Olympics and external partners. Yes No

I commit to actively serving as Special Smiles clinical director for a minimum 3-year volunteer term. Yes No

I commit to utilizing tablets to digitize Special Smiles screening data in the Healthy Athletes System (HAS). If tablets are unavailable at a screening event, I commit to ensuring that paper HAS forms are thoroughly and accurately completed to support post-event data collection. Yes No

I commit to supporting program sustainability by recruiting clinical volunteers and providing mentorship to future clinical director trainees. Yes No

Please **ATTACH** your updated professional CV/resume in English in PDF format. Be sure it contains the following:

- Information about your **educational background**
 - **Licenses and/or credentials** you hold for your clinical profession
 - An outline of your **professional work experience**
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