**Experiences – ADEA Format**

You may update the information in this section at any time prior to submission. Once you have submitted, you will be able to add more Experiences, but you will not be able to update or delete completed Experiences.

Enter your professional experiences in several categories, or types, in this section. Visit the [Applicant Help Center](https://help.liaisonedu.com/ADEA_AADSAS_Applicant_Help_Center/Filling_Out_Your_ADEA_AADSAS_Application/Supporting_Information/02_Experiences" \t "_blank) to review the definitions, consider the duties you performed, and choose the category that you think best fits the experience.

Dental shadowing can be entered as **Dental Shadowing (In-Person)** or **Dental Shadowing (Virtual)**; select the category that most closely aligns with your experience. Programs may or may not accept virtual shadowing hours; contact each program for information on their requirements and eligibility.

After experience entry, select up to 6 as your most important to highlight on your application PDF. Choose the experiences that best reflect your background or mean the most to you. You can change your selection any time before you submit your application. After submission, you may select additional experiences as most important up to the maximum but may not remove previously-designated experiences.

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City |  |
| Country |  |
| Zip Code |  |
| State/Province |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | Yes No |
| End Date | Click or tap to enter a date. |
| Status | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition | Compensated  Received Academic Credit  Volunteer |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | Yes No |