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Council District: 25	This application is a:	Reappointment	New Appointment
	for County-wick	de Boards	APPLICATION Redevelopment Authoriting any election cycle.
Mr. Mrs. Name; Name;	Or. Dennis Martin		
Employer Address:81	rive Dentistry En		
Highest degree eamed:	attached se list and describe): CV at	Field of Study:	
Volunteer Experience (1 rea	se list did describe)	Cacheu	
	g of the position for which you are be an agency helpi Iping G'ville commun		in affordable
What specific skills do you A level of con Places!	believe you could contribute as a cern and commitment	member of this board or for our Greenvi	commission? ille People and COUNTY COUNCIL

JUL 2 3, 2015

RECEIVED

Dennis A. Martin, DMD, MAGD Restorative Dentistry Greenville, S.C. 29605 864-232-8212

CURRICULUM VITAE
Dr. Dennis A. Martin

Education and Awards:

1985-1986

General Practice Residency Program:

Univ. of Tenn. Memorial Research Center and Hospital;

Knoxville, Tn. 37920

1985

Doctor of Dental Medicine:

Medical University of South Carolina; Charleston, S.C. 29425

Quintessence Award National Dean's List

1981

Bachelor of Science in Biochemistry: Clemson University; Clemson, S.C. 29634

Alpha Epsilon Delta Premedical Honor Society

Professional Organizations:

Past President, South Carolina Academy of General

Dentistry (SCAGD)

South Carolina Dental Association (SCDA)

Hometown Hero for EdVenture Children's Museum Past Member of Committee on Strategic Planning

Academy of General Dentistry (AGD)
National Dental Association (NDA)
American Dental Association (ADA)

South Carolina Academy of General Dentistry (SCAGD)

Community/Volunteer Affiliations (Past and Present):

State Board of Dentistry, South Carolina (commenced 2013)
Greenville Technical College Dental Hygiene Clinical Instructor

Dental Access Day (DAD) (inception to 2012)

Greenville Free Medical Clinic (volunteer since inception)

Give Kids A Smile (GKAS) Project

Greenville Hospital System Dental Clinic

Cub Scout Leader

Board Memberships (former):

Greenville Free Medical Clinic

Greenville Hospital System Dental Hospital Staff

Speech/Hearing Center

Greenville American Heart Association

How many hours per week are you able to commit to the	nis board or commission??	-	
Have you ever attended a meeting of this board or com	nmission?	Yes [Nox
Are you available to meet at the regularly scheduled decommission meetings?	ate and time of the board or	Yes☑	No□
Do you, any member of your immediate family, or a bu member is associated, provide goods and/or services of the services of th	to this board for payment?	Yes□	No⊠
Do you or any member of your immediate family received by the second sec		Yes□	No⊠
Have you ever been convicted of a crime other than a lf yes, please give details.		Yes□	Nox
Do you <u>currently</u> hold any elected or appointed office of the second of	or commission?	Yes□	No 🛂
Have you <u>previously</u> held any elected or appointed off If yes, please list		Yes□	No
Have you ever been fined for an ethics violation? If yes, please explain:		Yes□	No⊠
Have you ever been subject to penalty relating to a vicinity like a vicinity set of the		Yes⊡	NoŪ
Are you current in payment of your Greenville County	property taxes?	Yes□	NoIJ
the Construction Board of Appeals or the the box that applies to your Accommodations Tax Comm. Tourism Industry Cultural / Arts Restaurant Hotel Management Historic Preservation Comm. Archeologist Historian	Advisory Committee Historic Preservation Commiss r field of employment or expertise: Construction Board of Appeals Architectural Fire Protection Engineer /Contractor Electrical Engineer /Contractor Design/Architectural /Professional Co Structural Engineer /Contractor Mechanical Engineer /Contractor Plumbing Engineer /Contractor	<u>ion</u> please	check
☐Member of Historic Preservation Group			

Statement of Agreement and Understanding

By my signature, I attest all information contained in this application is true and accurate to the best of my knowledge.

I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council office.

I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.

I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.

Signature	2	a	Monto	Date	07/2	3/15
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Please return completed form by mail, fax or email to:

Greenville County Council 301 University Ridge, Suite 2400 Greenville, SC 29601-3665

Fax: (864) 467-7358

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.