



IAUDent Biosketch

Afnan Alabdan

General Dentis

Personal Data

Nationality | Saudi

Department | preventive dentistry (pediatric dentistry)

Official Email | amialabdan@iau.edu.sa

Office Phone No. |

Mobile:

Language Proficiency

Language	Read	Write	Speak
Arabic	√	√	√
English	√	√	√

Academic Qualifications (Beginning with most recent)

Date	Academic Degree	Specialty	Place of Issue	Address
June 2017	Bachelor of Dental Surgery	General dentistry	Imam Abdulrahman Bin Faisal University	Dammam, Saudi Arabia

PhD, Master or Fellowship Research Title (Academic Honors or Distinction)

Doctorate	
Master	
Fellowship	

Professional Record: (Beginning with most recent)

Job Rank	Specialty/Department	Place and Address of Work	Date
Teaching assistant	Pediatric dentistry / preventive dental science	Imam Abdulrahman Bin Faisal University	current



Board Certification

Certifying Organization	Specialty	Date Certified

Administrative Positions Held: (Beginning with most recent)

Administrative Position	Office	Date

SCIENTIFIC ACHIEVEMENTS

PUBLISHED WORKS (For the most recent five years, list articles in **which you were the principal author** that appeared in refereed journals or textbooks, by author(s), title, publication, and date)

Author(s)	Title	Publication	Date

Other Published Papers

Author(s)	Title	Publication	Date

Accepted Research Projects

Name of Investigator(s)	Title	Publisher	Date of Publication

Current Researches

Name of Investigator(s)	Title

Books/Chapters

Name of Investigator(s)	Book Title	Report Date



Scientific Research Papers Presented to Refereed Specialized Scientific Conferences

Name of Investigator(s)	Title	Publisher	Date of Publication

Contribution to Scientific Conferences and Symposia (CE Course taken for the last 5 years)

#	Title	Place and Date of the Conference	Extent of Contribution

Teaching Activities	
Undergraduate	Lectures presenting
Post-Graduate	

#	Course/Rotation Title	No./Code	Extent of Contribution (no. of lectures/Tutorials. Or labs, Clinics)



CURRENT TEACHING RESPONSIBILITIES

Name of Institution, City, State	Course Title	Discipline and Level of Students	Total Contact hour per Year	
			Didactic	Clinic/ Laboratory

Membership of Scientific and Professional Societies and Organizations, Or Appointments Held In Local, State Or National Dental Or Allied Dental Organizations, Including Appointments To State Boards Of Dentistry And Coda

Name of Organization	Title	From (Year)	To (Year)

Editorial Commitments	

Volunteer Work

#	From	To	Type of Volunteer	Organization

Honors and Awards
