

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last <i>Wiggins</i>	First <i>Robert</i>	Middle Initial <i>E</i>	
Work Address <i>5903 W. Pt. Arthur Rd</i>	City <i>Pt. Arthur</i>	State <i>TX</i>	ZIP <i>77640</i>
Work Phone <i>409-736-1216</i>	Work Email Address <i>robert.wiggins1910@yahoo.com</i>		

EDUCATION (List Highest Degree First)

Institution	Major	Degree	Year
<i>U. of Houston Dental Branch</i>	<i>Dentistry</i>	<i>D. D. S</i>	<i>1989</i>

CERTIFICATION AND LICENSURE

RELEVANT PROFESSIONAL EXPERIENCE (List current primary position first.)

Employer	Position	Department	Date
<i>Self</i>	<i>Owner</i>		<i>1992</i>

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES (Last 5 years)

Organization	Officer (if applicable)	Date
<i>American Dental Association</i>		<i>~1993</i>

CONFERENCE PRESENTATIONS (Last 5 years)

Conference Name	Title of Presentation	Date

COMMUNITY SERVICE (Last 5 years)

HONORS AND AWARDS

OTHER MAJOR PROFESSIONAL DEVELOPMENT (Up to 5 activities)

Title	Type of Activity	Date(s)