

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Williams	First Roland	Middle Initial M
Work Address 802 E. Lavaca	City Beaumont	State TX
Work Phone 409-880-8860	Work Email Address rmwilliams4@lit.edu	ZIP 77705

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
University of Texas Dental Branch @ Houston	Dentistry	DDS	1978

CERTIFICATION AND LICENSURE

Texas Licensed Dentist	6-30-2025 to 6-30-2027

RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date
Lamar Institute of Technology	Adjunct Dentist	HCAS	current
Dr. Roland Williams DDS, General Dentistry practice	Owner/ Dentist	N/A	current

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date

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)
Medical Histories	Continuing education course	March 2025
Local Anesthesia	Continuing education course	March 2025
Laser Training	Continuing education course	March 2025