

CURRICULUM VITAE			
PERSONAL INFORMATION			
Name Last	First	Middle Initial	
NANTZ	WILLIAM	S	
Work Address	City	State	ZIP
6796 Phelan Blvd	Beaumont	TX	77706
Work Phone	Work Email Address		
409 866 7498	nantzwilliam@sbcglobal.net		
EDUCATION (List Highest Degree First)			
Institution	Major	Degree	Year
UT Dental Branch		DDS	1978
UT (Austin)	Biology	BA	
CERTIFICATION AND LICENSURE			
Texas State Board of Dental Examiners		# 11669	
RELEVANT PROFESSIONAL EXPERIENCE (List current primary position first.)			
Employer	Position	Department	Date
Self			1990 - present
PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES (Last 5 years)			
Organization	Officer (if applicable)	Date	
ADA		Current	
IADA		Current	
DSSET		Current	
AGD		Current	
CONFERENCE PRESENTATIONS (Last 5 years)			
Conference Name	Title of Presentation	Date	
COMMUNITY SERVICE (Last 5 years)			
HONORS AND AWARDS			
ACD, ICD, Pierre Fardard Academy			
OTHER MAJOR PROFESSIONAL DEVELOPMENT (Up to 5 activities)			
Title	Type of Activity	Date(s)	