



APPLICATION FOR ASSOCIATE FELLOW MEMBERSHIP

Part 2: ORAL/CASE EXAMINATION

Submit the application to the Headquarters Office. Also make and retain one additional copy for your files. All requested information must be provided in detail and in such form that the data can be verified. Applications must be received in the Headquarters Office by February 1. Type or print all information in English.

When did you pass the written part of the Associate Fellow examination? _____

Have you taken the oral/case part of the examination before? Yes _____ No _____ If yes, when? _____

Do you require an interpreter? Yes _____ No _____ If yes, for which language? _____

1. Name _____
First Middle Last Degree

2. Office Address _____
No. Street Suite
City State Zip Country
Telephone Fax E-Mail Address

3. Home Address _____
No. Street Suite
City State Zip Country
Telephone

4. Date of Birth _____ Place of Birth _____

5. a. List countries, states or territories in which you are licensed to practice dentistry. Give acquisition dates and license numbers.

Table with 3 columns: Country, State or Territory, Date, License Number

b. Have you ever had a license to practice dentistry revoked or suspended? Yes _____ No _____
If yes, attach a detailed explanation.

c. Is any action pending with respect to your license to practice dentistry? Yes _____ No _____ If yes, explain.

6. In the following table, provide the information requested for each case you will submit for the examination. These cases must meet the requirements described in the *Requirements for Associate Fellow Membership Examination*.

Type of Case	Date of Insertion	
	Implant	Prosthesis
1. Single Tooth		
2. Edentulous segment of two or more adjacent teeth		
3. Edentulous arch		

ACCEPTANCE OF CONDITIONS FOR APPLICATION

Knowledge of Requirements and Accuracy of Information

I certify that I have read the *Requirements for the Associate Fellow Membership Examination* and that the information in this application is true and correct in all material respects.

I acknowledge and understand that if any information provided for the A & C Board's consideration is found to be false or misleading in any respect, the AAID in its sole discretion may terminate my membership.

I also understand that my case reports will become the property of the American Academy of Implant Dentistry.

Membership Pledge

I agree to uphold the following membership pledge of the AAID:

I hereby declare, as a condition of membership, that I am in agreement with the purpose, standards, and objectives of the American Academy of Implant Dentistry.

I will honor its bylaws and will refrain from any activity that will violate the public trust and confidence in the Academy.

I solemnly promise to maintain a privileged respect for the dignity of my patients and to make a continuing effort to perfect my knowledge of implant dentistry.

I pledge to abide by the ethical constraints of my profession and the Academy. I will endeavor to encourage the scientific study of Implant Dentistry and seek to advance the free exchange of ideas and information to better serve my fellow man.

Authorization and Release

I hereby grant the Admissions and Credentials (A & C) Board of the American Academy of Implant Dentistry and/or its authorized representatives permission to make general inquiries and to obtain information from any source, including my patients whose cases are used in the examination process, concerning my professional standing, reputation, skill, character and fitness as it deems appropriate.

I release and hold harmless the AAID and its authorized representatives from any and all liability relating to any such good faith inquiry made pursuant to my application for Associate Fellow membership in the American Academy of Implant Dentistry.

I further release and hold harmless anyone responding, in good faith, to any such inquiry made by the A & C Board or its authorized representatives.

Date

Signature of Applicant

APPLICATION DEADLINES AND FEES

Applications and fees for the oral/case part of the Associate Fellowship examination must be submitted to the AAID Headquarters Office, Suite 750, 211 East Chicago Ave., Chicago, IL 60611-2616, by February 1. **If an applicant is taking the oral/case examination for the first time, no additional fee is required with this application.** The fee to retake the examination is \$300.

Translation services for the oral/case examination are available upon request. The candidate will be responsible for all related fees. The fees will be based on the prevailing rates. Requests for translation services must be made at the time of application. Payment for the services must be received in the Headquarters Office at least 30 days before the examination.

PAYMENT OF REEXAMINATION FEE

If you are retaking the oral/case examination, include payment of \$300. If you pay by check, the payment must be in United States dollars and must be drawn on a United States bank. Make checks payable to American Academy of Implant Dentistry.

Check enclosed

Charge my: Visa MasterCard Discover American Express

Account #

Exp. Date

Security Code

Signature

Name on Credit Card (Please Print)