AAPD Postdoctoral Student Membership Application

211 East Chicago Avenue, Suite 1700, Chicago, Illinois 60611 • (312) 337-2169 • Fax (312) 337-6329

Please print. No application fee for pediatric residency programs approved by Commission on Dental Accreditation of the American Dental Association (CODA).

$25 USD application fee for all non CODA post doctoral students residing outside the USA. Application will not be processed without fee.

Personal Information

Name: _____

Directory Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax: (_____)_____

E-mail: _____ Website: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax: (_____)_____

Gender: ❑ M ❑ F DOB: __/__/__ US Citizen: ❑ Y ❑ N

Professional Information

Member of:
- ❑ American Student Dental Association # _____
- ❑ National Dental Association # _____
- ❑ Foreign Equivalent # _____

Transfer to Postdoctoral Membership? ❑ AAPD Member # _____

Previous Membership Class
- ❑ PreDoc
- ❑ Affiliate

Education

	Date of Completion	School	Degree
Undergraduate			
Dental School			
Pediatric Dentistry Postdoctoral/Residency Training			
Other Dental Postdoctoral Training			
Additional Degree			

Signature: _____ Date: _____

If you are applying for an extension or transfer, your Program Director must send verification of your enrollment to the Headquarters Office.

Payment – for non CODA approved program students only!

My check is enclosed with payment

Please charge my ❑ Visa ❑ MasterCard ❑ American Express

Credit Card # _____ Exp. Date _____

Signature _____

Headquarters Office use only

Previous AAPD Membership: _____ Anticipated completion date: _____ Extended to: _____

❑ Approved ❑ Denied Reason: _____

Signed: _____ Date: _____