



APPLICATION FOR FELLOWSHIP

Name _____

Address _____

Telephone number _____

Member ID _____ Date Accredited _____

E-mail address _____

Application Requirements

- 1. Membership dues paid for the current year. (Yes/No)
- 2. Application fee: \$600.00 - Non-refundable fee to hold a submission date. Cancellation or rescheduling an assigned date is a forfeiture of your applications and fees.
- 3. Submission of 50 cases for dentists/30 cases for ceramists.

Or

- Second submission using the banking system (one time use). (Must have passed 30 cases for dentists/18 cases for ceramists on original presentation to use banking system.)

My original examination date _____

I am submitting _____ cases.

(I understand that I must successfully complete the Fellowship process in the 5 year required period, otherwise I will be required to begin again with a new application, fees and 50 (dentist)/30 (ceramist) cases.

***It is agreed that, in the event of failure on the American Academy of Cosmetic Dentistry ("Academy") examination for Fellowship from the Academy, the undersigned will not institute any action nor aid in the institution or prosecution of any action or suit at law or equity against the Academy or any of its agents or employees for any damages, injury or loss either to person, business interests, or property, resulting or to result from failing the Fellowship examination or related matters.

Signature: _____ Date: _____

Payment Information

Type of Credit Card _____

Card Number _____

Card Security Code Number _____

Expiration Date _____

Cardholder Signature _____