



AMERICAN ACADEMY OF IMPLANT DENTISTRY

211 East Chicago Ave., Suite 750, Chicago IL 60611-2616

312/335-1550

APPLICATION FOR ASSOCIATE FELLOW MEMBERSHIP WRITTEN EXAMINATION

Complete the application and return it and the \$750 application fee to the AAID Headquarters Office for receipt by the deadline specified in the schedule for the written examination that you wish to take. (The schedule is posted at www.aaid.com or contact the AAID Headquarters Office.)

For which examination format and date (period) are you applying?

_____ Print format on _____ in _____
Date City in the United States

_____ Computer-based format during the _____ exam period.
Dates

If you have a disability that would require alternative testing arrangements, provide a brief explanation:

Name _____
First Middle Last Degree

Office Address _____
No. Street Suite

City State Zip Country

Telephone Fax E-Mail Address

Home Address _____
No. Street Suite

City State Zip Country

Telephone

Date of Birth _____ Place of Birth _____

Dental Education

Name of institution

Location

Date

Degree

Other Professional Education (e.g., Graduate School, Medical School)

Name of institution	Location	Date	Degree
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Name of institution	Location	Date	Degree
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Specialty Board Certification

Board	Year
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Board	Year
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Post-doctoral education or continuing education in oral implantology and related subjects. (Use additional sheet if necessary.) (This section MUST be completed by ALL applicants, including those who have completed an AAID MaxiCourse®.)

a. Sciences Related to Implant Dentistry

Date(s)	Title of Course	Sponsoring Institution	Subject Matter Code*	Total Hrs./ Participation Hrs.	Instructor

b. Clinical Implantology and Related Course

Date(s)	Title of Course	Sponsoring Institution	Subject Matter Code*	Total Hrs./ Participation Hrs.	Instructor

*BS - Basic Science
 CME - Clinical/Medical Exams
 G - Grafting

IM - Implant Modalities
 O - Occlusion

P - Prosthetics
 Per - Periodontics

PM - Practice Management
 S - Surgery

APPLICATION DEADLINES, FEES AND POLICIES

The Associate Fellow Examination has two parts: written and oral/case. The application fee of \$750 covers both parts of the examination. The application fee is nonrefundable.

Submit two copies of the application for receipt in the AAID Headquarters Office, Suite 750, 211 East Chicago Avenue, Chicago, IL 60611-2618 by the deadlines announced for the examination format that you have chosen:

- Print examinations: thirty (30) days before the examination date
- Computer-based examinations: four (4) months before the first day of the examination period

Candidates must pass the written examination before applying for the oral/case part. The oral/case part must be successfully completed within four years after passing the written examination. The oral/case examination is given in Chicago once each year, typically in early May; that application deadline is February 1.

ACCEPTANCE OF CONDITIONS FOR APPLICATION

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.

Date

Signature of Applicant

PAYMENT

Include payment of \$750. 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

Account #

Exp. Date

Security Code

Signature

Name on Credit Card (Please Print)