



APPLICATION FOR ASSOCIATE FELLOW MEMBERSHIP

Part 1: WRITTEN EXAMINATION

Complete the application and return it and the \$950 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.aid.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 or Canada

Computer-based format during the _____ exam period.
Dates

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

[Empty box for disability explanation]

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 Fax E-Mail Address

4. Date of Birth _____ Place of Birth _____

5. Dental Education
Name of institution Location Date Degree

6. 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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7. Specialty Board Certification

Board	Year
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Board	Year
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8. 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 \$950 covers both parts of the examination. The application fee is nonrefundable.

Submit 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.

Effective with the 2013 examination, those who have passed Part 1 of the Associate Fellow examination will have the option of taking the oral/case examination for either Associate Fellow or Fellow membership (see Fellow Requirements for details). In either case, the oral/case examination must be completed successfully within four years after passing the Part 1 (written) examination; and candidates for the oral/case examination must be general members of the Academy in good standing.

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 \$950. 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. If you pay by wire transfer, attach a copy of the receipt. **Your name must appear on the receipt.**

Check enclosed

Wire Transfer from _____
Name of Bank Name that Appears on Wire Transfer

Charge my: Visa MasterCard Discover American Express

Account #

Exp. Date

Security Code

Signature

Name on Credit Card (Please Print)