



RESCHEDULING FOR ASSOCIATE FELLOW EXAMINATION

Complete this application and return it to the AAID Headquarters Office for receipt by the deadline for the examination that you wish to take. A candidate for the written examination may be rescheduled one time without charge. Otherwise, a \$75 administrative fee will be charged each additional time that the examination is rescheduled. A candidate who does not cancel their examination at least 24 hours prior to the scheduled examination are subject to a \$300 no show fee to reschedule.

Part 1: WRITTEN EXAMINATION. For which examination format and date (period) are you applying? The current exam schedule is posted at www.aaid.com/examschedule or contact the AAID Headquarters Office.

Print format on \_\_\_\_\_ in \_\_\_\_\_
Date City in the United States

Computer-based format during the \_\_\_\_\_ exam period.
Dates

1. Name \_\_\_\_\_
First Middle Last Degree

2. Mailing Address \_\_\_\_\_
No. Street Suite

City State Zip Country

Telephone Fax E-Mail Address

3. Date of Birth \_\_\_\_\_

APPLICATION DEADLINES, FEES AND POLICIES

The Associate Fellow Examination has two parts: written and oral/case. Candidates must pass the written examination before applying for the oral/case part. A candidate for the written examination may be rescheduled one time without charge; a \$75 administrative fee will be charged each additional rescheduling request. Candidates who do not cancel their examination at least 24 hours prior are subject to a \$300 no show fee to reschedule.

Submit the completed Part 1 (written) 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.

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. 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.

- No Show Fee (\$300)
First reschedule (\$0)
Second/additional reschedule (\$75)

Check enclosed

Charge my:

- Visa MasterCard Discover American Express

Account #

Exp. Date Security Code

Signature

Name on Credit Card (Please Print)