DENTAL TECHNICIAN ALLIANCE AFFILIATE APPLICATION

AMERICAN COLLEGE OF PROSTHODONTISTS
Your smile. Our specialty.®

Please type or print clearly. (An incomplete application will be returned and will delay activation.)

APPLICANT INFORMATION

First Name | Middle Initial | Last Name

Date of Birth

Gender: ☐ Male ☐ Female

PRIMARY OFFICE INFORMATION

☐ Preferred Mailing/Billing Address (Please choose only one)

Company/Institution Name

Address Line 1

Address Line 2

Address Line 3

City | State | Zip | Country

Phone | Fax

Email (required for communication purposes) | Website

SECONDARY OFFICE INFORMATION

☐ Preferred Mailing/Billing Address (Please choose only one)

Company/Institution Name

Address Line 1

Address Line 2

Address Line 3

City | State | Zip | Country

Phone | Fax

Email (required for communication purposes) | Website

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HOME INFORMATION

☐ Preferred Mailing/Billing Address (Please choose only one)

Address Line 1

Address Line 2

Address Line 3

City | State | Zip | Country

Home Phone | Cell Phone

Email (required for communication purposes)

APPLICANT EDUCATION

Degrees Earned (Check all that apply): ☐ CDT ☐ RDT ☐ MDT ☐ PhD ☐ MS ☐ MA ☐ BS ☐ BA

Additional degrees not listed above: _____

Dental Technician Program | State | Country | Graduation Date

Undergraduate Degree | State | Country | Graduation Date

Graduate Degree | State | Country | Graduation Date

PRIMARY ACTIVITY

☐ Laboratory Owner ☐ Dental Technician ☐ Education

SECONDARY ACTIVITY

☐ Administration ☐ Education ☐ Dental Technician

PROCEDURES

Check all prodedures that you perform in your office:

☐ Fixed Dentures ☐ Removable/Partial Dentures ☐ Orthodontics ☐ Maxillofacial ☐ Dental Implants ☐ Treatment Planning

☐ Crowns/Bridges ☐ Implant-Supported Prosthodontics ☐ Removable Prosthodontics ☐ Digital Laboratory Technology

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FIND A DENTAL TECHNICIAN

All Dental Technician Alliance affiliates' office contact information is included in the ACP referral search "Find a Dental Technician" for consumers, patients, and dental professionals unless an affiliate requests to be excluded by checking the box below. This is an important marketing tool for your practice.

☐ I DO NOT wish to be included in the ACP "Find a Dental Technician" professional referral website

ACP MEMBERSHIP DIRECTORY / FIND A COLLEAGUE ONLINE LISTING

☐ Publish my ***Name Only*** in the Membership Directory and Find a Colleague online listing. By checking this box, you are asking that ALL contact information be withheld from the ACP Membership Directory and Find a Colleague listing. ***Only your name*** will appear.

OR Choose any combination from the following options. Please **check all contact data** you wish to have printed in the ACP Membership Directory and Find a Colleague online listing:

☐ Print ***Primary Office Address*** (includes complete Primary Office contact information)

☐ Print ***Secondary Office Address*** (includes complete Secondary Office contact information)

☐ Print ***Home Address*** (includes complete Home contact information)

☐ Print ***Spouse/Companion's Name*** _____
Spouse/Companion Name

APPLICANT VERIFICATION

I hereby certify that the information on this application is correct.

_____ _____
Applicant Signature (Typing your name will serve as your electronic signature) Date

QUALIFICATIONS

Dental Technician Alliance affiliation in the College shall be limited to those individuals who have completed a formal training program in dental technology and are sponsored by an ACP member. Technicians who have not completed a formal training program may qualify if they are sponsored by two ACP members. For special circumstances, please contact the ACP Central Office for approval options.

FOR CONSIDERATION...

The following must accompany your application:

1. Application and/or reinstatement fee: $125 non-refundable.
2. Dues: Annual affiliate dues are $485 per calendar year.
3. A letter of recommendation from a current member of the American College of Prosthodontists.
4. Copy of your certificate indicating that you have successfully completed a formal dental technician training program.

OR, if you have not completed a formal dental technician training program, an alternative qualification of membership may be obtained by providing two letters of recommendation from current members of the American College of Prosthodontists. For assistance identifying current members, please contact Justinn McDaniel, Membership Services Manager at jmcdaniel@prosthodontics.org.

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MEMBERSHIP SERVICES DEPARTMENT CONTACT INFORMATION

MAIL	FAX	PHONE	EMAIL
American College of Prosthodontists 5198 Eagle Way Chicago, IL 60678-5198	(312) 573-1257	(312) 573-1260	Justinn McDaniel, Membership Services Manager at: jmcdaniel@prosthodontics.org

PAYMENT

☐ MasterCard ☐ VISA ☐ American Express ☐ Check Enclosed (Check #): _____

_____
Cardholder Name

_____
Credit Card Number Exp. Date

Mail or fax your completed application, payment, certificate, and sponsor/recommendation to:
American College of Prosthodontists
211 E. Chicago Avenue, Suite 1000
Chicago, IL 60611
Phone: (312) 573-1260 | Fax: (312) 573-1257
Prosthodontics.org
jmcdaniel@prosthodontics.org