GLOBAL 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): ☐ DDS ☐ DMD ☐ DVM ☐ BDS ☐ PhD ☐ MS ☐ MA ☐ MSD ☐ MPH

Additional degrees not listed above: _____

Dental School Attended | State | Country | Graduation Date

Prosthodontic Certificate Program | State | Country | Graduation Date

PRIMARY ACTIVITY

☐ Private Practice ☐ Federal Services ☐ Education ☐ Research

SECONDARY ACTIVITY

☐ Private Practice ☐ Education ☐ Administration ☐ Consultant ☐ Hospital Dentist ☐ Public Health ☐ Research

FACULTY APPOINTMENT (if applicable)

Undergraduate Faculty Position/Title: _____

Institution: _____ Percent of Time Teaching Undergraduate: _____

☐ I am the Prosthodontic Department Chair

Postdoctoral Faculty Position/Title: _____

Institution: _____ Percent of Time Teaching Postdoctoral: _____

☐ I am the Prosthodontic Program Director ☐ I am the Maxillofacial Program Director

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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

Global Alliance affiliation in the College shall be limited to those individuals who have completed an advanced dental education program in prosthodontics which has not been accredited by the Commission on Dental Accreditation of the American Dental Association and whose permanent residence is outside of the United States.

FOR CONSIDERATION...

The following must accompany your application:

1. Application and/or reinstatement fee: $125 non-refundable.
2. Dues: Annual affiliate dues are $587 per calendar year.
3. Copy of your certificate indicating that you have successfully completed an advanced dental education program in prosthodontics. The program must NOT have been accredited by the ADA's Commission on Dental Accreditation at the time you completed your program.

PAYMENT

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

_____
Cardholder Name

_____
Credit Card Number Exp. Date

Mail or fax your completed application, payment, and certificate 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