

# PREDOCTORAL STUDENT 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

## DENTAL SCHOOL/UNIVERSITY INFORMATION

Dental School/University Name

Address Line 1

Address Line 2

Address Line 3

City

State

Zip

Country

Phone

Fax

Email (required for communication purposes)

Website

Program Director Name for Verification

Expected Graduation Date

## HOME INFORMATION

\*Required for all student applications

Address Line 1

Address Line 2

Address Line 3

City

State

Zip

Country

Home Phone

Cell Phone

Email (required for communication purposes)

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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 **Dental School/University Address** (includes complete Dental School/University 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

**Predoctoral students** shall be currently enrolled in a North American dental program, accredited by the Commission on Dental Accreditation of the American Dental Association and be interested in the field of prosthodontics. An individual may retain their Predoctoral Student Alliance status until termination of his/her formal training in general dentistry.

Predoctoral students must prove current membership in the American Student Dental Association (ASDA) by including a copy of their current membership card with their application. Predoctoral Student Alliance affiliates pay discounted registration fees for the Annual Session and continuing education courses and enjoy all member benefits provided on the ACP website. However, they may not hold voting membership on committees, nor may they hold elective or appointive office.

Residents/graduate students enrolled in an advanced dental education program in prosthodontics should NOT complete this form. Contact the ACP Central Office for a Resident/Graduate Student membership application.

Predoctoral Student Alliance dues are supported by the American College of Prosthodontists.

Mail or fax your completed application and  
ASDA membership card to:  
American College of Prosthodontists  
211 E. Chicago Avenue, Suite 1000  
Chicago, IL 60611  
Phone: (312) 573-1260 | Fax: (312) 573-1257  
Prosthodontics.org  
acp@prosthodontics.org