



AMERICAN ACADEMY OF IMPLANT DENTISTRY
211 East Chicago Ave, Suite 1100, Chicago IL 60611-2616 312/335-1550

APPLICATION FOR ACADEMIC ASSOCIATE FELLOW MEMBERSHIP

Submit the application and attachments and the \$600 application fee to the AAID Headquarters Office. Make and retain a copy for your files. All requested information must be provided in detail and in such form that the data can be verified. Applications must be received in the Headquarters Office by **February 1**. Type or print all information in English. \$100 of your fee is allocated to specialty recognition advocacy. For over 30 years, the AAID has supported its members' first amendment right to truthfully advertise *bona fide* credentials like the AAID Associate Fellow and Fellow.

1. Name _____
First Middle Last Degree

2. Office Address _____
No. Street Suite

City State Zip Country

Telephone Fax Email Address

3. Date of Birth _____

4. Are you a U.S. Citizen? ☐ Yes ☐ No If no, what is your country of citizenship? _____

5. Attach a current resume or curriculum vita that includes detailed documentation of your professional and educational background, contributions to implant dentistry and your appointment on a full-time basis as a faculty member or administrator of an accredited dental school.

6. Number of years engaged in the practice of implant dentistry: _____

7. Which phase(s) of implant dentistry do you perform? Surgical _____ Prosthetic _____

8. Number of implant cases completed:

	1-9 cases	10-19 cases	20 + cases
Subperiosteal			
Root Form			
Blade (Plate) Form			
Endodontic			
Intramucosal Insert			
Ramus Frame			
Augmentation			

ACCEPTANCE OF CONDITIONS FOR APPLICATION

Accuracy of information

I certify that the information in this application is true and correct in all material respects. I acknowledge and understand that if any of the information is found to be false or misleading in any respect, the AAID in its sole discretion may terminate membership.

Membership Pledge

I agree to uphold the following membership pledge of the AAID:

I hereby declare, as a condition of membership, that I am in agreement with the purpose, standards and objectives of the American Academy of Implant Dentistry.

I will honor its constitution and bylaws and will refrain from any activity that will violate the public trust and confidence in the Academy.

I solemnly promise to maintain a privileged respect for the dignity of my patients and to make a continuing effort to perfect my knowledge of implant dentistry.

I pledge to abide by the ethical constraints of my profession and the Academy. I will endeavor to encourage the scientific study of Implant Dentistry and seek to advance the free exchange of ideas and information to better serve my fellow man.

Authorization and Release

I hereby grant the Admissions and Credentials (A&C) Board of the American Academy of Implant Dentistry and/or its authorized representatives permission to make general inquiries and to obtain information from any source, concerning my professional standing, reputation, skill, character and fitness as it deems appropriate.

I release and hold harmless the AAID and its authorized representatives from any and all liability relating to any such good faith inquiry made pursuant to my application for Associate Fellow membership in the American Academy of Implant Dentistry.

I further release and hold harmless anyone responding, in good faith, to any such inquiry made by the A & C Board or its authorized representatives.

Date

Signature of Applicant

APPLICATION DEADLINES AND FEES

Applications and fees for Academic Associate Fellowship must be submitted to the AAID Headquarters Office, Suite 1100, 211 East Chicago Ave., Chicago, IL 60611-2616, by February 1. The application fee for Academic Associate Fellowship is \$600: the fee is nonrefundable. If you pay by check, the payment must be in United States dollars and must be drawn on a United States bank.

PAYMENT OF APPLICATION PROCESSING FEE

Include payment of \$600.

☐ Check enclosed

☐ Send me an invoice via Quickbooks®

My email address for the invoice