



2018 FELLOWSHIP AWARD APPLICATION

Phone: 888.243.3368, ext. 4969; Fax: 312.335.3428

Application must be postmarked by Dec. 31, 2017

Last name First name Middle initial Degree

Street address City State/province ZIP/postal code Country

Phone Fax Email

Dental school Graduation year / / / /

AGD ID number Date of membership (AGD join date) Date of passing Fellowship Exam

State/province where licensed License number Military branch (if applicable)

My check in the amount of \$710, payable to the AGD in U.S. dollars, is enclosed. There will be a \$25 fee for all returned checks.

OR

Charge my Visa MasterCard for \$710.

Card number Exp. date Name as it appears on card

Signature (required to process your application)

I affirm that the attached Fellowship Award application accurately itemizes my AGD-acceptable Fellowship credits. I understand that the AGD will check the accuracy of the credits listed. I also understand that I am responsible for the completeness and accuracy of the credit information attached and that the AGD is not responsible for any errors or omissions in my computer record. I agree to abide by the decision of the Dental Education Council and the Board of Trustees regarding whether or not I meet the requirements for Fellowship. I do hereby attest that my privilege to practice dentistry has not been suspended or revoked in the past five years and is not currently under consideration for suspension or revocation, and that I am currently in good standing with my local state board of dentistry. I also attest that I have paid my AGD membership dues and I am currently in good standing with the AGD. I understand that inaccurate information can result in permanent ineligibility to receive the Fellowship Award and that such decisions made by the Dental Education Council are final. Applications withdrawn after the Dec. 31, 2017 deadline or determined by the council not to meet the Fellowship requirements are subject to a processing fee of \$100 (U.S.).

Date Signature

IMPORTANT CONVOCATION INFORMATION

Please note: Submitting this information does not guarantee that your application will be approved by the Dental Education Council or the Board of Trustees.

I plan on attending the 2018 Convocation Ceremony in New Orleans on Saturday, June 9, 2018.

Plaque: This is how I would like my name to appear on my award plaque:

Please print clearly

Mail checks to: Academy of General Dentistry 28148 Network Place Chicago, IL 60673-1281

Mail credit card payment to: Academy of General Dentistry 560 W. Lake St., Sixth Floor Chicago, IL 60661-6600

Fax credit card payment to: 312.335.3428

Phone: 888.AGD.DENT (888.243.3368)