



# Lifelong Learning & Service Recognition Application

(Application must be postmarked by March 31, 2012)

**PLEASE PRINT**

AGD ID# \_\_\_\_\_ Date of Membership \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax# \_\_\_\_\_ E-mail address \_\_\_\_\_

State Licensed In \_\_\_\_\_ License # \_\_\_\_\_ Military Branch (If applicable) \_\_\_\_\_

**Payment**

My check # \_\_\_\_\_ in the amount of \$500, payable to AGD in U.S. dollars, is enclosed (\$25 fee for all returned checks)

Or  
Charge my ( ) VISA ( ) MasterCard ( ) Discover ( ) American Express

\_\_\_\_\_ Exp. \_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Signature (We cannot process credit card payments without a signature.) Date

I affirm that the attached Lifelong Learning & Service Recognition (LLSR) Application accurately itemizes my AGD-acceptable LLSR credits. I understand that the Academy of General Dentistry may 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 regarding whether or not I meet the requirements for LLSR. I do hereby attest that my privilege to practice dentistry has not been suspended or revoked in the past five (5) years, 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 LLSR and that such decisions made by the Dental Education Council are final.

\_\_\_\_\_  
Signature Date

**IMPORTANT PERSONALIZATION INFORMATION:**

This is how I would like my name engraved on crystal:

*Please Print*

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

Mail or Fax Application to:

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

Phone: 888.AGD.DENT  
Fax: 312.335.3428

Credit card payment fax or mail to:  
Academy of General Dentistry  
211 E. Chicago Ave., Ste. 900  
Chicago, IL 60611-1999