



# AGD FELLOWSHIP AWARD 2021 APPLICATION

Phone: 888.243.3368, ext. 4969

Fax: 312.335.3428

Email: [education@agd.org](mailto:education@agd.org)

Website: [www.agd.org](http://www.agd.org)

**Application must be postmarked by Dec. 31, 2020.**

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)		

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 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**Applications withdrawn after the Dec. 31, 2020, deadline or determined by the council not to meet the Fellowship requirements are subject to a processing fee of \$100 (U.S.).**

Signature	/ /	Date
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### Important Convocation Information

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

I plan on attending the 2021 Convocation Ceremony in Austin, TX on Saturday June 12, 2021.

**Plaque:** This is how I would like my name to appear on my award plaque: \_\_\_\_\_  
Please print clearly

### PAY BY CREDIT CARD

To better ensure your privacy the AGD uses PayPal to process credit cards. The AGD accepts Visa, MasterCard or American Express, or you can pay through your PayPal account.

[Click here](#) to pay the \$710 Fellowship Award application fee.

Submit completed applications to:  
[education@agd.org](mailto:education@agd.org) OR FAX: 312.335.3428

I understand that my application will not be processed until payment is received

### PAY BY CHECK

- Check in the amount of \$710 enclosed.
  - Checks must be in U.S. dollars, payable to the AGD
  - There is a \$25 fee for returned checks

### Mail your application and check to:

Academy of General Dentistry  
28148 Network Place  
Chicago, IL 60673-1281

I understand that my application will not be processed until payment is received