



LIFELONG LEARNING AND SERVICE RECOGNITION 2018 APPLICATION

Application must be postmarked by Dec. 31, 2017.

AGD ID number		Date of membership / /		Year Mastership received
First name	Middle initial	Last name	Degree	
Street address	City	State/Province	ZIP/Postal code	Country
Phone	Cell			
Fax	Email			
State/province where licensed	License number	Military branch (if applicable)		

My check (# _____) in the amount of \$700, payable to the AGD in U.S. dollars, is enclosed.
There will be a \$25 fee for all returned checks.

OR

Charge \$700 to my Visa MasterCard Discover American Express

Card number	Exp. date / /	Name as it appears on card
Signature (required to process your application)		Date / /

I affirm that the attached Lifelong Learning and 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 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

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

This is how I would like my name engraved on my crystal: _____
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:
312.335.3430
Phone: 888.243.3368