

| FAADOM |

Application for AADOM

Fellowship

CONTACT INFORMATION

First & Last Name _____ Title _____

Home Mailing Address _____

City _____ State _____ Zip _____

Contact Phone _____ Mobile Phone _____

Email Address _____

EMPLOYER INFORMATION

Type of Practice: General Dentistry Specialized (specify) _____

Current Employer Name (if applicable) _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone _____ Employer Fax _____

Employer Email _____ Employer Website (if available) _____

PAYMENT INFORMATION

Application Fee

\$350 fee for all FAADOM Application reviews. (Fee is non-refundable)

Payment

Method of payment: Check (please make checks payable to "AADOM")

Credit Card

Name on CC _____ Exp Date (MM/YY) _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Type of Credit Card _____ Credit Card # _____ Security Code _____

Signature _____ Date _____

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Fellowship Application

Checklist and Instructions

APPLICATION CHECKLIST

- I have a minimum 3 years experience of dental office management/dental business experience.
- I have a letter of recommendation from a current or past employer citing my abilities as a dental office manager/practice administrator.
- I am a member in good standing of the American Association of Dental Office Management (AADOM).
- I have successfully passed the Dale Foundation's Accounts Receivable for the Dental Office. (4 CE Credits)
 I have successfully passed the Dale Foundation's HR Fundamentals for the Dental Office. (6 CE Credits)
 I have successfully passed the Dale Foundation's Financial Reporting for the Dental Office. (6 CE Credits)
- I understand that I must attend a conference every three years to maintain my fellowship status.
Please list year and city: _____ (AADOM will verify attendance)
- I have attached a copy of my CE report documenting completion of the 31 required CE units. (This includes the DALE Modules noted above in #4.)
- I have read and agree to adhere to AADOM's Code of Conduct.
- I understand maintaining my fellowship status requires completing 12 CE s/b annually after induction.
- I understand that I will be responsible for my annual FAADOM Maintenance fee of \$50.
- I understand that failure to maintain 12 CE annually and remain current on FAADOM maintenance fees following induction will result in the revoking of my FAADOM status.

ITEMS TO ENCLOSE

- Work history
- Letter of recommendation citing my abilities as a dental office manager/practice administrator from a current or past employer.
- A copy of Certificate of Completion of The DALE Foundation's Accounts Receivable for the Dental Office.
- A copy of Certificate of Completion of The DALE Foundation's HR Fundamentals for the Dental Office.
- A copy of Certificate of Completion of The DALE Foundation's Financial Reporting for the Dental Office.
- Payment is enclosed.

SIGNATURE

I verify that all information enclosed in this application process is true.

Signed _____ Date _____

Name (please print) _____

**RETURN COMPLETED FORM AND PAYMENT VIA EMAIL TO: FAADOM@DENTALMANAGERS.COM
OR BY MAIL TO: AADOM, 125 HALF MILE ROAD, SUITE 200, RED BANK, NJ 07701**