

| 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

Current Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone _____ Employer Fax _____

PAYMENT INFORMATION

Application Fee

☐ \$450 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 _____

| FAADOM |

Application for AADOM

Fellowship

AS A FAADOM INDUCTEE I CONFIRM THE FOLLOWING:

- ☐ 1. I have a minimum three years experience of dental office management/dental business experience.
- ☐ 2. I am a member in good standing of the American Association of Dental Office Management (AADOM).
- ☐ 3. I have read and agree to adhere to AADOM's Code of Conduct and have included the certificate of completion.
- ☐ 4. I have a letter of recommendation from a current or past employer citing my abilities as a dental office manager/practice administrator.
- ☐ 5. I have successfully passed the Dale Foundation's HR Fundamentals for the Dental Office and certificate is included with my application. (Six CE Credits)
- ☐ 6. I have successfully passed the Dale Foundation's Accounts Receivable for the Dental Office and certificate is included with my application. (Four CE Credits)
- ☐ 7. I have successfully passed the Dale Foundation's Financial Reporting for the Dental Office and certificate is included with my application. (Six CE Credits)
- ☐ 8. I understand that I must attend a conference every three years to maintain my fellowship status. Please list year and city of last conference attended: _____ (AADOM will verify attendance)
- ☐ 9. 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.)
- ☐ 10. I understand maintaining my fellowship status requires completing 12 CEs annually after induction.
- ☐ 11. I understand that I will be responsible for my annual FAADOM Maintenance fee of \$50. (\$35 for lifetime members.)
- ☐ 12. I understand that failure to meet FAADOM maintenance requirements as stated above will result in revoking of my FAADOM status.

ITEMS TO ENCLOSE

- ☐ AADOM Code of Conduct certificate of completion.
- ☐ Work history in resume format.
- ☐ 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.
- ☐ Application payment.

SIGNATURE

I verify that all information enclosed in this application process is true, and I agree to adhere to the FAADOM maintenance requirements.

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**