

| MAADOM |

Application for AADOM

Mastership

CONTACT INFORMATION

First & Last Name _____ Title _____

Home Mailing Address _____

City _____ State _____ Zip _____

Contact Phone _____ Mobile Phone _____

Email Address _____

EMPLOYER INFORMATION

Current Employer Name (if applicable) _____

Employer Address _____

City _____ State _____ Zip _____

PAYMENT INFORMATION

Application Fee

\$450 fee for all MAADOM Application reviews. (Fee is non-refundable)

Payment

Method of payment: Check (Make checks payable to "AADOM". Mail checks and application to address listed on reverse side of application.)

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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AS A MAADOM INDUCTEE I CONFIRM THE FOLLOWING:

- 1. I hold a current FAADOM designation.
- 2. I have read and agree to continue to adhere to AADOM's Code of Conduct.
- 3. I have enclosed a copy of my AADOM CE report showing completion of the necessary 100 CE.
- 4. I have enclosed copies of my OSAP-DALE Foundation Dental Infection Prevention and Control Program™ certificates. Three certificates are enclosed with my application.
- 5. I confirm that I have submitted three articles to AADOM which have all been approved for publication by the AADOM editor.

Please list dates and publications:

6. I confirm that I have attended three AADOM conferences in the past five years. Please list years & cities attended:

7. I confirm that I have attended five AADOM chapter meetings or have completed the MAADOM program webcasts in the past five years. (Note these should be listed on your enclosed CE report)

8. I understand that I am responsible for maintaining a minimum of 15 CE each year to keep my Mastership status current and failure to do so will result in the revocation of such status.

9. I understand that I will be responsible for my annual MAADOM Maintenance fee of \$50. (\$35 for lifetime members.)

ITEMS TO ENCLOSE WITH MASTERSHIP APPLICATION

- Your personal AADOM CE report showing completion of 100 CE
- A copy of the three OSAP-DALE Foundation Dental Infection Prevention and Control Program™ certificates.
- Payment of MAADOM application fee—\$450

SIGNATURE

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

Signed _____ Date _____

Name (please print) _____

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