

| DAADOM |

Application for AADOM

Diplomate

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 DAADOM 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 DAADOM INDUCTEE I CONFIRM THE FOLLOWING:

- ☐ 1. I hold a current AADOM designation.
- ☐ 2. I have enclosed a copy of my AADOM CE report showing completion of the necessary 150 CE.
- ☐ 3. I confirm that I have submitted three articles to AADOM which have all been approved for publication by the AADOM editor.

Please list publications and dates.

- ☐ 4. I confirm I have had one article approved for publication in an industry publication. Please provide date and publication name.

- ☐ 5. I confirm that I have attended three AADOM conferences in the last five years. Please list years & cities attended:

- ☐ 6. I confirm I have completed 16 hours of community service in the medical or dental industry in the past five years.
(Provide letter from organization or provide dates and event information.)

- ☐ 7. I have read and agree to continue to adhere to AADOM's Code of Conduct.
- ☐ 8. I understand that I am responsible for maintaining a minimum of 25 CE each year each to keep my Diplomate 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 DAADOM Maintenance fee of \$50, (\$35 for Lifetime Members).

ITEMS TO ENCLOSE WITH MASTERSHIP APPLICATION

- ☐ Your AADOM CE report showing completion of 150 CE.
- ☐ Payment of DAADOM application fee—\$450.
- ☐ Proof of local community service, either dental or medical related.

SIGNATURE

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

Signed _____ Date _____

Name (please print) _____

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