

# | 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 MAADOM 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.

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

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

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- 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.)

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- 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 DIPLOMATE 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, 500 CRAIG ROAD, SUITE 101, MANALAPAN, NJ 07726