

# | 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 \_\_\_\_\_

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### *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, 500 CRAIG ROAD, SUITE 101, MANALAPAN, NJ 07726**