



AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth®

AAPD Postdoctoral Student Membership Application

211 East Chicago Avenue, Suite 1600, Chicago, Illinois 60611 • (312) 337-2169 • Fax (312) 337-6329

To enroll as a Pediatric Postdoctoral Member the Residency Program must be approved by
Commission on Dental Accreditation of the American Dental Association (CODA).

Personal Information

Required Field*

Name*: _____
FIRST* MIDDLE LAST*

Address*: _____

City*: _____ State* _____ Zip*: _____

Office Phone: (_____) _____ Mobile: (_____) _____

Home Phone: (_____) _____ Fax: (_____) _____

E-mail*: _____ Website: _____

Gender: M F DOB: ____/____/____ US Citizen: Y N
Month Day Year

Professional Information

Member of: ADA / American Student Dental Association # _____
 Foreign Equivalent # _____

Previous AAPD Member? AAPD Member # _____

Previous Membership Class PreDoc Affiliate Other: _____

I do not want to receive the following AAPD printed publication:

Pediatric Dentistry journal/PDT magazine Membership Directory

Education

*All students must list school and expected completion date of program. Only one Postdoctoral program required to apply.

	Date of Completion	School	Degree
Undergraduate			
Dental School			
Pediatric Dentistry Postdoctoral/Residency Training*			
Other Dental Postdoctoral/Residency Training*			
Additional Degree			

Signature: _____ Date: _____

Request for post-doctoral student membership in AAPD serves as application for participating state chapters.

If you are applying for an extension or transfer, your Program Director must send verification of your enrollment to the Headquarters Office.

Headquarters Office use only

Previous AAPD Membership: _____ Anticipated completion date: _____ Extended to: _____

Approved Denied Reason: _____

Signed: _____ Date: _____