



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: _____

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: _____