

THE NEW YORK ACADEMY OF DENTISTRY

FELLOWSHIP INFORMATION UPDATE 2015

Please Complete the Entire Form as We are Updating Our Files

NAME _____ SPOUSE NAME _____
(First) (MI) (Last) (Degree)

BIRTH DATE: _____

DENTAL DEGREE INSTITUTION & YEAR _____

POST-DOCTORAL INSTITUTION & YEAR _____

SPECIALTY: _____

BOARDS: YES _____ NO _____

ED QUALIFIED: YES _____ NO _____

BUSINESS ADDRESS _____

HOME ADDRESS _____

SEND MAIL TO Business _____ Home _____

BUSINESS PHONE (_____) _____ HOME PHONE (_____) _____

FAX NUMBER (_____) _____ CELL PHONE (_____) _____

E-MAIL _____ (It is most important that we have this on file!!!)

ADA MEMBER _____ ADA #: _____

(Please note that the NYAD Bylaws state – ARTICLE III, Fellowship, SECTION 1: ...Fellows who fail to maintain membership in the American Dental Association or its equivalent shall automatically forfeit Fellowship in the Academy).

TEACHING: FULL TIME: _____ PART TIME: _____ NOT TEACHING: _____

WHERE: _____ ACADEMIC RANK: _____

(AS WE ARE UPDATING OUR RECORDS, PLEASE RETURN THIS SHEET W/ YOUR DUES)