



AADSM
 1001 Warrenville Road, Suite 175, Lisle, IL 60532
 P: 630-686-9875 · F: 630-686-9876
 www.aadsm.org

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| Date Received: For office use only |
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AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

Qualified Dentist Designation Non-Member Application

Applicant Contact Information

| | | | |
|--------------|---------|----------|---------|
| Name: (Last) | (First) | (Middle) | Degree: |
|--------------|---------|----------|---------|

Professional Address

| | | | |
|----------------|--------|--------------|----------|
| Business Name: | | Address: | |
| City: | State: | Postal Code: | Country: |
| Phone: | Fax: | Website: | |

Home Address

| | | | |
|--------------|--------|--------|--------|
| Address: | | City: | State: |
| Postal Code: | Phone: | Email: | |

Supporting Documentation (Please provide copies of each of the following.)

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|---|
| 1. Valid Dental License |
| 2. Proof of Liability Coverage |
| 3. 25 Continuing Education (CE) Credits |
| <small>Note: Only ADA CERP recognized or AGD PACE approved CE credits in dental sleep medicine or sleep medicine will be accepted. CE credits must also have been obtained from a nonprofit organization or accredited dental school in the last two years.</small> |

Method of Payment (Please check one box below.)

| | | | |
|---|------------------|---|--|
| <input type="radio"/> Check payable to the AADSM (U.S. funds drawn on a U.S. bank) | | Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express | |
| Application Fee: \$300.00 | Card Number: | Exp. Date: | |
| Validation Code*: | Billing Address: | | |
| Cardholder's Name: | Signature: | | |
| <small>*For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.</small> | | | |

Please submit the completed application along with all supporting documentation to the AADSM.
 Mail: American Academy of Dental Sleep Medicine | 1001 Warrenville Road, Suite 175, Lisle, IL 60532
 Fax: (630) 686-9876, ATTN: Coreen Vick