



AADSM
 2510 North Frontage Road, Darien, IL 60561
 P: 630-737-9736 · F: 630-737-9790
 www.aadsm.org

Date Received: For office use only

AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE Qualified Dentist Designation Non-Member Application

Applicant Contact Information

Name: (Last)	(First)	(Middle)	Degree:
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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.)

1. Valid Dental License
2. Proof of Liability Coverage
3. 25 Continuing Education (CE) Credits
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.

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:		
*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.			

Please submit the completed application along with all supporting documentation to the AADSM.
 Mail: American Academy of Dental Sleep Medicine | 2510 N. Frontage Road, Darien, IL 60561
 Fax: (630) 737-9790, ATTN: Michaela Steinbach