



The American Board of Dental Public Health Incorporated 1950

APPLICATION FOR LIFE MEMBERSHIP AMERICAN BOARD OF DENTAL PUBLIC HEALTH (ABDPH)

Attach Recent Picture:

Instructions and Information: The application must be signed by the applicant and filed with the Executive Director (executive.director@ABDPH.org). **The application must be submitted electronically**, as portable document format (pdf) file. Name pdf document LastNameFirstInitial2021(year of application) - [Example: JoneJ-ABDPH2021-Application-Life Membership -2021]

I. Date of Application

Date of Application: (mm/dd/yyyy=>	
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Preferred Name for Certificate=>		
Last Name,	First Name,	Middle Name or Initial

Degrees=>	
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Present Position=>	
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Preferred Address =>			
Address	City,	State	Zip

Check If Preferred Mailing Address is => () Office Address OR () Home Address

Telephone =>		
Office#	Home#	Cell Phone#
Check One Preferred Telephone # =>: () Office #;	() Home #;	OR () Cell #

Email Address=>	
Office	Home
Check if Preferred E-Mail is => () Office E-Mail	OR () Home E-Mail

II. Age

Age to nearest Birthday: (mm/dd/yyyy=>	
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III. DOB

Date of Birthday (mm/dd/yyyy=>	
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IV. Certification

Year first certified as ABDPH Diplomate: (mm/dd/yyyy=>	
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V. Category for which you are applying:

- 1. Diplomate must be completely retired from the practice of dental public health and has been an active Diplomate for 20 or more years. (No application fee.)
- 2. Diplomate must be completely retired from the practice of dental public health, has been an active Diplomate for at least 10 or more years, and is at least 65 years of age. (No application fee.)
- 3. Diplomate completely retired from the practice of dental public health, less than age 65, less than 10 years as an active Diplomate, and has paid a one-time fee of \$200.00. In other words, if the Diplomate is completely retired from the practice of dental public health and has not attained the age of 65 or has not been a Diplomate for at least 10 years, or a combination of these factors. He or she can become eligible for life membership by paying a one-time fee of \$200.00.
- 4. Diplomate retired from the practice of dental public health but practicing no more than 200 hours per year (0.1 FTE). He or she can become eligible for life membership by paying a one-time fee of \$500.00.

I hereby apply to the ABDPH for Life Membership, in accordance with and subject to the procedures and regulations of the Board. All Annual Registration(s) are paid, and I have maintained the moral and ethical precepts of the specialty. I acknowledge that I have answered this application truthfully to the best of my knowledge.

I understand that it is my responsibility to inform the Executive Director, ABDPH, Dr. Judith Jones, of any changes in contact information, including preferred address, phone, and e-mail.

Type Name/Signature=>	
Date Signed: (mm/dd/yyyy)=>	

By checking this box [], I am providing my electronic signature approving all the information entered on this form. (Please enter name and date on signature and date lines above). **Note: If you have any questions, contact the Executive Director, ABDPH. **E-mail completed application electronically to executive.director@ABDPH.org. Send any application fee payable to ABDPH to the Executive Director, ABDPH, 2601 S. 5th Street, Springfield, IL 62703.****

Note: Benefits for Life Membership Diplomates include: 1) listed on ABDPH website, 2) emailed ABDPH Newsletter(s), 3) pay no Annual Registration Fees, 4) mailed or emailed the Invitation and Announcement to attend Diplomates Annual Dinner and Business Meeting at same cost as other Diplomates, and other benefits that the ABDPH deems appropriate.