Component Dental Society Membership Application

ADA.

cda.

1. Application type   Initial application   Re-application   Indefinite practice address

2. Personal information Gender: ☐ Male   ☐ Female

Name (first, middle, last) _____ ADA No. _____

Have you ever been known by any other name(s)?   Yes   No

If yes, please provide name(s) _____Date of birth _____

Year of first licensure in the U.S. _____ Where? _____ California Dental Lic. No_____Year licensed _____

Primary Office Address _____ City _____State/ZIP _____

Office phone _____ Fax _____Mobile _____

E-mail: _____ Do you practice at any additional offices?   Yes   No

Second Office Address _____ City _____State/ZIP _____

Office phone _____ Fax _____ Email_____

Home Address_____ City _____State/ZIP _____

Home phone _____ Email _____

Spouse name _____ Is spouse a dentist?   Yes   No

Mailing address (for correspondence and publication in membership directory)   Primary office address   Home address

Were you referred by a current member? If yes, by whom? _____

3. Practice information please submit a copy of specialty certificate.

☐ I am a general dentist   ☐ I am a specialist in the ADA recognized specialty of_____

A. Name of practice _____

B. Type of practice _____

C. Nature of employment _____
i.e., owner, associate, employee, contractor

D. Owner of the practice/records _____

4. Education

	School	State/Country	Date	Degree earned/specialty
Dental school to				
Internship to				
Postgraduate to				

5. Permits Please submit a copy of specialty certificate.

Do you or your employer practice under a name other than that which appears on your license?   Yes   No

If yes, please provide name(s) _____

If yes, you are required to obtain a fictitious name permit from the Dental Board of California: 916.263.2300, Ext. 2332 www.dbc.ca.gov

Is conscious sedation administered in your office?   Yes   No Permit holder's name _____

Is general anesthesia administered in your office?   Yes   No Permit holder's name _____

Do you write Schedule II prescriptions?   Yes   No If yes, provide your narcotics license number_____

6. Membership and licensure disciplinary action

A. Within the last five (5) years, has your dental license been disciplined by any state licensing board (e.g. revocation, surrender, suspension, probation, public reprimand)?   Yes   No

B. Have you ever been disciplined by the Judicial Council of the California Dental Association, or any other dental association (e.g. expulsion, suspension, probation, censure)?   Yes   No

C. Have you ever dropped your California Dental Association membership, or any other dental association membership, with a peer review or ethics case pending, or while your membership was on probation?   Yes   No

D. Have you ever been denied membership in the California Dental Association, or any other dental association?   Yes   No

If the answer to any of the foregoing questions is "yes", please provide full details (please attach an additional piece of paper, if necessary).

Membership acknowledgements and agreements

A. Bylaws and codes compliance agreement

I hereby agree to abide by the CDA Code of Ethics, the ADA Principles of Ethics and Code of Professional Conduct and the bylaws of the component dental society, the California Dental Association and American Dental Association.

I hereby acknowledge and agree, as to any patient I treat, to comply with the reasonable requests of a duly constituted peer review committee as set forth in Section 3 of the CDA Code of Ethics and to abide by the decisions of such body. It is understood that this may require, among other things, that I provide patient records, including X-rays, study models, or other documents necessary in order for a committee to conduct a peer review. In the event of a peer review decision in favor of the patient, funds will be made available by me as designated by the peer review decision. I also acknowledge that non-compliance with a duly constituted peer review committee, a single peer review case involving grossly inadequate or grossly inappropriate treatment, and/or a pattern of negligent or inappropriate practice (i.e., three or more adverse peer review decisions in a 24-month period), may result in the referral to the Judicial Council for investigation of possible ethical violations.

An adverse Judicial Council decision could result in a report to the Dental Board of California and the National Practitioner Data Bank, as mandated by law. In addition, such matters and violations of the CDA Code of Ethics may result in the imposition of discipline by CDA, including censure, suspension, or expulsion. All ADA documents may be obtained at ada.org, all CDA documents at cda.org and component documents may be available from a component dental society office or website.

B. Membership agreement

I certify that all statements made by me in this application are complete, true and correct. I agree that if any such statements are found to be false, or if there are material omissions made, this application may be rejected solely on those grounds, or in the event such false statement or omission does not become known to the dental society until after I have been elected, that I may be removed immediately from membership on the basis of the false statement of omission alone. For the purposes of this paragraph, I understand that a material misstatement or omission shall mean one which is "not insubstantial" or one which is "significant in relation to the questions asked." Upon becoming a member, I hereby waive the right to hold component dental society, CDA, ADA, or any member thereof, responsible for any damage in case of disciplinary action involving me, after a hearing in accordance with the bylaws of these organizations.

C. Fax and email consent

I understand that by providing the fax number(s) and email address(es) in Section 2 of this application, I hereby consent, on behalf of myself and on behalf of any entity specified in Section 6 of this application, to receive faxes and emails sent by or on behalf of the component dental society, CDA, ADA, The Dentists Insurance Company, TDIC Insurance Solutions, and California Dental Association Foundation. If I am giving this consent on behalf of an entity specified in Section 6 of this application, I hereby represent and warrant that I am duly authorized to execute and deliver this consent on behalf of that entity.

_____

Name of applicant (please print)

_____   _____

Signature   Date

For component use only

Date submitted to local society_____   Date submitted to CDA_____   Date returned to CDA

For CDA office use only

Status quote for membership year_____   ADA dues $ _____   CDA dues $

Can prorate ADA Yes   No   Can prorate CDA Yes   No

Date quote requested from ADA_____   Date quote sent to component _____   Date elected