

LIFELONG LEARNING AND SERVICE RECOGNITION 2023 APPLICATION

Phone: 888.243.3368, ext. 4969 Fax: 312.335.3428 Email: education@agd.org Website: www.agd.org

Application must be	postmarked by	y Dec. 31, 2022.
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AGD ID number		Date of membersl	nip	Year Mastership received
First name	Middle initial		Last name	Degree
Street address	City	State/Province	ZIP/Postal code	Country
Phone		Cell		
Fax		Email		
State/province where licensed	License number		Military branch (if a	oplicable)
				LLSR. I do hereby attest that
my privilege to practice dentistry has n revocation, and that I am currently in g I am currently in good standing with th such decisions made by the Dental Ed Applications withdrawn after the Dec. processing fee of \$100 (U.S.).	not been suspended or revoked in the ood standing with my local State Boa he AGD. I understand that inaccurate ucation Council are final.	e past five years, is not ard of Dentistry. I also a information can result	currently under cons ttest that I have paid in permanent ineligib	deration for suspension or my AGD membership dues and vility to receive the LLSR and that
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Recognition application fee.

If using a PayPal account associated with a name other than your own, please print the name associated with the account:

☐ I understand that my application will not be processed until payment

Submit completed applications to: education@agd.org OR FAX: 312.335.3428

is received

Academy of General Dentistry 28148 Network Place Chicago, IL 60673-1281

☐ I understand that my application will not be processed until payment is received