

Please forward form and payment to:
 The American Academy of Periodontology
 Education and Liaison Department
 737 N. Michigan Avenue, Suite 800
 Chicago, IL 60611-2690
Attention: Catherine Justak



Please print clearly. Use blue or black pen.

2005 IN-SERVICE EXAMINATION APPLICATION FORM	
First Name: _____ MI _____ Last Name: _____	
Year of Periodontal Training 1__ 2__ 3__	
Name of School Attending: _____	
Social Security Number: _____ - _____ - _____	NOTE: Social Security Numbers are for use by the Academy for identification of candidates. If you do not have a social security number or do not wish to provide one, leave this portion blank and an identification number will be assigned to you.
Have you taken the In-Service Exam previously? YES ____ NO ____	
Profile Information (The information you supply below is voluntary)	
Gender: Male ____ Female ____	Date of Birth: ____/____/____
Race or Ethnicity: ____ Caucasian ____ Black or African American ____ American Indian or Alaska Native ____ Asian ____ Hispanic or Latino Other _____	Are you a graduate of a foreign dental school? YES ____ NO ____
	Name of the dental school from which you graduated: _____ _____

Examination Fee \$100.00
 Fee must accompany application.
 Please make checks payable to:
 The American Academy of Periodontology

Charge my credit card (Mastercard/Visa only)

Check enclosed

_____ master card/visa number exp. date
 (PLEASE CIRCLE NAME OF CARD)

_____ cardholder signature