

# Component Dental Society Membership Application



**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

I am a general dentist  I am a specialist in the ADA recognized specialty of \_\_\_\_\_  
Please submit a copy of specialty certificate

Primary office

Second office

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 \_\_\_\_\_

Please submit a copy of specialty certificate

### 5. Permits

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. Have you ever received notice that you failed to comply with or been subject to the adverse decision of a duly constituted committee of a constituent or component dental society of the American Dental Association, or is any such action pending?  Yes  No

B. Are you currently subject to any state board disciplinary action resulting from an adverse decision (suspension, probation terms, etc.) regarding your California dental license?  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](http://ada.org), all CDA documents at [cda.org](http://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.

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Name of applicant (please print)

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Signature

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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 \_\_\_\_\_