The Canadian Academy of Restorative Dentistry and Prosthodontics
L'Academie Canadienne de Dentisterie Restauratrice et de Prosthodontie

ADA C·E·R·P®
CONTINUING EDUCATION RECOGNITION PROGRAM
CARDP is a Recognized Provider

(APPLICATION FOR MEMBERSHIP – Active Status)

Date: _____ **Date Received by Admissions Chair:**_____

Applicant's Complete Name:

_____

Applicant's Preferred Name:

_____

Year of Dental Graduation: _____

Applicant's Business Address:

_____

_____

_____

Proposer's Name:

_____

Secondary Proposer's Name:

_____

Bus. Phone: _____

Home Phone:_____

Fax No.: _____

E-Mail: _____

Degree(s), School (s) and Year(s) Obtained: _____

_____

Number of Years in Practice: _____ **G.P. or Specialist (list specialty):** _____

Other Memberships, Qualifications or History:

_____

_____

Teaching Experience or Presentations Given: (list additional on reverse if more space required)

_____

_____

Publications (list most pertinent if any):

_____

_____

Number of CARDP Meetings Attended (indicate which years): _____

Proposer's Signature: _____

Secondary Proposer's Signature:_____

Submit form to Dr. Jay McMullan @ **drjay@videotron.ca**

Or David Alexander @ ***info@cardp.ca***

CARDP EN MEMBER
SCAN FOR ONLINE FORM