



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

**ADAC·E·R·P**<sup>®</sup>  
CONTINUING EDUCATION RECOGNITION PROGRAM  
CARDP is a Recognized Provider

**(APPLICATION FOR MEMBERSHIP – Active Status)**

Date: \_\_\_\_\_ Date Received by Admissions Chair: \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_ Proposer's Name: \_\_\_\_\_

Applicant's Preferred Name: \_\_\_\_\_ Secondary Proposer's Name: \_\_\_\_\_

Year of Dental Graduation: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_ 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. Denis Beauschesne @ [dqberf@sympatico.ca](mailto:dqberf@sympatico.ca)  
Or David Alexander @ [info@cardp.ca](mailto:info@cardp.ca)**

