



# Angle Midwest

## CANDIDATE/GUEST INFORMATION FORM (TO BE COMPLETED BY PRIMARY SPONSOR)



Guest

Candidate

(Non-U.S. Trained individuals must come as a Guest the first year)

1. DOCTOR'S NAME

SPOUSE:

2. OFFICE ADDRESS

PHONE:

FAX:

WEBSITE:

EMAIL

3. HOME ADDRESS

4. SPONSOR(S):

PRIMARY:

SECONDARY:

5. ORGANIZED DENTISTRY AFFILIATIONS

AMERICAN DENTAL ASSOCIATION:

YES

NO

AMERICAN ASSOCIATION OF ORTHODONTISTS:

YES

NO

CONSTITUENT SOCIETY:

LOCAL SOCIETY:

6. DENTAL SCHOOL:

DEGREE:

DATE CONFERRED:

7. ORTHO EDUCATION:

DEGREE:

DATE CONFERRED:

8. THE GUEST/CANDIDATE IS PRIMARILY INVOLVED IN:

CLINICAL PRACTICE:

EDUCATION/RESEARCH:

9. OTHER ANGLE MIDWEST MEMBERS ACQUAINTED WITH THE GUEST/CANDIDATE:

10. HAS THE GUEST/CANDIDATE COMPLETED THE PHASE II (WRITTEN EXAM) OF THE AMERICAN BOARD OF ORTHODONTICS?

YES

NO

11. HAS ANY STATE LICENSURE AGENCY EVER INSTITUTED A DISCIPLINARY ACTION AGAINST THIS INDIVIDUAL?  
(IF 'YES', PLEASE EXPLAIN ON AN ATTACHED SHEET)

YES

NO

12. PLEASE PROVIDE THE FOLLOWING:

A. GUEST/CANDIDATE CLINICAL AND/OR TEACHING SKILLS

B. PERSONAL CONVICTIONS REGARDING THIS INDIVIDUAL

PLEASE RETURN THIS FORM TO THE ANGLE MIDWEST SECRETARY,  
(SECRETARY CONTACT INFORMATION IS FOUND ON THE ANGLE MIDWEST WEBSITE ON THE 'CONTACT US' PAGE)

DEADLINE FOR SUBMISSION IS SEPTEMBER 15TH OF THE YEAR PRECEDING THE MEETING