



Angle Midwest

Candidate/Guest Application Form
(TO BE COMPLETED BY PRIMARY SPONSOR)



Guest

Candidate

(Non-U.S. practicing doctors must come as a Guest the first year)

1. Doctor's Name:

Spouse:

2. Office Address:

Phone(Office):

Phone (Home):

Phone (Mobile):

3. Home Address:

Website:

Email:

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:
(e.g., 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? Yes No
(If 'Yes', please explain on an attached sheet)

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 AT SCRTRY@ANGLEMIDWEST.ORG.
MAKE SURE TO INCLUDE A HEADSHOT PHOTO IN JPG OR PDF FORMAT.

*NON-U.S. PRACTICING DOCTORS WILL NEED TO SUBMIT ADDITIONAL DOCUMENTS LISTED IN THE "MEMBER AT-LARGE REQUIREMENTS" SECTION ON OUR WEBSITE. (CLICK HERE)

*SEND ANY QUESTIONS TO SCRTRY@ANGLEMIDWEST.ORG.

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