



The American Board of Dental Public Health
Incorporated 1950

2022 ABDPH Annual Registration Fee

Check here if address information below is new - Please remember it is the Diplomate's responsibility to keep the AAPHD National Office (e.g., info@aaphd.org) informed concerning any address change, including the preferred e-mail address.

Name [please print /type]:

(First) (MI) (Last) (Degrees/Certifications)

Company/Agency/Institution: _____

Department: _____

Position/Title: _____

Preferred Mailing Address: _____

City/State/Zip: _____ Country (if not USA): _____

Office/Main Phone: _____ Cell Phone: _____ Home Phone: _____

Preferred Email Address: _____

1. If Paying ABDPH Annual Registration ONLY:

2022 Annual ABDPH Registration Category: (**Select One Category Only**)

- Regular-\$275
 Contributing-\$325 Sustaining-\$375

Amount Due: \$ _____

2. If Paying BOTH ABDPH Annual Registration Fee and AAPHD Membership Dues:

2022 Annual ABDPH Registration Category: (**Select One Category Only**)

- Regular-\$275
 Contributing-\$325 Sustaining-\$275

2022 Annual AAPHD Dues: (**Select One Category Only**)

- Full Member-\$225 Full Contributing Member-\$250
 Full Sustaining Member-\$275 Full Sponsoring Member-\$325

Total Amount Due: \$ _____

Payment Information

Payment Method: Check # _____ Credit Card: MasterCard Visa Discover

Credit Card #: _____ Expiration Date: _____ CVV#: _____

Name as it appears on the card: _____

Credit Card Billing Address: _____

Authorized Signature: _____

If there is a question concerning credit card use or joint memberships, please contact the AAPHD National Office at 217-529-6941 or by email info@aaphd.org.

Mail the completed form and check made payable to AAPHD (*please do not make checks payable to AAPHD/ABDPH*) to the address below. This form must accompany your check for proper credit of your payment.

AAPHD
PO Box 7317
Springfield, IL 62791-7317

Please do not mail check and form to the Executive Director, ABDPH

As a certifying Board, we are required by the American Dental Association to collect annual fees from each Board Diplomate. A registration fee is due upon passing the certification examination, and an annual registration fee is due January of each year to remain an active Diplomate of the American Board of Dental Public Health (ABDPH). The annual registration fee for the ABDPH is \$275.00 (Regular Fee), or one of two voluntary categories of \$325.00 (Contributing Diplomate), \$375 (Sustaining Diplomate).

If the annual registration fee is not paid, the Board of Directors will declare the Diplomate not in good standing. Lack of good standing results in the following actions taken by the Board: 1) The Diplomate's name will not appear on American Association of Public Health Dentistry Home Page, www.aaphd.org, link to the ABDPH Web Page under ABDPH Diplomates; 2) the Diplomate's name also will not be included in the list the Executive Director sends to the American Dental Association's Council on Dental Education and Licensure each year; 3) verification requests on your status as a Board Diplomate will include "not in good standing" in the reply. In order to be reinstated to active membership, the Diplomate must provide the annual registration fees that are owed, and any additional reinstatement fees.