



The American Board of Dental Public Health  
Incorporated 1950

2023 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](mailto: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:**

2023 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:**

2023 Annual ABDPH Registration Category: (**Select One Category Only**)

Regular-\$275

Contributing-\$325

Sustaining-\$275

2023 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](mailto: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](http://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.