

Tripartite Membership Application

For membership in the American Dental Association, the Oregon Dental Association and local dental societies



Thank you for your interest in becoming a member of organized dentistry.
Please complete all sections of this application. Print or type all information.

Personal Information

Name (First)		(Last)		(Middle)		Certificate/ Degree			
ADA ID Number		Date of Birth (MM/DD/YYYY)		Name/Nickname		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Primary Office Address				Website Address					
City		State	Zip	Phone (include area code)					
Email Address				Fax (include area code)					
Home Address				Phone (include area code)					
City		State	Zip	Please indicate if you prefer to have mail sent to:		Please indicate if you prefer to have email sent to:			
Email Address				<input type="checkbox"/> Home <input type="checkbox"/> Office		<input type="checkbox"/> Home <input type="checkbox"/> Office			
Spouse's Name(optional)		(First)		(Last)		(Middle)		(Alias/Previous/Maiden)	
Is spouse a dentist?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
If an ADA member encouraged you to join, please indicate:							State		
Practice Model: In order to better serve you, we'd like to know your current primary practice model. If applicable, please name the organization with which your practice is affiliated. Group practice definitions are given on the bottom of the second page of this application.									
<input type="checkbox"/> Dental Management Organization Dentist			<input type="checkbox"/> Hybrid Group Practice						
<input type="checkbox"/> Owned & Operated Group Practice			<input type="checkbox"/> Insurer-Provider Group						
<input type="checkbox"/> Faculty			<input type="checkbox"/> Practice Not-for-profit Group						
<input type="checkbox"/> Government Agency Group Practice			<input type="checkbox"/> Practice Solo Private Practice						
If practicing in other than a solo practice, please indicate the group or practitioner's name and location.									
Name									
Street									
City				State		Zip			

Biographical

Dental School		Country		Graduation Date (MM/DD/YYYY)	
Advanced Education Program (if applicable)		Completion Date (MM/DD/YYYY)		Certificate/ Degree	
Do you have a degree in an ADA recognized specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, which specialty?					
<input type="checkbox"/> Endodontics		<input type="checkbox"/> Pediatric Dentistry		<input type="checkbox"/> Periodontics	
<input type="checkbox"/> Oral & Maxillofacial Pathology		<input type="checkbox"/> Oral & Maxillofacial Radiology		<input type="checkbox"/> Public Health	
				<input type="checkbox"/> Prosthodontics	
				<input type="checkbox"/> Orthodontics and Dentofacial Orthopedics	
				<input type="checkbox"/> Oral & Maxillofacial Surgery	
Is your practice limited to one of the above specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, which specialty?					
Please indicate if licensed: <input type="checkbox"/> Presently <input type="checkbox"/> License pending		If licensed, please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.			

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Personal Background

Have you ever been denied a dental license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever had your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever been censured, suspended or expelled by a dentally related organization (i.e. dental society)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? <small>(A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (include dates, offenses and penalties):	

Applicant Signature

I hereby apply for a tripartite membership and resolve to abide by the *Bylaws and Principals of Ethics and Code of Professional Conduct* if accepted into membership. Review the bylaws and code at ADA.org/ethicsconduct.

Signature	Date (MM/DD/YYYY)
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**Please do not send payment now. Invoice to follow, upon membership processing.*

To Be Completed By Society:

Approval Name: _____

Approval Signature: _____

Date: _____

Please submit your completed 2-page application to the Oregon Dental Association. You may fax your application to 503-218-2009, e-mail to members@oregondental.org or mail to 8599 SW Sun Place, Wilsonville, OR 97070.

ADA Group Practice Definitions

Throughout this classification, 'group' refers to two or more dentists that are somehow affiliated with each other.

Dentist Owned and Operated Group Practice: More than one dentist in a single practice that may be located at a single or multiple sites. Completely owned and operated by dentists, usually organized as a partnership or professional corporation.

Dental Management Organization (DMO) Affiliated Group Practice: A group practice that has contracted with a DMO to conduct all of the business activities of the practice that do not involve the statutory practice of dentistry, sometimes including the ownership of the physical assets of the practice.

Insurer-Provider Group Practice: A group practice that is part of an organization that both insures the health care of an enrolled population and provides their health care services.

Not-for-Profit Group Practice: A group practice that is operated by a charitable, educational, or quasi-governmental organization that often focuses on providing treatment for disadvantaged populations or training healthcare professionals.

Government Agency Group Practice: A group practice that is part of a government agency. It is organized and managed completely by the agency. All dentists are government agency employees or contractors and operate according to agency policies.

Hybrid Group Practice: A group practice that does not clearly fit into any of the above categories and can exhibit some characteristics of several of them.