

**DIRECTIONS:** Please complete this application and submit it to the International Office (clicking the submit button at the bottom of this form will attach this pdf to an email addressed to [centraloffice@fauchard.org](mailto:centraloffice@fauchard.org) ). *Please make sure to add PFA Nominee to the subject line.*

## About You



*Please fill form out completely and attach a recent headshot photo to the application.*

DATE: MM/DD/YYYY

NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE

STREET ADDRESS

STREET ADDRESS LINE 2

CITY

STATE / PROVINCE / REGION

COUNTRY

POSTAL / ZIP CODE

DATE OF BIRTH: MM/DD/YYYY

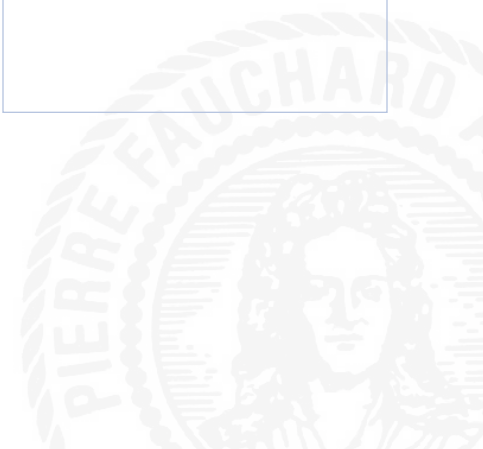
OFFICE PHONE NUMBER

HOME OR CELL PHONE NUMBER

EMAIL ADDRESS



CLICK HERE TO ADD  
YOUR PHOTO



## Dental Education



List Dental School, Specialty or Advanced Degree Programs

DENTAL SCHOOL ATTENDANCE

GRADUATED: MM/DD/YYYY

DEGREE

POST-GRADUATE/SPECIALTY SCHOOL ATTENDANCE

GRADUATED: MM/DD/YYYY

DEGREE

OTHER POST DENTAL SCHOOL GRADUATE ATTENDANCE

GRADUATED: MM/DD/YYYY

DEGREE

## Dental Organization Membership



Membership in the American Dental Association or Other Dental Organization is a requirement for Fellowship.


NAME OF DENTAL ORGANIZATION

## Major Accomplishments



Briefly list your top 5 accomplishments or activities that you feel coincide with the objectives of the Pierre Fauchard Academy

ACCOMPLISHMENTS/ACTIVITIES



SIGNATURE

