

MEMBERSHIP APPLICATION INSTRUCTIONS

1. Answer every question **completely**. Applications with incomplete responses to instructions 1 to 4 will be returned for completion and may delay the application process. Please print clearly.
2. If you do not currently have a practice address, please provide your home address.
3. Be specific. Explain items in detail on a separate sheet of paper if necessary.
4. **PLEASE ATTACH/SUBMIT THE FOLLOWING:**
 - a. If appending a degree in addition to DDS or DMD, a legible and true copy of the diploma(s) or degree(s) conferred upon you (which must be authenticated by either the president, secretary, dean or registrar of the educational institution attended and accompanied by a certified original translation by a qualified translator if written in a foreign language);
 - b. Copies of all advertisements, placed by yourself and/or your associates, employers or employees, (i.e., letterhead, business cards, telephone directory listing, newspaper advertisements, pamphlets, billboards, transcripts for electronic advertising such as TV and radio, and website address if applicable);
 - c. Specialty Certificate;
 - d. If you qualify as a full-time faculty member, please provide a verification letter from the school;
 - e. If you are currently enrolled in a residency or graduate program, provide a verification of program enrollment.
5. To receive the *CDA Journal*, complete the subscription form and submit with your application.
6. Upon receipt of your application, you will be contacted regarding payment of dues.
7. Our goal is to process your application as quickly as possible. If you have not heard from us in 30 days, please contact your component dental society.
8. Please return the completed application to:

Mid-Peninsula Dental Society
1050 Chestnut St., Suite 206
Menlo Park, CA 94025
Phone: (650) 328-2242
Fax: (650) 328-9255
E-mail: mpds20@aol.com

MID-PENINSULA DENTAL SOCIETY MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

1. APPLICATION TYPE: Initial Application Re-application Indefinite Practice Address

2. PERSONAL INFORMATION

Name: _____ ADA No.: _____
FIRST MIDDLE LAST

Have you ever been known by any other name(s)? Yes No SSN: _____

If Yes, please provide name(s): _____ Date of Birth: _____

PRIMARY OFFICE ADDRESS

Street: _____ Phone: _____ Gender: Male Female

City: _____ Fax: _____

State/Zip: _____ Pager: _____ Year of first licensure in the U.S.: _____

E-mail: _____ Where?: _____

Do you practice at any additional offices? Yes No

SECOND OFFICE

CALIFORNIA DENTAL LIC. NO.: _____

Street: _____ Phone: _____ Year licensed: _____

City: _____ Fax: _____

State/Zip: _____ E-mail: _____

Mailing Address: (To be used for all correspondence)

Primary Office Address

Home Address

HOME

Street: _____ Phone: _____

City: _____ Fax: _____ Spouse Name: _____

State/Zip: _____ E-mail: _____ Is Spouse a Dentist? Yes No

3. PRACTICE INFORMATION

PRIMARY OFFICE

SECOND OFFICE

a. Name of Practice: _____

b. Type of Practice: _____

c. Nature of Employment: _____

(i.e. owner, associate, employee, independent contractor)

d. Owner of the Practice/Records: _____

4. EDUCATION

SCHOOL

STATE/COUNTRY

DATE

DEGREE EARNED/SPECIALTY

Dental School: _____ to _____

Internship: _____ to _____

Postgraduate: _____ to _____

5. BENEFITS

Do you have or plan to apply for TDIC professional liability coverage? Yes No

Do you plan to attend the next CDA Scientific Session? **Spring** (Anaheim) Yes No **Fall** (San Francisco) Yes No

FOR COMPONENT USE ONLY

Date Application Submitted to Local Society: _____

Date Application Submitted to CDA: _____

Date Application Returned From CDA: _____

FOR CDA OFFICE USE ONLY

Status: _____

Application: 1 2 3 4 _____

Quote for Membership Year: _____

ADA Dues: \$ _____ CDA Dues: \$ _____

Can Prorate ADA: Yes No Can Prorate CDA: Yes No

Date Quote Requested from ADA: _____

Date Quote Sent to Component: _____

Date Elected: _____

MID-PENINSULA DENTAL SOCIETY MEMBERSHIP APPLICATION

6. LIMITATION OF PRACTICE

- I am a General Dentist
 - I limit my practice to the ADA recognized specialty of _____
 - I am Board certified
 - I have had two or more academic years of advanced education in that area.
(Please submit a copy of specialty certificate)

- I limit my practice to the non-ADA recognized discipline of _____
 - I am Board certified
 - I have successfully completed a formal, full-time advanced education program of at least 12 months duration and an oral or written examination based on psychometric principles.

7. PERMITS

Do you or your employer practice under a name other than that which appears on your license? Yes No

If Yes, please provide name(s) _____

*If Yes and you have not already done so, you are required to obtain a fictitious name permit from the **Dental Board of California**:*

Telephone: (916) 263-2300 Website: www.dbc.ca.gov/license.html

Is conscious sedation administered in your office? Yes No

Permit Holder's Name: _____

Is general anesthesia administered in your office? Yes No

Permit Holder's Name: _____

Do you write Schedule II prescriptions? Yes No

If yes, provide your Narcotics License Number: _____

8. MEMBERSHIP AND LICENSURE DISCIPLINARY ACTION

A) Have you ever received notice that you failed to comply with or been subject to the adverse decision of a duly constituted committee of a constituent or component dental society of the American Dental Association, or is any such action pending? Yes No

B) Are you currently subject to any state board accusation or disciplinary action resulting from an adverse decision (suspension, probation terms, etc.) regarding your California dental license? Yes No

If the answer to any of the foregoing questions is "yes," please provide full details (please attach an additional piece of paper, if necessary).

MEMBERSHIP ACKNOWLEDGEMENTS AND AGREEMENTS

A. ADVERTISEMENTS

Applicants who utilize any media to promote their practice of dentistry must submit a copy of all such promotional material along with their application. If the applicant's associates utilize promotional materials, copies of those materials must also be included. Enclosures should include, but are not limited to, copies of telephone directory listings and/or advertisements, newspaper inserts and advertisements, pamphlets or any other material utilized to promote or announce your place of practice, including transcripts of any Internet, radio, television, telephone "on-hold" advertising, letterhead, and business cards. All such information must accompany applications prior to any processing of membership.

Initial: _____ I and/or my associates utilize promotional materials and copies are included with this application.

Initial: _____ I and/or my associates do not utilize promotional materials at this time.

B. BYLAWS AND CODES COMPLIANCE AGREEMENT

I hereby agree to abide by the CDA Code of Ethics, the ADA Principles of Ethics and Code of Professional Conduct and the bylaws of the component dental society, the California Dental Association and American Dental Association.

I hereby acknowledge and agree, as to any patient I treat, to comply with the reasonable requests of a duly constituted peer review committee as set forth in Section 3 of the CDA Code of Ethics and to abide by the decisions of such body. It is understood that this may require, among other things, that I provide patient records, including x-rays, study models, or other documents necessary in order for a committee to conduct a peer review. In the event of a peer review decision in favor of the patient, funds will be made available by me as designated by the peer review decision. I also acknowledge that non-compliance with a duly constituted peer review committee, a single peer review case involving grossly inadequate or grossly inappropriate treatment, and/or a pattern of negligent or inappropriate practice (i.e., three or more adverse peer review decisions in a 24-month period), may result in the referral to the Judicial Council for investigation of possible ethical violations.

An adverse Judicial Council decision could result in a report to the Dental Board of California and the National Practitioner Data Bank, as mandated by law. In addition, such matters and violations of the CDA Code of Ethics may result in the imposition of discipline by CDA, including censure, suspension, or expulsion.

The Peer Review Manual and Quality Evaluation Manual are available for purchase and/or inspection by contacting your dental society. All ADA documents may be obtained at www.ada.org, all CDA documents at www.cda.org and component documents may be available from a component dental society office or website.

C. MEMBERSHIP AGREEMENT

I CERTIFY THAT all statements made by me in this application are complete, true and correct. I agree that if any such statements are found to be false, or if there are material omissions made, this application may be rejected solely on those grounds, or in the event such false statement or omission does not become known to the dental society until after I have been elected, that I may be removed immediately from membership on the basis of the false statement of omission alone. For the purposes of this paragraph, I understand that a material misstatement or omission shall mean one which is "not insubstantial" or one which is "significant in relation to the questions asked." Upon becoming a member, I hereby waive the right to hold component dental society, CDA, ADA, or any member thereof, responsible for any damage in case of disciplinary action involving me, after a hearing in accordance with the bylaws of these organizations.

Name of Applicant (please print)

Signature

Date

FOR COMPONENT STAFF USE ONLY

Applicant Name: _____

Application Review Checklist

Component

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Are all questions on the application answered and application signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Did applicant provide his/her dental license number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does applicant append additional degrees after his/her name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, did applicant include proper documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does the applicant, applicant's employer or associates advertise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, did applicant include copies of all advertising? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Copy of telephone directory listing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Copy of newspaper advertisements | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Copy of letterhead/stationery and business card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Copy of flyer or posters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written copy of any electronic media advertising | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written copy of building or office sign verbiage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Website Address: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Does the applicant practice under a name other than the name on his/her dental license, hold a propriety interest in more than one practice, or administer conscious sedation or general anesthesia? Yes No
- If Yes, check the Dental Board website to confirm necessary permits. Yes No
- Does the applicant prescribe Schedule II drugs? Yes No
- If Yes, did the applicant provide his/her narcotics license number? Yes No

Currently or within the last five (5) years:

- Has the applicant been denied membership in a component dental society? Yes No
- Has the applicant been expelled or suspended for ethical reasons? Yes No
- Has the applicant had his/her license disciplined by the Dental Board? Yes No
- Has the applicant had an accusation filed against him/her with the Dental Board? Yes No
- Is the applicant being considered for "Conditional" membership status or denial? Yes No
- Does the applicant have any unresolved Peer Review cases? Yes No
- (For transfer applicants - See Transfer Applicant Guidelines) Yes No

If Yes to any items in this box, mandatory referral to MARS is necessary. Forwarded to MARS
 Please complete the "Component Referral To MARS" form and forward the application to MARS for review.

HELPFUL ITEMS:

DENTAL BOARD OF CALIFORNIA INFORMATION:

Telephone: 916-263-2300

Website: www.dbc.ca.gov/license.html

(Once on website, if you use the "Dental License" option, you will be able to check current license status, permits, disciplinary actions and business ownership all on the same web page)

DEPARTMENT OF MANAGED HEALTH CARE

Telephone: 1-800-HMO-2219

Website: www.dmhc.ca.gov