

PIERRE FAUCHARD ACADEMY

An International Honor

Dental Organization



Nomination for Fellowship

To the Executive Director:

In making application for fellowship in the Pierre Fauchard Academy I submit the following information as to professional activities and standing: *(Important: Please Print Information)*

1. Name _____
(Last name) (Please Print) (First name) (Middle Name or Initial)

2. Address _____
Street _____
City _____ State _____ Zip Code _____

3. Place & date of birth _____ 4. Office Phone _____

5. Email _____ Private Home or Cell Phone _____
(Required)

6. Attendance at dental school:
School _____ Degree _____ Year _____

7. Attendance at other school for regular or advanced education:
School _____ Course _____ Dates _____

8. Dental society membership:
Local _____ Date _____
State _____
National _____

9. Major Activities:

I solemnly pledge myself to cooperate, by all suitable and just means, in extending and advancing the high moral, ethical, professional and scientific principles and the influence for good of the Pierre Fauchard Academy.

Date _____, 20____ Signature _____
(Name in full)

TO BE COMPLETED BY OFFICERS AND COMMITTEES OF THE ACADEMY

In presenting this candidate, we are pleased to recommend him as one who will, in every way, uphold the principles and high ideals of the Academy.

State Committee for _____