

# MEMBERSHIP APPLICATION

## OREGON DENTAL ASSOCIATION/AMERICAN DENTAL ASSOCIATION

### DENTAL SOCIETY

**INSTRUCTIONS TO APPLICANT:** Please print clearly. Each question must be answered fully. Fax completed application to 503-218-2009

Name \_\_\_\_\_ DDS \_\_\_ DMD \_\_\_ Other \_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Preferred Name/Nickname \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Spouse Name \_\_\_\_\_ Is Spouse a dentist? Yes \_\_\_ No \_\_\_

**Primary Office Address** \_\_\_\_\_  
Address Office Telephone  
 \_\_\_\_\_  
City State Zip Office Fax  
 Office Email \_\_\_\_\_ Website \_\_\_\_\_

**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 back side of this page.

- Faculty       Solo Private Practice       Dentist Owned and Operated Group Practice
- Dental Management Organization Affiliated Group Practice (DM: \_\_\_\_\_)
- Insurer-Provider Group Practice (Insurer: \_\_\_\_\_)
- Not-for-Profit Group Practice (Organization: \_\_\_\_\_)
- Government Agency Group Practice (Agency: \_\_\_\_\_)
- Hybrid Group Practice (Comments: \_\_\_\_\_)

**Home Address** \_\_\_\_\_  
Address Home Telephone  
 \_\_\_\_\_  
City State Zip Home Fax  
 Home Email \_\_\_\_\_  
Cell

**Directory Listing:** Address/Phone - Office \_\_\_ Home \_\_\_ Email - Office \_\_\_ Home \_\_\_ Do not list \_\_\_ Website - Yes \_\_\_ No \_\_\_  
 (The above will be listed on the public portion of the ODA website under "Find a Dentist"; retired dentists are listed under the member portion only of the ODA website)

Preferred Mailing Address: Office \_\_\_ Home \_\_\_ Preferred Email Address: Office \_\_\_ Home \_\_\_

Preferred Phone Contact: Office \_\_\_ Home \_\_\_ Cell \_\_\_

Prefer to receive ODA communications (check only one): Email \_\_\_ Mail \_\_\_

Prefer to receive Membership Matters newsletter via (check only one): Email \_\_\_ Mail \_\_\_

**Education/Specialty:**

Dental School \_\_\_\_\_ Graduation Date MM / DD / YYYY \_\_\_\_\_  
 Advanced Education Program \_\_\_\_\_ Completion Date MM / DD / YYYY \_\_\_\_\_

Is your practice limited to a specialty? Yes \_\_\_ No \_\_\_ Specialty \_\_\_\_\_

American Board Certified? Yes \_\_\_ No \_\_\_ Oregon License \_\_\_\_\_ Year \_\_\_\_\_

Are/Were you a member of American Student Dental Association (ASDA) Yes \_\_\_ No \_\_\_ If yes, from YYYY to YYYY

Are you presently a member of the ADA? Yes \_\_\_ No \_\_\_ ADA Membership Number \_\_\_\_\_

I am \_\_\_/was \_\_\_ a member of the following dental societies: *(Give State and local societies or Federal Dental Service)*

Has your license to practice dentistry ever been revoked, suspended, or limited for disciplinary reasons? Yes \_\_\_ No \_\_\_  
(if yes, state facts fully on separate sheet)

If you have ever been known by another name, please state: \_\_\_\_\_

**I hereby agree** to abide by the By-Laws, Principles of Ethics and Code of Professional Conduct of the \_\_\_\_\_ Dental Society, the Oregon Dental Association, and the American Dental Association.

I recognize that membership in the \_\_\_\_\_ Dental Society, Oregon Dental Association, and the American Dental Association is a privilege. I further recognize these organizations are required to investigate the qualifications of applicants and maintain standards of conduct for members.

In order to perform adequately their investigatory and disciplinary functions, these organizations must be free to perform these functions without a fear of litigation by rejected applicants or disciplined members. Therefore, in exchange for their consideration of this application, I hereby release the organizations, their members, and anyone acting on their behalf from liability for damages for any acts performed in connection with the application or disciplinary process. This release includes, but is not limited to, claims for defamation, invasion of privacy, and intentional interference with business relationship, and applies regardless of the intent with which the act is performed. I hereby consent to any investigation of the facts disclosed in my application, to any disciplinary investigation, and to any statements made in connection with the application or disciplinary process, by whomever made and whether defamatory or not.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If an ODA Member encouraged you to join, please indicate:** Name \_\_\_\_\_

## **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.