

**Application for the Academy of Gp Orthodontics'
Tier Advancement Program**

Fellowship

Diplomate

Please check the appropriate box above. I understand that the cases presented will be treated: 80% with the Differential Straight-Arch® Technique and 20% with the candidate's choice of technique. *Associate Fellowship applies to applicants who have satisfactorily completed an AGpO 12 session hands-on clinical course with AGpO Instructor verification.

Name (as certificate will read) DDS/DMD/Other

Mailing Address City State Zip

(_____) _____ (_____) _____
Fax Phone

Email address

Name of seminar/course(s) and number of CDE hours completed. Please submit a letter of verification for the course or seminar, unless it is AGpO approved CDE hours.

<u># of CDE Hours</u>	<u>Name of Seminar/Sponsor</u>	<u>Year(s) Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academy of Gp Orthodontics Membership years: _____

____ I will be taking the next Board Examination given by the Academy on _____.

____ Please find my check enclosed for \$200.00 (non-refundable). Date

____ Please place my payment on the following credit card:

_____/_____/_____
Credit card number Expiration Date V-Code (3 digits on the back of the card)

_____/_____/_____
Signature Date

Application for the Academy's Tier Advancement Program cont.

I understand that achieving this recognition will require active membership in the Academy over two/three/or five years depending on the membership level, along with my attendance at a minimum of 2 out of every 5 AGpO annual meetings. Renewal of this membership status may be granted only following a review by the Academy of Gp Orthodontics' Board of Directors at the end of the respective membership period.

_____ / ____ / _____

Signature

Date

Please submit this completed form as Page 1 of your
Summary Binder as outlined in the Case Presentation Requirements