

APAID Diplomate Application

To be typed or printed

Date: _____(yy-mm-dd)

9. Name _____

10. Date and place of birth

(Day) _____ (Month) _____ (Year) _____ (City) _____ (State) _____

11. Education

Pre-dental (Name of College or University, Date of Graduation and Degree):

Dental (Name of College or University, Date of Graduation and Degree):

Graduate (Name of College or University, Date of Graduation and Degree):

12. Dental License Number and Submit a Copy of Certificate

13. Office Address

Street _____

City _____ State _____ Zip _____

Country _____

Telephone Number _____ Fax _____

E-mail _____

14. Home Address

Street _____

City _____ State _____ Zip _____

Country _____

Telephone Number _____ Fax _____

15. Experiences

Years of Dental Practicing (at least 5 Years) _____

Title of Current Clinic/Hospital/Institute) _____

16. Credit Hour

APAID _____ Credits, Others _____ Credits (Submit the certificates for verifying)

Sum of _____ Credit hours

Please Submit the Appropriate Materials Directly To :
Asia Pacific Academy of Implant Dentistry, Head Office of Taiwan
4F, No.10, Jihe Road, Shihlin Dist., Taipei City 11166, Taiwan R.O.C.
For Further Info Please Contact Us at: apaid@wei-han.com
Phone :+886-2-2886-2156 Fax: +886-2-2886-0066