

# APAID Fellowship Application

To be typed or printed

Date: \_\_\_\_\_(yy-mm-dd)

1. **Name** \_\_\_\_\_

2. **Date and place of birth**

(Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

3. **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):

4. **Dental License Number and Submit a Copy of Certificate**

5. **Office Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

6. **Home Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

7. **Experiences**

Years of Dental Practicing (at least 2 Years) \_\_\_\_\_

Title of Current Clinic/Hospital/Institute) \_\_\_\_\_

8. **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](mailto:apaid@wei-han.com)*  
*Phone :+886-2-2886-2156 Fax: +886-2-2886-0066*