



AMERICAN ACADEMY OF CRANIOFACIAL PAIN



Do you have an interest
in craniofacial pain/TMD
and sleep?

JOIN US

Leading the TMD AND DENTAL SLEEP COMMUNITY

The American Academy of Craniofacial Pain is setting the standards in education and research while providing cutting edge training for dentists across the country and around the world.



WELCOME TO THE AACCP



Vision

The American Academy of Craniofacial Pain will continue to be the Craniofacial Pain/TMD and sleep organization representing all practitioners in this discipline by providing a common ground for advancement of knowledge, clinical practice and research.

Mission

The American Academy of Craniofacial Pain is committed to the relief of Craniofacial Pain and sleep dysfunction, and the advance of education and research in this field.

“Leading the TMD and Dental Sleep Community” is more than a slogan. It is our guiding rule! To ensure that our members are heard, since 1985 the AACCP has been actively involved with:

- Research organizations, such as the National Institutes of Health (NIH) and the National Institute of Dental & Craniofacial Research (NIDCR).
- Professional and political organizations, including the American Dental Association (ADA), state and local dental associations, licensing boards and the Food & Drug Administration (FDA).
- Ongoing clinical research that elevates professional standards of diagnostic testing, treatment protocols and outcome effectiveness.
- Student outreach aimed at recognizing and supporting qualified senior dental students interested in the practice of Craniofacial Pain.

Begin to Enjoy These AACP Member Benefits Right Away by Joining the Academy Today!

When you join AACP, you become a member of a committed community of health professionals.

Each Member Receives

- A referral service listing on the AACP website to help prospective patients find a member in their area.
- A subscription to *TMDiary*, the Academy's monthly online newsletter offering up-to-the-minute news about technology, research and clinical developments along with continuing education news.
- An electronic edition of the AACP Handbook—*Craniofacial Pain, a Handbook for Assessment, Diagnosis and Management*, edited by H. Clifton Simmons III, DDS.
- EBSCO Publishing package subscription with access to hundreds of free full text medical journals.
- Reduced fees at the annual AACP Summer Symposium.
- Reduced fees for all of the highly regarded AACP education programs.
- Access to AACP webinars.
- Your own page with your photograph on the AACP website, giving your practice exposure on the Internet.
- AACP lapel pin and membership certificate suitable for framing.
- A listing in and access to the annual Membership Directory to facilitate professional networking.
- Exclusive access to the "Members Only" section of the AACP Website where you'll find a members only forum for posting questions and receiving advice, a Current Case Study and Current Clinical Tip, a bibliography of pertinent literature and more.
- Preferred customer status with select AACP vendors serving the TMD community.



Requirements For Membership

Dentists may enter the Academy at the Member level. In order to become a Member, one must possess a dental degree from an accredited university or college and must be licensed by the state in which he/she practices. Advancement to higher levels begins at the Member level. Additionally, one must possess a valid license to practice dentistry that is not revoked or suspended unless retired from dentistry or practicing where a license is not required, (e.g., military, full time teaching, etc.) and must possess satisfactory moral and ethical standards and abide by the Academy's Code of Ethics.

Interested In Membership?

Please fill out the information on the next page.

Print legibly and fill in all applicable blanks. Return the completed form with payment to the AACP. Upon receipt of this form, the Executive Office will add your name to the Academy's permanent mailing list and deliver your information to our Membership Chairman and Committee. At that time, you will be asked to submit additional data, which may include a photograph, membership directory information and other credentials.

Membership dues are currently

USA	Canada	India	Egypt	All Other Countries
\$420	\$445	\$185	\$150	\$465

For more information about AACP, visit our website at: www.aacfp.org





Membership Application

Instructions: Please print legibly
Provide all applicable information requested below and attach payment.
(\$420 USA; \$445 Canada; \$185 India; \$150 Egypt; \$465 All Other Countries.)

Leading the
TMD and Dental
Sleep Community

Please make check payable to AACFP in U.S. dollars drawn on a U.S. bank
or you may submit a VISA/MasterCard payment using the form on the following page.

Return to AACFP via fax, mail, or email (see number and address at the end of this form).

1. Full Name _____ Date of Birth _____
(Including credentials, exactly as it should appear on official correspondence, certificates, etc.)

2. Mailing Address and Contact Information:

	OFFICE	HOME
STREET ADDRESS		
CITY/STATE/ZIP CODE		
PHONE/FAX		
EMAIL ADDRESS		
WEBSITE ADDRESS		

3. Education:

	INSTITUTION	LOCATION	DEGREE	DATE RECEIVED
UNDERGRADUATE				
GRADUATE				
INTERNSHIP				
RESIDENCY				
POST-DOCTORAL				

4. Name of the dental school from which you graduated _____

5. Name and phone number of the dental school registrar _____

6. Name and number of your state board of dental examiners _____

7. Have you ever been convicted of a felony (or comparable serious crime if referred to by some other name outside of the US)? No Yes (If Yes, attach a statement of explanation.)

8. Healthcare profession in which you are licensed to practice _____

9. State/province/country in which you are licensed to practice _____

continued on the following page

10. Has your license to practice ever been suspended or revoked or have you been notified of any currently pending investigation or review related to your license to practice? **(check one please)**

- No Yes (If Yes, attach a statement of explanation.)

11. In light of AACFP's membership requirements, please provide any other information not covered in response to the questions above that you believe is relevant to AACFP's assessment of your application for membership. **See AACFP Code of Ethics and Bylaws (Attach a statement of explanation.)**

12. Is your practice a specialty or limited practice? **(check one please)**

- No Yes (If Yes, please list your specialty or limitation) _____

13. How did you hear about AACFP or who recommended that you apply for membership? _____

In making this application to the American Academy of Craniofacial Pain, in accordance with and subject to its Articles of Incorporation, Bylaws and such other governing provisions as, from time to time, are in force, (hereinafter collectively referred to as its regulations), I agree to disqualification, suspension or revocation of membership and to surrender any Certificate of membership or competency of Fellowship in the event of any misstatement or misrepresentation of a material fact, any material submitted or in the event that any of the aforementioned regulations applicable to said membership or Fellowship Status are violated by me, as determined by the American Academy of Craniofacial Pain. I further agree to hold the American Academy of Craniofacial Pain, its officers, examiners, employees and agents, free from any claim, damage or liability by reason of action they or any of them may take in respect of this application, including, but not limited to, the failure of the American Academy of Craniofacial Pain to issue me membership, or the suspension, revocation or making of any demand for the surrender of an issued Certificate of membership or Fellowship Status or the removal of my name from any list of holders of such certificates.

In support of this application, I certify that all of the statements and/or affirmations made herein, including any statements of explanation, are true, complete and correct to the best of my knowledge and belief and are made in good faith and without mental reservations, and I agree that any false, incomplete or incorrect statements may serve as a basis for denial of my membership application, as well as disqualification, suspension or revocation of membership if already accepted.

Applicant's Signature _____ Date _____

Check One: I DO I DO NOT give permission to AACFP to contact me (initial here _____)

Preferred Method of Contact: Fax Phone Email Postal Mail

After completing your application form, please include payment (\$420 USA; \$445 Canada; \$185 India; \$150 Egypt; \$465 All Other Countries) and mail to:

AACFP Executive Office | 11130 Sunrise Valley Drive | Suite 350 | Reston, Virginia 20191

Method of Payment: **Check** (Checks may be made payable to the AACFP and must be in U.S. dollars drawn on a U.S. bank)
 Credit Card Visa MasterCard

Card Number _____

Expiration Date _____ Security Code _____ Today's Date _____

Cardholder (name as it appears on card) _____

Billing Address for this Credit Card _____

Cardholder's Signature _____

OFFICE USE ONLY

Distributed _____

Received _____

Fee \$ _____

Review Date _____

By _____

Accepted Yes No



AACFP Executive Office

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Reston, Virginia 20191

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Email: central@aacfp.org | Website: www.aacfp.org