



American
Dental
Assistants
Association

MISSION STATEMENT

"To advance the careers of dental assistants and to advocate for the dental assisting profession in matters of education, professional activities, credentialing and legislation. To promote the ideals and growth of the Association which aid in the accessibility and delivery of quality oral health care to the public."

FELLOWSHIP

Members of the ADAA can now earn Fellowship in the ADAA. Long a standard of professional achievement, Fellowship in one of America's health care organizations has been a coveted level of professional recognition; a recognized, accepted accomplishment among one's peers. Fellowship offers two challenging paths (clinical or business) to increase value to your patients and practice, enhance confidence in your dental assisting capabilities, public recognition of professional achievement and enhancement of self esteem.

Fellowship Requirements:

- Active membership in the ADAA.
- Students are not eligible.
- 300 hours of approved continuing education credits must be earned in specific categories. Guidelines can be found at www.adaausa.org under the Education/Fellowship Program Information tab.
- Credit hours for DANB or State Certification may be applied toward requirement, however a minimum of 150 hours must be earned in approved continuing education course credit.
- Fellowship must be completed within 10 years of the start date.

MASTERSHIP

The next move in professional achievement for ADAA Fellows is Mastership. Your challenge in approaching Mastership will include the expansion of topics studied for the Fellowship program with an emphasis on the new technology in dentistry. Mastership offers two paths (clinical or business). Doctors take pride in a confident, educated team member. Most importantly, patients benefit from a self-assured, well educated team member, confident of his or her contribution to the dental team effort.

Mastership Requirements:

- Must be an active member in good standing in the ADAA who has met the Fellowship award requirements.
- 400 hours of approved continuing education credits must be earned in specific categories. Guidelines can be found at www.adaausa.org under the Education/Mastership Program Information tab.
- Mastership must be completed within 10 years of the start date.

ENROLLMENT

Enrollment in the Fellowship and Mastership programs are \$40 each. Complete the enrollment form on the flip side and return to ADAA.

All continuing education to be considered for approval for Fellowship or Mastership must be sent to Central Office via the online credit reporting form with the appropriate proof attached. This electronic credit report form can be found at www.adaausa.org under the Members Only/Fellow/Master tab. You must be logged in to access this area. Contact central office at 877-874-3785 if log in credentials are needed.

Once approval has been given for the completion of either Fellowship or Mastership, you will then apply for the specific award, which is \$90. This application can be found on the ADAA website.

For more information, visit the ADAA website at www.adaausa.org under the Education tab or contact info@adaausa.org.



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1529 14th Street, NW, Suite 1280 • Washington, DC 20045

Toll Free: 877-874-3785 • Fax: 630-351-8490

www.adaausa.org

ADAA FELLOWSHIP ADAA MASTERSHIP

Put your experience and education to the challenge and become part of the ADAA's Fellowship and Mastership programs. Experience the satisfaction of achievement. Enroll today!





ADAA Fellowship & Mastership Program Enrollment Application

Complete form (please print) and return it to ADAA via email (info@adaausa.org), fax or USPS mail. Once processed, you will be sent a welcome email which will explain next steps. If you have any questions, please contact info@adaausa.org.

I am enrolling for ☐ Fellowship ☐ Mastership Month/Year Fellowship requirements were met: _____

Please check the path you wish to pursue: ☐ Clinical ☐ Business

If you were recruited, who recruited you?: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Email (required): _____

Enrollment Information: Month/Year joined ADAA: _____

☐ ADAA Member #/Username: _____

Enter number for your designation: CDA #: _____ COA #: _____

COMSA #: _____ CDPMA #: _____ RDA#: _____

Check areas in which you are currently employed: ☐ Dental Assistant ☐ Chairside ☐ Business ☐ Educator

☐ Other _____

Enrollment Fee of \$40

If paying by check, mail this application along with your check to: ADAA, 1529 14th Street, NW, Suite 1280, Washington, DC 20045. Make checks payable to American Dental Assistants Association.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Please read the following and indicate your agreement by signing below:

1. I understand that the ADAA may check the accuracy of credits submitted. I also understand that I am responsible for the completeness and accuracy of credit information submitted and that the ADAA is not responsible for any error or omission in my computer record. I agree to abide by the decision of the ADAA regarding whether or not I meet the requirements for Fellowship and/or Mastership.
2. I have read and understand the Fellowship and/or Mastership Award Guidelines. Guidelines can be found at www.adaausa.org under Members Only, Fellow/Master, then Fellowship (or Mastership) Enrollment Pack.
3. I have enclosed the required \$40 enrollment fee. Fees are non-refundable and non-transferable.

Signature: _____

Date: _____