

MEMBERSHIP APPLICATION / RENEWAL



Florida Dental Society of Anesthesiology

P.O. Box 444
Orange Park, Fla. 32067
904-703-4083 (O)
904-825-0645 (F)

Name: _____ Degree(s): _____

Office Address: _____

City _____ County _____ St _____ Zip: _____

Office Phone: _____ Fax: _____

Home phone: _____ Cell phone: _____

email _____

Florida dental license #: _____

Current permit held: Pediatric Conscious Sedation Conscious Sedation General Anesthesia

Area of Practice: (Circle One):

General Practice

Oral & Maxillofacial Surgery

Endodontics

Orthodontics

Pediatric Dentistry

Periodontics

Prosthodontics

Oral Pathology

Dental Public Health

Dental Anesthesiology

Percentage of practice devoted to anesthesiology? _____%

Dental School: _____ Year of Graduation: _____

Anesthesia training: Institution _____

Type of program: (specialty or anesthesia residency, fellowship, continuing education, etc): _____

Dates attended: from _____ to _____ Certificate? _____

Professional societies to which you belong: _____

Are you a Member of the *American Dental Society of Anesthesiology*? Yes _____ No _____

Are you a Fellow of the *National Dental Board of Anesthesiology*? Yes _____ No _____

OR Are you Certified by the *College of Conscious Sedation*? Yes _____ No _____

Annual Dues: \$75.00 for ADSA members \$150.00 for non-ADSA members

Make check out to: FDSA, Or use your credit card: Visa _____ MC _____

Card # _____ Exp. Date: _____

Name on Card: _____

Signed: _____ Date: _____

Please fax this form to 904-825-0645 OR mail it (with a check) to the above address