

Please forward form and payment to:  
The American Academy of Periodontology  
Education and Liaison Department  
737 N. Michigan Avenue, Suite 800  
Chicago, IL 60611-2690  
Attention: Haley Murray

Application Deadline: February 23, 2009

Exam Administration: March 16-27, 2009



Please print clearly. Use blue or black pen.

## 2009 IN-SERVICE EXAMINATION APPLICATION FORM

First Name: \_\_\_\_\_

MI \_\_\_\_\_

Last Name: \_\_\_\_\_

Year of Periodontal Training: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_

Name of Postdoctoral School Attending:  
\_\_\_\_\_

Have you taken the In-Service Exam previously? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a graduate of a foreign dental school? YES \_\_\_\_\_ NO \_\_\_\_\_

Name and address of the dental school you graduated from

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Examination Fee \$100.00

Fee must accompany application.

Please make checks payable to:

The American Academy of Periodontology

### Refund Policy

For a **full refund**, the Academy must receive a letter by February 27, 2009 from the student's postdoctoral director on school letterhead verifying that the student is unable to take the In-Service Exam.

From February 28 - March 6, 2009, a student or school may receive a **50% refund**. The Academy must receive a letter by March 6, 2009, from the student's postdoctoral director on school letterhead verifying that the student is unable to take the In-Service Exam. After March 7, 2008, no refunds will be provided.

### Please indicate form of payment:

Check enclosed

Charge my credit card: MasterCard or Visa Only

MasterCard/Visa number  
(Please Circle Card Type)

Exp. Date

Cardholder Signature