

# ACADEMY FOR SPORTS DENTISTRY FELLOWSHIP PROGRAM

## REQUIREMENTS

1. Membership in ASD for minimum of five consecutive years preceding the induction ceremony and be required to have attended at least three (3) of the last six (6) ASD Annual Symposiums prior to the year requesting consideration.
2. Four hundred (400) C.E. hours in sports dentistry or related subjects are required for the Fellowship.

### CATEGORIES:

- Sports dentistry injury epidemiology
  - Sports dentistry injury treatment
  - Sports dentistry injury prevention (including mouthguard fabrication)
  - Sports dentistry community activities
  - Spit tobacco and oral cancer issues
  - Sports training and eating disorders
3. The four hundred (400) C.E. hours in sports dentistry must be acquired in the ten years prior to your application date.
  4. Continuing education credits in sports dentistry may be earned in a variety of ways. Documentation (verification) must be provided by the candidate.
    - Five (5) C.E. credit hours will be awarded for each year of ASD membership (maximum 50 hours).
    - One (1) C.E. credit hour will be awarded for each hour of coursework taken on topics related to sports dentistry (maximum 30 hours/year).
    - Ten (10) C.E. credit hours will be awarded for each chapter in a textbook or published paper in a refereed journal on sports dentistry (maximum 100 hours).
    - Five (5) C.E. credit hours will be awarded for each hour of lecture to professional or lay groups, or to dental students on topics related to sports dentistry (maximum 100 hours).
    - Two (2) C.E. credit hours will be awarded for a Table Clinic on topics related to sports dentistry (maximum 20 hours).
    - One (1) C.E. credit hour will be awarded for each hour of community service provided in sports dentistry for example as a participant in a public, organized mouthguard clinic, such as those run by local dental societies or service as a team dentist (maximum 100 hours).

*Hours of postdoctoral studies toward a specialty degree or certificate are not applicable toward C.E. credit for the ASD Fellowship*

## GENERAL COMMENTS AND REGULATIONS

1. Submit all information to the ASD National Office where it will be recorded in the computer and credited to your personal continuing education database. Standardized forms are required and will be provided to the candidate by the ASD National Office.
2. You may elect at anytime (in compliance with the requirements stated above) to become a candidate for ASD Fellowship.
3. The completed application for a Fellowship class must be received in the National Office no later than August 1 of the anticipated year.
4. An initial registration fee of \$25.00 is required until your application is approved. Approval means that all credits have been submitted by the candidate to the National Office on the standard forms provided by ASD, and credit hours have been approved by the Committee on Continuing Education.
5. The final selection of the candidate will be by authority of the Committee on Continuing Education, with the approval of the Board of Trustees.
6. Notification that a sufficient number of C.E. credits for ASD Fellowship was approved will be sent to the candidate from the ASD National Office. A Fellowship fee of \$300.00 is then due.
7. The candidate will be notified of the decision of the Committee and the Board of Trustees by the first week of January in the year of induction.
8. The candidate must be present at the annual meeting to receive the Fellowship award.
9. Each Fellow will receive a plaque (with bronze plate) bearing the Fellow's name, certifying Fellowship in the Academy for Sports Dentistry and date of induction. No titles will be shown.



## ENROLLMENT IN THE ASD FELLOWSHIP PROGRAM

Academy for Sports Dentistry

PO Box 358

Isanti, MN 55040

Telephone: (612) 440-7125

Email: [info@academyforsportsdentistry.org](mailto:info@academyforsportsdentistry.org)

[www.academyforsportsdentistry.org](http://www.academyforsportsdentistry.org)

I wish to apply for the ASD Fellowship. I have included payment of **\$25.00 (US Funds)** registration fee.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

Email \_\_\_\_\_

Year joined ASD \_\_\_\_\_