



# PIERRE FAUCHARD ACADEMY

*An International Honor*

*Dental Organization*



## Nomination for Fellowship

To the Secretary:

In making application for fellowship in the Pierre Fauchard Academy I submit the following information as to professional activities and standing:

1. Name \_\_\_\_\_  
(Last name) (Write plainly) (First name)

2. Address \_\_\_\_\_  
Street  
City State Zip Code

3. Place and date of birth \_\_\_\_\_ 4. Phone \_\_\_\_\_

5. Attendance at dental school:  
School \_\_\_\_\_ Degree- \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Attendance at other school for regular or advanced education:  
School \_\_\_\_\_ Course- \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Dental society membership:  
Local \_\_\_\_\_ Date \_\_\_\_\_  
State \_\_\_\_\_  
National \_\_\_\_\_

8. Major Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I solemnly pledge myself to cooperate, by all suitable and just means, in extending and advancing the high moral, ethical, professional and scientific principles and the influence for good of the Pierre Fauchard Academy.

Date \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_  
(Name in full)

### TO BE COMPLETED BY OFFICERS AND COMMITTEES OF THE ACADEMY

In presenting this candidate, we are pleased to recommend him as one who will, in every way, uphold the principles and high ideals of the Academy.

State Committee for \_\_\_\_\_