



## Student Verification and Complimentary Membership Form

Please complete the form below to verify the enrollment status of a student.

This is to certify that \_\_\_\_\_ **(Student's Full Name)** is enrolled as a full-time student, pursuing a certificate/degree in Dental Therapy at \_\_\_\_\_ **(Program/University)**. The student has been enrolled since \_\_\_\_\_ **(Semester and Year)** and is expected to complete their program/degree by \_\_\_\_\_ **(Month and Year)**.

I \_\_\_\_\_ **(Instructor/Professor's Name)** verify that the student listed above is registered as a Dental Therapy/Dental Health Aide Therapist student.

**Instructor/Professor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Complimentary ADTA Membership Form

Please fill out this form if you are interested in a complimentary membership with the ADTA.

Preferred Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe Yourself:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- LatinX or Hispanic
- South Asian
- MENA
- White
- Other
- Prefer not to answer

Tribe Affiliation (Type N/A if not Applicable) : \_\_\_\_\_

Is it okay to text you?:

- Yes
- No

Would you like to receive our Voices of Dental Therapy Newsletter?

- Yes
- No

I hereby apply for membership of the American Dental Therapy Association, and promise to support dental therapy as a practice that will eradicate oral healthcare disparities nationally. I will abide by the core values, bylaws, principles of ethics, and code of professional conduct if accepted into membership.

Signature: \_\_\_\_\_