

Have you ever been disciplined by any ethics committee or any duly constituted equivalent body? yes no If yes, please give details and findings. _____

Have you ever been disciplined by any state licensing agency or department? yes no If yes, please give details and findings. _____

Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony or first-degree misdemeanor? yes no If yes, please give details and findings. _____

Have you ever had a judgment of malpractice entered against you? yes no If yes, please include details and findings. _____

I hereby certify that the information contained herein is true and correct and if subsequently proved incorrect shall be grounds for disapproval and/or removal. I certify that I have read and will abide by the Articles of Incorporation, Bylaws and Code of Ethics of the American Dental Association, Florida Dental Association and component dental association. I authorize the component dental association membership chairperson to seek any information concerning the above questions for use in considering my candidacy for membership in the aforementioned associations and authorize the release of any such information for use in connection with this application to those people who are involved in the membership process. I authorize the Florida Dental Association, its affiliated entities and component/affiliate dental associations to contact me via the listed facsimile number and e-mail address.

Applicant's name: _____

Signature: _____ Date: _____

DISTRICT DENTAL ASSOCIATIONS

**Atlantic Coast District
Dental Association**

Broward (North)
Indian River
Martin
Okeechobee
Palm Beach
St. Lucie

**Central Florida District
Dental Association**

Alachua
Brevard
Flagler
Gilchrist
Lake
Levy
Marion
Orange
Osceola
Seminole
Sumter
Volusia

**Northeast District
Dental Association**

Baker
Bradford
Clay
Columbia
Dixie
Duval
Hamilton
Lafayette
Madison
Nassau
Putnam
St. Johns
Suwannee
Taylor
Union

**Northwest District
Dental Association**

Bay
Calhoun
Escambia
Franklin
Gadsden
Gulf
Holmes
Jackson
Jefferson
Leon
Liberty
Okaloosa
Santa Rosa
Wakulla
Walton
Washington

**South Florida District
Dental Association**

Broward (South)
Dade
Monroe

**West Coast District
Dental Association**

Charlotte
Citrus
Collier
De Soto
Glades
Hardee
Hendry
Hernando
Highlands
Hillsborough
Lee
Manatee
Pasco
Pinellas
Polk
Sarasota

For FDA Office Use Only

Date application received: _____ Amount \$ _____

For component dental association office use only

Date application received : _____

Date referred to component membership committee: _____

Action of component dental association: yes no

Deferred until: _____ / _____ / _____

Signature of authorized component officer: _____ Date: _____

Please mail/fax this FDA addendum application to:

Membership Department • Florida Dental Association • 1111 E. Tennessee St. • Tallahassee, FL 32308-6914 • Fax: (850) 201-5013