



**International Association for Orthodontics
Specialist Application for Tier Advancement – Diplomate**

****Photo & Official written documentation of Board Certification is Required* (This information may be attached.)***

First Name: _____ Last Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

E-Mail: _____ IAO ID #: _____ Year you joined IAO: _____

Please check: Ortho Limited Practice ___ Private Practice ___ (# years ___) Solo ___ (# years ___)

Today's Date: _____ Date of Birth: _____ Citizenship: _____

I am Board Certified in good standing with my national Orthodontist Association: Yes ___ No ___
(Official written documentation of Board Certification is Required.)

Undergraduate University / Degree / Date Awarded: _____

Dental School / Degree / Date Awarded: _____

Postgraduate School / Degree / Date Awarded: _____

University (Faculty) Affiliations: _____

Professional Memberships: _____

Honors, Awards: _____

Published Articles: _____

Community Activities: _____

Total Amount Due: **USD \$500.00** (please check payment type)

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Card Number _____ Expiration Date (mo/yr) _____

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Signature _____ Today's Date _____

Please return this form, with your payment to:
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Milwaukee, WI 53202 USA
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E-mail: worldheadquarters@iaortho.org