



## AMERICAN ACADEMY OF COSMETIC DENTISTRY

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Madison, WI 53703  
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1-608-222-8583

Email completed form to AACD: [residency@aacd.com](mailto:residency@aacd.com)

# Preceptor Application for Residency Program 2020

### Timeline

**July – August 2019 - Solicit preceptors; deadline September 13<sup>th</sup>**  
**October/November 2019 – Solicit resident applications to program**  
**December 31<sup>st</sup>, 2019 – Resident Application deadline**  
**January/February 2020 – Interviews with preceptors**  
**August 2020 – Begin third year program/Announce Residents**

- I understand I am applying to serve as a preceptor for a 24-month period beginning summer of 2019.
- I understand, if approved, my name will be included in the call for residents in fall 2018.
- I understand, if individuals are interested in serving as a resident, I will have an opportunity to review their applications and interview them in confidence.
- I understand I will need to pay a stipend in the range of \$45,000-\$50,000 per year for two years.
- I have provided my curriculum vitae for Residency Task Force review.
- I have provided a photo of the operatory where the resident will work.
- I have reviewed the [Residency Agreement](#).

Name: Last, First, M:

Street Address:

City, State, Zip:

Telephone:

Cell:

Home:

Practice Web Site Address:

Year Accredited (and year Accredited Fellow, if applicable):

What qualifies you to be a preceptor?

Why are you interested in serving as a preceptor?



Have you ever been determined, in any litigation or administrative proceeding, to have committed malpractice as a dentist? Yes  No

Have you or your professional liability insurer ever entered into a settlement of a claim that you had committed malpractice as a dentist? Yes  No

Has your application or license to practice in any state ever been denied, revoked, suspended or otherwise limited or restricted or (voluntarily or involuntarily) either been relinquished or not renewed? Yes  No

Has the Drug Enforcement Agency ever denied, revoked, suspended or otherwise restricted your registration with the DEA? Yes  No

Is any complaint, investigation or proceeding pending against you with any state professional board of the DEA? Yes  No

Are you able to perform the essential functions of the Residency Program with or without reasonable accommodation according to accepted standards of professional performance and without posing a health or safety risk to patients? Yes  No

Have you ever been convicted of, or pled no contest to, a crime? (Do not include speeding and other minor traffic violations, or any misdemeanor conviction if more than 5 years prior to this application if you have had no criminal offense within 5 years. An answer of "yes" is not an automatic bar to the Residency Program, the nature and circumstances of the conviction or charge will be taken into consideration.) Yes  No

Are you currently engaged in the illegal use of drugs? Yes  No

Have you ever been the subject of an administrative, civil, or criminal complaint or investigation involving sexual harassment or misconduct? Yes  No

I also give AACD permission to share this application, AACD's verification of my information, and my contact information with potential preceptors. Yes  No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for taking the time to provide this information. Applications must be returned via email to [residency@aacd.com](mailto:residency@aacd.com) no later than September 20, 2019.