



**Please Complete the Information Below and Fax to AACD Executive Office at 608-222-9540  
Attn: Credentialing Department**

**Participation Form for Dentists**

Dear Dentist Member in the Accreditation Process,

We are looking for volunteers who would be willing to complete a case with a laboratory technician member in the Accreditation process. To facilitate the matching of members with volunteers, volunteers' names would be listed on the AACD Website. Members in the Accreditation Process (MIP) would contact volunteers directly based on the contact information provided on this website.

If you are interested in being included on the website listing of volunteers, please return this form to the credentialing department at the AACD Executive Office with your signature below.

\_\_\_\_\_ Yes, I would like to be included on the AACD website listing

**Acknowledgment and Release:**

I agree that, in the event a member would fail to achieve American Academy of Cosmetic Dentistry® Accreditation or otherwise would not satisfactorily complete the Accreditation process, I will not institute, file, air or participate in any action, lawsuit, or claim for relief against the Academy or any of its agents or employees for any damages, injury, loss or expense incurred as a result thereof.

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

Print Name: \_\_\_\_\_

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

Member ID: \_\_\_\_\_