AAAI-D Fellowship Application

Pathway A - Fellowship by Demonstrated Engagement

Form Number: AAAI-D-FEL-A-001

Please complete every section and attach clearly labeled supporting materials. Pathway A requires both mandatory requirements and at least three of the four additional eligibility criteria.

1. Applicant Information

Full Legal Name	
Professional Degrees / Credentials	
Preferred Name for Certificate	
Current Position / Title	
Institution / Organization	
Email	
Telephone	
Mailing Address	
AAAI-D Membership Email Address	
Membership Start Date	
Country	

2. Pathway Selection and Eligibility Summary

I am applying under Pathway A and understand that I must satisfy both mandatory requirements and at least three additional criteria.

☐ Mandatory 1 - Active Membership ☐ Mandatory 2 - Six Months of Substantive Academy Service

Additional criteria claimed (check at least three):

☐ Publication ☐ Professional Standing ☐ Ethical/Evidence-Based AI ☐ Dental AI Education, Research, or Policy

3. Mandatory Requirement 1 - Active Membership

Applicants must hold active AAAI-D membership in good standing at application, maintain it through conferral, and continue active membership to retain Fellowship in good standing.

Membership Category	
Membership Start Date	
Current Status	☐ Active ☐ Pending verification
Dues Current	☐ Yes ☐ No ☐ Unsure
Supporting Material	☐ Membership record available to AAAI-D ☐ Additional documentation attached

4. Mandatory Requirement 2 - Documented Service to the Academy

Document at least six months of substantive service that was assigned, documented, or acknowledged by Academy leadership. A title or attendance alone is insufficient. Describe the role, dates, responsibilities, work completed, and resulting contribution.

Academy Role / Assignment	Start-End Dates	Specific Responsibilities and Work Completed	Output / Contribution	Verifier or Supporting Document

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Total documented period of substantive service: _____ months

5. Additional Criterion 1 - Qualifying Scholarly or Educational Publication

Complete this section only if claiming this criterion. Submit at least one qualifying publication from the preceding five years related to AI in dentistry or oral health. Attach the publication or reliable proof such as a DOI, PMID, stable link, or acceptance documentation.

Full Citation	Publication Type	Publication Date	Relevance to Dental / Oral Health AI	Evidence Attached

6. Additional Criterion 2 - Established Professional Standing

Complete this section only if claiming this criterion. Check all that apply and provide verifiable details.

☐ Faculty appointment ☐ Institutional leadership ☐ Professional organization leadership ☐ Editorial or peer-review role ☐ 10+ years post-terminal-degree experience

Role / Basis Claimed	Institution / Organization	Dates	Responsibilities or Level of Standing	Supporting Evidence

7. Additional Criterion 3 - Commitment to Ethical and Evidence-Based AI

Complete this section only if claiming this criterion. Provide documented involvement in governance, validation, evaluation, oversight, safety, transparency, or responsible implementation of AI in dentistry or healthcare.

Activity / Project	Organization	Dates	Your Specific Role and Contribution	Evidence / Outcome

8. Additional Criterion 4 - Significant Contribution to Dental AI Education, Research, or Policy

Complete this section only if claiming this criterion. Describe leadership or a material contribution to a recognized educational program, research initiative, policy effort, institutional project, standards activity, or public-interest initiative related to dental AI.

Program / Initiative	Organization	Dates	Your Specific Contribution	Documented Output / Impact

9. Applicant Narrative

In 500 words or fewer, explain how your work reflects integrity, scientific rigor, responsible and patient-centered innovation, and sustained contribution to dental AI. Attach additional pages if needed.

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10. Required Attachments Checklist

☐ Completed application ☐ Current CV ☐ Academy service documentation ☐ Publication evidence, if claimed

☐ Professional standing evidence, if claimed ☐ Ethical/evidence-based AI evidence, if claimed ☐ Education/research/policy evidence, if claimed ☐ Additional explanatory material

Applicant Certification and Signature

By signing, I certify that the information and materials submitted are complete and accurate to the best of my knowledge. I authorize AAAI-D to verify the information provided. I understand that incomplete documentation, material misrepresentation, altered records, or undisclosed conflicts may result in deferral, denial, withdrawal of approval, or revocation of Fellowship. I agree to comply with AAAI-D policies and professional and ethical standards.

Applicant Signature	_____
Printed Name	_____
Date	_____
Digital Signature	☐ Digitally signed, if applicable

For AAAI-D Office and Reviewer Use Only

This section is completed by Fellowship program administrators and assigned reviewers. Administrative completeness does not constitute approval.

Date Received	_____
Cycle	_____ to _____
Membership Verified	☐ Yes ☐ No Verified by: _____ Date: _____
Membership Good Standing	☐ Yes ☐ No
Application Complete	☐ Yes ☐ No ☐ Returned for clarification
CV Received	☐ Yes ☐ No
Conflict Review	☐ Completed ☐ Reviewer reassignment required

Reviewer Materials Checklist

Requirement / Criterion	Material	Finding	Alternate Finding	Notes
Active membership	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Six months substantive Academy service	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Publication criterion, if claimed	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Professional standing criterion, if claimed	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Ethical/evidence-based AI criterion, if claimed	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____

Requirement / Criterion	Material	Finding	Alternate Finding	Notes
				_____
Education/research/policy criterion, if claimed	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Applicant certification and required attachments	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____

Panel Determination

☐ Approved ☐ Additional documentation required ☐ Deferred ☐ Denied

Decision Date	_____
Reviewer 1	_____ Initials: _____
Reviewer 2	_____ Initials: _____
Reviewer 3	_____ Initials: _____
Final Notes	_____ _____ _____ _____

Application Processing Fee Record

A nonrefundable Fellowship application processing fee of USD $150 is required at the time of application. The application will not be considered complete or forwarded for review until payment has been received.

Application Processing Fee	USD $150
Payment Status	☐ Not received ☐ Paid ☐ Verification pending
Amount Received	$_____
Payment Date	_____
Transaction / Receipt No.	_____
Certificate Issued	☐ Yes ☐ No Date: _____
Public Fellow Listing	☐ Added ☐ Pending ☐ Not applicable