AAAI-D Fellowship Application

Pathway B - Standard Fellowship (One-Year Path)

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

Please complete every section and attach clearly labeled supporting materials. Pathway B requires satisfaction of all requirements: one year of continuous membership, six months of documented Academy service during that year, ten hours of qualifying dental AI continuing education, and two letters of support.

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 B and understand that every requirement must be satisfied.

☐ One year continuous membership ☐ Six months Academy service ☐ 10 hours qualifying dental AI CE ☐ Two letters from current AAAI-D members

3. Requirement 1 - Continuous Membership in Good Standing

Applicants must have maintained continuous AAAI-D membership in good standing for at least one year immediately preceding Fellowship consideration.

Membership Category	
Original Membership Start Date	
One-Year Qualification Period	From _____ to _____
Any Membership Lapse	☐ No ☐ Yes - explain below
Explanation / Documentation	_____ _____

4. Requirement 2 - Documented Service to the Academy

Document at least six months of substantive Academy service during the one-year qualification period. Service must have been assigned, documented, or acknowledged by Academy leadership. A title or attendance alone is insufficient.

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

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Total documented service during the qualification year: _____ months

5. Requirement 3 - Dental AI-Related Continuing Education

Document at least ten hours of qualifying dental AI-related continuing education completed during the one-year qualification period. Programs must be educational in nature. Vendor marketing, promotional activities, exhibit-hall activity, and unsupported self-study do not qualify.

Program Title	Provider / Institution	Date	Hours	Educational Focus	Certificate or Proof Attached

Total qualifying dental AI continuing education hours claimed: _____ hours

6. Requirement 4 - Two Letters of Support

Submit two independently authored letters from current AAAI-D members in good standing at the time of application. Letters should address professional judgment, integrity, and commitment to ethical, patient-centered, and responsible AI in dentistry. Letters from existing Fellows are not required.

Recommender	Professional Role / Organization	AAAI-D Membership Confirmed by Applicant	Relationship to Applicant	Letter Attached / Submitted Separately
		☐ Yes ☐ Unsure		
		☐ Yes ☐ Unsure		

Applicant conflict check: Neither recommender is my family member, direct subordinate, or a person whose relationship would reasonably call the independence of the recommendation into question. ☐ Confirmed

7. Applicant Narrative

In 500 words or fewer, explain your Academy service, professional judgment, and commitment to ethical, patient-centered, evidence-informed use of artificial intelligence in dentistry. Attach additional pages if needed.

_____

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8. Required Attachments Checklist

☐ Completed application ☐ Current CV ☐ Membership information ☐ Academy service documentation

☐ CE certificates / transcripts totaling at least 10 hours ☐ Letter of support 1 ☐ Letter of support 2 ☐ 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
One year continuous membership	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Six months Academy service during qualification year	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Minimum 10 hours qualifying dental AI CE	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Letter of support 1	☐ Received	☐ Meets	☐ Does Not Meet	Reviewer notes: _____ _____
Letter of support 2	☐ 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