

American Society of Master Dental Prosthologists, Inc.

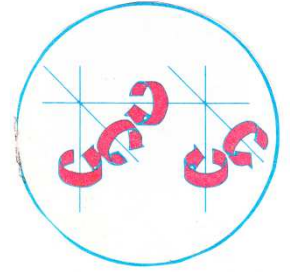
146-21 13th Avenue, Whitestone, NY 11357

Phone & Fax – (718) 746-8355

Vincent V. Alleluia, Chairman

Website: www.asmdt.com

Email: valleluia@gmail.com



Application Form for the onsite MASTER COURSE of Dentistry for Continuing Education Courses ASMDT Program.

CHAIRMAN

Vincent V. Alleluia, M.D.T., T.F.

PRESIDENT ELECT

Paul Federico, M.D.T.

VICE PRESIDENT

Paul Eliason, MDT, TF

EXECUTIVE DIRECTOR, TREASURER & NORTHEAST COORDINATOR

Sue Heppenheimer

WESTERN COORDINATOR

Jack Edwards, B.A., M.D.T., T.F.

FLORIDA & SOUTHEASTERN COORDINATOR

Robert Jackson, M.D.T., T.F.

COMMITTEE CHAIRPERSONS EDUCATION

Vincent V. Alleluia, M.D.T., T.F.

MEMBERSHIP

Max Toth

BOARD OF EXAMINERS

Charles Cottone, M.D.T.

Print Last Name

Print First Name Middle Initial

Print Address

City State Zip Code + four

Home Phone w/area code Work Phone w/area code

Fax w/area code Cell Phone/Beeper w/area code

Educational Profile:

PRACTICAL EXPERIENCE: Complete Dentures: ____ Yrs Ceramics: ____ Yrs Partial Dentures: ____ Yrs Orthodontics: ____ Yrs Crown & Bridge: ____ Yrs Occlusion: ____ Yrs Mandibular Physiology ____ Yrs	Choose A Home Study Course Plan: ____ Plan 1 ____ Plan 2 ____ Plan 3 ____ Plan 4 ____ Plan 5 ____ Plan 6
--	---

- 1) Complete Application and attach a passport-size color photograph of yourself.
- 2) Attach a check payable to **DPDC** (Dental Prosthologists Development, Corp.) to this form.
- 3) Mail check and completed form to above address. You will be notified confirming your acceptance into the Home Study Program as soon as possible.

Please note: You are purchasing knowledge and information. Therefore, there are no refunds.

Developing Competency since 1977!

American Society of Master Dental Prosthologists, Inc.

146-21 13th Avenue, Whitestone, NY 11357

Phone & Fax – (718) 746-8355

Vincent V. Alleluia, Chairman

Website: www.asmdt.com

Email: valleluia@gmail.com



Check List & Acceptance Form Master Dental Technologist Home Study Program

CHAIRMAN

Vincent V. Alleluia, M.D.T., T.F.

Please check the contents of your shipment very carefully. Examine EVERY item in this shipment, place a check mark in the box next to each identified item, sign this form and mail it in the enclosed self addressed, stamped envelope within the next ten (10) days.

Serial # _____

Contents:

**EXECUTIVE DIRECTOR AND
TREASURER**

Sue Heppenheimer

COMMITTEE CHAIRPERSONS

EDUCATION

Vincent V. Alleluia, M.D.T., T.F.

- A.S.M.D.T. Instruction Manual – 3-ring binder
- Set of 19 DVD AudioVisual Disks (*Disk "R" to be shipped at a later date*)
- Stratus Semi-Adjustable Articulator with 5 Mounting Plates
- Six (6) sets of working models
- PKT Waxing Instruments
- Set of Denture Teeth
- Occlusal Plane Analyzer
- Stones for Selective Grinding
- AF Manual – 3-ring binder – Provided as additional Reference
- "Occlusal Correction" Soint & Curnutte Book
- "TMJ Occlusion & Function" Neff Manual
- "Introduction to Occlusion" Huffman & Regenos Manual
- "Gulde to Occlusal Waxing" Shillingburg Manual
- Incisal Pin with Mechanical Platform Nail Clippers
- Silicone Putty Plastic Pins & Burr Mint Wax
- Red & Blue Wax Wax for Master Wax-up Session

NOTE: If any item is missing or damaged, please call the above phone number immediately.

Set of suggested OPTIONAL ITEMS available from your Lab or Supplier:

ELECTRIC HANDPIECE & BURRS	BP KNIFE
LEAK BURNER	#31 DENTURE SPATULA
ELECTRIC WAXER	ARTICULATING PAPER
NEY SURVEYOR	ACCUFILM II ARTICULATING PAPER
RUBBER BOWLS	SAFETY GLASSES
PLASTER KNIFE & SPATULA	

I have examined the contents of my shipment, identified each item and found everything in order.

The Serial Number located on the label of each DVD AudioVisual Disk is: _____

Print Full Name

Signature

Date