

American Society of Master Dental Prosthologists, Inc.

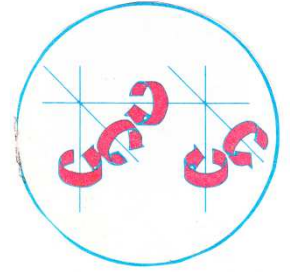
146-21 13th Avenue, Whitestone, NY 11357

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

_____ Middle Initial
Print First Name

Print Address

_____ Zip Code + four
City State

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

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

Educational Profile:

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

- 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.

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
- "Guide 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