ADN DENTAL NETWORK APPLICATION
(One for each Dentist)

1. **Dentist Name** _____

   Practice Name (if different from #1) _____

   Taxpayer Identification Number _____

   NPI – Dentist _____ **NPI - Practice** _____

2. **Primary Office Address:**

   Street _____ City _____

   County _____ State _____ Zip_____ Phone _____

   Office Manager or Contact Person _____

   Secondary Office Address

   Street _____ City _____

   County _____ State _____ Zip _____ Phone _____

   Office Manager or Contact Person _____

   Payee Name and Address (if different from above):

   Payee Name _____

   Payee Street _____

   City _____ State _____ Zip _____

3. **Field of Practice (please circle):**

   Generalist: Yes No **Specialty:** Endodontics Pedodontics Periodontics Oral Surgery Orthodontics Prosthodontics

   Board Status: Eligible Certified No
   If not, please explain

4. **License Number (by state):**

   a. _____ Expiration Date _____ _____ State _____

   b. _____ Expiration Date _____ State _____

5. **Education and Training:**

   Dental School _____ Dates _____

   Residency _____ Dates _____

6. **Membership in Dental Societies/Associations:**

   National _____ State _____

   Local _____ Other _____

7. Licensing Information: (Circle correct response)

Has your license to practice dentistry in any jurisdiction ever been suspended, revoked or not renewed? ..... Yes No
Have you ever voluntarily surrendered your license to practice dentistry to avoid suspension, revocation or disciplinary action? ..... Yes No
Has your DEA number ever been suspended or revoked? ..... Yes No
Have you ever been denied membership or renewal thereof, or been subject to disciplinary action, in any dental organization? Yes No
Are you currently or have you ever been involved in any malpractice suits? ..... Yes No
Has any malpractice carrier ever made an out-of court settlement or paid a professional liability claim on your behalf? ..... Yes No
Has your malpractice coverage ever been denied or canceled? Yes No
Have you ever been convicted of a felony crime? ..... Yes No
Has your request for specific clinical privileges ever been denied or granted with stipulated limitations, or have privileges ever been suspended, revoked or not renewed? ..... Yes No
Have you ever been refused membership on a hospital staff? ..... Yes No

If you answered "Yes" to any of the above licensing information, please explain.

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For consideration in the ADN Dental Network, please submit the following documentation:

1. Signed Dental Participation Contract Agreement
2. A copy of current state licenses
3. A current DEA Certificate (if applicable).
4. A copy of your current malpractice insurance certificate declaration page.
5. W9

CREDENTIALS VERIFICATION

I represent and warrant that the information contained in this application is true and complete to the best of my knowledge and belief, and I agree to inform ADN Dental Network (ADN) promptly if any material change in such information occurs, whether before or after I enter into an agreement with ADN for the provision of dental services. I understand and agree that falsification of this application in any of the above areas will immediately disqualify me for consideration for selection and may be cause for immediate termination of my participation status in the ADN Dental Network.

AUTHORIZATION AND RELEASE

I authorize all hospital administrators, dental associations, colleges, state licensing boards and other persons and entities having information relevant to an evaluation of my professional competence, character, morals and ethics, including any information relating to any disciplinary action, suspension or curtailment of dental/surgical privileges, to provide such information to ADN or any of their associates or affiliates upon presentation of this Authorization and Release.

I hereby release any person or entity providing such information pursuant to this Authorization and Release from all liability for doing so. I further release ADN, its affiliates and associates from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information.

_____ _____
Print Name Signature

_____
Date