



AMERICAN ASSOCIATION OF DENTAL EDITORS AND JOURNALISTS
CERTIFIED DENTAL EDITOR (CDE)

Application for CDE Recognition

This is your application for CDE recognition. It should be submitted only after you have completed all CDE designation requirements. The deadline each year is August 2nd. CDE designations are awarded each fall at the AADEJ Annual Conference.

Name: _____

Dental Publication: _____

Business Address: _____

Business Telephone #: _____

Mobile Telephone #: _____

E-mail: _____

Are you currently an AADEJ member? ☐ YES ☐ NO

Journalism Continuing Education Hours Achieved

Please complete the requested information below. Attach evidence of completion of continuing education activities to this application. Evidence can include a copy of a certificate, verification form or letter from a granting organization that states the title of the meeting or course, location, date(s), number of continuing education hours and the instructor(s) name(s).

Subject codes for continuing education hours

- | | | | |
|----|---------------------------|----|----------------------|
| 01 | General Journalism Topics | 04 | Layout and Design |
| 02 | Writing | 05 | Editorial Leadership |
| 03 | Editing | 06 | Communications |

Course/Meeting Title: _____

Date(s): _____

Sponsor: _____

	Hours	_____	Subject Code	_____
Number of Completed CE Hours and Subject Codes:	Hours	_____	Subject Code	_____
	Hours	_____	Subject Code	_____
	Hours	_____	Subject Code	_____

Course/Meeting Title:

Date(s):

Sponsor:

Number of Completed CE
Hours and Subject Codes:

Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____

Course/Meeting Title:

Date(s):

Sponsor:

Number of Completed CE
Hours and Subject Codes:

Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____

Course/Meeting Title:

Date(s):

Sponsor:

Number of Completed CE
Hours and Subject Codes:

Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____
Hours	_____	Subject Code	_____

Course/Meeting Title: _____

Date(s): _____

Sponsor: _____

	Hours	_____	Subject Code	_____
Number of Completed CE Hours and Subject Codes:	Hours	_____	Subject Code	_____
	Hours	_____	Subject Code	_____
	Hours	_____	Subject Code	_____
	Hours	_____	Subject Code	_____

The following number of CE hours from the courses or meetings that I attended and am reporting were sponsored by a dental organization. Hours _____

I attest to the accuracy of the information that I am providing.

Signature: _____

Print Name: _____

Date: _____

Mail the completed application, supporting evidence attachments and a check in the amount of \$150.00 made payable to the American Association of Dental Editors and Journalists before August 2nd to:

AADEJ
PO Box 160
Saint Clair Shores, MI 48080