

**Academy of Gp Orthodontics  
\*Associate Fellowship Award  
Session Verification Form**

**Applicant's Name:** \_\_\_\_\_ **DDS DMD**  
(as it will read on the certificate) (circle one)

**# of certificates:** \_\_\_\_\_ (first certificate included in the tuition)

**Course Location:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Please submit this letter of verification with the Application for the Tier Advancement Program to:**

**Academy of Gp Orthodontics  
909 N. Goliad St.  
Rockwall, Texas 75087  
(800) 634-2027**

I have attended the following Academy of Gp Orthodontics' Hands-On Course Sessions:

Session #	Circle One Fri/Sat/Both	Optional Session Hours	Instructor(s)'s Initials
"Get Acquainted"	F / S / B	_____	_____
"Bonus Session"	F / S / B	_____	_____
I	F / S / B	_____	_____
II	F / S / B	_____	_____
III	F / S / B	_____	_____
IV	F / S / B	_____	_____
V	F / S / B	_____	_____
VI	F / S / B	_____	_____
VII	F / S / B	_____	_____
VIII	F / S / B	_____	_____
IX	F / S / B	_____	_____
X	F / S / B	_____	_____
XI	F / S / B	_____	_____
XII	F / S / B	_____	_____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date