



*The Advanced Dental Implant Institute  
Present*

*The Puerto Rico MaxiCourse® Program and  
Clinical Residency in Implant Dentistry*

***April 4 2022-December 10 2022***

**PROFESSIONAL PROFILE**

**General Information**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Home  
\_\_\_\_\_ Office  
\_\_\_\_\_ Mobile

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

AGD membership #: \_\_\_\_\_ AAID memb. #: \_\_\_\_\_

**Personal Statement**

**My Vision:**

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**My Goals (List the 3 most relevant to you):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**My Expectations Concerning this Course:**

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**Are you interested in applying for the IV Sedation license? :**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Professional Education and Training**

**Dental School:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Degree(s) Obtained:** \_\_\_\_\_

**Other Professional Studies or Trainings:**

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**Professional Experience (Name the last two):**

Work Place: \_\_\_\_\_ Position: \_\_\_\_\_ Years: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Professional Affiliations:**

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**Publications:**

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**Other Interests:**

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