

# THE AMERICAN BOARD OF GENERAL DENTISTRY QUALIFYING APPLICATION

## INSTRUCTIONS

Candidates must complete and meet all requirements specified in the "Rules and Procedures" booklet to be considered Educationally Qualified for Certification by this Board.

Candidates must obtain Educationally Qualified status BEFORE they can apply to sit for the Written Examination.

### INCOMPLETE APPLICATIONS WILL BE RETURNED.

<b>Step 1:</b>	Fill out and sign Part I of the application.	
<b>Step 2:</b>	Part II of the application is a summary of your postgraduate educational activities. Determine the entry point for which you are educationally qualified and complete the form which pertains to that entry point.	
	<b>Entry Point I:</b>	Completion of a 2-year, CODA-accredited GPR/AEGD program
	<b>Entry Point II:</b>	Completion of a 1-year, CODA-accredited GPR/AEGD program + 600 CDE hours (200 must be in participation courses)
	<b>Entry Point III:</b>	Mastership in the Academy of General Dentistry
<b>Step 3:</b>	Part III of the application must be completed only if you are required to document courses taken (or taught) and publications. This includes Entry Point II applicants.	

We suggest that you make a copy of your completed application and retain it in your files.

**MAIL COMPLETED QUALIFYING APPLICATION AND  
\$300 PAYMENT (CHECK OR CREDIT CARD) TO:**

American Board of General Dentistry  
17406 1<sup>st</sup> Street East  
Redington Shores, FL 33708

Phone: 561-809-5491  
Fax: 727-586-3331

E-mail: [support@ABGD.org](mailto:support@ABGD.org)

Website: [www.ABGD.org](http://www.ABGD.org)

# THE AMERICAN BOARD OF GENERAL DENTISTRY QUALIFYING APPLICATION FOR RECENT GRADUATES ONLY

## INSTRUCTIONS

The instructions on this sheet pertain only to candidates who have been out of dental school less than three years and are currently working to complete their residencies. Candidates who meet the requirements of 'Recent Graduate' will be permitted to pay a reduced application fee of \$150. **The American Board defines "Recent Graduates" as those candidates who have graduated from dental school within the past three years.**

Candidates must complete and meet all requirements specified in the "Rules and Procedures" booklet to be considered Educationally Qualified for Certification by this Board.

<b>Step 1:</b>	Fill out and sign Part I of the application.	
<b>Step 2:</b>	Part II of the application is a summary of your postgraduate educational activities. Determine the entry point for which you are educationally qualified and complete the form which pertains to that entry point.	
	Entry Point I:	Completion of a 2-year, CODA-accredited GPR/AEGD program
	Entry Point II:	Completion of a 1-year, CODA-accredited GPR/AEGD program + 600 CDE hours (200 must be in participation courses)
<b>Step 3:</b>	Part III of the application must be completed only if you are required to document courses taken (or taught) and publications. This includes Entry Point II applicants.	

We suggest that you make a copy of your completed application for your files.

**MAIL COMPLETED QUALIFYING APPLICATION AND  
\$150 PAYMENT (CHECK OR CREDIT CARD) TO:**

American Board of General Dentistry  
17406 1<sup>st</sup> Street East  
Redington Shores, FL 33708

Phone: 561-809-5491  
Fax: 727-586-3331

E-mail us at: [admin@abgd.org](mailto:admin@abgd.org)

Website: [www.ABGD.org](http://www.ABGD.org)



Have you ever had your license to practice dentistry restricted or revoked? Yes No

If "yes," please explain circumstances on a separate sheet of paper.

---

I hereby apply to The American Board of General Dentistry for the issuance of a certificate indicating that I am credentialed in the practice of general dentistry upon successfully meeting all the requirements relative thereto, all in accordance with and subject to its constitution, bylaws, and rules and regulations in force at this time. I agree to disqualification from examination or from issuance of a certificate in the event that any of the statements hereinafter made by me are false or in the event that I violate any of the rules governing such examination. I agree that said American Board of General Dentistry its members, officers, examiners, and/or agents shall not be liable for any action any or all of them may take in good faith in connection with this application, any investigation made or examination held there under, the grade given with respect to the examinations, or for failure of said organization to issue me such certificate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that the information I have provided in this Qualifying Application is accurate. I understand that The American Board of General Dentistry may check the accuracy of the course credits listed, as well as that of credits awarded for any other dentally-related activities. I agree to abide by the decision of The American Board of General Dentistry regarding my educational qualifications for certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Exam Fees - Please check the appropriate box**

\$300 - Qualifying Application Fee      \$150 - Recent Graduates (Only)

**Payment Method**

Check - payable to ABGD (in U.S. dollars only)

Credit Card:      Visa      MasterCard

\_\_\_\_\_  
3-digit verification code  
(Required)

Total \$ \_\_\_\_\_

---

Credit Card #	Expiration Date	Name as it appears on card
---------------	-----------------	----------------------------

Signature (cannot process credit card without signature)

**Special Accommodations**

The American Board of General Dentistry (ABGD) may grant special accommodations for the Written and Oral Examinations to a candidate who:

- 1) submits a letter, a minimum of 60 days before the examination deadline, requesting special accommodations, and
- 2) provides documentation verifying his/her condition as well as the specifics of the special accommodations from a qualified professional (physician, psychologist, counselor) currently treating the candidate.

The ABGD reserves the right to authorize the use of auxiliary aids or modifications in such a way as to maintain the integrity and security of the examination process.

---

**THE AMERICAN BOARD OF GENERAL DENTISTRY  
QUALIFYING APPLICATION  
PART II**

---

**ENTRY POINT I: 2-year GPR/AEGD**

Location of GPR/AEGD:

\_\_\_\_\_  
**School, Hospital, Institution or Service**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Address**  
\_\_\_\_\_

Director's Name:

Years you attended program: \_\_\_\_\_

Date program completed: \_\_\_\_\_

**ATTACH A PHOTOCOPY OF YOUR GPR/AEGD CERTIFICATE OF COMPLETION**

---

# THE AMERICAN BOARD OF GENERAL DENTISTRY QUALIFYING APPLICATION PART II

---

## ENTRY POINT II: 1-year GPR/AEGD + 600 CDE hours

Fellows of the AGD need only document the minimum hours required in each subject area and the 200 hours in participation courses.

Location of GPR/AEGD:

\_\_\_\_\_  
School, Hospital, Institution or Service  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address  
\_\_\_\_\_

Director's Name: \_\_\_\_\_

Years you attended program: \_\_\_\_\_

Date program completed: \_\_\_\_\_

### ATTACH A PHOTOCOPY OF YOUR GPR/AEGD CERTIFICATE OF COMPLETION

- If you are a Fellow of the Academy of General Dentistry (FAGD), attach a photocopy of your plaque or certificate and show documentation of at least 30 hours in each of the seven subject categories and 200 hours of participation courses in Part III and summarize on the next page.
- If you are a graduate of a 1-year program, but have not met the 600-hour CDE requirement, you may apply to become *conditionally educationally qualified*. You may then take the written examination but will not be designated Board Eligible until the credit hour requirements are completed. Document the hours that you have completed to date in Part III and summarize on the next page.
- If you are not a Fellow of the Academy of General Dentistry, document 600 hours of CDE course attendance (200 in participation courses) in Part III of this application and summarize on the next page.

*Go on to the next page*

You must document a minimum of 30 hours and no more than 120 hours in each of the eight subject categories listed on this page.

CDE Course Attendance	Number of Hours		
	Lecture	Participation	Office Use
Operative Dentistry			
Periodontics			
Prosthodontics			
Endodontics			
Oral Surgery			
Orthodontics / Pediatric Dentistry			
Radiology / Oral Diagnosis / Oral Medicine / Oral Pathology			
Basic Sciences			
<b>GRAND TOTAL</b>			

**Other Categories of Credit**

A maximum of 100 hours may be earned by teaching and/or for authoring and publishing articles.

Teaching (Document in Part III)	Number of Hours	Office Use
Summarize the number of teaching hours you are submitting.		

ATTACH LETTER FROM CHAIRMAN, DEAN OR SUPERVISOR VERIFYING THE DATES OF YOUR ACADEMIC APPOINTMENT, SPECIFYING THE SUBJECT AREA(S) TAUGHT AND THE NUMBER OF HOURS SPENT TEACHING EACH SUBJECT.

*Go on to the next page*

Publications (Document in Part III)	Number of Hours	Office Use
Summarize the number of hours you are requesting for authoring and having published a journal article(s) or textbook/chapter.		
National or international refereed dental journal: 65 hours		
State dental journal: 25 hours		
Local dental journal: 15 hours		
Textbook or textbook chapter: 65 hours		

**ATTACH PHOTOCOPY(IES) OF ARTICLE(S) AND/OR FRONTISPIECE(S) OF TEXTBOOK(S).**

---

**THE AMERICAN BOARD OF GENERAL DENTISTRY  
QUALIFYING APPLICATION  
PART II**

---

**ENTRY POINT III: Mastership in the Academy of General Dentistry**

**ATTACH A PHOTOCOPY OF YOUR PLAQUE OR CERTIFICATE.**

You do not have to complete Part III of this application.

---

# **THE AMERICAN BOARD OF GENERAL DENTISTRY QUALIFYING APPLICATION PART III - DOCUMENTATION**

---

Please complete this part of the application only if you are required to document courses taken or taught.

## **RECORD OF CDE COURSE ATTENDANCE**

List each CDE course attended in the appropriate subject area. Determine the total number of hours in each subject area and record on Part II of the application. Also provide one of the following types of documentation for each CDE course listed:

1. Current AGD course record printouts
2. Course record forms
3. CDE registry records from a state recording service
4. Military records of CDE attendance
5. Letters of verification from CDE sponsors or instructors

**ATTACH DOCUMENTATION FOR EACH COURSE ATTENDED.  
ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

<b>Operative Dentistry</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Periodontics</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Prosthodontics</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Endodontics</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Oral Surgery</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Orthodontics/Pediatric Dentistry</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Radiology/Oral Diagnosis/Oral Medicine/ Oral Pathology</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

<b>Basic Sciences</b>			<b>Number of Credit Hours</b>	
<b>Date</b>	<b>Sponsor</b>	<b>Course Title</b>	<b>Participation</b>	<b>Lecture</b>
<b>TOTAL NUMBER OF HOURS</b>				

## Teaching and Publications

You may apply a maximum of 100 hours of credit from teaching and publications *combined* to partially meet the 600 CDE hours required. Credit from teaching and publications do NOT apply to the participation course requirement of 200 hours. Credit for teaching will be allowed for teaching in accredited programs (dental school, residency, etc.) or continuing dental education (CDE). Check and complete category(ies), as applicable.

Full-time faculty

Part-time faculty

CDE

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Chairman/Supervisor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Year(s) you have taught

\_\_\_\_\_  
Number of hours teaching per week

**ATTACH DOCUMENTATION FOR EACH COURSE TAUGHT.  
ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

Courses Taught			Number of Credit Hours	
Date	Sponsor	Course Title	Participation	Lecture
<b>TOTAL NUMBER OF HOURS</b>				

## Publications

Use standard reference format from *Index Medicus* to list journal publications. If publication is a book, or chapter in a book, cite the author (or editor), city where published, name of publishing company, year published, and pages.

Publication	Number of Hours
<b>TOTAL NUMBER OF HOURS</b>	

