

AMERICAN BOARD OF GENERAL DENTISTRY WRITTEN EXAMINATION APPLICATION

Please type or print: Ref. #: _____

Name:

LAST FIRST MI

Address:

Number and Street Apt #

City State Zip

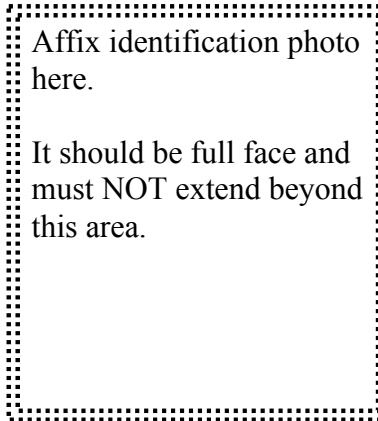
Telephone: Home () _____ Work () _____

Fax Number: () _____ Cell Number: () _____

E-Mail (required): _____

Dental School: _____ Year of Graduation: _____

Date of Birth: _____ Year in which you became Educationally Qualified for Certification: _____



EXAMINATION - LOCATION/DATE: Please check the appropriate box and fill in the blanks

Tampa, FL: March (only) Year: _____

AGD Annual Meeting: Location: _____
June/July Year: _____

Military Facility Test Site

March Location: _____ Year: _____

June/July Location: _____ Year: _____

TCO Verification Letter Included: Yes No

Please note that all candidates testing at their assigned military facility must submit a letter to the ABGD office from their Commanding Officer (CO), on Command letterhead, verifying that the CO will accept receipt of the examination and assign a Testing Control Officer (TCO) to administer, maintain security, and return the completed exam to the ABGD according to the rules and procedures included in the examination packet. Upon receipt, the ABGD office will fax an "Exam Administrator Agreement" to be signed by both the CO and TCO and returned to the ABGD. The Commanding Officer and TCO will be the points of contact for any inquiry regarding the status of the written board examination. Commanding Officers must include in the letter their office phone number, fax number, email address of both the CO and TCO, and a shipping address for receipt of the testing materials. Copying of exam books or test questions is strictly prohibited and is a violation of policies established by the ABGD. **CANDIDATES WILL NOT BE PERMITTED TO TEST WITHOUT THE COMMANDING OFFICER'S LETTER AND BOTH THE CO/TCO'S EXAM ADMINISTRATOR AGREEMENT ON FILE**

Special Accommodations

The American Board of General Dentistry (ABGD) will 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.

Exam Fees - Please check the appropriate box

Note: This application cannot be processed unless the candidate has been deemed “Educationally Qualified.”

\$350 - Full Exam Fee \$300 - Re-examination Fee \$175 – Recent Graduate Fee

ABGD Study Guide

The ABGD Study Guide contains 100 sample study questions which reflect the content make-up of the exam. Included is an answer key and an answer sheet so candidates can simulate testing and score their own results.

\$45 Study Guide

Payment Method - Please check the appropriate box

Check - payable to ABGD (in U.S. dollars Only) 3 digit verification code _____
(required)

Credit Card: Visa MasterCard Total \$ _____

Credit Card # Expiration Date Name on Card (cannot process without signature)

I, the undersigned, certify the above information is correct. I understand that the fee is partially refunded if the exam reservation is canceled 60 days prior to the exam date; and non-refundable after the exam has been taken or if I do not appear to take the exam.

I have read the *Rules and Procedures* and agree to abide by the regulations therein.

SIGNATURE

DATE

MAIL THE COMPLETED FORM ALONG WITH THE PROPER PAYMENT TO:

THE AMERICAN BOARD OF GENERAL DENTISTRY
17406 1st Street East
Redington Shores, FL 33708

QUESTIONS??

Please call:
561-809-5491

or

email: admin@abgd.org
support@abgd.org