



American Board of General Dentistry Outcomes Assessment

ADA accreditation standards require AEGD and GPR programs to have a formal, ongoing outcomes assessment process. The American Board of General Dentistry developed a standardized, peer-reviewed Outcomes Assessment Examination in 2000. The norm-referenced Outcomes Assessment exams are now being prepared for this year.

The Outcomes Assessment Examination is derived from the ABGD's written examination that is used as one of the components in the board certification process. It covers the entire scope of general dentistry. The norm-referenced, percentile scoring model allows you to evaluate the performance of your residents against a national sample as well as the knowledge gained by your residents during their training.

The Examination consists of 100 multiple-choice questions. The following subject areas are included:

- Anesthesia
- Dental materials
- Endodontics
- Fixed prosthodontics
- Infection control
- Oral and maxillofacial pathology
- Oral and maxillofacial surgery
- Oral diagnosis
- Oral medicine
- Orthodontics
- Pediatric dentistry
- Periodontics
- Pharmacology
- Radiology
- Removable prosthodontics
- Restorative dentistry
- Preventive dentistry
- Regulatory compliance

Examinations returned by August 31 will be scored and statistically analyzed to provide a national norm. This provides the opportunity for you to compare your residents and program to national averages. These data provide information that may assist you with other aspects of your program beyond outcomes assessment. Examinations received after August 31st will have individual examinations scored and reported. These scores and statistical reports will be mailed to programs within 8-10 weeks of receipt, after the return of all used and unused examination materials.

The cost of each examination ordered is **\$25**. This includes the examination materials, computerized scoring and statistical reporting. An order form is enclosed if you wish to utilize the ABGD Outcomes Assessment Examination. **Please complete the order form and return it by May 15. All orders must be prepaid.** Payment options include checks, money orders and credit card. All materials must be returned at the same time, so please only order enough exams to fill your current needs.

To ensure the security and integrity of the ABGD Outcomes Assessment Examination and the item bank, the American Board of General Dentistry requires that the examination be used solely for the specified purpose of outcomes measures in AEGD and GPR programs. **No copies of any type may be made of the whole or any portion of the ABGD Outcomes Assessment Examination.** ALL examination materials are property of the American Board of General Dentistry and must be promptly returned to the Board.

If you have any questions you may contact Professional Testing, Inc., the examination provider, at 1-800-330-3776.

We hope that the ABGD Outcomes Assessment Examination will help you fulfill the accreditation standards and provide a useful method for you to compare the progress of your residents with others from programs throughout the country.

Sincerely,

President
American Board of General Dentistry
490 Indian Rocks Rd. Suite A
Belleaire Bluffs, FL 33770-20



American Board of General Dentistry (ABGD) Outcomes Assessment Order Form

Program No. _____ Director Name: _____
Program Address: _____ Phone: _____
_____ Fax: _____
_____ E-mail: _____

This order form is to be used in ordering the ABGD Outcomes Assessment Exams. **All exams must be returned following the administration of the test.** Score reports may be withheld if exam materials are not returned.

| ABGD Outcomes Assessment | # for Entering | # for Leaving | Item Cost | Total |
|---|----------------|---------------|-----------|-------|
| Exam for Entering and Leaving Candidates | | | \$25.00 | \$ |
| <i>TOTAL check/money order payment enclosed*</i> | | | | \$ |
| <i>TOTAL payment processed with credit card authorization form*</i> | | | | \$ |
| Providers who wish to make a credit card payment over the phone, may call ABGD directly at 561-809-5491. | | | | |

**Payment must be included with order by filling in the total in one of these rows. Purchase orders are not accepted.*

ASSESSMENTS WILL BE SENT TO THE PERSON AND ADDRESS SHOWN ABOVE UNLESS CHANGES ARE INDICATED BELOW:

ATTN TO: _____
Address: _____
Email Address: _____

Orders received by May 15 will be mailed to programs by June 1. All orders received after June 1 will be mailed within 5 business days of receipt. **If examinations are required prior to June 1, this order form must be received a minimum of 10 days prior to the date that the examinations are needed.**

Program Director Agreement:

I will assure the security of the ABGD Outcomes Assessment Examination, and understand that the ABGD Outcomes Assessment Examination is the property of the American Board of General Dentistry and no copies, of any type, are to be made. I understand and acknowledge that score reports may be withheld if all original examination materials are not returned to the ABGD.

Program Director (print name) _____

Phone _____

Signature _____ Date: _____

Order Form and Payment:

This form, including the signature of the Program Director, must be returned either by U.S. mail or by scanning the forms and attach to an email to the contact information below. Credit card payment can be made by calling to process credit card by phone at 561-809-5491. (Note: Order form must be signed and enclosed)

Email to: AssistantABGD@tampabay.rr.com
or U.S. mail to:
ABGD
490 Indian Rocks Rd. Suite A
Seminole, FL 33770-2805



ABGD Credit Card Authorization Form

Please scan and email this form to AssistantABGD@tampabay.rr.com or you may call 561-809-5491 to process payment. Thank you.

NOTE: This form is used exclusively for credit card payment authorization for the American Board of General Dentistry examination orders.

Please use ink and print clearly in BLOCK CAPITAL LETTERS!

1. Program number

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2. Institution on Order Form

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Program Director

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First Name

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Last Name

3. Billing address (as it appears on the credit card statement)

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Number, Street

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Suite/Apt. #

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Email Address

4. Name on Credit Card

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5. Expiration Date

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Credit Card number (do not use spaces or dashes)

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Security Code

6. I authorize the charge of

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 (enter amount in the boxes in whole numbers)

Type of credit card: VISA Master Card Amex

Amount entered on your Outcomes Assessment Order Form for Credit Card payment \$ _____
 (This amount must match the amount entered in the boxes for number 6 above.)

7. Telephone where we can contact you in regards to the above transaction

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Phone (area code first)

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Alternate Phone (area code first)

I affirm that the information I have provided in this form is correct and I authorize ABGD to proceed with the above credit card charge.

 Name (signed)

 Date