American Board of General Dentistry
HONOR CODE

I affirm that I will protect the integrity of the ABGD Examination and the examination process. I will not participate in any dishonest behavior and should I observe any dishonest behavior, I agree to report it. Dishonest/disruptive behavior shall include but not be limited to any or all of the following:

1) Copying another candidate's answers.
2) Knowingly allowing another candidate to copy from me or another candidate.
3) Speaking to other candidates about the examination content at any time
4) Entering or loitering near examination area outside of scheduled examination time
5) Using any outside notes or references during the examination.
6) Bringing unpermitted items into any of the designated examination areas (watches, phones, backpacks etc.) and/or refusing to remove said items
7) Reproducing or attempting to reproduce any specific examination question by any means (e.g., memorizing questions and rewriting them after the examination).
8) Contributing toward the reproduction and dissemination of the actual exam or a reconstituted version of the exam.
9) Failing to maintain a professional appearance or exhibiting behavior disruptive to other examinees

Additionally, all candidates will be required to provide all of the following or they will not be permitted to take part in the examination process:

1) Two forms of identification with signature
2) Identification slip for admission into all examination areas

If I am found to have violated any part of the ABGD Honor Code, my examination results will become null and void, along with any other candidate who participated in the dishonest behavior. I also understand that the American Board of General Dentistry may take further actions against me, and all others who participated in the dishonest behavior.

Failure to sign this statement will render your examination null and void.
I have read, understand and accept the terms of the above statement

________________________________________________________________________
Print Name

________________________________________________________________________
Date

________________________________________________________________________
Signature