

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.

| | |
|----------------|---|
| Step 1: | Fill out and sign Part I of the application. |
| Step 2: | Successful completion of a one-year postdoctoral general dentistry residency (AEGD or GPR) which is accredited by the Commission on Dental Accreditation (CODA) and documented attendance at a minimum of 600 clock hours of continuing dental education (CDE) courses. Successful completion of a second one-year postdoctoral general dentistry residency (AEGD or GPR) or a one year post-grad fellowship will count as 200 clock hours of CDE. See section for CDE criteria for Entry Point II. |
| Step 3: | 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
490 Indian Rocks Rd. N Suite A
Belleair Bluffs, FL 33770-2085

Phone: 561-809-5491

E-mail: SandraM@Tampabay.rr.com

Website: www.ABGD.org

PART I

Please type or print clearly:

Name: _____
 First Middle Last

Please give both home and office addresses below.

Preferred Address: Home Office

City State/Province Zip Code

Phone: () _____ Fax: () _____

Cell: () _____ Email (required) _____

Secondary Address: Home Office

City State/Province Zip Code

Phone: () _____ Fax: () _____

Email (required): _____

Education: _____
 Dental School Degree Year Graduated

Have you ever been found guilty of an offense which caused, or might have caused, your dental license to be revoked? Yes No

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

Go on to the next page

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

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 a graduate of 2, 1-year programs, 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.*
- Dentists who have completed the formal educational criteria (completion of a CODA-accredited one-year post graduate residency program in general dentistry) but who have not yet met the continuing education requirements may be granted the status of Conditionally Educationally Qualified and will be allowed to sit for the Written Examination.
- 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 | | | | |
| GRAND TOTAL | | | | |

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.

Documentation must be provided for each CDE course attended, for teaching and publications, and for completion of a GPR or AEGD program, as specified here.

- Course Attendance - any of the following
- Current AGD course record printouts
- Course record forms
- CDE registry records from a state recording service
- Military records of CDE attendance
- Letters of verification from CDE sponsors or instructors

Teaching

- Letter from the applicant's supervisor in the institution in which the applicant teaches, verifying the dates of the academic appointment, the subject area(s) taught, and the number of hours spent teaching each subject, are required
- An AGD course record printout that indicates credit received for teaching

Publications

- A photocopy of the journal article or title page of the textbook is required
- An AGD printout that indicates credit received for the publication

AEGD/GPR Program

- A copy of the certificate of completion from an AEGD/GPR program

Fellowship

A copy of the certificate of completion of the program.

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

| Operative Dentistry | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
| | | | | |
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| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

| Periodontics | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
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| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

| Prosthodontics | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
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| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

| Endodontics | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
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| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

| Oral Surgery | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
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| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

| Orthodontics/Pediatric Dentistry | | | Number of Credit Hours | |
|---|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
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| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

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

| Basic Sciences | | | Number of Credit Hours | |
|------------------------------|----------------|---------------------|-------------------------------|----------------|
| Date | Sponsor | Course Title | Participation | Lecture |
| | | | | |
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| TOTAL NUMBER OF HOURS | | | | |

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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL NUMBER OF HOURS | | | | |

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 |
|------------------------------|-----------------|
| | |
| | |
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| | |
| TOTAL NUMBER OF HOURS | |

Subject Category Requirements

A minimum number of hours must be earned through attendance at courses in each of the 11 dental subject categories as listed on the following page. After these minimums are met, dentists who meet the qualifications for entry via Entry Point II may apply credits earned either in actual course attendance, teaching, or publications. The maximum number of hours that will be accepted by the Board is also listed for each subject category. After subject category minimums are met, dentists may apply credits earned in elective courses.

| 600 CDE Hours Required* (200 hours must be in participation courses) | | |
|---|------------------------------------|------------------------------------|
| Subject Category | Minimum # of Hours Required | Maximum # of Hours Accepted |
| Operative Dentistry | 30 | 120 |
| Periodontics | 30 | 120 |
| Prosthodontics | 30 | 120 |
| Endodontics | 30 | 120 |
| Oral Surgery/Oral Pathology | 30 | 120 |
| Orthodontics/Pediatric Dentistry | 30 | 120 |
| Radiology/Oral Diagnosis/ Oral Medicine | 30 | 120 |
| Esthetics | 0 | 100 |
| Basic Sciences | 0 | 100 |
| Implant Dentistry | 0 | 100 |
| Occlusion | 0 | 100 |
| Special Patient Care | 0 | 100 |

| | | |
|-----------------------|---|-----|
| Teaching/Publications | 0 | 100 |
|-----------------------|---|-----|

*Completion of a second one-year residency or one-year post-grad fellowship will reduce the CDE requirement to 400 hours. The minimum and maximum number of required hours by discipline will also be reduced by one third (ex. Endodontics 20 hours minimum). The number of participation hours will be reduced from 200 to 100 hours.

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