

AMERICAN BOARD OF GENERAL DENTISTRY QUALIFYING APPLICATION

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
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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
ENTRY POINT II**

ENTRY POINT II: 1-year GPR/AEGD + 350 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 350-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 350 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 350 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).