

# 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.

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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: \_\_\_\_\_

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**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

Total \$ \_\_\_\_\_

\_\_\_\_\_  
3-digit verification code  
(Required)

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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.

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**THE AMERICAN BOARD OF GENERAL DENTISTRY  
QUALIFYING APPLICATION  
ENTRY POINT III**

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**ENTRY POINT III: Mastership in the Academy of General Dentistry**

**ATTACH A PHOTOCOPY OF YOUR PLAQUE OR CERTIFICATE.**