

I affirm that all photographic and/or radiographic documentation submitted or presented accurately represents the pre-treatment conditions of the patient and the treatment rendered, and has not been altered or retouched in a manner that misrepresents the original condition of the patient or the treatment outcomes.

I, the undersigned, certify the above information is correct. I understand that the application fee is NON-REFUNDABLE if the exam is canceled 60 days prior to the exam date; or if I do not appear to take the exam.

I have read the *Rules and Procedures* and agree to abide by the regulations therein.

Signature _____ Date _____

Payment Method – Please check the appropriate box \$650 – Full Fee

Check - payable to ABGD (in U.S. dollars only)

Credit Card:

Visa

MasterCard

_____ **3-digit verification code
(Required)**

Total \$ _____

Credit Card Billing Information (*Information must match your card statement address*)

Name as it appears on card: _____ Exp Date: _____

Credit Card Billing address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ 3 Digit Code: _____

I authorize the charge of \$ _____. I affirm that the information I have provided in this form is correct and I authorize the American Board of General Dentistry to proceed with the above credit card charge.

Date: _____

Print Name: _____ Sign Name: _____

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.