

THE AMERICAN BOARD OF GENERAL DENTISTRY ORAL EXAMINATION APPLICATION

Please print or type:

Name: _____
 First Middle Last

Please give both home and office addresses below.

Preferred Address: _____ Home _____ Office

City State/Province Zip Code

Phone: () Fax: ()

Email (required): _____

Cell Phone: _____

Secondary Address: _____ Home _____ Office

City State/Province Zip Code

Phone: () Fax: ()

E-mail (required): _____

Note: You MUST notify the Board office of any change of office or home address.

Education: _____
 Dental School Degree Year Graduated

 Year You Became Board Eligible

I affirm that the information I have provided in this Oral Examination Application is accurate. I agree to abide by the regulations of the American Board of General Dentistry regarding the submission of these materials.

Signature _____ Date _____

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**

Total \$ _____

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

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.