

AMERICAN BOARD OF GENERAL DENTISTRY
WRITTEN EXAMINATION APPLICATION

Please type or print: Ref. #: _____

Name: _____

LAST	FIRST	MI
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Address: _____

Number and Street	Apt #
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City State Zip

Telephone: Home () _____ Work () _____

Fax Number: () _____ Cell Number: () _____

E-Mail (required): _____

Dental School: _____ Year of Graduation: _____

Date of Birth: _____ Year in which you became Educationally Qualified for Certification: _____

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|| Affix identification photo ||

|| here. ||

|| It should be full face and ||

|| must NOT extend beyond ||

|| this area. ||

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EXAMINATION - LOCATION/DATE: Please check the appropriate box and fill in the blanks

Tampa, FL: March/April Year: _____

AGD Annual Meeting: Location: _____
June/July Year: _____

Military Facility Test Site

March/April Location: _____ Year: _____

June/July Location: _____ Year: _____

TCO Verification Letter Included: Yes No

Please note that all candidates testing at their assigned military facility must submit a letter to the ABGD office from their Commanding Officer (CO), on Command letterhead, verifying that the CO will accept receipt of the examination and assign a Testing Control Officer (TCO) to administer, maintain security, and return the completed exam to the ABGD according to the rules and procedures included in the examination packet. Upon receipt, the ABGD office will fax an "Exam Administrator Agreement" to be signed by both the CO and TCO and returned to the ABGD. The Commanding Officer and TCO will be the points of contact for any inquiry regarding the status of the written board examination. Commanding Officers must include in the letter their office phone number, fax number, email address of both the CO and TCO, and a shipping address for receipt of the testing materials. Copying of exam books or test questions is strictly prohibited and is a violation of policies established by the ABGD. **CANDIDATES WILL NOT BE PERMITTED TO TEST WITHOUT THE COMMANDING OFFICER'S LETTER AND BOTH THE CO/TCO'S EXAM ADMINISTRATOR AGREEMENT ON FILE**

Special Accommodations

The American Board of General Dentistry (ABGD) will 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.

Exam Fees -

Note: This application cannot be processed unless the candidate has been deemed “Educationally Qualified.”

\$450 - Full Exam Fee

ABGD Study Guide

The ABGD Study Guide contains 100 sample study questions which reflect the content make-up of the exam. Included is an answer key and an answer sheet so candidates can simulate testing and score their own results.

\$45 Study Guide

Payment Method - Please check the appropriate box

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

3 digit verification code _____
(required)

Credit Card:

Visa

MasterCard

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: _____

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

MAIL THE COMPLETED FORM ALONG WITH THE PROPER PAYMENT TO:

**THE AMERICAN BOARD OF GENERAL DENTISTRY
490 Indian Rocks Road, N, Suite A
Belleair Bluffs, FL 33770
QUESTIONS??**

**Please call:
561-809-5491**

or

Email: Assistantabgd@tampabay.rr.com