

THE AMERICAN BOARD OF GENERAL DENTISTRY ORAL EXAMINATION APPLICATION

The final step in the certification process involves passing the Oral Examination. You must submit a formal application to take the Oral Examination within five years after becoming Board Eligible.

The Oral Examination is given each spring in Tampa, FL. You should always contact the ABGD regarding the specific dates for examinations. The following table shows the planned dates of upcoming Oral Examination.

ABGD Oral Examination Dates	
Year	Dates
2020	April 23 - 26

To qualify for the Oral Examination, you must complete all three pages of this application and send them, along with the Oral Examination fee of \$550.00, so that it is **received by the ABGD no later than February 1 of the year in which you are applying for the examination.**

Please read the contents of this application packet very carefully. It contains materials that will assist you in preparing for the Oral Examination. If you are preparing cases to submit for the Case Treatment Planning and Rationale portion of the Oral Examination, keep these materials where you can refer to them frequently during preparation of your required case histories.

**MAIL COMPLETED ORAL EXAMINATION APPLICATION AND FEE -
\$550 Full Payment
(CHECK OR CREDIT CARD) TO:**

**American Board of General Dentistry
490 Indian Rocks Rd N.
Belleair Bluffs, FL 33770**

Phone: 561-809-5491

E-MAIL: assistantABGD@tampabay.rr.com

Web: www.abgd.org

PLEASE NOTE: A maximum of 48 candidates will be allowed to sit for the ABGD Oral Exam. COMPLETED Applications will be accepted on a "First Come, First Served Basis"

Please make certain you are submitting all required documents when making application. Incomplete applications will not be included in the first come first serve basis.

NOTICE: No specific testing days can be requested by candidates. ABGD will determine dates for candidates by blocks only.

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 \$550 – 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.

American Board of General Dentistry HONOR CODE

I affirm that I will protect the integrity of the ABGD Examination and the examination process. I will not participate in any dishonest behavior and should I observe any dishonest behavior, I agree to report it. Dishonest/disruptive behavior shall include but not be limited to any or all of the following:

- 1) Copying another candidate's answers.
- 2) Knowingly allowing another candidate to copy from me or another candidate.
- 3) Speaking to other candidates about the examination content at any time
- 4) Entering or loitering near examination area outside of scheduled examination time
- 5) Using any outside notes or references during the examination.
- 6) Bringing unpermitted items into any of the designated examination areas (watches, phones, backpacks etc.) and/or refusing to remove said items
- 7) Reproducing or attempting to reproduce any specific examination question by any means (e.g., memorizing questions and rewriting them after the examination).
- 8) Contributing toward the reproduction and dissemination of the actual exam or a reconstituted version of the exam.
- 9) Failing to maintain a professional appearance or exhibiting behavior disruptive to other examinees

Additionally, all candidates will be required to provide all of the following or they will not be permitted to take part in the examination process:

- 1) Two forms of identification with signature
- 2) Identification slip for admission into all examination areas

If I am found to have violated any part of the ABGD Honor Code, my examination results will become null and void, along with any other candidate who participated in the dishonest behavior. I also understand that the American Board of General Dentistry may take further actions against me, and all others who participated in the dishonest behavior.

Failure to sign this statement will render your examination null and void.

I have read, understand and accept the terms of the above statement

Print Name

Date

Signature

THE AMERICAN BOARD OF GENERAL DENTISTRY
**EXAMINATION RESULTS RELEASE WAIVER
FOR
FEDERAL SERVICES CANDIDATES ONLY**

This is an optional section for active federal services candidates only. By completing this form, the American Board of General Dentistry will release the results of your Written and/or Oral Examination results to the consultant/representative in general dentistry for the federal dental services in which you serve. This form must be completed and returned to the ABGD **before** your examination results will be released.

1) Which federal services branch to you serve in? (Please check)

Air Force

Army

Navy

Other _____

2) Which examination results can be released to your service? (Please check)

Both the Written and Oral examinations

The Written Examination only

The Oral Examination only

I hereby give permission to the American Board of General Dentistry to release the results of my examination(s) as indicated above.

Print Name

Date

Signature

**AMERICAN BOARD OF GENERAL DENTISTRY
ORAL EXAMINATION
RELEASE OF INFORMATION AND WAIVER**

Dr. _____ and the American Board of General Dentistry have informed me that they will use my dental records, radiographs, study casts, descriptions of my dental diagnosis, and intraoral and extraoral (limited to the head and neck) pictures of me in connection with the Board's examination and certification of

Dr. _____. I _____, hereby waive all rights of privacy which I may have either at common law or by statute. I further grant full permission to the American Board of General Dentistry to use such records, radiographs, study casts, descriptions of diagnosis, and pictures in their examination and certification as they deem necessary, with full knowledge that these may be disclosed to other persons. I am voluntarily providing this authorization and hereby waive any claims I might have for compensation or otherwise against the American Board of General Dentistry or Dr. _____. In witness whereof, I have hereon set my hand this _____ day of _____, 20____.

Signature

Witness