

THE AMERICAN BOARD OF GENERAL DENTISTRY APPLICATION FOR NOMINATION TO THE ABGD BOARD OF DIRECTORS

Applicant's or Nominee's Name _____

Nominated by _____

Dental School _____ Year Graduated _____

Postgraduate Program _____ Dates _____

Dental Degree DDS _____ DMD _____

AGD Fellow: Yes _____ No _____ AGD Master: Yes _____ No _____

Board Certification: ABGD _____ (Year) FSBGD _____ (Year or N/A)

Faculty Appointments and Teaching Experience (please list with dates)

Examination Writing Experience

Service to Organized Dentistry

Leadership Positions in Dentistry

Writing questions for both the Written and Oral Examinations is essential to service on the ABGD Board of Directors. Are you willing to write evidence-based questions for the ABGD item bank to be considered for use in ABGD examinations?

Yes _____ No _____

Staffing the ABGD Information Booth during the AGD Annual Meetings is an important service to the ABGD. Are you willing to assist at the ABGD Information Booth during the AGD Annual Meetings?

Yes _____ No _____

Send this completed application and other supporting documents to:

**American Board of General Dentistry
PO Box 7613
Seminole, FL 33775-7613**