



# ORAL EXAMINATION APPLICATION

Full Name:

Please give both home and office addresses below.

Preferred Address:      Home              Office

City                              State                              Zip Code

Phone                              Cell                              Fax

Email

Secondary address:      Home              Office

City                              State                              Zip Code

Phone                              Cell                              Fax

Email

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

By checking the box you agree to the following:

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.

## Payment

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

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

[Click here to pay by credit card](#)

### 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.

We suggest that you make a copy of your application for your files.

EMAIL COMPLETED ORAL EXAMINATION APPLICATION AND  
MAIL \$650 PAYMENT CHECK TO:

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

Phone: [561-809-5491](tel:561-809-5491)

Email: [assistant@americanboardofgeneraldentistry.org](mailto:assistant@americanboardofgeneraldentistry.org)

Website: [www.abgd.org](http://www.abgd.org)

