



American Board of General Dentistry (ABGD) Outcomes Assessment Order Form

Program No: _____ Director Name: _____

Program Name: _____ Phone: _____

Address: _____

E-mail: _____

This order form is to be used in ordering the 2025 ABGD Outcomes Assessment Exams. **All exams must be returned immediately following the administration of the test.** Score Reports may be withheld if exam materials are not returned.

ABGD Outcomes Assessment	# for Entering	# for Leaving	Item Cost	Total
2025 Exam for Entering and Leaving Candidates			\$25.00	\$
TOTAL check/money order payment enclosed*				\$
TOTAL payment processed with credit card authorization form*				\$
Providers who wish to make a credit card payment over the phone, may call ABGD directly at 561-809-5491.				

*Payment must be made by mail, email, or over the phone at the time of the order. Purchase orders are not accepted.

ASSESSMENTS WILL BE SENT TO THE PERSON AND ADDRESS SHOWN ABOVE UNLESS CHANGES ARE INDICATED BELOW:

ATTN TO: _____

Address: _____

Email Address: _____

PLEASE NOTE: Orders paid by March 17th will be shipped in the order they were received beginning on April 1st. Orders paid after March 17th will be shipped within ten (10) business days of payment to ABGD. Please communicate to ABGD if the exams are needed sooner. This may incur additional shipping charges.

Shipping will continue through November 28, 2025. Only tests returned to Professional Testing by September 30, 2025 will be included in the national comparison statistics. If possible, all 2025 exams should be returned no later than December 12, 2025.

PLEASE READ THE FOLLOWING AGREEMENT AND SIGN BELOW:

I will assure the security of the ABGD Outcomes Assessment Examination, and understand that the ABGD Outcomes Assessment Examination is the property of the American Board of General Dentistry and no copies, of any type, are to be made. I understand and acknowledge that score reports may be delayed or withheld if answer sheets are incomplete or damaged, and all original examination materials are not returned to Professional Testing, Inc. immediately following administration of the test.

Program Director (print name) _____

Phone _____

Signature _____ Date: _____

Order Form and Payment:

This form, including the signature of the Program Director, must be returned either by U.S. mail or by scanning the forms and attaching them to an email using the contact information provided below. Credit card payments can be made using the credit card authorization form or processed over the phone by calling 561-809-5491.

(Note: If making a credit card payment by phone, this **order form** still needs to be mailed or emailed to the contact below.)

Email to: Assistant@americanboardofgeneraldentistry.org

Mail order form to: ABGD
490 Indian Rocks Road
Suite A
Belleair Bluffs, FL 33770-2085