***The American Board of Dental Public Health***

***Incorporated 1950***



**INSTRUCTIONS**

**ABDPH Application for Board Candidacy: Alternative Pathway 2023**

This is the application form for the alternative pathway to specialty certification by the American Board of Dental Public Health (ABDPH). Applications for the examination under this mechanism must be received no later than **September 1 of the year preceding the desired examination date.**

* Submit all required documents electronically to the Executive Director, ABDPH at [Executive.Director@ABDPH.org.](mailto:Executive.Director@ABDPH.org.%20)
* All documents must be received by September 1.
* The application and supporting documentation must be submitted in the form of PDF documents. Submit each document as an individual file. Do not send messages larger than 4MB; if necessary, create a zip file.
* Each item in this application must be filled out; enter “none” or “not applicable” if appropriate.
* Time periods for each educational experience may not overlap.
* Additional information or notes of explanation may be submitted on separate sheets and attached to the application.
* The fee for application is $350 and must be paid at the time of submission. Your application is not complete until the Board has confirmed receipt of payment. If you wish to pay by credit card (Visa or MasterCard), please contact AAPHD Office at [info@aaphd.org](mailto:info@aaphd.org) and they will provide you the credit card authorization form to submit. To pay by check, make payable to AAPHD and mail to the following address:

AAPHD  
136 Everett Road

Albany NY, 12205

* Sign the e-mail submitting your application using your preferred name as it should appear on the certificate, including degrees. Also include preferred mailing address, telephone number, and e-mail address.
* If you have any questions, contact the Executive Director, ABDPH ([executive.director@abdph.org](mailto:executive.director@abdph.org)).

**Required Documents and How to Name Them**

Use this list as your checklist to confirm that you have submitted all required components.

1. **Application form**. The application form begins on page 3 of this document and includes your contact information, a signed Declaration of Good Faith, and all required Qualifying Information. Name your PDF as: LastNameFirstInitial-ABDPH-Alt Pathway Application-20XX (year of examination)

*Example*: AldermanE-ABDPH- Alt Pathway Application-2023.

1. **Current curriculum vitae**. Name PDF as: LastNameFirstInitial-CV-20XX.

*Example*: AldermanE-CV-2023

1. **Evidence of graduation from a school of dentistry**. A high-quality copy or photo of your diploma is acceptable. Name PDF as: LastNameFirstInitial-DSGraduate-20XX.

*Example*: AldermanE-DSGraduate-2023

Note: grade transcripts are not necessary.

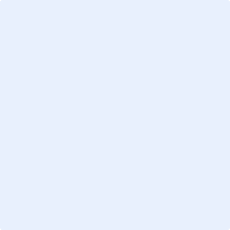
1. **Evidence of Master of Public Health (MPH) degree in public health or its equivalent**. A high-quality copy or photo of your diploma is acceptable. Name PDF as: LastNameFirstInitial-PHDegree-20XX.

*Example*: AldermanE-PHDegree-2023.

Note: submit grade transcripts of Master program if degree was not an MPH.

1. **Two letters of recommendation**. See “Qualifying Information, Part 1” in this document for complete instructions. These two letters must be submitted electronically by the referring Diplomates to the Executive Director ([executive.director@abdph.org](mailto:executive.director@abdph.org)).

**ABDPH Application for Board Candidacy: Alternative Pathway**



Insert head shot here

1. Date of Application:
2. Applicant’s name
   * Last or family name:
   * First name:
   * Middle name or initial:
   * Please write your name exactly as you would like it to appear on the certificate:
3. Current position:
4. Preferred mailing address:
5. Phone numbers:
   * Office phone:
   * Home phone:
   * Mobile phone:
   * Preferred phone (office, home, or mobile?)
6. Email addresses:
   * Office email:
   * Home email:
   * Preferred email address for ABDPH communications (office or home?)
7. Special Needs: Pursuant to the Americans with Disabilities Act, please indicate if you require specific aids or services during your examination. If special assistance is required, you will be contacted by the Executive Director, ABDPH.
   * Audio
   * Visual
   * Mobility
   * Other (please describe)

**Declaration of Good Faith**

I hereby apply to the American Board of Dental Public Health (“the Board”) for full examination by the Board, in accordance with and subject to the procedures and regulations of the Board. I agree to disqualification from the examination, denial of issuance of a Certificate, and to forfeiture any Certificate granted me in error by the said Board if any of the statements or answers made by me are false or if I violate any of the rules and regulations governing such examination. Additionally, I understand that the decision on whether I am qualified for a Certificate rests solely and exclusively with the Board and that this decision, or the results of its Appeals Process, is final.

Further, if the Board refuses to issue a Certificate for reasons cited above, I waive any right to question or challenge the refusal in any court of law.

I understand that it is my responsibility to inform the Executive Director, ABDPH ([executive.director@abdph.org](mailto:executive.director@abdph.org)) of any changes in my contact information, including mailing address, phone, and e-mail address.

By signing this declaration, I am certifying that I approve all information entered on this form, that this information is accurate, and that I understand the stipulations as described here within.

**Applicant’s Signature:**

**Date:**

**Qualifying Information**

**Part 1: Demonstrate moral, ethical, and professional standing in the dental profession satisfactory to the Board.**

Provide the names and addresses of two Diplomates of the Board who are familiar with your career. Ask them to write a letter of recommendation and submit it electronically; an email from the Diplomate is acceptable. These must be received by the Executive Director **before** the September 1 deadline.

Diplomate 1

Name:

Address:

E-mail:

Diplomate 2

Name:

Address:

E-mail:

**Part 2: Graduation from a School of Dentistry accredited by the U.S. Commission on Dental Accreditation (CODA) or from a Canadian dental school with accreditation recognized by CODA.**

Graduates of schools in other countries must possess equivalent educational background acceptable to the Board. Contact the Executive Director for more information.

School:

Dates attended (mm/yyyy – mm/yyyy):

Degree received:

**Part 3: Successful completion of at least two years of advanced educational preparation for the practice of dental public health.**

Please refer to the section on “Educational Preparation” in the ABDPH Informational Brochure, which can be found on the American Association of Public Health Dentistry home page ([www.aaphd.org](http://www.aaphd.org)) under the ABDPH tab. A minimum of two academic years is required.

School:

Subject:

Dates attended (mm/yyyy – mm/yyyy):

Degree received:

**Part 4: Current activity in administration, teaching, research, and/or clinical practice related to dental public health:**

Current position:

Start date (mm/yyyy):

Percent effort:

Nature of duties:

**Part 5: At least 15 years of continuous full-time experience in the practice of dental public health after completion of the specialty advanced graduate education preparation described in Part 3.**

List practice limited to dental public health (e.g., administration, teaching, research, or clinical practice related to dental public health). Continuous full-time experience in the practice of dental public health must have occurred after advanced graduate educational preparation. Dental public health practice cannot be concurrent with the advanced graduate educational preparation. Be specific about your responsibilities and job requirements. If necessary, continue “Nature of duties” on additional pages. Add additional positions, as necessary.

Position 1:

Dates held (mm/yyyy – mm/yyyy):

Percent effort:

Nature of duties:

Position 2:

Dates held (mm/yyyy – mm/yyyy):

Percent effort:

Nature of duties:

Position 3:

Dates held (mm/yyyy – mm/yyyy):

Percent effort:

Nature of duties:

**Part 6: Self-assessment of competency in the practice of dental public health**.

Rate your competency in each of the ten Dental Public Health Competencies as “exceeds expectations”, “meets expectations”, or “does not meet expectations”. Describe your experiences leading to this competency. If you answered “does not meet expectations”, please list the activities planned to address this deficiency prior to the ABDPH examination. Limit your responses to a single page per competency.

Note: Current Dental Public Health Competencies are described in [Altman and Mascarenhas, 2016](file:///C:\Users\Owner\Downloads\Demonstrate%20ethical%20decision-making%20in%20the%20practice%20of%20dental%20public%20health).

Competency 1: Manage oral health programs for population health

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 2: Evaluate systems of care that impact oral health

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 3: Demonstrate ethical decision-making in the practice of dental public health

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 4: Design surveillance systems to measure oral health status and its determinants

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 5: Communicate on oral and public health issues

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 6: Lead collaborations on oral and public health issues

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 7: Advocate for public health policy, legislation, and regulations to protect and promote the public’s oral health, and overall health

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 8: Critically appraise evidence to address oral health issues for individuals and populations

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 9: Conduct research to address oral and public health problems

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.

Competency 10: Integrate the social determinants of health into dental public health practice

Self-assess your competency in this domain (select one):

1. Exceeds expectations
2. Meets expectations
3. Does not meet expectations

If you answered (a) or (b), provide a short description of at least two previous professional activities that have helped you achieve this competency. If you answered (c), please list the activities planned to address this deficiency prior to the ABDPH examination.