

Applications will be accepted at any time but must be received **by December 1, 2022.** The application must be signed by the applicant and submitted electronically as a PDF file along with copies of supporting documentation to the ABDPH Executive Director, executive.director@abdph.org. The application fee of $700 is due at the time of the application. If you wish to pay by credit card (Visa or MasterCard), please contact AAPHD Office at info@aaphd.org and they will provide you the credit card authorization form to submit. If you wish to pay via check, you can send a check made payable to AAPHD to the address below.

**AAPHD
136 Everett Road,**

**Albany NY 12205**

Candidates will be informed about their eligibility to take this examination no later than February 1.

Passing the Qualifying Examination does not grant the applicant automatic eligibility for the Certifying Examination – a separate application for Board Candidacy and the Certifying Examination must be made to the Board by August 15 in the year prior to taking the Certifying Examination. Candidates who take the ABDPH examinations are required to abide by the rules and procedures in effect during the year of examination. Prospective candidates will find additional information on the ABDPH website at [www.aaphd.org/ABDPH](http://www.aaphd.org/ABDPH).

A candidate may take the Qualifying Examination prior to applying for Board eligibility and after completion of at least 75% of their Dental Public Health residency program. Credit for successfully passing the Qualifying Examination lasts for five years. Candidates who do not apply for the Certification Examination within five years must retake the Qualifying Examination. The candidate must achieve a weighted score of at least 70% to pass the Qualifying Examination and be permitted to apply for Board eligibility and challenge the Certification Examination. A candidate who fails the Qualifying Examination may retake it up to three times, with payment of the $450 for each attempt. These examinations can only be taken as part of the regularly scheduled ABDPH examination cycle. All candidates will be notified whether they passed or failed the Qualifying Examination within two weeks of the examination.

**The 2023 Qualifying Examination will be administered virtually by using a secure online testing service. The Examination is scheduled for March 27, 2023. Further details regarding the logistics will be**

**sent prior to the examination date.**

This is the application form for the Qualifying Examination offered by the American Board of Dental Public Health (ABDPH).

**Email:** **Executive.Director@ABDPH.org**

**The American Board of Dental Public Health *Incorporated 1950***

**ABDPH Application for2023 QUALIFYING EXAMINATION**

Attach Recent Picture

**THE AMERICAN BOARD OF DENTAL PUBLIC HEALTH ABDPH Application for Qualifying Examination**

**(Must be submitted electronically as a PDF file.)**

INSTRUCTIONS: The application must be signed by the applicant and filed electronically with the Executive Director not later than December 1 of the year preceding the examination. This **application must be submitted electronically as a PDF file.** Attach a recent picture to the application and save it as a PDF file. Supporting documents must be submitted electronically to the Executive Director as PDF files and include the applicant’s curriculum vitae, copies of the applicant’s certificates and/or degrees in dentistry and public health, certificate of a completed residency in Dental Public Health, and other documentation. The application fee payable to ABDPH must be sent to the Executive Director when the electronic application is submitted. Each item in this application should contain at least one entry, so enter “none” or “not applicable” as necessary. Periods for each educational experience may not overlap. Additional data or notes of explanation may be submitted on separate sheets and attached to the application.

Telephone:

Office#

Check One Preferred Telephone # =>: ( ) Office #;

Home# Cell Phone# ( ) Home #; OR ( ) Cell #

Email Address:

Check if Preferred E‐Mail is =>     (

Office

) Office E‐Mail OR

Home ( ) Home E‐Mail

Date of Application: (mm/dd/yyyy):

Preferred Name for Certificate:

Last Name First Name Middle Name or Initial

Degrees:

Present Position:

Preferred Address:

Address City State Zip

Check If Preferred Mailing Address is =>: ( ) Office Address OR ( ) Home Address

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, the ABDPH Executive Director will contact you.

( ) Audio; ( ) Visual; ( ) Mobile; ( ) Other. Please specify

|  |  |  |  |
| --- | --- | --- | --- |
| Dental Education |  |  |  |
| School Name | Degree | From (mm/yyyy) | To (mmyyyy) |
|  |  |  |  |

a. Graduate Education (minimum of one academic year):

2. Successful completion of at least two years of advanced educational preparation for the practice of dental public health. (See section on “Educational Preparation” in the ABDPH Informational Brochure on the ABDPH website, www.aaphd.org/abdph).

(Note: Copy and paste additional rows in the table if needed.)

**QUALIFYING INFORMATION**

1. Graduation from a School of Dentistry accredited by the Commission on Dental Accreditation (CODA) *or* from a Canadian dental school with accreditation recognized by the CODA. Graduates of schools in other countries must possess equivalent educational background acceptable to the Board.

**I hereby apply to the American Board of Dental Public Health for Qualifying Examination by the Board, in accordance with and subject to the procedures and regulations of the Board. I agree to disqualification from the examination and to denial of issuance of a Certificate and to forfeiture any Certificate granted me in error by the said Board in the event that any of the statements or answers made by me is false or in the event I violate any of the rules and regulations governing such examination. Additionally, it is understood that the decision whether I am qualified for a Certificate rests solely and exclusively in the Board and that its decision or that of its Appeals Process is final.**

**Further, in the event that ABDPH 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 also understand that it is my responsibility to inform the ABDPH Executive Director** **of any changes in contact information.**

Type Name/Signature: Date Signed: (mm/dd/yyyy):

**By checking this box [** **], I am providing my electronic signature approving all the information entered on this form. (Please enter name and date on Name/Signature and Date lines above).**

Note: If you have any questions, contact the ABDPH Executive Director. Send the completed application to: executive.director@abdph.org.

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | From (mm/yyyy) | To (mmyyyy) | Major |
|  |  |  |  |
| Degree | Date degree awarded (mm/yyyy) |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization | Full-Time? (Y/N | From (mm/yyyy) | To (mm/yyyy) | Certificate received? (Y/N) | Certificate Date (mm/yyyy) |
|  |  |  |  |  |  |

b. Supervised accredited residency in public health practice (if applicable):

|  |  |
| --- | --- |
| Immediate Supervisor |  |
| Supervisor’s email |  |
| Supervisor’s telephone |  |
| Administrative Head of Unit |  |

1. Application. Name PDF file as: LastNameFirstInitial\_ABDPH\_Application\_Qualifying\_Examination\_ 20XX(yearofexam) ‐[Example: AldermanE\_ ABDPH\_Application\_Qualifying\_Examination\_2023]
2. Current curriculum vitae. Name PDF file as: LastNameFirstInitial\_CV\_20XX (year of exam) [Example: AldermanE\_CV\_2023]
3. Evidence of graduation from a school of dentistry. Name PDF file as: LastNameFirstInitial\_DSGraduate\_20XX (year of exam) [Example: Name a copy of the Graduation Certificate as AldermanE\_ DSGraduate\_2023]. Grade transcripts are not necessary.
4. Evidence of Masters of Public Health (MPH) degree in public health or its equivalent. Name PDF file as: LastNameFirstInitial\_PHDegree\_20XX (year of exam) [Example: Name a copy of the MPH Certificate as AldermanE\_PHDegree\_2023].
5. For candidates who have completed their educational requirements at the time of application, certificate of residency or equivalent. Name PDF file as: LastNameFirstInitial\_DPHResidency\_20XX (year of exam) ‐ [Example: Name a copy of Residency Certificate as AldermanE\_DPHResidency\_2023].
6. Candidates close to completing their educational requirements at the time of application **must** have their Dental Public Health Program Director send a signed document to the Executive Director including the following statement: "It is anticipated that Dr. will satisfy all requirements and successfully complete the program in Dental Public Health prior to the ABDPH Qualifying Examination.” or “It is anticipated that Dr. will have completed at least 75% of their advanced Dental Public Health specialty education program and in my opinion will be prepared to challenge the Qualifying Examination.” However, in order to subsequently apply for the ABDPH Application for Eligibility and Certifying Examination in a future year, candidates **must** submit evidence of successful completion of their program (e.g. copy of Residency Certificate). If Program Director/Supervisor statement is necessary, please complete Supervisor Information.

Summary of Documentation and Names for Documents: This application must be submitted electronically **as a PDF file**. Attach a recent picture to the application and save it as a PDF file. Supporting documents must be submitted electronically as PDF files to the Executive Director, executive.director@abdph.org. Please do not send files larger than 4MB. Use the labeling of the document as indicated in each item (one PDF file per document)