



The American Board of Dental Public Health

Incorporated 1950

ABDPH Application For Board Candidacy and Full Examination

This is the application form for the full certification examination as a specialist of the American Board of Dental Public Health (ABDPH). Applications for the examination will be accepted at any time but must be received no later than August 15, 2020. Please, review the document ABDPH Application for Board Candidacy and Full Examination on the American Association of Public Health Dentistry Home Page (AAPHD), www.aaphd.org, link to the ABDPH Webpage.

The total fee for application and examination is \$1350, which is paid in two installments. The first fee is for application of eligibility, which is \$350 and is due at the time of submitting this application. This fee for application should be made payable to ABDPH and mailed to Dr. Ana Karina Mascarenhas, Executive Director ABDPH, 936 Intracoastal Dr, 19E, Fort Lauderdale, FL 33304. In addition, the application must be signed by the applicant and submitted **electronically** as a portable document format (pdf) file along with copies of supporting documentation to the Executive Director, Executive.Director@ABDPH.org. The supporting documentation includes the candidate's curriculum vitae, the candidate's certificates or degrees in dentistry and public health, certificate of a completed residency in dental public health (when a residency serves as a portion of the training), and any other necessary documentation. The ABDPH will review candidates' applications and qualifications and notify them about eligibility no later than September 25. Once declared Board Eligible, a candidate must take and pass the examination within a five-year period.

All candidates deemed eligible by the ABDPH must submit two required project reports. Each project report must be in a separate portable document format (pdf) files and received on or before October 1, in the year before the candidate wishes to take the **full** examination. The two project reports constitute the first part of the **full** examination. In addition, the second fee of \$1000 is required at this time (October 1). If candidate withdraws from the examination after the submission of the two required project reports, the candidate forfeits the \$1,000 fee.

Up to 12 candidates will be accepted for the full examination each year. Priority is given based on date of receipt of a fully completed application. Eligible candidates applying after the first 12 candidates will be placed on a "waiting list", and will be notified if the board is able to accommodate the candidate wishing to take the full examination. The ABDPH examination starts on the Thursday before the National Oral Health Conference (NOHC) and ends on Saturday. Applicants should check the AAPHD website to get information on exact dates and place for the NOHC, as these change every year. The 2021 ABDPH examinations will be given April 15-17, 2021 in Orlando, Florida, before the National Oral Health Conference. The deadline to submit for the 2021 ABDPH Certification Examination is August 15, 2020. The Board encourages candidates to stay for the NOHC. Interested candidates will find additional information on the AAPHD Home Page, www.aaphd.org, link to the ABDPH Web Page or contact the ABDPH Executive Director (executive.director@abdph.org) for further information.

**ABDPH Mailing Address: Dr. Ana Karina Mascarenhas, Executive Director, ABDPH;
936 Intracoastal Dr, 19E
Email: Executive.Director@ABDPH.org**

Written Exam Taken:	
---------------------	--

(mm/yyyy)

Score %

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; () Mobile; () Other. Please Specify _____

I, hereby apply to the American Board of Dental Public Health 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 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 vests 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 Executive Director, ABDPH, Dr. Ana Karina Mascarenhas, of any changes in contact information, including preferred address, phone, and e-mail.

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 Executive Director, ABDPH. E-mail completed application to Executive.Director@ABDPH.org

QUALIFYING INFORMATION

- Moral, ethical, and professional standing in the dental profession satisfactory to the Board.
Provide below 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 e-mail from the Diplomate is acceptable) to the Executive Director **before** the deadline on August 15.

a. Name:				
a. Address:				
	Address	City	State	Zip

b. Name:				
b. Address:				
	Address	City	State	Zip

- 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.

Dental Education

a. School Name:			
-----------------	--	--	--

	School Name	From (mm/yyyy)	To (mm/yyyy)
a. Degrees:			

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

3. 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 Brochure on the American Association of Public Health Dentistry Home Page, www.aaphd.org, link to the **ABDPH Webpage**).

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

a. School Name:	
-----------------	--

a. Subject:		From (mm/yyyy)	To (mm/yyyy)
-------------	--	----------------	--------------

a. Degree:		Degree Date (mm/yyyy)
------------	--	-----------------------

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

Position:	
-----------	--

Organization:	
---------------	--

Full Time (Yes or No):		From (mm/yyyy)	To (mm/yyyy)
------------------------	--	----------------	--------------

Address:	Address	City	State	Zip
----------	---------	------	-------	-----

Immediate Supervisor:	
Supervisor's Email :	
Supervisor's Telephone #:	
Administrative Head of Unit:	

4. At least **one year of continuous full time experience in the practice of dental public health after the specialty advanced graduate education preparation**. List practice limited to dental public health (administration, teaching, research or clinical practice related to dental public health).

a. Position:		From (mm/yyyy)	To (mm/yyyy)
--------------	--	----------------	--------------

a. Nature of Duties:		% of Time
----------------------	--	-----------

b. Position:		From (mm/yyyy)	To (mm/yyyy)
--------------	--	----------------	--------------

b. Nature of Duties:		% of Time
----------------------	--	-----------

c. <u>Position:</u>			
		From (mm/yyyy)	To (mm/yyyy)
c. <u>Nature of Duties:</u>			
			% of Time
d. <u>Position:</u>			
		From (mm/yyyy)	To (mm/yyyy)
d. <u>Nature of Duties:</u>			
			% of Time

Note: One Year Continuous Full-time Experience Requirement and Documentation:

If necessary please describe the position or positions that you feel best provide you with the necessary minimum of one (1) year of continuous full-time equivalent experience in the practice of dental public health **after** the specialty 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 description on additional page.)

5. Current activity in administration, teaching, research and/or clinical practice related to dental public health:

<u>Current Position:</u>		
		Held Since (mm/yyyy)
<u>Nature of Duties:</u>		
	% of Time	

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 portable document format (pdf) file. Send both Word and pdf applications. Supporting documents (below) must be submitted electronically as pdf files to Executive Director, Executive.Director@ABDPH.org. Please do not send files larger than 4MB. Please, follow the instructions on how to name each of the (one pdf file per document). Sign the email transmitting the application with your preferred name for the certificate, degrees, address, telephone, and email.

- 1) Application. Name pdf file as: LastNameFirstInitial -ABDPH-Application Certification-Full Examination-201X (year of exam) - [Example: AldermanE-ABDPH-Application Certification Full Examination -2099].
- 2) Current curriculum vitae. Name pdf document as: LastNameFirstInitial -CV-20XX (year of exam) [Example: AldermanE-CV-2099].
- 3) Evidence of graduation from a school of dentistry. Name pdf document as: LastNameFirstInitial -DSGraduate-20XX (year of exam) [Example: Name a copy of the Graduation Certificate as AldermanE-DSGraduate- 2099]. Grade transcripts are not necessary.
- 4) Evidence of Masters of Public Health (MPH) degree in public health or its equivalent. Name pdf document as: LastNameFirstInitial -PHDegree- 20XX (year of exam) [Example: Name a copy of the MPH Certificate as AldermanE-PHDegree-2099]. Submit grade transcripts of Master's program if degree is not a MPH.
- 5) Certificate of residency or equivalent (for example Doctoral Degree). Name pdf document as: LastNameFirstInitial -DPHResidency- -20XX (year of exam) [Example: Name a copy of Residency Certificate as AldermanE-DPHResidency-2099].
- 6) Letters of recommendation. These two letters will be submitted electronically by the referring Diplomate to the Executive Director, ABDPH. Name document as: LastNameFirstInitial-Letter from LastNameFirstInitial of referral Diplomate-20XX (year of exam). Send to the Executive Director, Executive.Director@ABDPH.org. [Example: AldermanE-Letter from JonesR-2099].
- 7) Project Reports. If an applicant is notified of being eligible for the examination, and upon receipt of final examination fee, the Executive Director will assign a three-character identifier to the reports. Name the Project Reports as: ABDPH-20XX (Year of Exam)-PR1 (or PR2, meaning Project 1 and Project 2, respectively)-YYY (YYY is the # Assigned by Executive Director [Example: ABDPH-2099-PR1-007 and ABDPH-2099-PR2-008])

Note: *Conditionally eligible: If the candidate cannot forward a copy of the certificate of Masters of Public Health degree or equivalent, or the certificate of residency or equivalent (for example Doctoral Degree), at the time of submitting the application the candidate would be declared conditionally eligible to take the examination. The conditional eligibility is contingent on sending a copy of the appropriate certificate(s) to the Executive Director, ABDPH. AT LEAST TWO (2) months prior to the examination. The Board will accept a letter signed by the candidate's supervisor certifying that the training has been completed satisfactorily and the reason why the certificate could not be issued on time. The certificates itself must be submitted in order to complete the requirements. If the ABDPH has not received the certificate or the letter on time, the conditional eligibility will be voided and the candidate will have to reapply after the requirements are completed in full.

AFTER you have read these instructions, if you have any questions regarding the requirements and format of the documents you need to submit, contact Dr. Ana Karina Mascarenhas, Executive Director, ABDPH Executive.Director@ABDPH.org