



# The American Board of Dental Public Health

## *Incorporated 1950*

### **ABDPH Application for WRITTEN EXAMINATION ONLY**

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

Applications will be accepted at any time but must be received **by December 1** of the year prior to that in which the applicant wishes to take the examination. 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](mailto:executive.director@abdph.org). The application fee of \$450 payable to ABDPH must be mailed to Dr. Ana Karina Mascarenhas, the Executive Director at 936 Intracoastal Dr, Fort Lauderdale, FL 33304 by December 1. Candidates taking only the written portion of the ABDPH examination will be informed about their eligibility to take that examination no later than February 1.

A candidate may take the written examination prior to applying for board eligibility and after completion of a large majority (at least 75%) of their dental public health program. Credit for successfully passing the written examination as a required component of the entire examination lasts for five (5) years. Candidates not applying for the full examination within five years must retake the written examination. A successful passing score is 60%. A candidate who fails the written 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. All candidates will be notified whether they passed or failed the written exam by the Executive Director within two weeks of the examination.

**The written examination will be given in the morning on Saturday before the National Oral Health Conference (NOHC).** Please check the American Association of Public Health Dentistry website ([www.aaphd.org](http://www.aaphd.org)) for exact information on the place and time of the next NOHC. Make plans to arrive on the Friday before the written examination. The 2021 ABDPH examinations will be given April 15-17, 2021 in Orlando, Florida before the National Oral Health Conference. The last component is the written examination, which takes place on Saturday morning. Candidates are encouraged to attend the NOHC.

Passing the written examination only does not grant the applicant automatic eligibility for the full examination – a separate application for Board Candidacy and Full Application must be made to the board by September 1 in the year prior to taking the full examination. Candidates taking the ABDPH examinations are required to abide by the current rules and procedures of the examination year. Interested candidates will find additional information on the AAPHD Home Page, [www.aaphd.org](http://www.aaphd.org), link to the ABDPH Webpage or contact the ABPDH Executive Director for further information.

Dr. Ana Karina Mascarenhas, BDS, MPH, DrPH, Executive Director, ABDPH

6/29/2020

**Mailing Address: Dr. Ana Karina Mascarenhas, Executive Director, ABDPH  
936 Intracoastal Dr, Fort Lauderdale, FL 33304  
Email: [Executive.Director@ABDPH.org](mailto:Executive.Director@ABDPH.org)**

**THE AMERICAN BOARD OF DENTAL PUBLIC HEALTH**  
**ABDPH Application Written Examination Only**  
**(Must be submitted electronically as a pdf file.)**

Attach Recent Picture:
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**INSTRUCTIONS:** The application must be signed by the applicant and filed electronically with the Executive Director not later than December 1<sup>st</sup> of the year of the examination. 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. Supporting documents must be submitted electronically 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, or other documentation, to the Executive Director, [executive.director@abdph.org](mailto:executive.director@abdph.org). The application fee payable to ABDPH must be mailed to the Executive Director when the electronic application is sent. Each item in this application should bear at least one entry, hence, if "none" or "not applicable" is the answer then so state. Periods for each educational experience cannot overlap. Additional data or notes of explanation may be submitted on separate sheets and attached to the application.

<u>Date of Application:</u> (mm/dd/yyyy):	
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<u>Preferred Name for Certificate:</u>			
	Last Name	First Name	Middle Name or Initial

<u>Degrees:</u>	
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<u>Present Position:</u>	
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<u>Preferred Address:</u>				
	Address	City	State	Zip

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

<u>Telephone:</u>			
	Office#	Home#	Cell Phone#

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

<u>Email Address:</u>		
	Office	Home

Check if Preferred E-Mail is =>    ( ) Office E-Mail    OR    ( ) Home E-Mail

**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 Executive Director, ABDPH will contact you. ( ) 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

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.

#### 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.)

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 American Association of Public Health Dentistry Home Page, [www.aaphd.org](http://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 public health practice (if applicable):

Position:			
Organization:			
Full Time (Yes or No):			
		From (mm/yyyy)	To (mm/yyyy)
Address:			
	Address	City	State Zip

<u>Immediate Supervisor:</u>	
<u>Supervisor's Email:</u>	
<u>Supervisor's Telephone:</u>	
<u>Administrative Head of Unit:</u>	

**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 the pdf application. Supporting documents must be submitted electronically as (pdf) files to Executive Director, [executive.director@abdph.org](mailto: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)

- 1) Application. Name pdf files as: LastNameFirstInitial- ABDPH-Application for Written Examination Only- 20XX (year of exam) - [Example: AldermanE- ABDPH-Application-Written-Examination-Only-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].
- 5) For candidates who have completed their educational requirements at the time of application, certificate of residency or equivalent. Name pdf document as: LastNameFirstInitial -DPHResidency- 20XX (year of exam) - [Example: Name a copy of Residency Certificate as AldermanE-DPHResidency-2099].
- 6) For a candidate who is close to completing her/his educational requirements at or near the time of application you **must** have your 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 Written Only Examination." or "It is anticipated that Dr. \_\_\_\_\_ will have completed the large majority (at least 75%) of their advanced dental public health specialty educational program and in my opinion she/he will be prepared to challenge the written exam." Under these circumstances, candidates will be given conditional eligibility. However, in order to apply for the ABDPH Application Certification-Full 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.

<u>Immediate Supervisor:</u>	
<u>Supervisor's Email:</u>	
<u>Supervisor's Telephone #:</u>	