



# *The American Board of Dental Public Health*

## *Incorporated 1950*

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

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, 2020**.

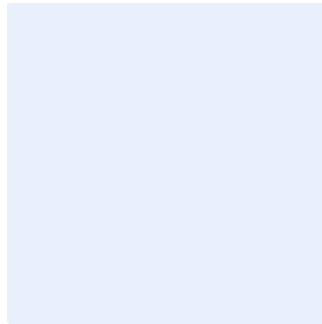
**INSTRUCTIONS:** The application must be signed by the applicant and electronically submitted to the Executive Director no later than September 1, 2020. **This application must be submitted in portable document format (PDF) as an email file attachment.** Attach a recent digital headshot to the application. Supporting documents must be submitted electronically as PDF files and include the applicant's curriculum vitae, copies of applicant's certificates or degrees in dentistry and public health, the completed section on how the candidate meets each of the 10 Dental Public Health competencies (no more than one page each), and any other requested documentation. All documents must be submitted electronically to the Executive Director at [Executive.Director@ABDPH.org](mailto:Executive.Director@ABDPH.org). Each item in this application must include at least one entry, so enter "none" or "not applicable" if appropriate. 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.

The total fee for application is \$350, due at the time of submission. The check should be made payable to ABDPH and mailed to Dr. Ana Karina Mascarenhas, Executive Director ABDPH, 936 Intracoastal Dr, 19E, Fort Lauderdale, FL 33304. The ABDPH will review candidates' applications and qualifications and notify them about eligibility no later than November 1, 2020. Once declared Board Eligible, a candidate must take and pass the examinations within a five-year period.

**ABDPH Mailing Address: Dr. Ana Karina Mascarenhas, Executive Director, ABDPH;  
936 Intracoastal Dr, 19E, Fort Lauderdale, FL 33304  
Email: [Executive.Director@ABDPH.org](mailto:Executive.Director@ABDPH.org)**

**The American Board of Dental Public Health**  
**ABDPH Application for Board Candidacy: Alternative Pathway**  
**(Must be submitted electronically as a PDF file)**

Add headshot here:



Date of Application:

Preferred Name  
for Certificate:

Last Name

First Name

Middle Name or Initial

Degrees:

Present Position:

Preferred Address:

	Street	City	State	ZIP Code
Preferred mailing address:	Home address	Office address		

Office Phone

Home Phone

Mobile Phone

Preferred phone:

Office

Home

Mobile

Email addresses:

Office email

Home email

Preferred E-Mail Address:

Office

Home

**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 (specify)

If you have any questions, contact the Executive Director, ABDPH. E-mail completed application to [Executive.Director@ABDPH.org](mailto:Executive.Director@ABDPH.org)

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, 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 on whether I am qualified for a Certificate rests solely and exclusively with 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 of any changes in contact information, including preferred address, phone, and e-mail.

By signing this form, I am certifying that I approve all information entered on this form.

Signature

Date

### QUALIFYING INFORMATION

1. 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 of August 15.

a. Name:

a. Address:

Address

City

State

Zip

b. Name:

b. Address:

Address

City

State

Zip

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.

#### Dental Education

a. School:

School Name

From (mm/yyyy)

To (mm/yyyy)

a. Degree:

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](http://www.aaphd.org), under the **ABDPH** tab.

a. Graduate Education (minimum of two academic years):

a. School Name:

a. Subject:

From (mm/yyyy)

To (mm/yyyy)

a. Degree:

Degree Date (mm/yyyy)

4. At least **15 years 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. Position:

From (mm/yyyy)

To (mm/yyyy)

c. Nature of Duties:

% of Time

d. Position:

From (mm/yyyy)

To (mm/yyyy)

d. Nature of Duties:

% of Time

**Note: Fifteen Years Continuous Full-time Experience Requirement and Documentation:**

Continuous full-time equivalent experience in the practice of dental public health must occur **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 description on additional page.)

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

Current Position:

Held Since (mm/yyyy)

Nature of Duties:

% of Time

Summary of Documentation and Names for Documents: This application must be submitted electronically **as a PDF file**. Supporting documents (below) must be submitted electronically as PDF files to the Executive Director at [Executive.Director@ABDPH.org](mailto: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 submission) - [Example: AldermanE-ABDPH-Application Certification Full Examination -2099].
- 2) Current curriculum vitae. Name PDF document as: LastNameFirstInitial -CV-20XX (year of submission) [Example: AldermanE-CV-2099].
- 3) Evidence of graduation from a school of dentistry. Name pdf document as: LastNameFirstInitial -DSGraduate-20XX (year of submission) [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 submission) [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) 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 submission). Send to the Executive Director, [Executive.Director@ABDPH.org](mailto:Executive.Director@ABDPH.org). [Example: AldermanE-Letter from JonesR-2099].

**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](mailto:Executive.Director@ABDPH.org)

### **Competency 1: Manage oral health programs for population health**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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: Demonstrate ethical decision-making in the practice of dental public health**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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: Evaluate systems of care that impact oral health**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
  
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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**

1. Provide your self-assessment on your competency in this domain (select 1)
  - a. Exceeds expectations
  - b. Meets expectations
  - c. Does not meet expectations
2. 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.