**ABDPH Recertification Application - 2021 (Mandatory for Diplomates certified in 2001 and 2011)**

(Note: Answer all questions. Enter NA (Not Applicable) if necessary.

Attach Recent Picture:

|  |  |
| --- | --- |
| Date of Application:  (mm/dd/yyyy)=> |  |

|  |  |
| --- | --- |
| Preferred Name for Certificate=> |  |

Last Name, First Name, Middle Name or Initial

|  |  |
| --- | --- |
| Degrees=> |  |

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| --- | --- |
| Present Position=> |  |

|  |  |
| --- | --- |
| Preferred Address => |  |

Address City, State Zip

Check If Preferred Mailing Address is: ( ) Office Address ( ) Home Address

|  |  |
| --- | --- |
| Telephone => |  |

Office# Home# Cell Phone#

Check One Preferred Telephone #: ( ) Office # ( ) Home # ( ) Cell #

|  |  |
| --- | --- |
| Email Address=> |  |

Office Home

Check if Preferred E-Mail is:     ( ) Office E-Mail ( ) Home E-Mail

1. **Recertification Process: Ten-Year Audit**.

The ABDPH Standards and Recertification Committee (SRC) will review and audit the application and supporting evidence. Following approval of the SRC, the Executive Director will issue, on behalf of the Board, a new ten-year certificate that will expire 10 years from recertification.

1. **Attainment of at least 150 CEUs over a ten-year period is required for recertification.**

Although only 150 CEUs are required, you are encouraged to report all CEUs to help support the ABDPH recertification process with other dental specialties.

1. **Information for the Diplomates to be Recertified in 2021:**
2. Diplomates must be active Diplomates in good standing and Annual Registration Fees for all years must be paid.
3. Please, review and information in the document ABDPH-Recertification-Instructions.docx. Follow exactly what is requested but, if you have any question, please contact the Executive Director, ABDPH at [Executive.Director@abdph.org](mailto:Executive.Director@abdph.org)
4. Send electronic copies of the application and report of your CEUs to the Executive Director. Do not send copies of the actual certificates.
5. The application fee for eligibility is due at the time of application submission. Please remit that amount by credit care by contacting Sandi Steil (ssteil@associationcentral.org) if you wish to pay by credit card (Visa or Mastercard); she will provide you the credit card authorization form to send to them. If you wish to pay via check, you can send a check made payable to AAPHD to the address below.

**AAPHD  
PO Box 7317  
Springfield, IL  62791-7317**

1. The SRC will also conduct an audit of 10% of Diplomates to be recertified.
2. Any communication with the Board or the SRC should be sent to the Executive Director ([Executive.Director@abdph.org](mailto:Executive.Director@abdph.org))
3. Diplomates who fail to meet the recertification requirements will be placed on a one-year probation period. Appeals can be made during that time. Failure to comply with the requirements at the end of the probation period may result in revocation of certification as a Diplomate. The ABDPH will consider petitions from individuals who may have extenuating circumstances for not meeting their obligations.

**I hereby apply to the American Board of Dental Public Health for Renewal of Certification by the Board and issuance to me of a Certificate as a Diplomate, in accordance with and subject to the procedures and regulations of the Board. I agree todisqualification from recertification, to denial of issuance to me of a Certificate, and to forfeiture and redelivery of any Certificate granted me by 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.**

**I understand that it is my responsibility to inform the Executive Director, ABDPH, and AAPHD (e.g., Sandi Steil, info@aaphd.org) of any changes in contact information, including preferred address, phone, and e-mail.**

|  |  |
| --- | --- |
| Typed Name and 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).**