



The American Board of Dental Public Health

Incorporated 1950

ABDPH Application for Board Eligibility and Certification Examination

This is the application form for the Certification Examination as a Diplomate 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, 2021**. Please review the document [ABDPH Application for Board Eligibility and Certification Examination](#) on the ABDPH website at www.aaphd.org/ABDPH.

The total fee for application and examination is \$1350, which is paid in two installments. The first fee is for the application for Board Eligibility, which is \$350 and is due at the time this application is submitted. This application must be signed by the applicant and submitted **electronically** as a 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 Certification Examination within a five-year period.

All candidates deemed Board Eligible by the ABDPH must submit two required project reports. Each project report must be in a separate PDF file and received by October 1 of the year before the candidate wishes to take the Certification Examination. The two project reports constitute the first part of the Certification Examination. In addition, the second fee of \$1000 is required at that time. If candidate withdraws from the examination after the submission of the two required project reports, the candidate forfeits the \$1,000 fee.

The oral components of 2021 Certification Examination will be administered virtually. The Examination is scheduled for April 15-18, 2021. Further details regarding the logistical details will be sent prior to the examination date.

Prospective candidates can find additional information on the ABDPH website at www.aaphd.org/ABDPH.

Email: Executive.Director@ABDPH.org

The American Board of Dental Public Health
ABDPH Application_Eligibility_Certification_Examination
(Must be submitted electronically as a PDF file.)

Attach Recent Picture:

INSTRUCTIONS: The application must be signed by the applicant and filed with the Executive Director no later than **August 15, 2021. 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 and include the applicant's curriculum vitae, copies of applicant'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. All documents should be submitted electronically to the Executive Director, 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 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.

<u>Date of Application:</u> (mm/dd/yyyy):	
--	--

<u>Preferred Name for Certificate:</u>			
	Last Name	First Name	Middle Name or Initial

<u>Degrees:</u>	
-----------------	--

<u>Present Position:</u>	
--------------------------	--

<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

Have you taken the ABDPH Written Examination? () No () Yes If Yes, Month & Year; Score if known

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 Certification 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 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.

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 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. <u>Degree</u>			

(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 ABDPH website, www.aaphd.org/ABDPH.)

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

a. <u>School Name:</u>			
------------------------	--	--	--

a. <u>Subject:</u>			
		From (mm/yyyy)	To (mm/yyyy)

a. <u>Degree:</u>		
	Degree Date (mm/yyyy)	

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

<u>Position:</u>			
------------------	--	--	--

<u>Organization:</u>			
----------------------	--	--	--

<u>Full Time</u> (Yes or No):			
		From (mm/yyyy)	To (mm/yyyy)

<u>Address:</u>				
	Address	City	State	Zip

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

4. 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 PDF file. 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 files. 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.

If you have any questions regarding the requirements and format of the documents you need to submit, contact the ABDPH Executive Director at Executive.Director@ABDPH.org