



The American Board of Dental Public Health

Incorporated 1950

ABDPH Application for 2021 QUALIFYING EXAMINATION

This is the application form for the Qualifying 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, 2020**. The application must be signed by the applicant and submitted electronically as a PDF file along with copies of supporting documentation to the ABDPH Executive Director, executive.director@abdph.org. The application fee of \$450 payable to ABDPH must be sent to the Executive Director by December 1. Candidates will be informed about their eligibility to take this examination no later than February 1.

A candidate may take the Qualifying Examination prior to applying for Board eligibility and after completion of at least 75% of their Dental Public Health residency program. Credit for successfully passing the Qualifying Examination lasts for five years. Candidates who do not apply for the Certification Examination within five years must retake the Qualifying Examination. The candidate must achieve a weighted score of at least 70% to pass the Qualifying Examination and be permitted to apply for Board eligibility and challenge the Certification Examination. A candidate who fails the Qualifying 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 cycle. All candidates will be notified whether they passed or failed the Qualifying Examination within two weeks of the examination.

The 2021 Qualifying Examination will be administered virtually by using a secure online testing service. The Examination is scheduled for April 15-18, 2021. Further details regarding the logistical details will be sent prior to the examination date.

Passing the Qualifying Examination does not grant the applicant automatic eligibility for the Certification Examination – a separate application for Board Candidacy and the Certification Examination must be made to the Board by September 1 in the year prior to taking the Certification Examination. Candidates who take the ABDPH examinations are required to abide by the rules and procedures in effect during the year of examination. Prospective candidates will find additional information on the ABDPH website at www.aaphd.org/ABDPH.

11/22/2020

Email: Executive.Director@ABDPH.org

THE AMERICAN BOARD OF DENTAL PUBLIC HEALTH
ABDPH Application for Qualifying Examination
(Must be submitted electronically as a PDF file.)

Attach Recent Picture:

INSTRUCTIONS: The application must be signed by the applicant and filed electronically with the Executive Director not later than December 1 of the year preceding the examination. 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 to the Executive Director 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, and other documentation. The application fee payable to ABDPH must be sent to the Executive Director when the electronic application is submitted. 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):	
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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 ABDPH Executive Director will contact you.
 () Audio; () Visual; () Mobile; () Other. Please specify _____

I, hereby apply to the American Board of Dental Public Health for Qualifying 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

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, 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 PDF file. Supporting documents must be submitted electronically as PDF files to the Executive Director, 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>	