**ABDPH Application for Written Examination Only, 2016-2017**

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 December1** 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, TheABDPH@icloud.com. The application fee of $100 payable to ABDPH must be mailed to the Executive Director at 2047 Chrysler Dr. NE, Atlanta, GA 30345. Candidates will be informed about Eligibility for Written Examination Only no later than February 1, 2017. A copy of this application can be found as ABDPH-Application-Written-Examination-Only on the American Association of Public Health Dentistry Home Page, [www.aaphd.org](http://www.aaphd.org), link to the ABDPH Web Page.

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 $100 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. All candidates will be notified whether they passed or failed and the score of 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) for exact information on the place and time of the next NOHC. Make plans to arrive on the Friday before the written examination. The 2017 ABDPH examinations will be given April 20-22, 2017 in Albuquerque New Mexico before the National Oral Health Conference. The last component is the written examination, which takes place on Saturday morning. Candidates are encouraged to participate at the NOHC.

Passing the written examination only does not grant the applicant automatic eligibility for 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, link to the ABDPH Webpage or contact the ABPDH Executive Director for further information.

Eugenio Beltrán, DMD, MPH, MS, DrPH, Executive Director, ABDPH 07/22/2016

**THE AMERICAN BOARD OF DENTAL PUBLIC HEALTH**

**ABDPH Application Written Examination Only**

**(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 1st 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, [abdph@comcast.net](mailto:abdph@comcast.net). The application fee of $100 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.

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

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| Preferred Name for Certificate=> |  |  |  |

Last Name First Name Middle Name or Initial

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

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

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

Address City State Zip

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

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

Office# Home# Cell Phone#

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

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

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby apply to the American Board of Dental Public Health for the written examination by the Board, in accordance with and subject to the procedures and regulations of the Board. I agree to disqualification from examination 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, Dr.** Eugenio Beltrán**, 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 TheABDPH@icloud.com.

**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.

Undergraduate Dental Education

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| --- | --- | --- | --- |
| 1. School Name=> |  |  |  |

School Name From (mm/yyyy) To (mm/yyyy)

|  |  |
| --- | --- |
| 1. Degrees=> |  |

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| --- | --- | --- | --- |
| 1. School Name=> |  |  |  |

School Name From (mm/yyyy) To (mm/yyyy)

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| --- | --- |
| 1. Degrees=> |  |

(Note: Copy and paste additional rows in the table if needed.)

1. 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. Master of Dental Public Health or equivalent

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| --- | --- |
| 1. School Name=> |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Subject=> |  |  |  |

From (mm/yyyy) To (mm/yyyy)

|  |  |
| --- | --- |
| 1. Degree=> |  |

Degree Date (mm/yyyy)

1. Supervised accredited residency in public health practice (minimum of 12 months full time or 24 months halftime), or advanced graduate program:[[1]](#footnote-1)

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| --- | --- | --- | --- |
| Position=> |  | | |
| Organization=> |  | | |
| Full Time  (Yes or No) => |  |  |  |

From (mm/yyyy) To (mm/yyyy)

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

Address City State Zip

|  |  |
| --- | --- |
| Immediate Supervisor => |  |
| Supervisor’s Email => |  |
| Supervisor’s Telephone # => |  |
| Administrative Head of Unit => |  |

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, [abdph@comcast.net](mailto:abdph@comcast.net), 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-201X (year of exam) - [Example: AldermanE- ABDPH-Application-Written-Examination-Only-2016]
2. Current curriculum vitae. Name pdf document as: LastNameFirstInitial-CV-201X (year of exam)[Example: AldermanE-CV-2016]
3. Evidence of graduation from a school of dentistry. Name pdf document as: LastNameFirstInitial -DSGraduate-201X (year of exam) [Example: Name a copy of the Graduation Certificate as AldermanE-DSGraduate- 2016]. 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- 201X (year of exam) [Example: Name a copy of the MPH Certificate as AldermanE-PHDegree-2016].
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- 201X (year of exam) - [Example: Name a copy of Residency Certificate as AldermanE-DPHResidency-2016].
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.

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| Immediate Supervisor => |  |
| Supervisor’s Email => |  |
| Supervisor’s Telephone # => |  |

**American Board of Dental Public Health**

**Policy and Procedures for Appeal**

**1. Actions Subject to Appeal**  
A decision made by the Board relative to an application or an examination may be appealed by an applicant or candidate. Requests for additional information regarding an application or examination result are processed routinely and are not considered part of the appeal process. The correspondence for such information becomes part of the candidate’s or applicant’s file, but does not modify or alter any decision made by the Board.

**2. Communication Regarding an Appeal**   
 All correspondence regarding an appeal will be through the Executive Director of the American Board of Dental Public Health.

**3. Submission of an Appeal**   
 Appeals must be submitted in writing to the Executive Director of the American Board of Dental Public Health within sixty (60) days following notification of a decision of the Board. The written appeal should be dated, identify in concise terms the decision being appealed and provide a brief outline of the reasons why the Board’s action was not fair or reasonable. No decision shall become final while an appeal is pending or until the sixty (60) day period for filing notice of appeal has elapsed. The appellant will be notified in writing of the receipt of the appeal, and informed that the appeal will be reviewed and responded to within sixty (60) days of the receipt of the appeal.

**4. Appeals Review Process**   
 The appeals process begins with a review of the submitted appeal by the Appeals Committee, consisting of two Board Directors and the immediate past-president once removed. The Appeals Committee will review the appeal and all relevant facts, and submit their recommendation to the Board. The final decision will then be transmitted by the Executive Director to the appellant.   
 If the decision is not acceptable to the appellant, the appellant has sixty (60) days to resubmit the appeal. This second appeal is reviewed by an Appeals Panel consisting of three past presidents (not including the past-president serving on the Appeals Committee). The Appeals Panel is selected by the Board and members serve for a five year period. The Appeals Panel has sixty (60) days to process the appeal. If the appeal necessitates a hearing, the hearing will be scheduled at the next annual meeting of the Board. The appellant will incur the costs of his/her travel and the Board will cover the travel costs for Appeals Panel members. The recommendation of the Appeals Panel will be provided to the Board who in turn will review it and submit their second and final response to the appellant.

1. When the advanced graduate educational preparation has been obtained outside of the United States or Canada, the applicant must present evidence of satisfactory completion of at least 12 months in an accredited advanced graduate program (beyond the masters degree) in dental public health in the United States. [↑](#footnote-ref-1)