

ABSCD Diplomate Application

Type of Application

- \$750 Written Qualifying Exam (New Applicants)
 - \$250 Oral Exam (Board-Eligible Candidates Only)
 - \$275 Diplomate Recertification
 - \$350 Written Exam Retake (Within One Year of Initial Attempt)
 - \$50 Late Fee (Contact ABSCD to determine eligibility)
 - N/A Planning to Apply for Accommodations (See Handbook)
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Candidate Demographics (All Applicants)

Preferred Name

Name on Government Issued ID Card

Home Address

City, State, Zip Code

Preferred Address

City, State, Zip Code

Email Address

Fax Number

Candidates for Written Qualifying Exam (New Applicants Only)

New applicants: Complete the following sections on candidate education and eligibility criteria.

Candidate Checklist

- Completed application and fees
- Recent headshot
- Curriculum vitae
- Copy of dental school diploma
- Copy of fellowship and/or residency certificates

Candidate Education

Must have graduated from an accredited dental program with a DDS, DMD, or an internationally equivalent degree

Dental School	Dates Attended	Degree/ Certificate
Residency	Dates Attended	Degree/ Certificate
Fellowship	Dates Attended	Degree/ Certificate
Other	Dates Attended	Degree/ Certificate

Eligibility Criteria

Meet at least one of the following criteria (criteria A, B, or C):

A. Fellowship
Attained

SCDA
AAHD
ADPD
ASGD
RCD

B. 2-Year Residency

GPR
AEGD
Oral Medicine
Other Specialty

C. 1-Year Residency + 1-Year
Extensive Clinical Fellowship

Fellowship Description:

GPR
AEGD
Oral Medicine
Other Specialty

Accommodations Request:

I plan to apply for accommodations for the written exam (see candidate handbook for instructions)

Oral Board Exam (Applicants for Oral Exam Only)

Complete this section if you have been designated a Board-Eligible Candidate by ABSCD. The board eligibility period is three years from the date of successfully passing the Written Qualifying Exam. You should also complete this section if you are applying for a retake of the Oral Exam. If you are applying for a retake beyond the eligibility period, please fill out the section for new applicants.

Date of successful completion
of written exam

Date(s) of previous attempts
of oral exam (if applicable)

Accommodations Request:

I plan to apply for accommodations for the oral exam (see candidate handbook for instructions)

Written Qualifying Exam Retake

Complete this section only if you are applying for a retake of the written exam within 1 year of the original exam attempt. If applying beyond the 1-year period, please fill out the section for new applicants.

Date of Initial Attempt for Written Qualifying Exam:

Accommodations Request:

I plan to apply for accommodations for the written exam (see candidate handbook for instructions)

ABSCD Diplomate Recertification

Complete if you are an ABSCD Diplomate due to recertify. The certification period lasts 10 years before recertification is required.

Date of Initial ABSCD Diplomate Certification

Description of service to patients within last 10 years:

Authorization for release of information and acknowledgement of obligations:

I authorize the American Board of Special Care Dentistry (ABSCD) to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the ABSCD will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program. If I successfully pass the certification examination and attain the Diplomate designation, I authorize the ABSCD to release my name, mailing address, e-mail address, and other contact information to the Special Care Dentistry Association (SCDA) for the purpose of providing Association information.

I understand that after earning the credential(s), I am responsible for complying with all obligations for maintaining the credential, including obtaining the required continuing education credits within the specified time period and for making application for renewal of my certification. I further understand that it is my responsibility to inform ABSCD Office of any changes in my mailing address.

Content of the exam (exam questions and answer choices) is considered confidential information. As a candidate for the exam, I attest that I will not disclose any confidential information regarding the content of the exam in any form, e.g. written, electronic, oral, overheard, or observed. I understand that signing this attestation and complying with its terms is required. Furthermore, I acknowledge that I am bound by the Code of Ethics for ABSCD Diplomates and any other rules of conduct that SCDA or ABSCD may adopt and that violation of any of these may result in disciplinary action, including suspension or revocation of the credential. I agree to cooperate fully in any ABSCD or SCDA investigation or proceeding involving alleged misconduct.

I certify that all information provided to satisfy my eligibility to sit for the exam is true, correct, and complete. I fully understand that any significant misstatements or omissions may cause me to be ineligible to sit for the exam. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after certification has been awarded to me, may lead to revocation of the credential.

I have read and understand the information provided in the Candidate Information Brochure and will abide by the same. I declare that all information provided on my application is true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my examination scores disqualified, if the ABSCD, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize ABSCD to release my current certification status at any time post-certification upon request (either written or verbal). I acknowledge that it is the policy of ABSCD not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has sat for the exams.

Full Name

Signature

Date

Email completed applications to scda@scdaonline.org

OR

Mail to: ABSCD Diplomate Program, 2800 W. Higgins Road Suite 440 Hoffman
Estates, IL 60169