



# AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

## Initial Application

(Print clearly or use typewriter. All fields must be completed. If not applicable, write N/A)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dental School \_\_\_\_\_ Degree Conferred \_\_\_\_\_

Address \_\_\_\_\_  
No. Street

City State Zip Code Year Graduated \_\_\_\_\_

### Anesthesiology Training Program(s)

Name of Institution #1

No. Street City State Zip Code

Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ Program Director \_\_\_\_\_  
Month Day Year Month Day Year Name

Name of Institution #2

No. Street City State Zip Code

Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ Program Director \_\_\_\_\_  
Month Day Year Month Day Year Name

**Other Residency Training** \_\_\_\_\_  
Type - Name of Institution - Month/Year Began - Month/Year Ended

**Other Board Certifications** \_\_\_\_\_

**Current Dental License(s)** \_\_\_\_\_  
List States & License Numbers

**Current Anesthesia Permit(s)** \_\_\_\_\_  
List States & Permit Numbers

Any restrictions to any dental licenses/general anesthesia permits?  Yes  No  
If Yes, describe on a separate piece of paper.

Which examination date/location are you applying for? \_\_\_\_\_

*I certify that the above information is accurate to the best of my knowledge and that I have made no false or misleading statements. I understand that inaccurate information will invalidate my application and that false or misleading information will disqualify me from this or any future applications to the ADBA. I understand and agree that submission of this application authorizes the ADBA, its officers and agents to take whatever steps are necessary to authenticate and verify the information provided on this application.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**See Below for Payment Options & Documentation Checklist**

**Include The Following With Your Application:**  
See [www.adba.org](http://www.adba.org) for more details

**For applicants who have completed residency:**

- 1) Copy of Diploma from Dental School
- 2) Copy of Certificate from Anesthesiology Residency Program
- 3) Copy of Dental License Registration Where Currently Practicing
- 4) Copy of General Anesthesia Permit Where Currently Practicing
- 5) Copy of completion cards for BLS-HCP and ACLS
- 6) Check for \$500 payable to ADBA

For applicants who are within six months of residency completion:

- 1) Copy of Diploma from Dental School
- 2) Letter from Residency Program Director\*\*
- 3) Copy of completion cards for BLS-HCP and ACLS
- 4) Check for \$500 payable to ADBA

\*\* Your residency program director must provide a letter, with the institutional seal embossed, stating that the applicant:

- a. has achieved an appropriate clinical competence level to take the examination; *AND*
- b. has progressed adequately in residency such that on-time graduation is anticipated

**Payment Options:**       **Check Payable to ADBA**     **Visa**     **MasterCard**

Card # \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_      3 Digit Auth Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Send this application, supporting documents and \$500 non-refundable application fee to:

Norma Claassen, CAE  
ADBA Executive Director  
1345 Grand Avenue, Suite 102  
Piedmont CA 94610  
Off: (510) 547-7130  
Fax: (510) 547-7191  
acds@sbcglobal.net

