

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

Application for Oral Examination



(Print clearly or use typewriter; All fields must be completed)

Name _____

Home Address _____

Work Address _____

Office Phone _____ Fax _____

Mobile _____ Email _____

When did you pass your ADBA Written Examinations? _____
Month/Year

Which examination date/location are you applying for? _____

Have there been any restrictions to any dental licenses/general anesthesia permits since your last application to ADBA? Yes No

If Yes, describe on a separate piece of paper.

Copies of current Basic Life Support – Health Care Provider Level and Advanced Cardiac Life Support completion cards must be enclosed.

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

For applicants who completed the written examination while a resident,
the following documentation is also required:

- 1) Copy of Certificate from Anesthesiology Residency Program
- 2) Copy of Dental License Registration Where Currently Practicing
- 3) Copy of General Anesthesia Permit Where Currently Practicing
- 4) Copy of completion cards for BLS-HCP and ACLS

**Your residency program director must provide a letter, with the institutional seal embossed, stating that you have gained the clinical competence necessary to independently provide the full scope of anesthesiology services for dentistry.

Send this application, supporting documents and \$1000 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

Payment Options: Check Payable to ADBA Visa MasterCard

Card # _____

Expiration Date: Month _____ Year _____ 3 Digit Auth Code: _____

Signature: _____

Billing Address: _____
