



## AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

### 2017 ADBA Oral Board Exams

### Agreement of Confidentiality

I am aware that, as a candidate of the American Dental Board of Anesthesiology (ADBA), I have access to information which must remain confidential. My signature indicates my agreement to protect the confidentiality of all Board materials and discussions before, during, and after my visit with the ADBA is concluded.

Breach of this confidentiality may compromise your board eligibility and application.

*Print name* \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_