## AMERICAN DENTAL BOARD OF ANESTHESIOLOGY Application for Repeat Written Examination

Name	
Home Address	
Work Address	
	Board
Office Phone	Fax
Mobile	<u>Email</u>
When have you taken past AI	DBA Written Examinations?
Which examination date/locate	ion are you applying for?
Have there been any restriction your last application to ADBA If Yes, describe on a separate	
_	Support – Health Care Provider Level and Advanced etion cards must be enclosed.
no false or misleading statement application and that false or mis applications to the ADBA. I und	on is accurate to the best of my knowledge and that I have made s. I understand that inaccurate information will invalidate my leading information will disqualify me from this or any future erstand and agree that submission of this application authorizes s to take whatever steps are necessary to authenticate and verify application.
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See Below for Payment Options & Documentation Checklist

## All applicants must supply the following information:

- 1) Copy of Certificate from Anesthesiology Residency Program (if not previously submitted)
- 2) Copy of Dental License Registration Where Currently Practicing (unless previously submitted and current)
- 3) Copy of General Anesthesia Permit Or Appropriate Verification Of Ability To Provider General Anesthesia Where Currently Practicing (unless previously submitted and current)
- 4) Copy of completion cards for BLS-HCP and ACLS

## **EXAM FEES**

The Repeat Written Examination Fee is five hundred dollars (\$500.00) which permits entrance to the repeat written examination. Full payment must be received with within 60 days prior to the date of examination. **Exam fees are non-refundable and non-transferable.** 

Confirmation of acceptance for examination will be made once application is determined to be complete and fees have been paid. If further information is required, the applicant will be immediately notified. Notification may be made by phone and/or sent either electronically via email and/or by standard mail.

Your application and supporting documents, as well as a check payable to ADBA with the appropriate fee or the completed Credit Card Form below should be sent to the address below. Please note: it is much faster to fax/email applications and supporting documents:

Amy L. Sarno, MBA ADBA Executive Director 4411 Bee Ridge Road, #172 Sarasota, FL 34233 Off: (312) 624-9591 Fax: (773) 304-9894

abrown@adba.org

Payment <mark>Optio</mark> ns 💎 🗆 Visa	a 🗆 MasterCard	
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Expiration Date: Month	Year	3 Digit Auth Code:
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