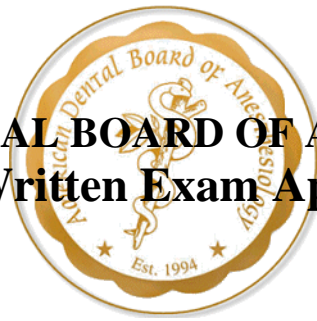


# AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

## Initial Written Exam Application



Name \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Mobile Phone \_\_\_\_\_

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 Current Dental License where currently practicing
- 4) Copy of Current GA Permit where currently practicing
- 5) Copy of completion cards for BLS-HCP and ACLS
- 6) TWO checks – one for \$500 and one for \$200 payable to ADBA (\$200 is a non-refundable application fee)\*

**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) TWO checks – one for \$500 and one for \$200 payable to ADBA (\$200 of which is a non-refundable application fee)

Note: A copy of your dental license registration where currently practicing AND a copy of your general anesthesia permit or other verification of allowable general anesthesia practice where currently practicing will be required to take the oral examination.

\*\*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

Your application and supporting documents, as well as two checks (one for \$200 and one for \$500 payable to ADBA) or the completed Credit Card Form below (a billing for \$200 and a second billing for \$500 will be made) should be sent to the following address. **Please note:** it is much faster to email applications and supporting documentation:

Amy L. Sarno, MBA  
ADBA Executive Director  
4411 Bee Ridge Road, #172  
Sarasota, FL 34233  
Off: (312) 624-9591  
amysarno@adba.org

**Payment Options:**     Visa     MasterCard

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

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

I authorize two (2) billings – one for \$200.00 and one for \$500.00 to the ADBA.

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

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

***\*Once a candidate is determined to be board eligible, exam fees are NOT refundable or transferable. Please visit the ADBA website at [www.adba.org](http://www.adba.org) and click on Examinations for all exam requirements.***