

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

Application for Oral Examination



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, Advanced Cardiac Life Support, and Pediatric Advanced 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
All applicants must submit the following documentation:

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

EXAM FEE

The Initial Oral Examination Fee is one thousand five hundred dollars (\$1,500.00) which permits entrance to the initial oral examination. Full payment must be received with within 120 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.

For complete information on the Exam process, please visit www.adba.org and click on Examinations.

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 following address. Please note: it is much faster to email applications and supporting documents:

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: _____

Signature: _____

Billing Address: _____
