AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

Instructions: • This form must be typewritten or filled out using acrobat • Submit proof of CE and additional required documents with this application • If more space is required, attach additional sheets	Date of application (mm/dd/yyyy)

The costs for recertification are included in your annual registration fees. The deadline for this application is June 30th of the expiration year. Confirmation of acceptance of recertification will be made once application is determined to be complete. 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 listing of approved courses, visit www.adba.org/recertification and click on approved courses

Identifying Information				
Name (last, first)	Birth Date (mm/dd/yyyy)	ADBA Certificate #		Expiration date (mm/yyyy)
Mobile #	Email			
Primary Address	City	State	Zip	Telephone

Questionnaire

1. Have there been any restrictions to any dental licenses/general anesthesia permits since your last recertification?

   ☐ No ☐ Yes - If so, describe (use additional sheets if necessary)

2. Have there been, or are there currently pending, any malpractice claims, suits, settlements or arbitration proceedings involving your professional practice?

   ☐ No ☐ Yes - If so, describe (use additional sheets if necessary)

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

Continuing Education

General Anesthesia Course (no limit)					
Title & Sponsor	MM/YY	Hrs	Title & Sponsor	MM/YY	Hrs

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

High fidelity Simulation in Anesthesia (2:1 credit [max 12.5 hrs. for 25 CE] 1:1 credit after 25 CE)					
Title & Sponsor	MM/YY	Hrs	Title & Sponsor	MM/YY	Hrs

Anesthesia-related teaching[ϕ] (up to 24 hours)					
Title & Sponsor	MM/YY	Hrs	Title & Sponsor	MM/YY	Hrs

[ϕ] The same lecture can only be claimed once per renewal cycle

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

General Anesthesia Media Based[§] (up to 48 hours)					
Title & Sponsor	MM/YY	Hrs	Title & Sponsor	MM/YY	Hrs

[§]Interactive courses such as live video conferencing, live webinar, live lecture and live workshop demonstrations may be considered as a live course

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

Grand Rounds (up to 48 hours)					
Title & Sponsor	MM/YY	Hrs	Title & Sponsor	MM/YY	Hrs

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Recertification

Type of CE	Total Hours	CE Allowed
General Anesthesia Course (no limit)		
High fidelity Simulation in Anesthesia (2:1 credit [max 12.5 hrs. for 25 CE] 1:1 credit after 25 CE)		
Anesthesia-related teaching[§] (up to 24 hours)		
Media Based CE[§] (up to 48 hours)		
Grand Rounds (up to 48 hours)		
Grand Total		

Signature Page

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 recertification and that false or misleading information could result in suspension or revocation of my certificate. 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.

Date (mm/dd/yyyy)	Signature of Applicant

Note: Complete applications and enclosure must be submitted before the deadline.
Enclose the following with application form:

1. Current Basic Life Support – Health Care Provider Level
2. Current Advanced Cardiac Life Support

Submit options

	Email	Mail
	amysarno@adba.org	Attn: Amy L. Sarno ADBA Executive Director 4411 Bee Ridge Road, #172 Sarasota, FL 34233