AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
Application for Written Examination

Instructions:	Date of application (mm/dd/yyyy)
• This form must be typewritten • Submit additional required documents with this application • If more space is required, attach additional sheets	

The written examination fee is $840 ($240 for the non-refundable application fee and $600 for the exam fee). Full payment must be received within 60 days prior to the date of examination. Once a candidate is determined to be Board eligible, exam fees are NOT refundable or 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.

Identifying Information				
Last Name	First Name	Middle Name	Birth Date (mm/dd/yy)	
Mobile #	Email			
Primary Address	City	State	Zip	Telephone
Work Address	City	State	Zip	Telephone

Training Information			
Dental School		Degree (DDS or DMD)	Year of Graduation (yyyy)
Name of Graduating Anesthesia Program	Name of Program Director		
Address (Street)	(City)	(State)	(Zip Code)

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<table>
<tr><th colspan="4">Training Information (continued if applicable)</th></tr>
<tr><td>Name of Other Anesthesia Program</td><td colspan="3">Name of Program Director</td></tr>
<tr><td>Address (Street)</td><td>(City)</td><td>(State)</td><td>(Zip Code)</td></tr>
<tr><td colspan="4">Additional anesthesia training program</td></tr>
<tr><td colspan="4">Other Residency Training (Type / Name / Start-End months)</td></tr>
<tr><td colspan="4">Other Board Certifications</td></tr>
<tr><td colspan="2">Current Dental License(s) (States & License Numbers)</td><td colspan="2">Current Anesthesia Permit(s) (States & Permit Numbers)</td></tr>
</table>

Questionnaire

1. Have there been any restrictions to any dental licenses/general anesthesia permits?

   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)

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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 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.	
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. Basic Life Support – Health Care Provider Level
2. Advanced Cardiac Life Support
3. Pediatric Advanced Life Support
4. NPDB query
5. Diploma from Dental School
6. Certificate from anesthesiology residency program

#7 & 8 for applicants who have completed residency

7. Dental license
8. General anesthesia permit

#9 for applicants who have not completed residency

9. Letter from Residency Program Director
    a. Your residency program director must provide a letter on institution letterhead, stating that the applicant:
        i. has achieved an appropriate clinical competence level to take the examination; *AND*
        ii. has progressed adequately in residency such that on-time graduation is anticipated

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Payment Options: ☐ **Visa** ☐ **MasterCard** / ☐ **Check (mail to same submit address below)** **Charge $840.00**
Card # ____ Expiration Date: Month________Year________ 3 Digit Auth Code:___________ Billing Address: Street: ____ City: : ____ State: : ____ Zip Code: : ____ Signature: ____

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