

THE AMERICAN BOARD OF PERIODONTOLOGY

A Corporation organized under the State of Illinois
2020 ORAL EXAMINATION APPLICATION

Mail to:

The American Board of Periodontology
877 Baltimore Annapolis Blvd., Suite 111
Severna Park, MD 21146



410-647-1324

Fax: 410-647-1260

Email: barbara.robinette@abperio.org

Website: www.abperio.org

Please complete the application and return to the Board office by October 31st for along with the following documents and application fee:

- (1) **Oral Exam Application Attestation Form** (*included as part of this application*), signed, and dated.
- (2) **Oral Exam Credentials Form** (*included as part of this application*), completed, signed, and dated.
- (3) **Application fee of \$2100.00.** Checks must be made payable to the American Board of Periodontology in U.S. Dollars, drawn on a U.S. Bank. Master Card and Visa accepted by completing credit card information at the bottom of this application. All fees are non-refundable.
- (4) Send a digital copy of a 'passport style' jpg or .tif file photo, 2" x 2" to the Board office via **email at Barbara.Robinette@abperio.org**.

May 2020 Oral Examination. Space will not be committed until examination fees are received. Assignment of candidates to a particular session will be at the sole discretion of the Board.

(Please print or type name)

First Name: _____ Middle: _____ Last _____

Nickname: _____ **Degrees:** _____

Address: _____
(street)

(city) (state) (country) (zip/postal code)

(telephone) (fax)

(email address) Sex: Female Male

(Date of Birth)

The American Board of Periodontology strives to comply with the Americans with Disabilities Act. Please check here if you have any type of disability that you believe would require alternative testing arrangements. Please provide a brief explanation of the disability and your proposed alternative arrangement on a separate piece of paper and attach to this application:

Credit Card payment information: Master Card _____ Visa _____ Amex _____ Discover _____

Account Number: _____ Expiration Date: _____

SEC# _____

Billing address: _____ zip code _____

Signature: _____

**THE AMERICAN BOARD OF PERIODONTOLOGY
ORAL EXAM APPLICATION ATTESTATION**

I hereby apply to The American Board of Periodontology to take the Oral Examination in accordance with and subject to the procedures and regulations of the Board. I agree to disqualification from the examination, in the event that I make any false representations to the Board, withhold any material information, or violate any rules, or regulations governing the Examination. I further agree that the Board may revoke my certification if it subsequently discovers that I made a false representation, withheld material information, failed to supplement the responses set forth below if the answers change over time, or violate any rules or regulations of the Board.

I understand that the Board wishes to keep all test questions confidential so that they will not become available to future examinees, who may thereby receive an unfair advantage. I further understand that this examination is a copyrighted work of the Board and that copying of any question(s) in any form constitutes an infringement of the Board's copyright.

I understand that it is the policy of the American Board of Periodontology to evaluate every candidate solely on the merits of the candidate's application and performance. The Board does not discriminate on the basis of race, religion, national origin, gender, sexual orientation, age or disability. The Board will not tolerate sexual harassment of candidates. Please contact the Executive Director if you believe that you have been subject to discrimination or sexual harassment.

I hereby agree to hold The American Board of Periodontology, its members, examiners, officers, and agents free from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, any examination given by the Board and any grade relating thereto.

Candidates who request to withdraw from the oral examination must submit their request in writing to the Board office. Candidates who withdraw and whose eligibility has not expired may transfer the oral examination fee to a subsequent examination for a reapplication fee of \$600. Candidates who fail to attend the mandatory Orientation Session prior to the Oral Examination; or who fail to show for the Oral Examination must restart the application process by a new completed application, attestation, and credential forms and fee of \$2100.00 to the Board office by October 31st of the prior year of the exam session.

I understand that the American Board of Periodontology will attempt to administer the Oral Examination as scheduled. Should the American Board of Periodontology be prevented from administering or completing the Examination at the appointed time and location or should the Board nullify the Examination based on suspected, unprofessional activity or other irregularity, the Board will not be responsible for any expense that I incur, in connection with the Examination and any substitute Examination.

I HAVE READ AND UNDERSTAND THIS STATEMENT AND AGREE TO BE LEGALLY BOUND BY IT.

Date _____ Signed _____

THE AMERICAN BOARD OF PERIODONTOLOGY
ORAL EXAMINATION CREDENTIALS

Certification by the American Board of Periodontology (ABP) signifies that a Periodontist has fulfilled the educational requirements for eligibility to take the certification examinations and has successfully completed those examinations to the satisfaction of the Board. However, the health care community and the public regard certification as an indication that Board certified Periodontists practice in an ethical fashion and in the best interest of the patient. For this reason, the ABP requires that you answer each of the following questions. If you answer Yes to any of these questions, please provide a full explanation of the answer and return the explanation with the application.

1. Have any disciplinary actions been initiated against you by a state licensing board or military tribunal or other regulatory or disciplinary authority? Yes No

2. Has your license to practice in any state or jurisdiction been denied, relinquished, limited, suspended, reprimanded, censured, or revoked for reasons other than your moving to a different jurisdiction? Is an investigation or proceeding regarding your licensure pending? Yes No

3. Have you been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program for reasons relating to the practice of dentistry? Yes No

4. Has your DEA (narcotics) or similar registration certificate been relinquished, limited, suspended, revoked or challenged? Yes No

5. Have you been sanctioned, suspended, censured, or expelled from a professional dental or medical organization for reasons other than non-payment of dues? Yes No

6. Have you been convicted of, or pleaded nolo contendere to, any criminal conduct or misdemeanors other than minor traffic violations? Yes No

7. Have your hospital or institutional appointments or privileges been denied, reduced, limited, not renewed, suspended, diminished, revoked, or relinquished for reasons relating to the practice of dentistry? Yes No

If you answer YES to any of these questions, please provide a full explanation of the answer and return the explanation with the application. By signing below, you agree, to supplement your response if any answer to the above questions changes in the future.

Date _____ Signed _____