

# THE AMERICAN BOARD OF PERIODONTOLOGY

877 Baltimore Annapolis Blvd., Suite 111, Severna Park, MD 21146

Phone: (410) 647-1324 • Fax: (410) 647-1260 • staff@abperio.org • www.abperio.org

## 2020 Annual ABP Registration \$275.00 Due by January 31, 2019

Full Name: _____ Address: <input type="checkbox"/> Work <input type="checkbox"/> Home _____ _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ Email: _____ Primary Phone: _____	TYPE OF PRACTICE (Check all that apply): <input type="checkbox"/> Hospital Affiliation <input type="checkbox"/> Private Practice <input type="checkbox"/> Teaching/ Research/Administration <input type="checkbox"/> Federal Services <input type="checkbox"/> Retired (Date: _____)
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### Fees:

- Annual Registration \$275
- Late Fee (after 1/31/2020) \$ \_\_\_\_\_
- Donation to the Bowers Fund \$ \_\_\_\_\_ Created to ensure the financial stability and growth of the specialty's certifying board, and implementation of appropriate new technologies supporting rigorous testing standards.
- Donation to the Hoag Fund \$ \_\_\_\_\_ Designated to provide the Board funds in the event of extreme Emergencies.
- Total Authorized Charge \$ \_\_\_\_\_

Method of Payment:  Visa  Master Card  Discover  American Express

Check: Made Payable to: *The American Board of Periodontology* (# \_\_\_\_\_)

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_\_

Billing address if different than current listing:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Country: \_\_\_\_\_

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

**Diplomates who do not complete their annual registration requirement by January 31<sup>st</sup> will incur a \$100 late fee. If registration is not completed by March 31<sup>st</sup> the Diplomate will be placed on Inactive status. Return to Active status will require payment of any past due annual registration fee(s), a \$75 reactivation fee plus the late fee of \$100.**

**"An American Dental Association Recognized Specialty Certifying Board"**  
Organized by the American Academy of Periodontology 1939. Incorporated in the State of Illinois May 23, 1940.

# THE AMERICAN BOARD OF PERIODONTOLOGY

## 2020 CREDENTIALS FORM

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 for the period beginning January 1, 2018 to present.

You are required to answer the following questions and return the form with your Annual Board Certification Registration. If you answer Yes to any of these questions, please provide a full explanation of the answer and return the explanation with your registration form and fee.

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.

Printed Name: \_\_\_\_\_

Certificate No. \_\_\_\_\_

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

Date: \_\_\_\_\_