



THE AMERICAN BOARD OF PERIODONTOLOGY CREDENTIALS FORM

Required for Submission of Oral Exam Application

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 your 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

By signing below, you agree, to supplement your response if any answer to the above questions changes in the future.

[PLEASE PRINT FULL NAME]

Signature _____

Date: _____

