



AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

Initial Application

(Print clearly or use typewriter. All fields must be completed. If not applicable, write N/A)

Name _____

Home Address _____

Work Address _____

Office Phone _____ Fax _____

Mobile _____ Email _____

Date of Birth ____/____/____
Month Day Year

Dental School _____ Degree Conferred _____

Address _____
No. Street

City State Zip Code Year Graduated _____

Anesthesiology Training Program(s)

Name of Institution #1 _____

No. Street City State Zip Code

Start ____/____/____ Finish ____/____/____ Program Director _____
Month Day Year Month Day Year Name

Name of Institution #2 _____

No. Street City State Zip Code

Start ____/____/____ Finish ____/____/____ Program Director _____
Month Day Year Month Day Year Name

Other Residency Training _____
Type - Name of Institution - Month/Year Began - Month/Year Ended

Other Board Certifications _____

Current Dental License(s) _____
List States & License Numbers

Current Anesthesia Permit(s) _____
List States & Permit Numbers

Any restrictions to any dental licenses/general anesthesia permits? Yes No
If Yes, describe on a separate piece of paper.

Which examination date/location are you applying for? _____

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.

Signature _____ Date ____/____/____

See Below for Payment Options & Documentation Checklist

Include The Following With Your Application:
See www.adba.org for more details

For applicants who have completed residency:

- 1) Copy of Diploma from Dental School
- 2) Copy of Certificate from Anesthesiology Residency Program
- 3) Copy of Dental License Registration Where Currently Practicing
- 4) Copy of General Anesthesia Permit Where Currently Practicing
- 5) Copy of completion cards for BLS-HCP and ACLS
- 6) Check for \$500 payable to ADBA

For applicants who are within six months of residency completion:

- 1) Copy of Diploma from Dental School
- 2) Letter from Residency Program Director**
- 3) Copy of completion cards for BLS-HCP and ACLS
- 4) Check for \$500 payable to ADBA

** Your residency program director must provide a letter, with the institutional seal embossed, stating that the applicant:

- a. has achieved an appropriate clinical competence level to take the examination; *AND*
- b. has progressed adequately in residency such that on-time graduation is anticipated

Payment Options: **Check Payable to ADBA** **Visa** **MasterCard**

Card # _____

Expiration Date: Month _____ Year _____ 3 Digit Auth Code: _____

Signature: _____

Billing Address: _____

Send this application, supporting documents and \$500 non-refundable application fee to:

Norma Claassen, CAE
ADBA Executive Director
1345 Grand Avenue, Suite 102
Piedmont CA 94610
Off: (510) 547-7130
Fax: (510) 547-7191
acds@sbcglobal.net

