

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

Application for Recertification



(Print and send to ADBA or email following completion)

Name

Home Address

Work Address

Office Phone

Fax

Mobile

Email

Current Certificate Number

Date of Expiration

Have there been any restrictions to any dental licenses/general anesthesia permits since your last application to ADBA? Yes No

Describe:

Record of Continuing Education

Course Title and Sponsor	Month/Year	Hours
American Society of Dentist Anesthesiologists Annual Meeting		
American Dental Society of Anesthesiology Annual Meeting		

Course Title and Sponsor	Month/Year	Hours
ADSA State Component Meeting		
International Anesthesia Research Society		
Other		
Total Hours		



I hold current Basic Life Support – Health Care Provider Level and Advanced Cardiac Life Support completion cards. Yes No

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 ____/____/____

The costs for recertification are included in your annual registration fees.

Send this application 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

