

# AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

## Application for Repeat Written Examination



(Print clearly or use typewriter; All fields must be completed)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

When have you taken past ADBA Written Examinations? \_\_\_\_\_  
Months/Years

Which examination date/location are you applying for? \_\_\_\_\_

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

If Yes, describe on a separate piece of paper.

**Copies of current Basic Life Support – Health Care Provider Level and Advanced Cardiac Life Support completion cards must be enclosed.**

*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

For applicants who did not pass the written examination while a resident, the following documentation is also required:

- 1) Copy of Certificate from Anesthesiology Residency Program
- 2) Copy of Dental License Registration Where Currently Practicing
- 3) Copy of General Anesthesia Permit Where Currently Practicing
- 4) Copy of completion cards for BLS-HCP and ACLS

Send this application, supporting documents and \$250 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

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

Card # \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_      3 Digit Auth Code: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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