

THE AMERICAN BOARD OF PERIODONTOLOGY

ORAL EXAM APPLICATION ATTESTATION

I hereby apply to The American Board of Periodontology to take the Oral Examination in accordance with and subject to the procedures and regulations of the Board. I agree to disqualification from the examination, in the event that any of my statements or answers are false or in the event that I violate any of the published rules and regulations governing such examination.

I understand that the Board wishes to keep all test questions confidential so that they will not become available to future examinees, who may thereby receive an unfair advantage. I further understand that this examination is a copyrighted work of the Board and that copying of any question(s) in any form constitutes an infringement of the Board's copyright.

I understand that it is the policy of the American Board of Periodontology to evaluate every candidate solely on the merits of the candidate's application and performance. The Board does not discriminate on the basis of race, religion, national origin, gender, sexual orientation, age or disability. The Board will not tolerate sexual harassment of candidates. Please contact the Executive Secretary-Treasurer if you believe that you have been subject to discrimination or sexual harassment.

I hereby agree to hold The American Board of Periodontology, its members, examiners, officers, and agents free from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, any examination given by the Board and any grade relating thereto.

I understand that no fees will be refunded. Applicants who withdraw prior to the Oral Examination, may take the examination the following year by requesting that their application remain on file. This request must be accompanied by an additional \$100.00 re-application fee.

I understand that the American Board of Periodontology will attempt to administer the Oral Examination as scheduled. Should the American Board of Periodontology be prevented from administering or completing the Examination at the appointed time and location, the Board will not be responsible for any expense of the candidate in connection with the Examination and any substitute Examination.

I HAVE READ AND UNDERSTAND THIS STATEMENT AND AGREE TO BE LEGALLY BOUND BY IT.

Date _____ Signed _____

**THE AMERICAN BOARD OF PERIODONTOLOGY
ORAL EXAMINATION CREDENTIALS**

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 the application.

1. Have any disciplinary actions been initiated against you by a state licensing board or military tribunal? Yes No
2. Has your license to practice in any state or jurisdiction been denied, relinquished, limited, suspended, reprimanded, censured, or revoked? 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) 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.

Date _____ Signed _____