

**THE AMERICAN BOARD OF PERIODONTOLOGY**  
**APPLICATION FOR WRITTEN EXAMINATION**

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Please complete the application and return to the Board office along with the following documents by **June 15** of the year in which you plan to take the Written Examination:

- (1) **Evidence of successful completion of an accredited program in periodontology.** This must be in the form of a copy of your certificate or an official letter signed by the program director and the Dean (or equivalent administrative officer) that specifies "successful completion of an educational program in periodontology which is accredited by the Commission on Dental Accreditation of the American Dental Association."
  - (2) **Application fee of \$450.00** payable to The American Board of Periodontology. Checks must be made payable to the American Board of Periodontology in U.S. Dollars, drawn on a U.S. Bank.
  - (3) **Written Exam Application Attestation Form** (*included as part of this application*), signed, and dated
  - (4) **Written Exam Credentials Form** (*included as part of this application*), completed, signed, and dated
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Name: \_\_\_\_\_  
(Please print or type full name)

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (country) (zip/postal code)

\_\_\_\_\_  
(telephone) (fax)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(Social Security Number) (Date of Birth)

**Dental School from which you graduated:**

\_\_\_\_\_  
(School) (Degree)

\_\_\_\_\_  
(Date Started) (MM/DD/YYYY) (Date Completed) (MM/DD/YYYY)

**Institution granting certification of Advanced Education in Periodontology:**

\_\_\_\_\_  
(School) (Degree)

\_\_\_\_\_  
(Date Started) (MM/DD/YYYY) (Date Completed) (MM/DD/YYYY)

The American Board of Periodontology strives to comply with the Americans with Disabilities Act. Please check here if you have any type of disability that would require alternative testing arrangements. Please provide a brief explanation:

**THE AMERICAN BOARD OF PERIODONTOLOGY  
WRITTEN EXAMINATION APPLICATION ATTESTATION**

**I hereby apply to The American Board of Periodontology to take the Written 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 Written Examination, may take the examination the following year by requesting that their application remain on file. This request must be accompanied by an additional \$150.00 re-application fee.**

**I understand that the American Board of Periodontology will attempt to administer the Written 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  
WRITTEN 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, censure, 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 \_\_\_\_\_