



## ***THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.***

Application for Eligibility  
Academic Year 2024-2025

**This application form is valid until 1 October 2024. Applications submitted after 1 October 2024 will be processed in 2025. Candidates submitting after 1 October 2024 will be ineligible for the 2025 Written Examination.**

### **Eligibility Requirements**

The qualifications required by candidates to obtain certification by the American Board of Operative Dentistry Inc. include:

1. All candidates must be currently enrolled in or have completed an acceptable\*, formal\*\*, postgraduate education program in operative or restorative dentistry.
2. Candidates may apply for board eligibility while enrolled in postgraduate operative dentistry programs. All candidates currently enrolled in postgraduate programs must include verification of good standing from the program director with their applications (on this form), along with verification of identity.
3. All candidates must conform to the acceptable moral and ethical standards delineated by the American Dental Association.
4. All candidates must be members of the Academy of Operative Dentistry. Academy membership is required for board eligibility and must be maintained throughout all phases of the certification process. Membership in the academy is discounted to individuals in a full time student status. Contact your program director for details.

\* “Acceptable” refers to those formal programs in Operative or Restorative Dentistry, and must be two years in length (or more) and lead to a Master's Degree (M.S.) in Operative or Restorative Dentistry.

\*\* The term “formal” refers to a program with a minimum of two (2) full-time academic years or its equivalent. The major emphasis of the academic program must be Operative or Restorative Dentistry.

***I hereby apply to the American Board of Operative Dentistry, Inc. for Board Eligibility status and acceptance into the examination process towards Board Certification. Please fill out all items indicated electronically for accuracy and legibility. If you feel a question does not apply to you, put N/A.***

**1. Name** \_\_\_\_\_  
Last First Middle

**2. Office/Program Address** \_\_\_\_\_  
Street Suite #  
 \_\_\_\_\_  
City State ZIP (\_\_\_\_) Phone

**3. Home Address** \_\_\_\_\_  
Street Apt #  
 \_\_\_\_\_  
City State ZIP (\_\_\_\_) Phone

E-mail address(es) \_\_\_\_\_

**\*NOTE:** We need an address that will be active for **at least 5 years**. Please notify the ABOD Secretary of any address changes.

**4. Education:**

a. Dental Education \_\_\_\_\_  
College/University  
 \_\_\_\_\_  
City, State, Country Degree \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Other Dental Programs (As Applicable) \_\_\_\_\_  
College/University  
 \_\_\_\_\_  
City, State, Country Degree \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

b. Advanced training in Operative or Restorative Dentistry.

\_\_\_\_\_ Degree \_\_\_\_\_  
Dental School / Institution  
 Dates \_\_\_\_\_ to \_\_\_\_\_ Dean or Director \_\_\_\_\_

c. List any other Fellowships or Masterships you have received (e.g. AGD Fellowship).

\_\_\_\_\_  
 \_\_\_\_\_

**5. I have included a copy of my current Academy of Operative Dentistry membership verification:** \_\_\_\_\_  
(Initials/Date)

**6. Has any disciplinary action ever been taken against you by any dental licensing board?**  
 If yes, please explain on a separate sheet of paper.

Yes      No

**ABOD EXECUTIVE COUNCIL 2024 - 2026**

<b>ABOD</b> <b>OFFICERS</b> <b>2024-2026</b>	<b>President:</b> <b>Vice-President:</b>  <b>Secretary:</b> <b>Treasurer:</b>	Jeffery S. Nordin Stephen Wade  James M. Strother Kim E. Diefenderfer	Supattriya Chutinan Kristi Erickson Michael Meharry Jeffery S. Nordin	Michael Metz Stephen Wade James M. Strother Kim E. Diefenderfer	Gordon K. Jones Matthew Rouse Justin I. Watson
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I agree that prior to or subsequent to the examination the Board may investigate my standing and reputation as a practicing dentist. I also state that I am responsible for the truth of the information herein recorded.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant's Signature (electronic signature acceptable)

Click on icon to electronically insert a recent (within last 3 months) photograph.

**IMPORTANT: This application MUST be verified by your Program Director**

I verify that the candidate listed above in in good standing, is enrolled (or graduated from) the program indicated, and the photo included is an accurate representation of the candidate.

Program Director Name

Signature (Electronic signatures are acceptable)

\_\_\_\_\_

**Submit this application electronically via a single email as follows:**

- This application form labeled as follows: LAST NAME\_ FIRST NAME\_ GRADUATE PROGRAM\_2024\_ABOD-Board-Eligibility-Application  
Example: Strother\_James\_Michigan\_2024\_ABOD-Board-Eligibility-Application
- All supporting documents (AOD membership, Program Director's letter, etc.) into a SINGLE PDF document (no more than 10 MB) labeled as follows: LAST NAME\_ FIRST NAME\_2024 SUPPORTING DOCUMENTS
- Send the application from an email address you will use and monitor for at least five years. We will respond to the email address you send the application from.
- Send the above information electronically to ***ABODsecretary@outlook.com***

**This year we are accepting electronic applications ONLY. If you are having problems with the form, please contact the ABOD secretary at the address above.**

**Application Fee: The fee for application for ABOD eligibility is \$250.00 and is non-refundable.**

Payment must be made online by credit card via PayPal. **ABOD cannot accept personal checks.** Applicants will be invoiced via e-mail after receipt of their applications.

**Submission of incomplete application packages may result in additional processing fees.**

**NOTE:** Applications are reviewed only 3-4 times per year. Therefore, payment invoices may not be sent immediately after application submission. Please do **NOT** contact ABOD about the status of your application until at least 3 months after your submission.

**Stop!** Package must include the following:

- Completed application with signatures
- Verification of Academy of Operative Dentistry Membership
- Initial item # 5 - Page 2
- A photo taken within the last 3 months included in the application

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	<b>Vice-President:</b>	Stephen Wade	Kristi Erickson	Stephen Wade	Matthew Rouse
	<b>Secretary:</b>	James M. Strother	Michael Meharry	James M. Strother	Justin I. Watson
	<b>Treasurer:</b>	Kim E. Diefenderfer	Jeffery S. Nordin	Kim E. Diefenderfer	