Eligibility Requirements

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

1. All candidates must have successfully 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 a letter of good standing from the program director with their applications.

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.

(+) “Acceptable” refers to those formal programs in Operative or Restorative Dentistry offered by educational institutions accredited by the ADA Commission on Dental Accreditation. Programs must be two (2) or more years in duration.

(#) The term “formal” refers to a course or program with a minimum of two (2) full-time academic years or its equivalent. The major emphasis of the academic course or program must be on operative-restorative procedures and supporting disciplines.
I hereby apply to the American Board of Operative Dentistry, Inc. for Board Eligibility status and acceptance into the examination process towards Board Certification.

1. Name ____________________________________________
   Last    First    Middle

2. Date and Place of Birth ____________________________________________
   Citizenship

3. Office/Program Address ____________________________________________
   Street ____________________________ Suite 
   City State ZIP Phone

4. 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.

5. Education:
   a. Pre-professional Education ____________________________________________
      College / University ____________________________________________
      City, State
      Degree _______ Dates _______ to _______ 
   b. Doctoral Education ____________________________________________
      Dental School ____________________________________________
      City, State
      Degree _______ Dates _______ to _______ 
   c. Post-doctoral Education (Other than Operative or Restorative residency) ____________________________________________
      Dental School ____________________________________________
      City, State
      Degree _______ Dates _______ to _______ 
   d. Advanced training in Operative or Restorative Dentistry. Include a copy of your Certificate or Diploma, or your anticipated graduation date with a letter from your program director.
      Dental School / Institution ____________________________________________
      Dates _______ to _______ Dean or Director __________
      Degree ________________________________
   e. List any other Fellowships or Masterships you have received (i.e. AGD Fellowship).
      ____________________________________________
      ____________________________________________
      ____________________________________________

6. Federal Dental Service: Branch of Service _______ Dates _______ to _______

7. Study Club experience. Please list any study clubs with which you have been affiliated.
   ____________________________________________
   Dates _______ to _______
   ____________________________________________
   Dates _______ to _______
8. **Teaching Experience:**

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9. On a separate page, list all dental **continuing education credits** earned in the past five years.

10. I have included a copy of my current Academy of Operative Dentistry membership verification:

11. List all **dental licenses** that you have ever held and the dates that they were obtained (required for all applications for eligibility based on clinical experience, use extra sheets if necessary):

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12. Has any **disciplinary action** ever been taken against you by any dental licensing board?  
Yes / No (Circle one)

If yes, please explain on a separate sheet of paper.

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

**IMPORTANT: This application MUST be notarized by a Notary Public!**

Notary Seal ____________________________  [Attach recent small photograph here with tape or glue, no staples please]

Notary Signature ____________________________

Commission Expires ____________________________
Return this application and all supporting documents (listed above) to both of the following addresses (sending a hard copy of your application and a digital copy may expedite the application process):

La Jolla Dental
Attn: ABOD Application
8950 Villa La Jolla Drive Suite C210
La Jolla, CA 92037
ABOD_Sec@comcast.net

Application Fee: The fee for application for ABOD eligibility is $100.00 and is non-refundable.

Payment must be made online by credit card via PayPal. Personal checks cannot be accepted by ABOD. 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
- Verification of Academy of Operative Dentistry Membership
- Copy of Completed Program Certificate, letter from Program Director, and United States Dental Board license as appropriate.
- A photo taken within the last 6 months attached to the application

All incomplete packages will be returned without consideration. Digital applications will not be considered without a hard copy sent to the Secretary at the address above.