



Prospective Board Candidate Application

I hereby make application to the American Board of Endodontics, to be declared a Prospective Board Candidate and to participate in the Written Examination of the American Board of Endodontics.

Prospective Board Candidate: A student, enrolled in their final year of an advanced education program in endodontics accredited by the Commission of Dental Accreditation of the ADA, whose application and payment of the Written Examination fee have been accepted and approved by the Board.

Personal Information

Last Name (Family Name)		First Name	Middle Initial	
Street Address	City	State/Province	Zip/Postal Code	Country
E-Mail		Phone (include area or country/city code)		

Education

Advanced Specialty Education Program in Endodontics	Enrollment Date	Anticipated Completion Date/Certified Date
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Please read the following statements carefully and indicate your understanding and agreement by signing below:

Upon approval of this application and non-refundable payment of \$420 (\$250 application fee and \$170 examination fee) I understand that I will be declared a Prospective Board Candidate and will receive the authorization letter to register for the ABE Written Examination.

I understand that I have until the end of the year the Written Examination was taken to submit a Preliminary Application along with a notarized copy of my endodontic certificate. Upon submission of the Preliminary Application by December 31st of the year the Written Examination was taken, the \$250 application fee that I am submitting with this Prospective Board Candidate Application transfers to and pays my Preliminary Application fee in full, for Board Eligible status.

I understand that once the Preliminary Application is approved by the ABE Credentials Committee, I will be declared a Board Eligible Candidate.

Applicant's Signature

Signature	Date
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Payment Information

Return this application with a Cashier's Check/Money Order/Check (U.S. Funds) made payable to the ABE for \$420 (payment by credit card is not accepted) to:

American Board of Endodontics
211 East Chicago Avenue Suite 1100
Chicago, IL 60611-2691

Phone: 800/872-3636 or 312/266-7310

E-Mail: abe@aae.org
www.aae.org/certboard