



Preliminary Application for Certification

I hereby make application to the American Board of Endodontics, to be declared Board Eligible and to participate in the Certification Process of the American Board of Endodontics.

Board Eligible Endodontist An *Educationally Qualified Endodontist* whose application and credentials have the approval of 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

Application Processing Instructions		
<p>Please return this application, verification of program completion and a Track Selection Form along with a Cashier's Check/Money Order/Check in U.S. Funds (payment by credit card is not accepted) made payable to the ABE for \$250 (\$420 if starting the Certification Process with Track I or Track III) to:</p>		
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

<p>All Candidates should be aware that the College of Diplomates of the ABE (a separate organization from the American Board of Endodontics) functions to provide mentors, Board review courses, mock oral examinations, and other assistance to Candidates participating in the ABE Certification process.</p> <p>Candidates wishing assistance from the COD should provide their contact information to Susan Hawkinson, Executive Secretary at 630/510-7136 or at codabe96@comcast.net so that they can be contacted by representatives of the COD or provided information from the COD.</p> <p>All questions or inquiries regarding mentors and assistance with preparation for examinations must be directed to the College of Diplomates.</p>
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over please

Please read the following statements carefully and indicate your understanding and agreement by signing below:

1. I hereby apply to the American Board of Endodontics (ABE) for examination by the ABE and issuance to me of a certificate, in accordance with and subject to the procedures and regulations of the ABE. Under penalty of perjury, I declare that the information that I have provided is true. I have read and agree to the requirements and conditions set forth in the *Policy and Procedures Manual of the American Board of Endodontics* covering the certification process, the administration of certification examinations, and the ABE's policies. I agree to disqualification from examinations, to denial of certification, and to forfeiture and redelivery of any certificate granted me by the ABE in the event that any of the answers or statements made by me in this application are false or in the event that I violate any of the ABE's rules or regulations. I authorize the ABE to make whatever inquiries and investigations it deems necessary to verify my credentials and professional standing.
2. I hereby release the ABE, its members, directors, officers, examiners, and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any examination or review given by the ABE, any score relating thereto, the failure to issue me a certificate, or any demand for forfeiture or redelivery of such certificate, and I agree to indemnify the ABE and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A CERTIFICATE RESTS SOLELY AND EXCLUSIVELY WITH THE ABE AND THAT THE DECISION OF THE ABE IS FINAL.
3. I understand that this application and any information or material received or generated by the ABE in connection with this application or with the certification process will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, I understand that the fact that I have or have not been certified and the effective date of my certification are matters of public record and may be disclosed. Finally, I allow the ABE to use information from my application and subsequent examination for the purpose of statistical analysis, provided that my personal identification with that information has been deleted.
4. I understand that I can be disqualified from taking or continuing to sit for an examination, from receiving examination scores, and from obtaining certification if the ABE determines through proctor observation, statistical analysis, or any other means that I was engaged in collaborative, disruptive, or other unacceptable behavior before, during or following administration of the examination.
5. I understand that the content of the certification examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any examination materials, including but not limited to the content of any examination question, before, during, or after the examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification.
6. I understand that this application, and all actions of the ABE or me in connection with the application, examination, certification process, shall be governed by the law of the State of Illinois and that any legal action arising therefrom shall be brought and tried only in the Circuit Court of Cook County, Illinois.
7. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Applicant's Signature – Your signature must be notarized.

Name of Applicant _____

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public My Commission Expires: _____ (SEAL)