



# THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

## APPLICATION FOR BOARD ELIGIBILITY

*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 Address** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP ( ) Phone

4. **Residence Address** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP ( ) Phone

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

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

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 \_\_\_\_\_

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**ABOD OFFICERS 2010-2012:**  
**President,** Jan K. Mitchell  
**Vice President,** Clyde L. Roggenkamp  
**Secretary,** Justine L. Kolker  
**Treasurer,** Kim E. Diefenderfer

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**ABOD EXECUTIVE COUNCIL 2010-2012:**  
Raed F. Ajlouni    Kim E. Diefenderfer    Sopanis D. Cho  
Justine L. Kolker    Kristopher J. Kelly    Jeffery S. Nordin  
Scott Kooistra    Jan K. Mitchell    Clyde L. Roggenkamp

8. For those applicants considering the clinical practice of dentistry as a basis for this application, please supply the following information regarding your professional experience:

\_\_\_\_\_  
Practice Name  
\_\_\_\_\_  
City State ZIP Phone (\_\_\_\_\_) \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_ Associate(s) \_\_\_\_\_

9. **Teaching Experience:**

\_\_\_\_\_  
Institution Department  
\_\_\_\_\_  
Chairman Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
Institution Department  
\_\_\_\_\_  
Chairman Dates \_\_\_\_\_ to \_\_\_\_\_

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

11. I am aware that Academy of Operative Dentistry membership is required for Board certification: \_\_\_\_\_  
(Initials)

12. List all **dental licenses** that you have ever held and the dates that they were obtained:

\_\_\_\_\_  
State or Province and Country Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
State or Province and Country Dates \_\_\_\_\_ to \_\_\_\_\_

13. 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:**

Notary Seal \_\_\_\_\_ [Attach recent small photograph here]

Notary Signature \_\_\_\_\_

Commission Expires \_\_\_\_\_

**Return this completed application and \$100.00 to the address below. Note:** Payment must be by (1) a cashier's check, bank-certified check or money order payable to "American Board of Operative Dentistry, Inc." or (2) credit card via PayPal invoice. **Personal checks will not be accepted;** all checks must be drawn from a U.S. bank. Candidates who desire to pay via credit card must notify the ABOD Secretary at the time of application (justine-kolker@uiowa.edu).

American Board of Operative Dentistry  
Dr. Justine Kolker, Secretary  
2048 Ashlynd Drive  
Coralville, IA 52241-9719