American Board of Advanced General Dentistry (ABAGD)

Board Eligibility Application Form

Please print in block letters and complete all sections. Submit with required documents.

1) Applicant Information

First / Given Name

Last / Family Name

Middle Name

Suffix (e.g., DDS, DMD)

Date of Birth (DD/MM/YYYY)

Nationality

Passport / National ID No.

Gender

ABAGD Candidate ID (if any)

Email

Mobile (with country code)

2) Mailing Address

Street Address

City

State/Province

Postal Code

Country

Alternative Phone (optional)

3) Professional Licensure (list up to 3 active licenses)

License No.	Authority/State/Country	Issue Date	Expiry	Status

4) Education & Training

Dental School Name

Country

Graduation Year

Degree (DMD/DDS/Other)

GPA (optional)

Honors/Awards (optional)

Postgraduate Program (AEGD/Residency/Fellowship)

Institution

From (MM/YYYY)

To (MM/YYYY)

Total Months

Key Clinical Competencies & Rotations

Other Degrees/Certifications

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5) Clinical Experience (last 10 years – list most recent roles)

Employer	Role/Title	Country	From	To

Key Procedures/Skills & Case Mix (summary)

6) Professional Affiliations & Credentials

Board Certifications / Memberships (e.g., AGD, ICOI, MFDS)

Continuing Education (past 24 months) – Hours & Key Topics

7) Ethics & Disciplinary History

☐ I have NO history of investigation, suspension, revocation, or disciplinary action. ☐ I have a history (explain below).

If YES, please provide details

8) Supporting Documents (attach copies)

☐ Copy of Dental Degree / Diploma
☐ Copy of Current Dental License(s)
☐ Curriculum Vitae (CV)
☐ Two Professional Recommendation Letters
☐ Proof of Clinical Experience / Employment
☐ CE/CPD Certificates (last 24 months)
☐ Passport/ID Copy

9) Payment Details (Eligibility Review Fee)

Amount (USD) | Date Paid | Transaction Reference / Receipt No.

Select Method: ☐ Bank Transfer ☐ Credit/Debit Card ☐ Other

Notes (e.g., Bank/IBAN/SWIFT or last 4 digits of card)

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10) Applicant Declaration

I declare that the information provided is accurate and complete. I agree to abide by ABAGD's Code of Ethics and understand that subm

Signature

Printed Name

Date (DD/MM/YYYY)