American Board of Advanced General Dentistry (ABAGD)

Oral Examination Registration Form

Please complete all sections and submit with payment confirmation.

1) Candidate Information

Full Name

Candidate ID (from ABAGD)

Email

Phone

Country of Practice

License Number

2) Oral Exam Session

Preferred Date (DD/MM/YYYY)

Preferred Location (City/Centre)

Special Requirements (disability accommodation, etc.)

3) Payment Details

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)

4) Candidate Declaration

I hereby apply for the ABAGD Oral Examination. I certify that the information provided is accurate, and I agree to abide by all examinati

Signature

Printed Name

Date