# American Board of Advanced General Dentistry

## Candidate Agreement Form

All candidates of the American Board of Advanced General Dentistry (ABAGD) are required to review and sign this agreement prior to participation in the examination process. This document outlines your responsibilities, ethical obligations, and compliance requirements. Please read carefully before signing.

## Candidate Information

Full Name: _____
Candidate ID Number: _____
Exam Part (Written / Oral): _____
Email: _____
Phone Number: _____

## Agreement Clauses

- I agree to comply fully with all ABAGD policies, procedures, and regulations governing the examinations.
- I will adhere to the rules of conduct during the examination, including instructions provided by ABAGD staff and examiners.
- I understand that exam content, including questions and cases, is strictly confidential. I will not reproduce, record, or share any exam materials.
- I affirm that all information I have provided in my application is accurate and truthful. Misrepresentation may result in disciplinary action.
- I agree to maintain the highest standards of ethical and professional behavior as expected by the ABAGD.
- I acknowledge that ABAGD may revoke my eligibility or certification if I am found in violation of professional or ethical standards.
- I accept the ABAGD refund and cancellation policies as stated in the official documentation.
- I understand that ABAGD reserves the right to modify exam formats, content, or policies as necessary to maintain fairness and standards.

## Declaration

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions of the ABAGD Candidate Agreement. I understand that failure to comply with these conditions may result in disciplinary action, up to and including revocation of eligibility or certification.

Candidate Signature: _____ Date: _____