



National Board for Certification in
Dental Laboratory Technology



CDT TECHNOLOGIST DESIGNATION

Dear CDT:

In order to develop a strategy for the globalization of the CDT credential, active CDTs who have documented proof of graduation from an ADA-accredited dental technology program and have met the following education and experience criteria can be classified as a "Technologist", which shows that they have expertise in all five specialties. Their qualifications are to be assessed in a similar manner to the global Dental Technologist designation. The "Technologist" designation is different from the CDT "Generalist" who has passed the required CDT examinations in all five specialties.

Qualifications for receiving the "Technologist" designation require all of the following:

- 1) Be a CDT in good standing; **and**
- 2) Proof of graduation from an ADA-accredited dental technology program (including military programs); **and**
- 3) Within the past 15 years:
 - 7 years practical experience; **or**
 - 5 years practical experience and an Associates Degree (or higher); **or**
 - 3 years practical experience and Bachelors Degree (or higher).

B. The Associates and Bachelors Degrees (or higher) can be earned in dental technology or any field from an accredited college or university.

If you would like to apply for the CDT Technologist designation, please complete the application form below and submit it to:

**National Board for Certification
ATTN: Technologist Application
325 John Knox Road, Ste. L-103
Tallahassee, FL 32303**

or FAX it to:

**National Board for Certification
850.222.0053
ATTN: Technologist Application
(Note: This is not a toll-free number)**



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**CDT TECHNOLOGIST DESIGNATION
 APPLICATION FORM**

Name (Print) _____ CDT # _____

Address _____ City _____ State _____ Zip _____

Telephone Number (_____) _____ E-mail _____

Education

Name of Dental Technology Program _____

City/State _____ Date of Graduation _____
 (Attach copy of diploma or transcript showing graduation)

Highest Degree _____ Major _____ Date of Graduation _____

College/University _____ City/State _____

Dental Laboratory Technology Verifiable Experience
(If unable to verify each period of employment, then attach a notarized original Attestation of Experience Form)

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____	To _____
Employer's Signature _____	Date _____

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____	To _____
Employer's Signature _____	Date _____

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____	To _____
Employer's Signature _____	Date _____

*****Attach additional experience information, if necessary*****



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**CDT TECHNOLOGIST DESIGNATION
APPLICATION FORM
ATTESTATION OF EXPERIENCE (IN LIEU OF VERIFIABLE EXPERIENCE)**

I, _____ do hereby attest that I have at least _____ years of experience in the field of dental laboratory technology within the past fifteen (15) years. The information listed below contains the businesses, locations, dates of employment, and any additional experience information required, but that they may not necessarily be verifiable.

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____ To _____	

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____ To _____	

Business Name _____	Contact _____
City/State _____	Telephone (_____) _____
Dates: Employed From _____ To _____	

*****Attach additional experience information, if necessary*****

Signed _____ CDT# _____

Print Name _____ Date _____

Notarial Requirement

State of _____ County of _____
 I certify that this is a true and correct attestation of a
 Document in the possession of _____.
 Dated: _____
 Signature of Notarial Officer: _____ -
 Title: _____
 My commission expires: _____

(Seal)



For NBC Use Only	
CDT Status Verified []	ADA-Approved Program Verified []
Employment Verified []	Initials: _____ Date: _____