

**CERTIFIED
DENTAL
LABORATORY**



Certified Dental Laboratory (CDL) **Additional Specialty Application**

Name of Laboratory: _____ CDL Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

Contact Name (Individual Submitting Application) _____

Contact E-mail _____

Section 1: Current Specialties

Indicate all specialties for which your laboratory is currently certified:

Complete Dentures Partial Dentures Crown & Bridge Ceramics Orthodontics

Section 2: Additional Specialties Requested

Please check below the new specialty or specialties for which certification is being sought:

Complete Dentures Partial Dentures Crown & Bridge Ceramics Orthodontics

Complete the appropriate specialty section(s) below for the new specialties identified above.

A: Complete Dentures

Name of the Certified Dental Technician involved in production/quality control:

_____ CDT Number: _____

This CDT must be certified in the Complete Dentures specialty by the National Board for Certification in Dental Laboratory Technology.

How many technicians or production workers are assisted in the manufacture of Complete Dentures by this technician? _____ List all other Certified Dental Technicians employed in the manufacture of Complete Dentures:

B: Partial Dentures

Name of the Certified Dental Technician involved in production/quality control:

_____ CDT Number: _____

This CDT must be certified in the Partial Dentures specialty by the National Board for Certification in Dental Laboratory Technology.

How many technicians or production workers are assisted in the manufacture of Partial Dentures by this technician? _____ List all other Certified Dental Technicians employed in the manufacture of Partial Dentures:

C: Crown & Bridge Specialty

Name of the Certified Dental Technician involved in production/quality control:

_____ CDT Number: _____

This CDT must be certified in the Crown & Bridge specialty by the National Board for Certification in Dental Laboratory Technology.

How many technicians or production workers are assisted in the manufacture of Crowns & Bridges by this technician? _____ List all other Certified Dental Technicians employed in the manufacture of Crown & Bridge:

D: Ceramic Specialty

Name of the Certified Dental Technician involved in production/quality control:

_____ CDT Number: _____

This CDT must be certified in the Ceramics specialty by the National Board for Certification in Dental Laboratory Technology.

How many technicians or production workers are assisted in the manufacture of Ceramics by this technician? _____ List all other Certified Dental Technicians employed in the manufacture of Ceramics:

E: Orthodontic Specialty

Name of the Certified Dental Technician involved in production/quality control:

_____ CDT Number: _____

This CDT must be certified in the Orthodontics specialty by the National Board for Certification in Dental Laboratory Technology.

How many technicians or production workers are assisted in the manufacture of Orthodontics by this technician? _____ List all other Certified Dental Technicians employed in the manufacture of Orthodontics:

Section 3: Affidavit

Statement: In applying for certification, I understand that this laboratory will be made available for inspection by the National Board for Certification and its agents to verify information submitted on this application and/or to determine the laboratory's compliance with established certification standards.

I attest by my signature below that all information provided in this application is correct, accurate and complete to the best of my knowledge; that the photographs or videos submitted are actual and representative; and that this laboratory is and will continue to be operated in full compliance with the laws governing the operation of a dental laboratory, and the conducting of business in the state and community in which the laboratory is located.

Signature _____ Date _____

Name (printed) _____

Section 4: Photographic Documentation

Please indicate the submission format of the photographic documentation for your additional specialty(ies). Only the specialty photos are required.

Traditional Photographs (enclosed) Digital Submission (Circle one: EMAIL DISC)

Section 5: Application and Certification Fee

A **\$50.00** fee covers the review process for an additional specialty certification. If approved, any new specialties will be placed into the same renewal cycle as currently exists. Payment must be enclosed with the application.

A. Check # _____ in the amount of \$_____ is enclosed.

*Please Note: Checks must be made payable to **NBC**.*

B. Please charge my credit card: VISA MC AMEX Amount: \$ _____

Credit Card Number: _____ Expiration Date: _____ CVV/CVV2 Code: _____

Card Holder Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Mail completed CDL Additional Specialty Application to:

National Board for Certification in Dental Laboratory Technology
325 John Knox Rd., #L-103, Tallahassee, FL 32303
(850) 205-5627 or (800) 684-5310 FAX: (850) 222-0053