

**CERTIFIED
DENTAL
LABORATORY**



Certified Dental Laboratory Annual Renewal Application

INSTRUCTIONS

The National Board for Certification in Dental Laboratory Technology appreciates your participation in the CDL program. For prompt review of your application, please read the following instructions:

1. Be sure to print all information clearly and complete all nine sections.
2. Return the application along with your invoice and payment.
3. Allow two to four weeks for processing of your renewal.
4. Remember that annual renewal of laboratory certification requires maintaining compliance with all applicable CDL standards, and that a Revalidation Application will be required every five years.

NBC

National Board for Certification in
Dental Laboratory Technology



325 John Knox Road, #L103, Tallahassee, FL 32303

(800) 684-5310 TOLL FREE • (850) 205-5627

(850) 222-0053 FAX • www.nbccert.org

CDL Annual Renewal Application

I. APPLICANT INFORMATION

CDL Number _____

Contact Name (Individual Submitting Application) _____

Contact E-mail _____

Laboratory Street Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Website (if applicable) _____

Number of employees at this location _____

Number of CDTs at this location _____

Total number of technicians/production employees at this location _____

Please Note: This application pertains only to the physical facility described above. Branch laboratories or subsidiaries of the laboratory named must be submitted on separate applications if desirous of certification.

II. LEGAL REQUIREMENT

Does this laboratory comply with OSHA or the prevailing jurisdiction's occupational health and safety laws, as well as state and local laws and codes pertaining to the conduct of business?

Yes No

Does this laboratory meet or exceed all applicable state or federal certification and training requirements for laboratory owners and/or staff?

Yes No

Has any principal or employee of this laboratory been convicted of the illegal practice of dentistry or any illegal business practice in the last 36 months?

Yes No

Are there charges related to the practice of dentistry or the business operation of the laboratory presently pending in any court against the laboratory or any of its principals or employees?

Yes No

If YES, please explain: _____

III. INFECTION CONTROL

Please provide the following information for all infection control training within the last twelve months:

Instructor(s) or source(s): _____

Title(s): _____

Date(s): _____

IV. SPECIALTIES

Please complete the following for the specialty(ies) in which your laboratory is currently certified.

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 employed in the manufacture of Complete Dentures are assisted 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 employed in the manufacture of Partial Dentures are assisted 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 employed in the manufacture of Crown & Bridge restorations are assisted by this technician? _____

List all other Certified Dental Technicians employed in the manufacture of Crown & Bridge restorations:

D: Ceramic Specialty

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

_____ CDT Number: _____

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

How many technicians or production workers employed in the manufacture of Ceramic restorations are assisted by this technician? _____

List all other Certified Dental Technicians employed in the manufacture of Ceramic restorations:

continued...

E: Orthodontic Specialty

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

_____ CDT Number: _____

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

How many technicians or production workers employed in the manufacture of Orthodontic devices are assisted by this technician? _____

List all other Certified Dental Technicians employed in the manufacture of Orthodontic devices:

Indicate all other specialty services offered by the laboratory:

- Complete Dentures Partial Dentures Crown & Bridge Ceramics Orthodontics

V. AFFIDAVIT

Statement: I understand that this laboratory will be made available for inspection by the National Board for Certification in Dental Laboratory Technology 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 stated federal laws governing the operation of a dental laboratory, and the conducting of business in the state and community in which the laboratory is located.

Applicant’s Signature _____ Date _____

VI. APPLICATION AND CERTIFICATION FEE

A **\$150 fee** covers the renewal review process and one year of certification. Payment must be enclosed with the application.

Enclosed is Check # _____ in the amount of \$ _____ payable to the NBC.

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

Credit Card Number _____ Exp. _____ CCV Code * _____

Cardholder Name _____

Signature _____

Billing Address _____

Phone _____

* Credit Card Verification (CCV Code): This is the 3-digit number that appears on the reverse side of your credit card. For American Express cards only, this is the 4-digit number on the front of your card.



Please mail completed packet to:

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