



National Board for Certification in  
**Dental Laboratory Technology**



## Certified Dental Technician Examiner Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

After hours/emergency contact number (i.e. cell phone): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Smock Size:    Small            Medium            Large            Extra Large

I am certified in: (circle all that apply)    CD       PD       CB       CE       OR

In addition to my certified specialties, I have experience, education or training that qualifies me to evaluate other specialties as follows:    CD    PD    CB    CE    OR

For any specialties in which I am neither certified, nor experienced, I understand that I will receive specific instructions from the NBC. In addition, I expect—and am willing—to prepare myself for the responsibilities of an Examiner with the assistance of the following resources and/or consultants (please name resources and consultants that would help prepare you to be and examiner). \_\_\_\_\_

Please attach a brief resume or curriculum vitae to describe your education and experience.

Please also include the names, addresses and phone numbers of at least three professional references.

Name	Address	Work Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal data (this information is optional):

Family:

Hobbies:

Please state, briefly, your reasons for wishing to become an Examiner and/or what you wish to achieve—for yourself or for the field of dental technology—by serving as an Examiner.

Agreement to terms of Examiner appointment. Please read this section carefully and sign the application if you understand and agree with all of the following:

1. I am an active CDT with more than 15 years of cross-specialty experience in dental technology. I understand that Examiners must remain active CDTs throughout their tenure of service to the Board.
2. I understand that the initial appointment as a CDT Examiner is for a period of one year. Reappointment thereafter is for a five-year term, and there is no limit to the number of terms an Examiner may serve.
3. I intend to be available to serve as an Examiner for an average of at least four test sites per year, and to attend NBC test development workshops and examiner workshops approximately every 18 months, provided that I receive adequate advance notice from the Board (generally six weeks).
4. I am willing to make travel arrangement that will enable me to arrive at most test sites no later than 2:00 pm local time on the day prior to the examination.
5. I understand that the NBC will reimburse me for the direct costs of my travel as an Examiner (transportation, lodging and meals) as outlined in the travel reimbursement policy. I further understand that the NBC is a not-for-profit organization with limited funds to accomplish its goals, and I agree to seek all reasonable economies (such as discount air fares) when planning travel on behalf of the Board.
6. I understand that all the information and observations that I may acquire about individual candidate performance in the course of my service to the Board is privileged information. I agree to keep this and related matters confidential **and to sign a Non-Disclosure Agreement with NBC.**
7. I do not intend to seek any personal gain or publicity as a direct result of my service as an Examiner, although I may identify myself as a Consultant to the National Board for Certification in biographical material.
8. I understand that at CDT examinations and other public events related to dentistry and dental technology, if I am identified with the National Board for Certification, I have a responsibility to uphold the professional image of dental technology in a manner consistent with the goals of the CDT program.
9. **I understand that there shall be no conflict of interest in grading any candidate. In the event there is a conflict of interest, I will bring it to the attention of the Lead Examiner, NBC Director of Certification, or the NBC Certification Coordinator and excuse myself from grading that candidate.**

The charge of the CDT Examiners is to be as equitable, consistent and objective as humanly possible in the administration and evaluation of the CDT practical tests. Examiners grade the assignments undertaken by candidates only with respect to their compliance with the NBC's published standards.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application and your resume to:  
NBC, Examiner Application Review, 325 John Knox Rd., #L-103, Tallahassee, FL 32303