

National Board for Certification in Dental Laboratory Technology MODULARIZATION

Application for Written Module Examinations

Thank you for applying to take the NBC Written Module Examination. This examination, in combination with the corresponding Practical Specialty Module Examination is designed to validate your knowledge and applied skills in the chosen module.

INSTRUCTIONS

- 1) Type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The National Board for Certification in Dental Laboratory Technology reserves the right to reject any application for testing if the Board has evidence that the candidate has made a false or misleading statement in the application or any supporting documents.
- 4) Payment is due with this application. The payment must be in the amount of the application and examination fee for this candidate only. Make the check or money order, payable to the National Board for Certification in Dental Laboratory Technology (NBC). For your convenience, we also accept VISA, MasterCard and American Express.
- 5) Once a test site has been confirmed, you are required to attend your selected examination. Failure to do so may result in forfeiture of your examination fee. Please read the Module Examination Handbook for additional details about cancellations.

ELIGIBILITY FOR MODULE WRITTEN EXAM

Module Examination candidates must:

1. Have at least one year of documented consecutive on-the-job practical experience in dental technology;
Or be a graduate of a 1 or 2-year (or military) dental technology program.
2. Submit an application and fee to the Board;
3. Have a working knowledge of the English language;
4. Be of satisfactory legal and ethical standing in the dental laboratory and dental community.

You may schedule and take more than one written module examination at a time.

Application for Written Module Exam

For Office Use Only:

Received _____	Site # _____
Approved _____	Date _____
Candidate # _____	Module Exam # _____

I. CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss Other Name _____

CDT or RG # (if applicable) _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

FAX _____ E-mail _____

If you have already passed other Module, RG or CDT exam(s), please indicate the exam(s), location(s) and date(s): _____

II. CURRENT EMPLOYMENT

Present Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Name and Title of Present Supervisor _____

Brief description of the work you do _____

Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

Are you regularly or occasionally responsible for the instruction or training of other technicians?
 Yes No

III. LANGUAGE REQUIREMENT

The module exams are all administered in the English language. Your signature below confirms that you understand this.

Signature _____ Date _____

IV. LEGAL/ETHICAL REQUIREMENT

Have you ever been convicted of the illegal practice of dentistry? Yes No

V. EDUCATION

If you attended a dental technology school, please complete the following:

(This is not required to apply.)

School _____

Years _____ RG # (If applicable) _____

Contact: _____

VI. CANDIDATE'S PREVIOUS EMPLOYMENT

The National Board for Certification in Dental Laboratory Technology requires that Module candidates have at least one year of education and/or employment in dental technology, unless the candidate is a Recognized Graduate. Candidates must supply such information as the Board might need to verify compliance with this requirement — including the complete mailing address and name of employer and supervisor. This requirement is interpreted to mean one year of full-time employment (at least 35 hours per week) and additional credit is not awarded for formal education concurrent with employment claimed towards this requirement.

If section II of this application documents more than one year of employment, this section may be skipped.

Most Recent Previous Employer _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Written Module Exam Application, continued.

Employment prior to position listed above _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Please use additional pages if needed to report at least one year of dental technology training, education and experience.

VII. WRITTEN EXAMINATIONS REQUESTED

Please check the box(es) next to the written examination(s) you wish to take.

You may schedule and take more than one written module examination at a time.

Crown and Bridge

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing

Ceramics

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing
- Module 4. Porcelain

Partial Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases
- Module 8. Design and Waxing
- Module 9. Casting and Finishing of Metal Frameworks

Complete Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases

Orthodontics

- Module 10. Models and Casts
- Module 11. Metalwork and Appliances
- Module 12. Finishing, Polishing and Repairing of Acrylics

VIII. WRITTEN MODULE EXAM TEST SITE SELECTION

Contact the NBC before submitting this application if you wish to become an Exam Host.

First Choice: Facility Name _____

City _____ Date _____ Time _____

Second Choice: Facility Name _____

City _____ Date _____ Time _____

IX. CANDIDATE'S AFFIDAVIT

To the National Board for Certification in Dental Laboratory Technology: I have read and understand the application instructions and the Module Examination Handbook and I agree to submit to examinations as prescribed by the Board. I agree to indemnify and hold harmless the National Board for Certification in Dental Laboratory Technology, its Trustees, officers, employees and agents from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

I affirm that all statements made by me in this application are true and correct to the best of my knowledge. I understand that any misrepresentation of fact made in this application for testing or in future applications to the Board for testing, or in my personal claim to certification, may be found cause for suspension or denial of my certificate or eligibility for testing.

I understand that the Modularization program is a certificate program and completion does not constitute certification.

I further agree to abide by the laws and regulations, which govern the practice of dentistry and the providing of dental laboratory technology services, restorations and devices to the dental profession.

I hereby verify that I have _____ year(s) of education and/or employment in dental laboratory technology.

Candidate's Signature _____ Date _____

continued...

Written Module Exam Application, continued.

X. APPLICATION FEE

Written Module Examination Fee: Quantity _____ x **\$99 Each** = Total Due _____

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.

The fees published in this application are subject to change. Please verify fees with NBC Headquarters before submitting this application. Write, call or visit the Web site of the National Board for Certification in Dental Laboratory Technology at www.nbccert.org and follow the links to "Modularization." The Web site contains updated examination fees, schedules and complete candidate information as well as related information about educational opportunities and recent news in dental technology.



Please mail completed application and fee to:

NBC Modularization Program, 325 John Knox Road, #L103, Tallahassee, FL 32303
 (800) 684-5310 TOLL FREE • (850) 205-5627 DIRECT • (850) 222-0053 FAX
www.nbccert.org • modularization@nbccert.org

If you have not signed your application or enclosed the required fees, your application will not be processed.