

Application for the Recognized Graduate Examination

ELIGIBILITY FOR RG CERTIFICATION EXAM

All technicians applying for the RG examinations must:

1. Have a working knowledge of the English language.
2. Be a high school graduate (or the documented equivalent).
3. Be of satisfactory ethical and legal standing as defined by the NBC's disciplinary standards.
4. Meet the educational prerequisites required for testing.

The educational prerequisites for testing state that a candidate must have graduated or plan to graduate within one year from the date of the examination from a dental technology educational program that is recognized by the National Board for Certification in Dental Laboratory Technology. Prior to being recognized as an RG, proof of graduation is required.

APPLICATION INSTRUCTIONS

1. Type or print all answers clearly in ink.
2. Use extra sheets of paper if more space is needed 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 (NBC) reserves the right to reject any application if the NBC has evidence that the applicant has made a false or misleading statement in the application or any supporting documents.
4. Payment is due with this application. The check or money order, payable to the National Board for Certification, must be in the amount of the application and examination fee for this candidate only. The NBC also accepts Visa, MasterCard and American Express.
5. The NBC Headquarters should receive all applications by the published deadline. Any late applications must be accompanied by the late fee and are subject to NBC approval. Applications are accepted in the order in which they are received, up to the capacity of each exam site.
6. Exam dates are tentative until thirty (30) days prior to the exam. Please call the NBC to check on the expected status of exams prior to making travel arrangements. The NBC reserves the right to cancel the exams if there are not enough candidates registered.
7. Once an exam has been confirmed, candidates are required to attend their selected examination. Failure to do so may result in the forfeiture of all examination fees. Please read the RG Examination Handbook for additional details about rescheduling and cancellations.

All RG candidates should thoroughly read the entire RG Examination Handbook for further details and information regarding certification and procedures.

Application for the Recognized Graduate Examination

For Office Use Only: Candidate# _____

Received _____ Site# _____

Approved _____ Date _____

I. APPLICANT INFORMATION

1. Name _____ Dr./Mr./Mrs./Ms./Miss/Other _____
2. Street Address _____

- City _____ State _____ Zip _____
3. E-mail _____ 4. Work Phone _____
5. Home or Cell Phone _____ 6. FAX _____
7. Date of Birth _____

II. EXAM SELECTION

1. I hereby apply for the Recognized Graduate certification exam. I wish to take the exam at the following examination location and on the following date, selected from the current examination schedule on www.nbccert.org.

- First Choice: City _____ Date _____
- Second Choice: City _____ Date _____

Applications may not be accepted after the deadline specified for each exam without NBC approval and a late fee of \$25. Applicants for exams are accepted in the order they are received by the NBC Headquarters up to the capacity of each facility. If your first choice location is filled, you will be contacted and assigned, if possible, to your second choice location. If the NBC cannot accommodate you at either your first choice or your second choice location, you are entitled to a refund of your examination fees or you may have your application and fees held until a location becomes available for you.

III. LANGUAGE REQUIREMENT

Do you read, speak and write the English language? Yes No

IV. LEGAL REQUIREMENT

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

V. PERSONAL REFERENCES

Please give the full names and mailing addresses of three persons (not relatives) who are able to verify information submitted on this application, or who have personal knowledge of the applicants character.

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

VI. EDUCATION

1. Did you graduate from high school or the equivalent (such as earning a GED)? Yes No

2. Dental Technology Education Program or School: _____

a) City and state: _____

b) Full Time Part Time

c) Date of Enrollment: Month _____ Year _____

3. Graduation (Complete one):

a) Expected Date of Graduation: Month _____ Year _____

b) Date Already Graduated: Month _____ Year _____

VII. EDUCATOR'S STATEMENT

TO THE APPLICANT: This statement must be signed by your department head or senior instructor who can verify your eligibility to take the Recognized Graduate examination.

TO THE EDUCATOR/DEPARTMENT HEAD: Your signature below, on behalf of your educational institution, indicates that you believe this applicant to have satisfactorily completed such course of study as to qualify him or her as a candidate for graduation from your course in dental technology. By reading and verifying the information submitted by the candidate on this application and by confirming his or her completion of the course of study, you are providing valuable credibility to maintaining high standards of recognition in dental technology.

Educator or Department Head Signature _____

Title _____ Date _____

E-mail _____ Phone _____

continued...

Recognized Graduate Exam Application, continued.

VIII. APPLICANT'S AFFIDAVIT

To the National Board for Certification in Dental Laboratory Technology (NBC):

I have read and understand the application instructions and the RG Examination Handbook and I agree to submit to the Recognized Graduate examination as prescribed by the NBC.

I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institution where the RG examination is administered 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 agree to submit to testing for certification according to the requirements and procedures specified by the NBC.

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 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 NBC for certification testing or renewal, or in my personal claim to certification (use of the RG designation and logo), may be found cause for suspension or denial of certification or eligibility for certification testing.

I hereby verify that I have _____ years of education in dental laboratory technology.

Applicant's Signature _____ Date _____

IX. PAYMENT

Recognized Graduate Exam Fee \$190

Any applications submitted after the published deadline must be accompanied by a late fee of \$25 and are subject to NBC approval.

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

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

Credit Card # _____ Exp. _____ CCV Code* _____

* 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.

Cardholder Name _____ Signature _____

Billing Address _____

Phone _____

The fees published in this application are subject to change. Please verify fees with the 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. The web site contains updated examination fees, schedules and complete candidate information as well as information about other programs.

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

Please send completed application and fee to:
NBC
325 John Knox Road, #L103
Tallahassee, FL 32303
(850) 222-0053 Fax