



**APPLICATION TO RETAKE WRITTEN
CDT/RG EXAMS**

I. Applicant's Information

Applicant's Name: _____ Mr./Mrs./Ms./Miss/Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

II. Exam Selection

I hereby apply to re-take the following written exam(s) for certification testing:

GENERAL EXAMS:

1. Comprehensive 2. Recognized Graduate

SPECIALTY EXAMS:

1. Complete Dentures 2. Partial Dentures 3. Crown and Bridge 4. Ceramics 5. Orthodontics

III. Test Site Selection

First Choice: City _____ Date _____

Second Choice: City _____ Date _____

IV. Eligibility and Affidavit

To the National Board for Certification in Dental Laboratory Technology (NBC): I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institution where the CDT examinations are 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 and fully understand that it is my responsibility to bring with me to the CDT examination, and to properly and safely use, any material that the NBC requires.

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 understand that this Retake Application will be considered an addendum to the original application submitted.

Applicant's Signature: _____ Date: _____

V. Payment

Written Exam Fee= **\$190**

Late fees apply for any exam applications submitted after the published deadline.
Late fees are \$25 for *each* written exam.

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

B. Please charge my credit card ___VISA___MC___AMEX Amount: \$ _____

Credit Card #: _____ Expiration Date: _____

Security Code: _____ *(This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.)*

Cardholder Name: _____ Signature: _____

Billing Address (if same as above, check here): _____

City: _____ State: _____ Zip: _____

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