

# Special Consideration Application Form

For candidates who graduated from an accredited dental programs more than 60 months ago

Please type or print the following information clearly

Name of applicant: Dr. \_\_\_\_\_,  
(Surname) (Given name(s))

Post-secondary institution: \_\_\_\_\_

Dental degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1) Create an online application at <https://ndeb.brighttrac.com/>
- 2) The following documents must accompany this form:
  - notarized photocopy of your dental diploma
  - statements of good standing from all jurisdictions in which the applicant has been licensed
  - evidence of continuous practice over the past 5 years including:
    - current resume indicating practice locations for the past 5 years
    - documentation that confirms continuous practice
    - copies of all dental licenses for the past 5 years
  - documentation of attendance at Continuing Education Courses for the past 3 years

## Examination(s):

I wish to register for:  Written Examination  OSCE

For the following session:  March 2016  May 2016  November 2016

Examination Centre preference (indicate city)\* 1. \_\_\_\_\_

2. \_\_\_\_\_

*\* The NDEB will try to accommodate location preferences; however, may have to offer alternate locations due to space limitations at some examination locations.*

Applications and documentation must be received three (3) weeks prior to the registration deadline date for the examination. The Executive Committee will review applications and supporting documents. Please be aware that the Committee may request other documentation during its consideration requests.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_