Non-Disclosure Agreement with American Board of Pediatric Dentistry (ABPD)

ORAL CLINICAL EXAMINATION

THIS EXAMINATION IS COPYRIGHTED AND CONFIDENTIAL.

EXAM INFORMATION:
1. I will not discuss or in any (written, oral or electronic) way disseminate information regarding the content of this examination.
2. Should ABPD obtain information that I had prior access to or was involved in discussing, copying or disseminating ABPD examination questions and vignettes; I may be prohibited from ever taking or retaking any ABPD certification examination.
3. I understand that prior knowledge of or disseminating information on the content of the Oral Clinical Examination (OCE) would be a breach of my responsibility as an ABPD candidate and a violation of the ABPD Principle of Ethics and Code of Professional Conduct (ADA).
4. Furthermore I understand that any violation of the above notices will mandate an investigation that may subject me to disciplinary and legal actions by ABPD. The ABPD may, at its discretion, refuse to examine me or, having examined me, may refuse a certificate based upon its above-described investigation. Should I become a Diplomate of the Board, such violation may result in revocation of my certificate.
5. In the event the ABPD refuses to issue a certificate on the basis set forth in subparagraph (4) above, I hereby waive any right I may have to question said refusal in any court of law or equity or other tribunal and further waive any right to a return of any fees.

VIDEOTAPING:
To assist with training, candidate examinations will be monitored using closed circuit television. Two cameras will be used in the testing room, one focused on the candidate and one focused on the examiner. Recordings will be used only in connection with ABPD’s training and calibration of OCE examiners. The candidate’s face will be electronically altered to protect identify. By signing below you give your permission for this videotaping to proceed.

USE OF IMAGE:
The ABPD has my permission to use my image for internal purposes, such as candidate examinations, recognition ceremonies and similar purposes. ABPD will only share my image with the ABPD College of Diplomates to be used during their breakfast meeting at the AAPD Annual Session otherwise the image will not be released to outside entities without my permission.

______________________________
Candidate Signature

______________________________
Printed Name

______________________________
Date