



AMERICAN BOARD OF  
PEDIATRIC DENTISTRY

## Request for Leave of Absence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Request for Leave of Absence (Give background information and justification):

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Provide signed supporting documentations from physicians, university officials and/or lawyers depending on the justification of your request. (See policy on pages 2-3.)

Duration of leave requested (in years): \_\_\_\_\_

Signature of Diplomate: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** American Board of Pediatric Dentistry  
5034 Thoroughbred Lane, Ste A  
Brentwood, TN 37027  
Fax: 615-523-1715  
Email: info@abpd.org

# ABPD Leave of Absence Policy

- Purpose: To temporarily suspend active participation in the ROC-P process when extenuating circumstances substantially alter a Diplomate's ability to practice dentistry over a prolonged, but finite, period of time.
- To practice dentistry is defined here as the clinical practice of dentistry, teaching of dentistry, dental practice ownership where a license to practice dentistry is required, dental practice consulting, or dental administration.
- Any active Diplomate in good standing faced with circumstances that substantially alter or prohibit the ability to practice dentistry over a prolonged period may apply for a leave of absence. The nature of the leave can be medical, educational, or a major life disruption. These are defined as:
  - Medical leave: an injury or medical condition that interferes with the ability to practice dentistry, but the disruption is of a temporary nature. An example would be a high-risk pregnancy for which the attending physician orders bed rest.
  - Educational leave: enrollment in a full-time accredited advanced educational program.
  - Major life disruption: circumstances causing significant interference with one's ability to practice. Examples for category include a natural disaster rendering an office uninhabitable or an immediate family member (i.e., one for whom the Diplomate functions as a primary caretaker) faces a major medical condition or complicated end of life status. Also included would be the inability to practice due to relocation to an area where one's credentials are not accepted for the practice of dentistry.
- Application: Completion of the "Request for Leave of Absence Form" shall be completed and submitted to headquarters within 30 days of the circumstance causing a change in ability to practice.
- Documentation: Documentation to support a leave of absence must include, but is not limited to, the following:
  - Medical leave:
    - A signed letter from the attending physician on professional letterhead indicating the medical diagnosis and how the condition interferes with the ability to practice dentistry (i.e., documentation of disability), as well as the anticipated date the candidate can resume normal dental practice activities.
    - Resubmission of the request form with supporting letter if the disability continues beyond the expected duration.
  - Educational leave:
    - A signed letter from the program director on professional letterhead confirming enrollment date and anticipated completion date.
    - Annual confirmation by program director if program duration is greater than 12 months.
  - Major life disruption:
    - A signed letter on letterhead from a professional with firsthand knowledge of the extenuating circumstances (e.g., insurance agent, family member's

medical care provider, employment agreement with relocation details).

- Determination: Application will be reviewed, and a determination will be made by ABPD within 30 days of receipt of a completed application form and all appropriate supporting documentation. The determination letter will grant or reject the leave of absence and will delineate the annual requirements during the leave of absence. A report of all determinations will be provided annually to the directors.
- Duration: A leave of absence, once awarded, is in effect through the end of the granted leave period for which the application was received. A Diplomate may request a termination or extension of a leave of absence in writing prior to the end of the granted leave of absence period.

Other considerations:

- The individual would continue as a Diplomate in good standing with an on leave from dental practice designation.
- No annual fees would be collected during the leave of absence, but the Diplomate is required to complete the annual attestation. A Diplomate will be required to take the Revalidation Examination if the granted leave of absence extends beyond 3 years.
- When a credentialing agency or other entity seeks confirmation of board certification status during a Diplomate's leave of absence, ABPD will report the Diplomate to be in good standing and on leave from dental practice.
- A Leave of Absence cannot be awarded for the previous calendar year or for failure to complete the previous year's requirements.
- Any Diplomate, although having circumstances consistent with eligibility for a leave of absence, who did not apply for a Leave of Absence or did not receive a Leave of Absence determination from ABPD and failed to meet the annual ROC-P requirements will be placed on Inactive Status.