AMERICAN BOARD OF PEDIATRIC DENTISTRY

Applicant Examination Agreement

ABPD examinations are copyrighted and confidential. All examination participants are required to agree to the following terms prior to the examination. The conditions of the terms outlined in this agreement are in effect before, during, and after the examination.

1. I will not discuss or in any (written, oral or electronic) way disclose or 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, disclosing, or disseminating ABPD examination content (e.g., questions and vignettes), I may be prohibited from ever taking or retaking any ABPD certification examination.

3. I understand that obtaining prior knowledge of or disseminating information on the content of any ABPD examination would be a breach of my responsibility and a violation of the ABPD Candidate Agreement, Ethical Obligations of Diplomates and Candidates.

4. I understand that any violation of the above terms will mandate an investigation that may subject me to disciplinary 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 ABPD, such violation may result in revocation of my certificate.

5. In the event ABPD refuses to issue a certificate on the basis set forth in this agreement, 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.

6. I understand and agree to ABPD Withholding and Cancellation of Scores Policy.

7. I understand I must comply with the ABPD Recording Device and Personal Items Policy.

8. I understand I must comply with the ABPD Code of Professional Conduct and Discrimination and Harassment Policy.

9. I understand the examinations may be monitored for internal purposes and will not be available for score verifications or appeals.

10. I understand ABPD will only share my information with the College of Diplomates of ABPD and the American Academy of Pediatric Dentistry, otherwise the information will not be released to outside entities without my permission.

11. I agree and understand ABPD will be releasing unidentifiable examination outcomes to my residency program.

12. I understand and agree to the ABPD Privacy Policy.

13. I understand and agree to the ABPD Terms of Use Policy.

14. I understand that is my responsibility to review the ABPD website for all updated policies related to the certification process.