AMERICAN BOARD OF PEDIATRIC DENTISTRY

Request for Extension of Candidacy

At the sole discretion of ABPD, a candidate may be granted a one-time extension of the candidacy if the candidate is unable to complete the Oral Clinical Examination (OCE) in the last year of candidacy due the following circumstances:

- Birth or adoption of a child within eight weeks before or four weeks after the OCE date
- Pregnancy with due date within eight weeks before or four weeks after the OCE date
- Complicated pregnancy, temporary physical disability or sudden onset of physical disability
- Serious medical condition of the candidate or member of the immediate* family within four weeks of the OCE date
- Death of an immediate* family member within four weeks of the OCE date
- Military deployment

**Immediate family member: spouse/partner, child, stepchild, parent, stepparent, sibling or parent-in-law, grandparent*

A candidate who wishes to extend their candidacy term must submit the appeal in writing 30 days prior to their candidacy expiration.

The following documentation is required in the petition:

A completed **Request for Extension of Candidacy** form (below) to include appropriate documentation of the circumstance that prevents the candidate from appearing at the OCE, and a signed letter by the treating physician documenting the medical condition, medical emergency, qualifying pregnancy or birth of a child.

The candidate must confirm receipt of the documentation by the ABPD Staff.

The decision whether the event qualifies for an extension of the candidacy is at the sole discretion of ABPD. All ABPD annual requirements will remain in effect during the period of candidacy extension. If the candidate is unable to complete the certification process for whatever reason the following year, including failing the OCE, ABPD will not consider a second appeal. The candidate will need to re-initiate the certification process by retaking the Qualifying Examination.

All ABPD annual requirements will remain in effect during the period of candidacy extension. There will be no grace year allowed. Any candidate who wishes to extend candidacy for reasons not included in this policy may request an extension through the appeals process.

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Request for Extension of Candidacy

Date: _____

Name of Candidate: _____

Address: _____

Office Phone Number (with area code): _____

Email: _____

Request for Extension of Candidacy (Give background information and justification):

Provide signed supporting statements from physicians, university officials or lawyers depending on the justification of your request for extension.

A candidate who wishes to extend their candidacy term must submit the appeal in writing 30 days prior to their candidacy expiration date. Upon submission, a candidate must confirm receipt of all required documentation by ABPD.

Signature of Candidate:

Return form to:

info@abpd.org

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