AMERICAN BOARD OF PEDIATRIC DENTISTRY

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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