CDT TECHNOLOGIST DESIGNATION

Dear CDT:

In order to develop a strategy for the globalization of the CDT credential, active CDTs who have documented proof of graduation from an ADA-accredited dental technology program and have met the following education and experience criteria can be classified as a "Technologist", which shows that they have expertise in all five specialties. Their qualifications are to be assessed in a similar manner to the global Dental Technologist designation.

The "Technologist" designation is different from the "Master CDT" who has passed the required CDT examinations in five of six specialties.

Below you will find all of the qualifications to become a “Technologist”. Please use the following checklist to ensure all the proper information has been submitted:

- Be a CDT in good standing; and
- Proof of graduation from an ADA-accredited dental technology program (including military programs); and
- Verification of experience and education within the past 15 years:
  - 7 years practical experience; or
  - 5 years practical experience and an Associates Degree (or higher); or
  - 3 years practical experience and Bachelors Degree (or higher).

The Associates and Bachelors Degrees (or higher) can be earned in dental technology or any field from an accredited college or university.

If you would like to apply for the CDT Technologist designation, please complete the application form below and submit it to:

National Board for Certification
ATTN: Technologist Application
325 John Knox Road, Ste. L-103
Tallahassee, FL 32303

or FAX it to:

National Board for Certification
850.222.0053
ATTN: Technologist Application
(Note: This is not a toll-free number)
CDT TECHNOLOGIST DESIGNATION
APPLICATION FORM

Name (Print) ___________________ CDT # __________________

Address ______________________ City __________________ State _____ Zip ______

Telephone Number (___) __________________________ E-mail ______________________

Education (include a copy of diploma or transcript showing graduation)

Name of ADA-Accredited Dental Technology Program ____________________________

City/State ______________________ Date of Graduation ______________________

Highest Degree ___________ Major ___________ Date of Graduation ______________________

College/University __________________________ City/State ______________________

Dental Laboratory Technology Verifiable Experience

If unable to verify each period of employment with a signature from someone other than
yourself, please attach a notarized original Attestation of Experience Form. ***Attach
additional experience information, if necessary***

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Contact</th>
<th>City/State</th>
<th>Telephone (___)</th>
<th>Dates: Employed From</th>
<th>To</th>
<th>Employer’s Print</th>
<th>Date</th>
<th>Employer’s Signature</th>
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CDT TECHNOLOGIST DESIGNATION
APPLICATION FORM
ATTESTATION OF EXPERIENCE (IN LIEU OF VERIFIABLE EXPERIENCE)

I, _______________________________ do hereby attest that I have at least _________ years of experience in the field of dental laboratory technology within the past fifteen (15) years. The information listed below contains the businesses, locations, dates of employment, and any additional experience information required, but that they may not necessarily be verifiable.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Contact</th>
<th>City/State</th>
<th>Telephone (______)</th>
<th>Dates: Employed From ____________ To ____________</th>
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***Attach additional experience information, if necessary***

Signed _______________________________ CDT#________________________
Print Name _______________________________ Date ______________________

Notarial Requirement

State of ______________ County of ______________
I certify that this is a true and correct attestation of a Document in the possession of ______________.
Dated: __________________________
Signature of Notarial Officer: __________________________
Title: __________________________
My commission expires: __________________________

For NBC Use Only
CDT Status Verified [  ] ADA-Approved Program Verified [  ]
Employment Verified [  ] Initials: ___________ Date: ___________