National Board for Certification in Dental Laboratory Technology

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 <u>notarized</u> original Attestation of Experience Form. ***Attach additional experience information, if necessary***

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____To _____

Employer's Print _____ Date _____

Employer's Signature _____

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____ To _____

Employer's Print _____ Date _____

Employer's Signature _____

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____ To _____

Employer's Print _____ Date _____

Employer's Signature _____

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.

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____ To _____

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____ To _____

Business Name _____Contact _____

City/State _____ Telephone (_____) _____

Dates: Employed From _____ To _____

Attach additional experience information, if necessary

Signed _____ CDT#_____

Print Name _____Date _____

Notarial Requirement

(Seal)

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: _____