

**NBC Examiner Application**

The charge of the CDT Examiners is to be as equitable, consistent and objective as possible in the administration and evaluation of the CDT practical tests. NBC Examiners grade the assignments undertaken by candidates only with respect to their compliance with the NBC's published standards.

In the event of a vacancy, notice of the vacancy will be published at least 60 days prior to the application deadline. Please note that NBC will keep applications on file between vacancies; however, if the application or CDT Examiner requirements change, candidates will be required to comply with the updated requirements and may be required to complete a new application.

This application is the first step in the Examiner recruitment process and submittal does not guarantee candidate selection. If your application is accepted and you meet the qualifications set forth, you will be contacted regarding the next steps in the selection process.

CDT Examiner requirements include, but are not limited to:

- Professional Requirements: must be an active CDT, meeting continuing education requirements in full, hold certification in at least two specialties, preference will be given to candidates that are certified in at least Complete Dentures, Implants, Orthodontics or Partial Dentures; and have a minimum of (10) years' cross-specialty experience in dental technology;
- Personal Background: Interpersonal skills must be compatible with the established image for NBC examiners and must have no known affiliations with activities or organizations that are inconsistent with the goals and objectives of technician certification.
- Availability: All Examiner candidates must agree on the application form to be available for a minimum for four tests each year, provided that six weeks' advance notice is given by the National office; and must be willing and able to obtain favorable fare travel arrangements for arrival in major destinations by 2:00 PM on the day prior assigned examinations.
- Among the Active Examiners available for service, there must be reasonable representation of the total candidate population being tested by the NBC; specifically, Examiners must, as a group, be experienced as employed technicians, laboratory owners, educators and military technicians; they must reflect formal education, on-the-job and military training; and they must have geographical diversity.

**I. Applicant General Information**

Name: \_\_\_\_\_ CDT #: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

After hours/emergency contact number (i.e. cell phone): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**II. Applicant Educational Information**

1. I am certified in: (circle all that apply)

CB CD CE IM OR PD

2. In addition to my certified specialties, I have experience, education or training that may qualify me to evaluate other specialties as follows: (circle all that apply)

CB CD CE IM OR PD

3. Please explain in detail additional cross-specialty experience, education and training (use additional paper if necessary):

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4. Please provide the names, addresses, email addresses and phone numbers of at least three professional references (use additional paper if necessary):

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5. Please provide a written statement explaining your reasons for wishing to become an Examiner and/or what you wish to achieve—for yourself or for the field of dental technology—by serving as an Examiner (use additional paper if necessary):

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6. Please attach a resume or curriculum vitae to describe your experience and education covering at least the last 10 years.

**III. Applicant Affidavit**

Please read this section carefully. Submission of your application indicates your understanding and agreement to the following:

1. I affirm that I am an active CDT with more than 10 years of cross-specialty experience in dental laboratory technology. I understand that Examiners must remain active CDTs throughout their tenure of service to the Board.
2. I understand that if I am selected to serve as an NBC Examiner, the initial appointment as a CDT Examiner is for a period of one year. Reappointment thereafter is for a five-year term, and there is no limit to the number of terms an Examiner may serve.
3. I intend to be available to serve as an Examiner for an average of at least four test sites per year and to attend NBC test development workshops and Examiner workshops approximately every 18 months, provided that I receive adequate advance notice from the Board (generally six weeks).
4. I understand that the NBC cannot guarantee me a specific number of examinations per year as there are many factors considered when scheduling Examiners.
5. I am willing to make or agree to proposed travel arrangement that will enable me to arrive at most test sites no later than 2:00 pm local time on the day prior to the examination.
6. I understand that the NBC will reimburse me for direct costs of my travel as an Examiner (transportation, lodging and meals) as outlined in the travel reimbursement policy. I further understand that the NBC is a not-for-profit organization with limited funds available to accomplish their goals, and I agree to seek reasonable accommodations (such as discount air fares) when planning travel on behalf of the Board.
7. I understand that all the information and observations that I may acquire about individual candidate performance or how the NBC operates its examinations in the course of my service to the Board is privileged information. I agree to keep this and related matters confidential and to sign a Non-Disclosure Agreement with the NBC.
8. I affirm that I may not seek any personal gain or publicity as a direct result of my service as an Examiner, although I may identify myself as a Consultant to the National Board for Certification in biographical material.
9. I understand that at CDT examinations and other public events related to dentistry and dental technology, if I am identified with the National Board for Certification, I have a responsibility to uphold the professional image of the dental laboratory technology profession in a manner consistent with the goals of the CDT program.

10. I understand that in the event that there is a conflict of interest between an examiner and a candidate that I will bring it to the attention of the Lead Examiner and/or the NBC staff. I understand that in certain events, I may be asked to step down from a particular examination and/or excuse myself from grading that candidate.
11. I understand that as an Examiner, I will receive specific instructions from the NBC regarding grading the practical examinations and that I agree to adhere to those instructions.
12. I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institutions where the examinations are administered from any and all liability for injury or damages suffered by me, or which I might cause to others during the course of serving as an Examiner.

By signing below, I affirm that all statements made in this application are true and correct. Furthermore, I attest to having read all information contained in this application and agree to adhere to them and to all standards of administration and confidentiality as directed by the NBC.

I understand that if I fail to follow the NBC's procedures for upholding the integrity of the examinations, the candidate(s) examination results may be invalidated and I may be held liable for any damages.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Return completed and signed application with your resume or curriculum vitae to NBC by mail, fax or email using the information below.**