



National Board for Certification in  
Dental Laboratory Technology

*For Office Use Only:*

Candidate # \_\_\_\_\_ Date \_\_\_\_\_

Exam \_\_\_\_\_ Site # \_\_\_\_\_

**NBC Written Exam Pilot Testing Application via Computer-Based Testing**

**Thursday, February 23, 2023 and Saturday, February 25, 2023**

**LMT Lab Day Chicago @ Hyatt Regency Chicago**

**Pre-Registration Required**

I. Applicant's Information

Dr.  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_ CDT/RG #: \_\_\_\_\_ (if applicable)

Full Name: \_\_\_\_\_  
*First Middle Initial Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

II. Pilot Test Selection

NBC will be offering multiple testing sessions on both Thursday, February 23, 2023 from 1:00-4:00 pm and Saturday, February 25, 2023 from 8:00 am-11:00 am in Randolph 3 on the Bronze level concourse.

Participants are required to pre-register as we are limited to only 48 participants at each session. Pilot tests will be delivered via computer-based testing and thus **candidates will be required to bring a laptop computer or a tablet in order to be able to complete the pilot tests.**

Please select one of the available time slots below:

- Thursday, February 23, 2023 @ 1:00 PM
- Saturday, February 25, 2023 @ 8:00 AM
- Thursday, February 23, 2023 @ 2:30 PM
- Saturday, February 25, 2023 @ 9:30 AM

III. Applicant's Affidavit

I have read and understand the [Written Pilot Testing FAQs](#) document and agree to submit to testing for the NBC Written Pilot Examination according to the requirements and procedures specified by the NBC.

I agree to indemnify and hold harmless the NBC, its Trustees, officers, employees and agents, and the institution where the Written Pilot Examination is administered from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

I agree to abide by the laws and regulations which govern the practice of dentistry and the practice of providing dental laboratory technology services, restorations and services to the dental profession.

I affirm that all statements made by me in this application are true and correct to the best of my knowledge. I understand that any misrepresentation of facts made in this application for testing or in future applications to the NBC for certification testing or renewal, or in my personal claim to certification (use of the CDT designation and logo), may be found cause for suspension or denial of certification or eligibility for certification testing.

I understand that the NBC operates its examinations with specific procedures that ensure the integrity of the examination process and agree to adhere to those procedures. Additionally, I will report any observed or suspected breach to the NBC immediately.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_