



National Board for Certification in
Dental Laboratory Technology



Internal Use Only

ID Number: _____

Approved By: _____ Site Number: _____

Exam: _____ Exam Date: _____

APPLICATION TO RETAKE WRITTEN RG EXAMINATIONS

I. Applicant's Information

Applicant's Name: _____ Mr./Mrs./Ms./Miss/Other: _____

Mailing Address: _____ *(No PO Boxes - This is where molds will be sent)*

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____ Fax: _____

Do you wish to receive your grades electronically? Yes No
(if yes, please note grades will only be released to the email address provided above on this application)

II. Examination Selection

I hereby apply to retake the following written examination(s) for certification testing:

Recognized Graduate Examination (RG)

- | | |
|--|---|
| <input type="checkbox"/> January Testing Window (December 20th deadline) | <input type="checkbox"/> July Testing Window (June 20th deadline) |
| <input type="checkbox"/> February Testing Window (January 20th deadline) | <input type="checkbox"/> August Testing Window (July 20th deadline) |
| <input type="checkbox"/> March Testing Window (February 20th deadline) | <input type="checkbox"/> September Testing Window (August 20th deadline) |
| <input type="checkbox"/> April Testing Window (March 20th deadline) | <input type="checkbox"/> October Testing Window (September 20th deadline) |
| <input type="checkbox"/> May Testing Window (April 20th deadline) | <input type="checkbox"/> November Testing Window (October 20th deadline) |
| <input type="checkbox"/> June Testing Window (May 20th deadline) | <input type="checkbox"/> December Testing Window (November 20th deadline) |

Candidates must schedule and complete their examination within 30 days once they have been approved by NBC to test. Testing windows run from the first day of each month through the last day of each month. Registration deadlines are the 20th of the month prior to your desired testing window.

III. Eligibility and Affidavit

I have read and understand the RG examination handbook and application. I agree to submit to testing for certification 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 RG 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 misinterpretation 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 RG designation and logo), may be found cause for suspension or denial of certification or eligibility for certification testing.

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I understand that NBC operates its examinations with specific procedures that ensure the integrity of the examination process. I understand that if I fail to follow NBC's policies and procedures that my examination results will not be valid and I would be required to retest at my own expense.

I understand that this retake application will be considered an addendum to the original application submitted.

Applicant's Signature: _____ Date: _____

IV. Payment

Written RG Examination – \$275

TOTAL \$ _____

Late fees apply for any examination applications submitted after the published deadline. Late fees are \$25 per written examination.

Enclosed is Check# _____ in the amount of \$_____ payable to the NBC.

Please charge my credit card VISA MC AMEX Amount \$_____

Credit Card #: _____ Expiration Date: _____

Security Code: _____ **The 3 digit number on the back of your card. AMEX cards only, the 4 digit number on the front of your card.*

Cardholder Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

If you have not signed your application or enclosed the required fees, your application will not be processed.