



National Board for Certification in
Dental Laboratory Technology



APPLICATION TO RETAKE PRACTICAL CDT EXAM

I. Applicant's Information

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

II. Exam Selection

I hereby apply to retake the following practical exam(s) for certification testing:

☐ 1. Complete Dentures ☐ 2. Partial Dentures ☐ 3. Crown & Bridge ☐ 4. Ceramics ☐ 5. Orthodontics ☐ 6. Implants

III. Test Site Selection

City _____ Date _____

IV. Eligibility and Affidavit

I have read and understand the CDT 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 CDT 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 CDT designation and logo), may be found cause for suspension or denial of certification or eligibility for certification testing.

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: _____

V. Payment

Practical Exam Retake Fee= **\$400**

Late fees apply for any exam applications submitted after the published deadline. Late fees are \$50 for practical exams.

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

B. 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, you application will not be processed.

325 John Knox Rd, Ste L-103, Tallahassee, FL 32303 ♦ PHONE (800) 684-5310 ♦ FAX (850) 222-0053

NBC-T1016 (082813)