



American Board of Special Care Dentistry

Application for Recertification for Diplomate of the American Board of Special Care Dentistry

Please complete all sections of this application and submit electronically along with the application fee of \$200. For any questions, please contact the SCDA office at scda@scdaonline.org or by telephone at 312-527-6764.

Full name of Applicant at the time of initial certification (please indicate if there has been a name change):

Mailing Address: _____

Phone Number: Mobile: _____ Office _____

Preferred Email Address: _____

SCDA Conferences you have attended since earning Diplomate status.

Attach evidence of at least 120 hours of CE during the last 10 years relating to dental care for individuals with special needs

Other organizations you belong to that focus on care for individuals with special needs (For example SAID) and include any leadership roles or committee involvement

Publications including journal articles, book chapters, editorials that focus on individuals with special needs (include title, publication and dates)

Lectures, presentations, seminars and courses given that address care or management of individuals with special needs (include dates)

Community involvement focused on individuals with special needs

Please include a short narrative (about 1 page) to describe your involvement with individuals with special needs. This can include describing challenging cases that you have been directly involved with as the treating dentist or faculty member, service to SCDA and ABSCD (committee involvement, Board positions), leading or participating in community projects, involvement with other activities which have the goal of improving the lives of individuals with special needs.



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