



Texas State Board of Dental Examiners

333 Guadalupe Street, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 463-6400 / Fax: (512) 463-7452

REQUEST FOR REGIONAL EXAMINING BOARD APPROVAL

Instructions: This form requires the applicant to attach proof of successful completion of the following:

- Graduation from a dental school (translated to English if in another language),
- Training in an American Dental Association (ADA) Commission on Dental Accreditation (CODA) accredited specialty education program that consists of at least two years of training.*
- Successful completion of the NBDE Part I & II (TSBDE will electronically validate scores made available to Texas)

***Acceptable Specialties Programs Include:** Endodontics, Periodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Dental Public Health or Prosthodontics. (Completion of a 1-year Dental Public Health along with a 2-year Masters in Public Health Degree are acceptable.)

Non-Recognized Programs: The following programs are not recognized as a dental specialty and will not satisfy the requirement for completing a clinical examination: General Practice Residency (GPR) Programs, Post Graduate Year (PGY) or Advanced Education in General Dentistry (AEGD) Programs.

Date:	Social Security #*:	Date of Birth: <small>MM / DD / YYYY</small>	
First Name	Middle Name	Last Name	
Current Address		City	State Zip
Phone Number	Email Address		

*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Dental Education		
Dental Degree:	School Location	Graduation Year
Specialty Training Program	School Location	Date of Completion
NBDE Part I Completion Date		NBDE Part II Completion Date

Regional Examining Board: Check (✓) which examining board you will be registering for.

<input type="checkbox"/> Western Regional Examining Board (WREB)	<input type="checkbox"/> Commission on Dental Competency (CDCA)	<input type="checkbox"/> Southern Regional Testing Agency (SRTA)	<input type="checkbox"/> Council on Interstate Testing Agencies (CITA)	<input type="checkbox"/> Central Regional Dental Testing Service (CRDTS)
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Have you failed any regional examining board more than 3 times? Yes No

I attest, based on my dental education and subsequent specialty training, I have met the qualifications of the Dental Practice Act to pursue dental licensure in Texas. Attached are copies of my dental diploma, NBDE scores, and specialty completion certificate. Please send approval for the indicated Regional Examining Board so that I may register for their clinical examination.

 Date

 Signature of Applicant