

Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, Oregon 97201
(971) 673-3200

APPLICATION FOR CERTIFICATION AS A SPECIALIST

Name: _____ License No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pursuant to OAR 818-015-0007, I hereby request certification by the Board as a Specialist in

(Specialty)

- I have completed a postgraduate program approved by the Commission on Dental Accreditation of the American Dental Association.
- I am a diplomate or fellow in a specialty board accredited or recognized by the American Dental Association.

Signature: _____ Date: _____

Evidence of completion of a postgraduate program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA) **must be submitted by the program directly to the Board.**