

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201  
(971) 673-3200

APPLICATION FOR CERTIFICATION AS A SPECIALIST

Name \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ I have completed a postgraduate program approved by the Commission on Dental Accreditation of the American Dental Association; or

\_\_\_\_\_ I am a diplomate or fellow in a specialty board accredited or recognized by the American Dental Association.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

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.**