



REQUEST FOR REGIONAL EXAMINING BOARD APPROVAL

Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
Fax: (512) 463-7452
www.tsbde.texas.gov

Instructions:

- This form should be completed by foreign-educated dental school graduates who have successfully completed 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.

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.

Personal Information

- DATE: _____
- FIRST NAME: _____
- MIDDLE NAME: _____
- LAST NAME: _____
- LIST ALL FORMER NAMES: _____
- DATE OF BIRTH: _____
- SOCIAL SECURITY NUMBER: _____

Contact Information

- ADDRESS: STREET _____ CITY: _____
- STATE: _____ ZIP: _____ COUNTRY: _____
- DAYTIME PHONE: _____
- ALTERNATE PHONE: _____
- E-MAIL ADDRESS: _____

Dental Education (Attach a copy of your Diploma, translated into English, and a copy of your specialty training program certificate)

- DENTAL DEGREE _____ SCHOOL LOCATION _____ YEAR OF GRADUATION _____
- SPECIALTY TRAINING PROGRAM _____ SCHOOL LOCATION _____ DATE OF COMPLETION _____

Regional Examining Board I am applying to register for the:

- _____ Western Regional Examining Board (WREB)
- _____ Commission on Dental Competency (CDCA) (Formerly NERB)
- _____ Southern Regional Testing Agency (SRTA)
- _____ Council on Interstate Testing Agencies (CITA)
- _____ Central Regional Dental Testing Service (CRDTS)

- Have you failed any Regional Examining Board more than 3 times already? _____ Yes _____ No
- Have you scheduled to take a Regional Examining Board yet? _____ Yes _____ No

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 and specialty program completion certificate. Please send approval for the indicated Regional Examining Board so that I may register for their clinical examination.

DATE _____

SIGNATURE OF APPLICANT _____