



AMERICAN SOCIETY OF DENTIST ANESTHESIOLOGISTS

National Board of Medical Examiners (NBME) Comprehensive Basic Science Examination (CBSE) Dental Anesthesiology Applicants Registration Form

Examination Testing Window: July 1-14, 2024

Registration Deadline: April 1, 2024

Fee: \$300

All registrations received after April 1st will be assessed a \$150 late fee. No registrations will be accepted after April 15th.

Note: The first and last names on your registration form must exactly match the name on your photo-bearing, government-issued identification in order to sit for the CBSE at the Prometric Testing Center on exam day.

Type of ID: ☐ Driver's License ☐ Passport

Registrant

Please print or type.

Have you previously registered for this exam? ☐ No ☐ Yes

Registrant First Name	Middle	Last Name	Suffix
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Home Address	City	State	ZIP Code
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Phone Number	Email Address
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Name of Dental School

Education Beginning Date (MM/YYYY)	Graduation Date/Expected Graduation date (MM/YYYY)
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Degree (Earned/Anticipated) ☐ BDS ☐ DDS ☐ DMD

Date of Birth (MM/DD/YYYY)

Gender ☐ Female ☐ Male ☐ Other

U.S. Citizen? ☐ Yes ☐ No

DA Training Programs

Please indicate the Training Program(s) that you wish to release your CBSE examination score reports to.

☐ Advocate Illinois Masonic Medical Center

☐ Stony Brook University Medical Center

☐ Jacobi Medical Center

☐ University of Pittsburgh Medical Center

☐ NYU Langone Hospital

☐ University of Toronto

☐ The Ohio State University Medical Center

☐ Wyckoff Heights Medical Center

☐ SBH Health System Bronx (St. Barnabas Hospital)

☐ I do not wish for ASDA to release my scores

For ADA accommodations, contact ebaker@asdahq.org. You must inform ASDA of any accommodations at the time of registration.

Personal medical devices are permitted in the testing center, however must be approved prior to your arrival. For a list of permissible items click here: [Prometric Permissible Items](#).

Payment Information

Examination Fee: \$300

if registering April 1st-15th, there is \$150 late fee

Total fee: \$ _____

Check: ☐ Check No. _____ enclosed (Checks must be made payable to ASDA.)

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa

Credit Card Number

Security Code

Expiration Date

Cardholder Name

Signature

Credit Card Billing Address

City

State

ZIP Code

Cancellation Policy: *To withdraw from the February examination window, submit a cancellation request to ebaker@asda.org prior to April 15, 2024. A processing fee of \$150 per registrant will be charged for all cancellations received April 1st - April 15th. Cancellations received after April 15th are not eligible for any refund. No refunds will be provided to absentees.*

Payment of Fees

Return your registration form with payment in U.S. dollars as follows:

- Completed credit card information or check (made payable to ASDA) can be mailed to:
American Society of Dentist Anesthesiologists
Attention: Erin Baker
956 S. Bartlett Rd, #119
Bartlett, IL 60103
- If paying by credit card, submit by fax or email to ASDA at :
331-215-6109, ebaker@asdahq.org

Visit <https://www.asda.org/residencies-anesthesiologists/> for more information.