



AMERICAN SOCIETY OF DENTIST ANESTHESIOLOGISTS

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

Examination Testing Window: Feb. 1-14, 2024

Registration Deadline: November 1, 2023

Fee: \$300

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

Home Address City State ZIP Code

Phone Number Email Address

Name of Dental School

Education Beginning Date (MM/YYYY) Graduation Date/Expected Graduation date (MM/YYYY)

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 Programs 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 November 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 November 15, 2023. A processing fee of \$150 per registrant will be charged for all cancellations received November 1st -November 15th. Cancellations received after November 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.