

**Council of Interstate Testing Agencies, Inc.**  
**Dental Candidate Qualification Form**

Candidates are responsible for meeting all of the ADEX Dental Licensure exam application requirements. By signing below, candidates confirm they meet the requirements of at least one of the following qualifying category statements at the time they take the exam. CITA is not responsible for assuring that Candidates are qualified or meet application or licensure requirements.

Candidates understand and swear that if at any time they no longer meet the requirements to take the ADEX Dental Licensure exam, candidates have an ethical obligation to suspend their testing cycle until they are able to meet one of the testing requirements. CITA will report all discrepancies to CITA member states as well as other testing agencies.

**Qualifying Category**  
(Initial only one)

I. Candidates who are enrolled in a CODA or CDAC accredited undergraduate dental program and have approval from their school liaison to begin their ADEX Dental Licensure exam during their D3 (junior) and/or D4 (senior) year. D3 students may only take the manikin and DSE parts. D4 students may take all parts of the licensure exam.

\_\_\_\_\_  
INITIAL if  
APPLIES

Signature is required if the candidate is a D3 or D4 student and approved to begin the ADEX Dental Licensure exam:

Dental School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Designated School Signature: \_\_\_\_\_

II. Candidates who have graduated from a CODA or CDAC accredited undergraduate dental program may take the ADEX Dental Licensure exam. These candidates may take all parts of the licensure exam. Verification of graduation from a CODA or CDAC accredited undergraduate dental program is required (I.E. diploma, unofficial transcript, letter from the registrar's office) if this is the candidate's initial qualifying category.

\_\_\_\_\_  
INITIAL if  
APPLIES

III. Candidates who are international dentists are required to obtain a letter from a State Dental Licensing Board which states that they would qualify for a dental license in that state and they authorize them to take the ADEX Dental Licensure exam. This letter must be mailed directly to the CITA office. See the *Registration and Administrative Guideline Manual* for complete details concerning International dental graduate qualifications.

\_\_\_\_\_  
INITIAL if  
APPLIES

I, \_\_\_\_\_, acknowledge and swear that I qualify under one of the above listed categories to take the ADEX Dental Licensure exam and am reporting my ADEX Dental Licensure Exam history below. The signature from a school (if required) only reflects my standing with that school at the time of signature. I have read the *Registration and Administrative Guidelines Manual* and understand the application process, refund policy, 18 month, and three-time failure rules. Failure to register for the correct exam parts may result in an administrative fee of \$200 for any changes made after initial payment has been made.

**Exam History**

I have not taken any part of the ADEX Dental Licensure exam through any other testing agency.

I have begun my ADEX exam through another testing agency and plan to retake one or more parts of the ADEX exam through CITA.

CITA reserves the right to deny admission to its examination, in CITA's sole discretion, should it have any concern regarding a candidate's mental, physical, or emotional well-being, or questions regarding a candidate's preparedness or educational training to the extent that the candidate may endanger patients engaged in the examination process. By signing this application, I consent to CITA providing to all its member states, ADEX and other testing agencies information about me, including my exam results, any discrepancies, alleged exam misconduct and other pertinent information.

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

The statements on this document are subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date