

Board Use Only

**APPLICATION FOR REEXAMINATION OF THE DENTAL SPECIALTY EXAMINATION**

Authority: Public Act 368 of 1978, as amended

The fee for the entire exam is \$300.00 or \$100.00 per part. Upon receipt of the re-exam application and fee, you will be scheduled for the next available exam. This application and fee must be received in this office at least thirty (30) days prior to the date of the examination. If this form is not completed, you will not be scheduled for the re-exam.

Type or Print Only

<b>I AM APPLYING FOR THE FOLLOWING:</b>		
<input type="checkbox"/> Reexamination of Both Written & Clinical Exams - Fee: \$300.00 71-2901-27		
<input type="checkbox"/> Reexamination of Written Exam Only - Fee: \$100.00 71-2901-27		
<input type="checkbox"/> Reexamination of Oral Exam Only - Fee: \$100.00 71-2901-27		
<input type="checkbox"/> Reexamination of Clinical or Case Analysis Only - Fee: \$100.00 71-2901-28		
Your check or money order drawn on a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this application. <b>DO NOT SEND CASH.</b> Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.		
<b>I AM APPLYING FOR REEXAMINATION FOR THE FOLLOWING REASON (Check One Only):</b>		
<input type="checkbox"/> I was not successful when I took the exam on (date) _____.		
<input type="checkbox"/> I was absent from the exam on (date) _____.		
Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Previous MI Permanent I.D./License Number (If Applicable)
Street Address		
City	State	Zip Code
Signature of Applicant		Date

Please indicate which part of the Michigan examination you need to reschedule.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Endodontics</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Oral Exam/Case Histories | <input type="checkbox"/> <b>Orthodontics</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Clinical Exam<br><input type="checkbox"/> Oral Exam | <input type="checkbox"/> <b>Periodontics</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Oral Exam/Case Diagnosis                                   |
| <input type="checkbox"/> <b>Oral Maxillofacial Surgery</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Oral Exam | <input type="checkbox"/> <b>Prosthodontics</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Oral Exam/Case Histories                          | <input type="checkbox"/> <b>Pediatric Dentistry</b><br><input type="checkbox"/> Written Exam<br><input type="checkbox"/> Case Analysis<br><input type="checkbox"/> Oral Exam |