



2800 W. Higgins Road
Hoffman Estates, IL 60169

Candidate Handbook

Application & Registration Instructions for the ABSCD Diplomate Credential

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ABOUT THE CREDENTIAL

The American Board of Special Care Dentistry (ABSCD) was established in 2004 to advance the profession of special care dentistry through the development of a certification program. The ABSCD is an independent certifying body of Special Care Dentistry Association, a unique international organization of oral health professionals and other individuals who are dedicated to promoting oral health and well being for people with special needs. ABSCD mission is to optimize the health of people with special needs by elevating the standards and advance the art and science of oral health care for these individuals by promulgating certification standards for dentists. ABSCD is responsible for establishing the policies and procedures that govern the certification and recertification programs for SCDA. Earning the Diplomate designation recognizes professional achievement through participation in the voluntary certification program.

RESPONSIBILITY OF THE CANDIDATE

It is the responsibility of each candidate to read and understand the contents of this handbook before applying for the examination. This handbook contains current information about the policies and procedures of the certification program. It is essential that each candidate keeps this handbook readily available for reference until the entire certification process, including score reporting, is completed. The 2017 Candidate Handbook supersedes all previous versions of this handbook.

ELIGIBILITY REQUIREMENTS

A candidate applying for examination by the ABSCD shall have met the following requirements:

1. Graduate from an accredited dental program and possess a DDS, DMD, or an internationally equivalent degree.
2. Applicants must be an active member in good standing of SCDA.
3. Applicant must attain Fellowship in one of the former component organizations of SCDA (AAHD, ADPD, ASGD) or Fellowship in SCD.
4. A candidate meeting these qualifications is considered an Educationally Qualified Candidate.
5. Once the application is approved by the ABSCD the Candidate is eligible to sit for the exam.
6. Upon successful completion of the written exam the Candidate becomes Board Eligible.
7. The Board Eligible Candidate will be contacted by the ABSCD to arrange the Oral Board Examination focused on the Candidate's area of special care expertise. **Please note**, that you are required to take the oral component of the certification exam the following year at the annual meeting **OR** at least, within **two years** of passing the written portion of the exam.

ABOUT THE EXAMINATION

The ABSCD partners with Schroeder Measurement Technologies, Inc, an independent testing company that provides assistance with exam development, administration and scoring. The examination content is based on a standardized surveying of the profession (see Exam Content Outline beginning on page 10). Surveys are conducted every three to five years to ensure that examination content is current, valid, and representative of the responsibilities of special care dental professionals. The Diplomate certification examination is the only standardized certification exam currently offered to test the knowledge, skills, and abilities of special care dental professionals. The Diplomate exam is an objective examination consisting of 100 multiple-choice questions. Candidates will have a total of four hours to complete this exam.

The examination is offered in one format:

- A paper-and-pencil based examination administered annually at the SCDA Annual Meeting.

SPECIAL NEEDS

SCDA complies with the Americans with Disabilities Act in order to accommodate candidates with special needs. Candidates with documented visual, physical, hearing, or learning disabilities that would prevent them from taking an examination under standard conditions may request special testing accommodations and arrangements.

For the paper-and-pencil based exam administration, special needs must be documented in writing by the candidate's doctor or other qualified professional on official letterhead. This written documentation must accompany the Diplomate application. Please note that requests for accommodations must be received at least eight (8) weeks prior to the start of the exam.

STATEMENT OF NONDISCRIMINATION

ABSCD, SCDA and Schroeder Measurement Technologies, Inc do not discriminate against any individual or entity on the basis of religion, age, gender, race, disability, nationality, or any other reason prohibited by law. All individuals submitting an application for the examination will be judged solely on published criteria.

COPYRIGHT INFORMATION

All proprietary rights to the Diplomate exam, including copyright, are held by the ABSCD. In order to protect the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling these copyrighted proprietary materials. The law strictly prohibits any attempt to reproduce all or part of the Diplomate exam. Such attempts may include, but are not limited to: removing materials from the testing room; aiding others by any means in reconstructing any portion of the exam; and selling, distributing, receiving, or having unauthorized possession of any portion of the exam. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should be noted that examination scores might become invalid in the event of this type of suspected breach. Permanent revocation of certification may occur if allegations are substantiated.

APPLICATION PROCEDURES/INSTRUCTIONS

- Complete the application form in its entirety.
- Applications for each examination are available online at SCDAonline.org
- Write or type clearly and legibly on the application form, using either a blue or black ballpoint pen.
- Make a copy of the completed application for your records.
- Mail or e-mail the completed application and full examination fees to:

SCDA
Re: Diplomate Program
2800 W. Higgins Rd
Suite 440
Hoffman Estates, IL 60169
E-mail: scda@scdaonline.org
Fax: 847.885.8393

Applications must be postmarked by **February 1, 2020**.
Incomplete applications and applications received after the postmark deadline may be subject to additional fees or review.

EXAMINATION FEES

Diplomate exam fee: \$750
Other Fees (see conditions below)
Late Fee \$50.00

Make check or money order payable to: Special Care Dentistry Association
Note: There will be an additional administrative fee of \$30 for returned checks.
VISA and MasterCard, are accepted.

Upon receipt of this application form, SCDA will email an invoice with credit card processing information.

Once SCDA receives your completed application with payment, you will receive a confirmation e-mail stating that your application is under review. Once your application is approved you will receive an acceptance confirmation email. The acceptance confirmation e-mail, plus government-issued photo identification with signature, must be presented to the proctor in order to gain admission to the exam.

LATE REGISTRATION

Applications postmarked after the deadline may be processed if such registration can be accommodated. There is a \$50.00 late fee for all applications postmarked after the deadline and received no later than 30 days prior to the first testing date if accommodations can be made for that testing cycle.

REQUEST FOR DEFERRAL

Requests for deferrals must be made in writing and submitted to the ABSCD. Under special circumstances the ABSCD may allow a deferral of the examination to the following year or next exam date. Candidates may be required to provide appropriate documentation. Cases will be evaluated on an individual basis. The decision of ABSCD will be considered final. Candidates are expected to provide a maximum of notice where possible. Failure to keep an appointment or canceling an appointment without the appropriate notice (less than five business days prior to the scheduled appointment) will result in forfeiture of all applicable exam fees.

CANCELLATIONS/REFUNDS

The ABSCD must receive all requests for a cancellation/refund in writing, no later than two weeks prior to the start of the exam. You may e-mail a request for a refund to the SCDA Executive Office at scda@scdaonline.org. Requests for cancellations/refunds may be made only by the exam candidate. Refunds will be issued less a \$100 processing fee.

DAY OF THE EXAM

It is strongly recommended that you familiarize yourself with the exam location and parking facilities prior to the day of your exam so that you arrive at the testing location stress-free and on time. On the day of the exam, report to the testing location at least 15-minutes prior the examination start time. You should plan to be at the testing location for four hours. Late arrivals may not be admitted. Upon arriving at the exam location, you will be required to present your acceptance confirmation email and provide one form of government-issued photo identification, which must bear your name and your signature. Examples of appropriate identification include a passport or driver's license. If you do not bring the appropriate identification to the exam location, you will not be able to take the exam within that testing period. The name on your photo identification must exactly match the name that appears on your acceptance confirmation email. The exam administrator will provide a brief orientation and then escort you to a workstation. You must remain in your seat during the examination. You may only leave your workstation when authorized by a proctor. If you leave your workstation during the exam, extra time will not be provided.

Contact the proctor if you:

- Need more scratch paper;
- Need to take a break (extra time will not be provided); or
- Require assistance from the proctor.

AT THE EXAM LOCATION

To ensure all results are earned under comparable conditions and represent fair and accurate measurement, it is necessary to maintain a standardized testing environment. The following recommendations, policies, and procedures pertain to every exam candidate:

- Instructions by the proctor are to be followed.
- Bring a watch. You will not be permitted to continue beyond the allotted time.

- Do not bring books or other reference materials into the testing room. The proctor will not permit anyone found possessing such materials to continue the test, and you will forfeit all applicable examination fees.
- Electronic devices (cell phones, pagers, etc.) are not permitted to be used at the exam location.
- Visitors are not permitted at the exam location.
- Bring a jacket or sweater for air-conditioned rooms.

EXAM SECURITY/GROUNDS FOR DISMISSAL

The ABSCD and Schroeder Measurement Technologies, Inc maintain established test administration and security standards to ensure that all candidates are provided with a fair and consistent opportunity to demonstrate their knowledge, skills and abilities. Any candidate who does not have positive identification, uses unauthorized aids, engages in misconduct, or does not follow testing procedures may be dismissed from the testing center. The ABSCD may choose to have the test scores of such candidates cancelled, in which case all applicable exam fees will be forfeited. The following are examples of behaviors considered to be misconduct and will not be tolerated during the administration of the Diplomate exam:

- Giving or receiving assistance of any kind;
- Using unauthorized references or aids;
- Attempting to take the exam for someone else;
- Failing to follow testing regulations and/or test center instructions;
- Creating disturbances;
- Copying, removing or attempting to remove exam questions and/or scratch paper from the exam room;
- Leaving the exam room without permission;
- Using electronic communication devices (cell phones, pagers, etc.).

In the event of misconduct, gathered evidence is submitted to the ABSCD and Schroeder Measurement Technologies, Inc for review. Both the ABSCD and Schroeder Measurement Technologies, Inc. have the right to question the validity of test scores. If there is sufficient cause to question the score, Schroeder Measurement Technologies, Inc will refer the matter to the ABSCD, which will make the final decision on whether or not the score is to be cancelled. In the event the ABSCD determines a test score is invalid and should be cancelled, the ABSCD will notify the candidate (all applicable examination fees will be forfeited). The ABSCD, at its sole discretion, may decide to:

- Allow the candidate to retest at an additional cost;
- Prohibit the candidate from ever sitting for the exam and earning the certification; or
- Take other action as deemed appropriate.

SCORING INFORMATION

The pass/fail cut-off score is determined using a criterion-referenced method, which allows the performance of each candidate taking the exam to be judged against a predetermined standard rather than against other candidates. The predetermined standard is set by a committee of subject matter experts working with testing experts to ensure the validity, reliability and legal defensibility of the exam.

- **Score Validity Review**
The ABSCD and Schroeder Measurement Technologies, Inc routinely apply a post-exam administrative review of the validity of exam scores. If irregularities are found, candidates will be notified of issues concerning their scores, when appropriate.
- **Exam Reliability**
The statistical analyses performed on the Diplomate exam have shown that the exam is highly reliable. This reliability is a direct result of the efforts of the ABSCD, working with testing experts, to ensure that ambiguity is eliminated from individual exam questions, and that the questions address concepts appropriate for candidates sitting for the exam.

EXAM RESULTS

Results for the paper-and-pencil-based exams are mailed within six weeks after the exam administration. To ensure the confidentiality of exam results, actual scores will not be released via telephone, fax, or any other electronic transmission by either the ABSCD or Schroeder Measurement Technologies, Inc personnel. Scores will NOT be sent to employers, schools, other individuals, or organizations under any circumstances. Names of candidates who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process. Any questions concerning test results should be referred to the SCDA Headquarters office at scda@scdaonline.org. Requests for duplicate score reports should be submitted to:

Schroeder Measurement Technologies, Inc.
2494 Bayshore Blvd. Suite 201
Dunedin, FL 34698
ATTN: ABSCD

APPLICANT/CANDIDATE APPEALS

Decisions by the ABSCD regarding initial determination of eligibility to take an examination, or continued certification, disruptive examination conditions and verification of an examination score may be appealed to the ABSCD. The grounds for appeal to the ABSCD are only those stated in the previous sentence. An appeal to the ABSCD must be made in writing by letter, fax or e-mail, with the subject line "appeal" to the following address:

SCDA
Re: Diplomate Program
2800 W. Higgins Rd
Suite 440
Hoffman Estates, IL 60169
Fax: 312.673.6663
E-mail: scda@scdaonline.org

All such appeals must be received by the ABSCD within 30 days of the date (1) that the ABSCD mailed the notice denying eligibility to take the examination or (2) the date the ABSCD mailed the notice denying continued certification or (3) the date on which a disruptive examination condition or examination occurred. The written appeal must identify the precise factual basis, applicable rules or examination conditions that are the basis for the appeal.

RE-EXAMINATION

Certification exams may be taken only once during a testing period. However, exams may be taken in subsequent testing periods, upon submission of a new application and payment of examination fees. With each new application submission, candidates will be required to meet the eligibility requirements in effect at the time of submission.

ATTAINMENT OF CERTIFICATION

Certification is valid for ten years. Candidates who pass the certification examination (written and oral) may use the appropriate designation "DABSCD." Newly certified individuals will receive a Diplomate certificate after receiving their results and their names will be announced at the SCDA Annual Meeting one year after taking the exam.

ANNUAL MAINTENANCE FEES

Most certification programs have a maintenance fee to help support their work. The purpose of this annual fee is to cover the administrative costs of maintaining the certification program and conducting the business of the organization. Maintenance fees provide fiscal resources that will allow ABSCD to grow

with the profession in a planned and strategic way and continue to pursue initiatives that support and promote the value of the Diplomate credential. Your maintenance fees will include SCDA membership as you must be a member in good standing to keep your DABSCD credential.

All Diplomates are invoiced annually. Invoices are sent in the fall for payment the next calendar year. Payment may be made by check or credit card as instructed on the invoice.

RECERTIFICATION

Recertification is designed to assure a level of continued competence through the ongoing enhancement of knowledge and skills in the field of special care dentistry credentialing. Certificants will be required to recertify once every ten years, at the time of the expiration of the certification. Certificants, must meet the following requirements every ten years in order to maintain their certification.

- Sit for and pass the certification examination under the eligibility requirements in effect at the time application for recertification is made or complete an alternative process that ABSCD Board of Directors may designate
- Be an active member of SCDA and ABSCD
- Provide appropriate verification of attendance of at least one SCDA Annual Meeting every 3 years AND
- Provide appropriate verification of completion of 200 hours in related fields of special care dentistry within those ten years.

CODE OF ETHICS FOR SCDA CERTIFICANTS

ABSCD Certificants shall abide by the ethical principles developed to safeguard the public and to promote quality patient care through the support of the healthcare organization and its functions. ABSCD Certificants shall share knowledge, foster educational opportunities, and encourage personal and professional growth through continued self-improvement and application of current advancements in the profession and agree to follow the Ethics Policy of the ABSCD. ABSCD Certificants shall refrain from conduct deemed harmful to the public or inappropriate to the profession. Any such violation of the Code of Ethics for a ABSCD Certificant may result in suspension or revocation of certification.

EXAM PREPARATION

Exam questions are based on a wide variety of publications, regulations, and resources in the field. Suggested preparation for the examination should include, but not be limited to selected review of pertinent articles in dental journals, supplemented by web based sources such as the S.A.I.D. learning modules and the SCDA Website. Candidates for the written exam should use the handbook as a guide to the subject areas to be covered. Candidates should use the most recent editions of appropriate textbooks on the given topics. The ABSCD does not endorse any specific item, as there are many helpful publications available.

EXAM CONTENT OUTLINE

Percentages are approximate and provide an indication of the emphasis placed upon this area.

Treatment Settings, Protocols, and Staffing Issues- 10%

- A Models of Care
- B Environmental Modifications to Accommodate Patient Types
- C Privileges
- D Admission Process (e.g., Hospital, Long Term Care Facilities)
- E Consent Issues
- F Documentation (e.g., Notes, Orders, Consults)

Access/Barriers to Care- 7%

- A Financial
- B Transportation
- C Office Design
- D Mobility
- E Communication (e.g., Language, Obtaining Accurate Information)
- F Community Resources

Patient Assessment- 12%

- A Medical and Dental History
- B Social History
- C Physical Evaluation
- D Clinical Examination
- E Oral Diagnostic Imaging
- F Abuse/Neglect/Exploitation
- G Medical Risk Assessment

Review of Systems and Related Diseases/Condition- 15%

- A Cardiovascular
- B Neurologic
- C Pulmonary
- D Hepatic
- E Renal
- F Gastro-Intestinal
- G Endocrine
- H Musculoskeletal
- I Dermatologic
- J Hematologic (e.g., Leukemias, Anemia, Sickle Cell, Coagulopathies)
- K Immune

Conditions and Diseases- 12%

- A Sensory Impairment (e.g., Hearing and Vision)
- B Infectious Diseases
- C Psychiatric
- D Cancer
- E Syndromes

Pharmacology- 10%

- A Drug Use and Adverse Interactions
- B Side Effects
- C Complications

Emergency Management- 9%

- A Basic Life Support
- B Airway Management
- C Medical Conditions
- D Dental Conditions

Oral Medicine/Pathology- 10%

- A Oral Cancer
- B Mucosal Conditions
- C Burning Mouth
- D Oro-facial Pain
- E Salivary Gland Disorders
- F Oral and Perioral Structures
- G Diagnostic Imaging Findings

Dental Management- 15%

- A Patient Management
- B Diagnostic Imaging Procedures
- C Treatment Planning
- D Intraoperative Treatment
- E Prevention

SAMPLE EXAM QUESTIONS

1. Human Papilloma Virus (HPV) has been implicated in various cancers including anal, cervical and oropharyngeal. To prevent against the risk of cancer three vaccines have been developed. Which of the following is correct?
 - (A) Girls should be vaccinated once they become sexually Active.
 - (B) Gardasil-9 is the vaccine developed for use in patients over the age of 30.
 - (C) The CDC recommends vaccinating both pre-teen boys and girls.
 - (D) All three vaccines are effective at reducing pre-existing HPV infections
2. Which of the following organisms have been associated with late joint replacement infections?
 - (A) Streptococcus viridans
 - (B) Klebsiella
 - (C) Staphylococcus epidermidis
 - (D) Bacteroides
3. An increasing number of studies are suggesting that Valium (diazepam) should not be prescribed for patients over the age of 65. All the following are complications or side effects attributed to Valium use in the elderly **EXCEPT**:
 - (A) Ataxia
 - (B) Delirium
 - (C) Dementia
 - (D) Insomnia
4. An 82-year-old male presents to your clinic with a 1 cm painless, raised, red non-ulcerated lesion on the lateral border of the tongue next to a sharp molar cusp. He gives a history of smoking cigarettes one pack per day for 40 years and is a moderate social drinker reporting drinking a beer two or three times a week. All the following factors increase the likelihood of this lesion being diagnosed an oral carcinoma **EXCEPT**:
 - (A) Age
 - (B) Trauma
 - (C) Tobacco
 - (D) Alcohol

5. While performing a maxillary extraction, the treatment options must be changed to include a Caldwell-Luc procedure. Which of the following is **NOT** advisable in managing bleeding in this patient?
 - (A) Electrocautery of the socket
 - (B) Direct pressure
 - (C) Suturing
 - (D) Gelfoam™

6. Your otherwise healthy pregnant patient is receiving a dental cleaning during her third trimester. She suddenly begins gasping for air, is sweaty and feels weak. You check her blood pressure and it is 90/60 with a pulse of 50. You suspect:
 - (A) Transient bacteremia causing Braxton-Hicks contractions and give antibiotics
 - (B) Dehydration and start her on an IV of normal saline
 - (C) Stress induced drop in glucose levels and offer her oral glucose
 - (D) Supine hypotension syndrome and help her onto her left side

7. Your intellectually challenged, nonverbal patient exhibits extensive occlusal enamel loss. Possible etiology includes all the following EXCEPT:
 - (A) Chronic Diazepam use
 - (B) Gastroesophageal reflux disease
 - (C) Busiparone therapy
 - (D) Malocclusion

CONTACT

For questions or comments regarding the Diplomate exam or procedures please contact ABSCD Headquarters at:

SCDA Diplomate
2800 W. Higgins Road
Suite 440
Hoffman Estates, IL 60169
Fax: 847.885.8393
E-mail: scda@scdaonline.org

SAMPLE EXAM QUESTION ANSWERS

1. C; 2. A; 3. D; 4. B; 5. A; 6. D; 7. A

Office Use Only
Amount & Check #:

Date of Application:

Application for Diplomate

Eligibility Requirements

A candidate for examination by the ABSCD shall have met the following requirements:

1. Graduate of an accredited dental program.
2. Active member in good standing of SCDA.
3. Attained Fellowship in one of the former component organizations of SCDA (AAHD, ADPD, ASGD)

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Home Telephone: _____
Office Address: _____
City: _____ State: _____ Zip: _____ Work Telephone: _____
Preferred Mail to: _____ E-mail: _____ Fax Number: _____

Professional Education *(DDS, DMD, or an internationally equivalent degree required)*

| School | Dates Attended | Degree |
|----------|----------------|--------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

Present Employment

Hospital Name of Institution: _____
 Private practice Name of Practice: _____
 Faculty Name of School: _____
 Other: _____

Have you taken this exam before?

Yes No

If yes, indicate month, year and name under which the exam was taken.

Date (month/year): _____

Name: _____

Which Fellowship(s) do you hold?

- Hospital Dentistry
- Dentistry for People with Disabilities
- Geriatric Dentistry
- Special Care Dentistry

Checklist

- Enclosed application/examination fee of \$750 (US Funds only) made to Special Care Dentistry Association.
- Attached verification of current dental licensure.
- Attached current Curriculum Vitae that documents teaching, publications, leadership, research, patient care and other scholarly activities related to special care dentistry.
- Attached recent passport, or similar style, photograph.
- Application completed more than 30 days to exam date.

Authorization for release of Information and acknowledgement of obligations

I authorize the American Board of Special Care Dentistry (ABSCD) to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the CCN will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program. If I successfully pass the certification examination and attain the Diplomate designation, I authorize the ABSCD to release my name, mailing address, e-mail address, and other contact information to the Special Care Dentistry Association (SCDA) for the purpose of providing Association information.

I understand that after earning the credential(s), I am responsible for complying with all obligations for maintaining the credential, including obtaining the required continuing education credits within the specified time period and for making application for renewal of my certification.

I further understand that it is my responsibility to inform NAMSS Executive Office of any changes in my mailing address.

Content of the exam (exam questions and answer choices) is considered confidential information. As a candidate for the exam, I attest that I will not disclose any confidential information regarding the content of the exam in any form, e.g. written, electronic, oral, overheard, or observed. I understand that signing this attestation and complying with its terms is required. Furthermore, I acknowledge that I am bound by the Code of Ethics for SCDA Certificants and any other rules of conduct that SCDA or ABSCD may adopt and that violation of any of these may result in disciplinary action, including suspension or revocation of the credential. I agree to cooperate fully in any ABSCD or SCDA investigation or proceeding involving alleged misconduct.

I certify that all information provided to satisfy my eligibility to sit for the exam is true, correct, and complete. I fully understand that any significant misstatements or omissions may cause me to be ineligible to sit for the exam. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after certification has been awarded to me, may lead to revocation of the credential.

I have read and understand the information provided in the Candidate Information Brochure and will abide by the same. I declare that all information provided on my application is true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my

examination scores disqualified, if the ABSCD, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize SCDA to release my current certification status at any time post-certification upon request (either written or verbal). I acknowledge that it is the policy of SCDA not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has sat for the exams.

Applicant Signature _____ Date: _____

Applicant's Printed
Name _____

Mail to: SCDA Diplomate, 2800 W. Higgins Road Suite 440 Hoffman Estates, IL 60169