

PERIODONTAL DECLARATION FORM

Candidate Sequential:_____

~~Candidate ID~~
PLACE ID LABEL HERE

Test Site:_____

DUE AT 8:00AM ON THE RESTORATIVE/PERIODONTAL EXAMINATION DAY

Cubicle #:

I elect to take the ADEX Periodontal Examination

I elect NOT to take the ADEX Periodontal Clinical Examination even though I am eligible to do so and it is offered at no additional cost. I understand that some states may require this examination for licensure and that if I decide to take it at a later date, I will be required to pay the re-examination fee for this examination at that time.

Any misrepresentation of intentions may result in a failure of the exam.

*Note: if you elect to take the Periodontal Examination and for whatever reason you do not do so, the maximum time you may take for the Restorative Examination (including both the anterior and posterior restorations) is 7 hours as explained in the Candidate Manual. Exceeding the 7-hour time period will result in a "Violation of Examination Timelines" and failure of the second Restorative procedure.