



2010 WREB MAIL-IN DENTAL EXAMINATION APPLICATION FORM

The WREB exam is a conjunctive exam composed of five sections: Operative, Periodontics, Endodontics, Prosthodontics and Patient Assessment and Treatment Planning (PATP). Successful completion of the exam requires passing each of the five sections. The five sections of the exam must be taken together. Failure to complete all five sections results in failure of the exam. If three or more sections are failed, the entire exam (5 sections) must be retaken. Failure of one to two sections allows the opportunity to retake just the failed sections, within twelve months of the last day of the original exam. If more than one section is failed, both sections must be retaken within the 12 month period of the last day of the original exam.

Applications are processed on a first-come, first-serve basis. Your application will not be processed until the first three items listed below are received. Once your application is processed, WREB will send you confirmation of your place in the exam.

1. Completed and signed 2010 Mail-In Application General Information Form.
2. Two recent (taken within the last six months) 2" x 2", identical, passport quality, head and shoulders photographs of the applicant. (Photographs that are unacceptable include home Polaroids, inkjet or laser pictures, indistinct pictures or pictures that are too small.)
3. Exam Fee, including late fee if applicable. Payment must be made by certified check, cashier's check or money order and made payable to WREB. **Personal checks are not accepted.** Credit card payments are accepted for online registration only.
4. Proof of Qualification. Only one of the following documents needs to be submitted. You may submit your Proof of Qualification at the same time as items 1, 2 and 3, or it may be submitted up to three weeks prior to the first day of the exam.
 - Copy of your diploma attesting to graduation from an accredited dental school.
 - Certification for Graduating Seniors form, completed with the dean's signature and the school seal affixed. This form does not apply to postgraduate studies, residencies, specialty certification, etc.
 - A copy of your official school transcript, from an accredited dental school, indicating the dental degree received.
 - An original letter, from an accredited dental school, on school letterhead with the dean's signature and school seal affixed attesting to graduation.

For Graduates of Non-Accredited Schools (Foreign-Trained):

- An original letter with the state seal affixed from the dental board of a participating WREB member state indicating you have permission to take the WREB dental exam. This letter must be sent from the state board directly to the WREB office. Copies are not accepted.

A *2010 Dental Candidate Guide* will be sent to you after you have been enrolled in the exam. Include a \$100 late fee if you are applying on or after the application deadline. If space is not available in the exam, you will be notified, via email, and given the option of being placed on the wait list, transferred to another exam or canceling your application and receiving a full refund. Refer to our website for the "WREB Policy and Procedures" and other specific details regarding the dental exam.

Mail the 2010 Application to:

WREB
23460 North 19th Avenue, Suite 210, Phoenix, AZ 85027
You may also apply online at www.wreb.org

If you have questions, please contact us at:

Phone: 602/344-3315 • Fax: 602/371-8131
email: dentalinfo@wreb.org

2010 MAIL-IN APPLICATION - GENERAL INFORMATION

Print Clearly

* **Note:** The name you use on this application will appear on your exam results. You will also need to produce two forms of ID with this exact name in order to take the computer simulation exams at Pearson VUE.

Exam Site: _____ Exam Dates: _____

Last Name First Name M.I.

Social Security # (Social Insurance # if Canadian)

____ - ____ - _____

Telephone # with Area Code: ____ / _____ Email Address: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip or Postal Code: _____

School of Graduation: _____ Graduation Date: _____
(Where DDS or DMD was earned) (Month/Year)

Left-hand Operator: Yes

Have you previously taken the WREB dental exam? _____

List the date and location of your last WREB dental exam: _____

PREVIOUS NAME: *If you previously have taken the WREB dental exam using a name other than the one on this application, please print that name here:* _____

This application requires two recent (taken within six months) 2" x 2" identical, passport quality, head and shoulders pictures of the applicant. Paper clip one picture to the top of this page, printing your name clearly on the back of the picture. Affix the other in the space provided. **Prior to submitting your application, you should review the WREB policies and procedures which can be found at www.wreb.org.**

Policy Agreement

All Applicants must complete this section

Clip one picture to the top of this page.

Permanently affix one picture to this space.

I, _____, understand and agree to adhere to the policies of WREB, including the policies regarding refunds and cancellations. I understand that this application serves as a contract with WREB and will be processed as an enrolled status if space is available. I also understand that it is my responsibility to read all exam materials sent to me, including the *2010 Dental Candidate Guide*. I hereby give WREB permission to release my exam scores to my school, if I am a graduating senior. I certify I am the person referred to in this application; the supporting documents are legitimate, unaltered copies; the pictures submitted are a true likeness of me, and all information provided in this application is true and correct. I also understand that if I am not a student of the school where I am taking my exam, my contact information may be released to the host school for exam related purposes.

Applicant's Signature

Date

2010 DENTAL EXAM LOCATIONS, DATES AND FEES

Assuming space is available, candidates may apply after the application deadline date but will be charged a \$100 late fee.

*Candidates enrolling in sites marked by an asterisk will be charged an additional fee by the host site.

Exam Location	Exam Dates	Application Deadline	Exam Fee
University of Nevada, Las Vegas (UNLV) • Las Vegas, NV	February 27-March 2 Saturday-Tuesday	January 13	\$1950
New York University • New York City, NY	March 4-7 Thursday-Sunday	January 18	\$1900 *
Case Western Reserve University • Cleveland, OH	March 4-7 Thursday-Sunday	January 18	\$1725
Nova Southeastern University • Ft. Lauderdale, FL	March 12-15 Friday-Monday	January 26	\$2185
VA Commonwealth University • Richmond, VA	March 13-16 Saturday-Tuesday	January 27	\$2000
University of Colorado • Aurora, CO	March 19-22 Friday-Monday	February 2	\$2200
University of Iowa • Iowa City, IA	March 19-22 Friday-Monday	February 2	\$1925
Loma Linda University #1 • Loma Linda, CA	March 19-23 Friday-Tuesday	February 2	\$1850
University of California, Los Angeles (UCLA) • Los Angeles, CA	March 24-27 Wednesday-Saturday	February 8	\$2195
University of Kentucky • Lexington, KY	March 25-28 Thursday-Sunday	February 8	\$1925
Tufts University • Boston, MA	March 26-29 Friday-Monday	February 9	\$1600 *
Creighton University • Omaha, NE	April 8-11 Thursday-Sunday	February 22	\$1875
Boston University • Boston, MA	April 8-11 Thursday-Sunday	February 22	\$1600 *
University of Missouri, Kansas City (UMKC) • Kansas City, MO	April 8-11 Thursday-Sunday	February 22	\$1600 *
Temple University • Philadelphia, PA	April 15-18 Thursday-Sunday	March 1	\$2025
University of Southern California (USC #1) • Los Angeles, CA	April 16-19 Friday-Monday	March 2	\$2147
Baylor College of Dentistry • Dallas, TX	April 16-19 Friday-Monday	March 2	\$1900
University of Texas, San Antonio • San Antonio, TX	April 30-May 3 Friday-Monday	March 16	\$1925
University of Oklahoma • Oklahoma City, OK	April 30-May 3 Friday-Monday	March 16	\$2100
University of Texas, Houston #1 • Houston, TX	May 13-16 Thursday-Sunday	March 29	\$1900
University of the Pacific (U of P #1) • San Francisco, CA	May 21-24 Friday-Monday	April 6	\$2035
University of Washington • Seattle, WA	May 28-31 Friday-Monday	April 13	\$1925
Oregon Health & Science University • Portland, OR	May 28-31 Friday-Monday	April 13	\$1975
A.T. Still, Arizona School of Dentistry • Mesa, AZ	June 3-6 Thursday-Sunday	April 19	\$1850
University of California, San Francisco (UCSF) • San Francisco, CA	June 4-7 Friday-Monday	April 20	\$2108
University of the Pacific (U of P #2) • San Francisco, CA	June 4-7 Friday-Monday	April 20	\$2035
Loma Linda University #2 • Loma Linda, CA	June 11-15 Friday-Tuesday	April 27	\$1850
Tufts University • Boston, MA	June 11-14 Friday-Monday	April 27	\$1600 *
University of Southern California (USC #2) • Los Angeles, CA	June 11-14 Friday-Monday	April 27	\$2147
University of Southern California (USC #3) • Los Angeles, CA	June 18-21 Friday-Monday	May 4	\$2147
University of Southern California (USC #4) • Los Angeles, CA	August 14-17 Saturday-Tuesday	June 30	\$2147
University of Texas, Houston #2 • Houston, TX	September 9-12 Thursday-Sunday	July 26	\$1900
University of Southern California (USC #5) • Los Angeles, CA	December 16-19 Thursday-Sunday	November 1	\$2147