

CANDIDATE APPEALS

Introduction

A candidate may appeal his or her examination result if the candidate believes that extraordinary circumstances during the examination changed the final outcome of the candidate's examination.

Each appeal will be reviewed by a committee of examiners (the "Appeals Panel"). No member of the Appeals Panel will have had personal involvement in conducting the examination which is the subject of the appeal.

All appeals must comply with the requirements of this policy. American Board of Dental Examiners will not consider a candidate appeal that does not comply with these requirements.

The appeals process is the official review authority, and if the appeal is denied there is no further review which the candidate may seek.

American Board of Dental Examiners is not responsible for any expense or fees incurred by a candidate in submitting an appeal, irrespective of the outcome of the appeal.

Basis for Appeal

Appeals must:

- a) be based on one or more extraordinary circumstances of a material nature which changed the final outcome of the candidate's examination, *and*
- b) arise from the demonstrated failure by a American Board of Dental Examiners examiner to comply with material examination requirements, as contained in the Candidate Manual, that directly caused the candidate to fail the examination.

Appeals may not be based on:

1. Allegations that the examiner's judgment was incorrect. The examination inherently involves exercise of judgment and discretion on the part of examiners.
2. The patient's behavior, failure to appear, tardiness, or undisclosed medical condition.

Standards for Appeal and Evidence

The candidate bears the burden of showing, by clear and convincing evidence, facts that demonstrate the basis for the appeal. The evidence the candidate may submit for the appeal is limited to: (a) the official internal examination records, and (b) the documents, radiographs or other materials that were submitted by the candidate during the examination and that remain in the possession of the American Board of Dental Examiners. The Appeals Panel, in its sole discretion, may seek statements or additional evidence from examiners, the candidate, or others individuals participating in the examination.

The Appeals Panel's review *will not* take into consideration documentation that is not described above. Opinions of the candidate, auxiliaries, faculty members, patients, colleagues, examiners acting outside of the area of their assignment, or records of academic achievement will not be considered in determining the results of the examination and do not constitute a factual basis for an appeal. Likewise, any radiographs, photographs or models of a patient taken after the completion of the examination will not be considered in the appeals process. Candidates should not submit any of this kind of documentation as part of an appeal.

Process for Submitting an Appeal

Any candidate receiving a failing score on an American Board of Dental Examiners administered examination may submit an appeal of that failing score. The candidate must comply with the following requirements in submitting an appeal:

Time Period

American Board of Dental Examiners must receive the appeal no later than 30 days following date of the email in which the score(s) were sent to the candidate.

Form and Content of Appeal

A candidate appeal must be made in writing, and must be either typewritten or clearly printed. Candidate appeals received in any other format will not be accepted or considered.

The written candidate appeal must contain all of the following information submitted in the proper format:

- a. The date of the examination;
- b. The examination site;
- c. The name of the candidate;
- d. The current mailing and e-mail addresses of the candidate;
- e. Telephone number(s) of the candidate;
- f. The candidate's ID number; and
- g. The factual basis for the appeal.

Cover Sheet

The information contained in a, b, c, d, e, and f must be submitted on the form designated Cover Sheet for Candidate Appeal (or a copy of it) which is Exhibit A of this Examination Manual.

Statement of Facts

The factual basis for the appeal must be on a separate piece of paper utilizing the form entitled "Statement of Facts" and contained in Exhibit B in this Examination Manual. Candidates may use a copy of the Statement of Facts form, and should include additional sheets if necessary. The Statement of Facts must only show the candidate's identification number; it should not contain the candidate's name or other identifying information. The Statement of Facts must be submitted together with the completed Cover Sheet for Candidate Appeal, or reproduction thereof.

Fee for Appeal

The appeal must be accompanied by an administrative fee in the form of a cashier's check or money order in the amount of four hundred dollars (\$400) payable to American Board of Dental Examiners.

Address for Sending the Appeal

The appeal should be sent by certified mail or a reputable overnight delivery service to:

Candidate Appeals Panel
American Board of Dental Examiners
1304 Concourse Drive, Suite 100
Linthicum, MD 21090

Appeal Outcome

The outcome of the appeal will be determined by the Appeals Panel in its sole and absolute discretion. If the Appeals Panel determines that substantial evidence exists to support the appeal, it may:

- a) Permit the candidate to retake the examination (in whole or part) at no additional fee; and/or
- b) Remove the failing scores from the candidate's record of examinations.

Notification of Appeal Decision

American Board of Dental Examiners will endeavor to consider each appeal on a timely basis. The time period necessary for considering an appeal will vary, depending on the complexity of the facts underlying the appeal and similar factors. American Board of Dental Examiners will endeavor to notify the candidate of the Appeals Panel's decision within ten (10) days of the Panel's final decision.

Submission of an Application for an Examination While an Appeal is Pending.

Should a candidate apply for re-examination while the appeal is pending, the review will be terminated, the appeal dismissed, and the appeal cannot be re-instituted at a later date.

Exhibit A

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

APPEAL COVER SHEET

NAME: _____
Last First Middle initial

ADDRESS: _____

City State Zip

TELEPHONE: (____) _____
Area Code

CANDIDATE ID NUMBER: _____

EXAMINATION SITE: _____

EXAMINATION DATE(S): _____

CANDIDATE SIGNATURE: _____

The above is supplied to American Board of Dental Examiners as a separate face sheet. It is not a part of the appeal packet sent to the Candidate Appeals Panel in your appellate process. Upon receipt, your appeal will be assigned an appeal number. When the appeal review process is complete, staff will match your appeal with the information above and forward the Candidate Appeals Panel's findings to you.

FOR OFFICE USE ONLY

APPEAL NUMBER _____ - _____ - _____ - _____ - _____
(Assigned by the Administrative Office)

Appeal Form Received _____ Appeal Findings Returned _____

Appeal Sent to Panel _____

Exhibit B

APPEAL FORM FOR SUBMITTING THE FACTUAL BASIS OF THE APPEAL

Please return this form containing the factual basis for your appeal in narrative form to: Director of Examinations, American Board of Dental Examiners, 1304 Concourse Drive, Suite 100, Linthicum, MD 21090. All appeals must be received no later than thirty (30) days following the date on which you received the email with your scores for the examination.

A cashier's check or money order in the amount of four hundred dollars (\$400) payable to the American Board of Dental Examiners is required for consideration of the appeal. In the event the appeal is upheld, the fee will be refunded.

Please type or print legibly. Do not include your name or other identifying information in the narrative containing the factual basis for the appeal.

The nature of your complaint should be described and discussed in a brief, specific, and factual manner addressing each issue/allegation individually followed immediately by a statement of the facts supporting that respective issue/allegation. Include all information that supports your complaint. Additional sheets may be added to this original.

APPEAL NUMBER _____ - _____ - _____ - _____ - _____ - _____
(To be completed by office staff)

Candidate's ID Number: _____
(to be filled in by the candidate)

The factual basis for my appeal is:

Issue/Allegation:

Factual Support: