

Dallas Academy of
General Dentistry
presents

Academy of General Dentistry

Fellowship Exam Review

**Register
now!**

Objectives

To prepare participants to successfully complete the FAGD Exam in pursuit of their Fellowship in the Academy of General Dentistry.

This course is designed to:

- Instruct participants how to prepare for the examination
- Familiarize participants with exam format
- Preview material from the areas that will be covered on the exam
- Use the AGD Study Guide as a testing aid

**This review will also prepare you for the ABGD written exam

Date

**Friday
October 24, 2008
&
Saturday
October 25, 2008**

Location

**Dallas County Dental
Society Building**
13633 Omega Rd
Dallas, TX 75244
8:00 AM - 5:00 PM
Breakfast & Lunch included

Subjects

- Oral Surgery
- Pediatric Dentistry
- Orthodontics
- Oral Pathology
- Radiology
- Endodontics
- Fixed Prosthodontics
- Occlusion
- Operative Dentistry
- Removable Prosthodontics
- Infection Control
- Periodontics

Fees

AGD Members
\$495

Non-members
\$595

All Fees Include Study Guide

Credit

16 hours lecture for course with additional **25** hours credit upon completion & submission of practice exam.

About the FAGD Exam

The Fellowship exam can be taken as early as your first year of active membership. The exam stresses clinical applications of accepted dental knowledge, techniques, and procedures, and consists of multiple-choice questions, administered in two, three-hour sessions. The exam in computer format is offered year-round at Prometric Testing Centers and the paper and pencil version is given at the AGD Annual Meeting. For more information on Fellowship in the AGD go to www.agd.org and click on Continuing Education.

Registration - Fellowship Exam Review

Name: _____ AGD #: _____

Address: _____

City: _____ State: _____ Zip: _____

Work: () _____ Home: () _____

Email: _____ Fax: () _____



Fees include review and study guide

___ AGD Member \$495

___ Non-AGD Dentist \$595

Check enclosed made payable to **Texas AGD**

Visa MasterCard Exp. date: _____

Card #: _____ - _____ - _____ - _____

Name on Card: _____

Signature: _____



Return registration form and payment to:

Texas AGD
409 West Main Street
Round Rock, TX 78664

For more information contact:

Dr. Pat Grisanti
972-772-9505
lpgrisanti@hotmail.com