



Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333
www.crdts.org

Ph: 785-273-0380
FX: 785-273-5015
info@crdts.org

**CRDTS Simulated Patient (Manikin) Examination
Release and Hold Harmless Agreement**

Name (please PRINT): _____

Candidate ID#: _____

Testing Site Location: _____

Test Date: _____

I do hereby acknowledge that I have been informed of the potential licensure limitations related to the CRDTS Simulated Patient (Manikin) Examination. I acknowledge that the examination results I receive will potentially only be eligible for licensure in the state the examination is given. I further acknowledge that limited portability potentially exists for these examination results and that not all State Boards of Dentistry will accept these examination results for licensure. Therefore, to be licensed in those states I will potentially be required to take a different examination and incur additional costs related to any addition examinations.

Being thus informed, I voluntarily and freely elect to take the CRDTS Simulated Patient (Manikin) Examination. Furthermore, I hereby agree to release from liability and hold CRDTS its managers, officers, directors, employees, agents, affiliates, and successors harmless for any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including but not limited to costs for retesting, costs of applications for state licensure, lost income, missed opportunities, professional fees, and attorney's fees that are incurred as a result of the possible limited portability of the CRDTS Simulated Patient (Manikin) Examination.

Signature

Date