

APPLICATION FOR CERTIFICATION TO THE AMERICAN BOARD OF ORTHODONTICS

Requirements: The applicant must have completed or be a full-time student/resident in an advanced education program in orthodontics and dentofacial orthopedics which is accredited by the Commission on Dental Accreditation of the ADA. **This application must be accompanied by a copy of the orthodontic degree/certificate or verification of residency by the Program Director on school letterhead.**

Certification Process:

1. **Application** – To begin the certification process, an application with required credentials is submitted along with registration for the Written Examination to the ABO office. **Check the ABO website for registration deadline.**

2. **Written Examination** – The comprehensive Written Examination assesses the examinee's knowledge of basic sciences and clinical concepts. An orthodontic student/resident may take the written exam in the year of graduation or if they have completed 18 months of their program at the time of the exam. The Written Examination is administered at Pearson VUE testing centers. Registration is made to the ABO office, after which you will receive instructions for reserving your test date with Pearson VUE. See exam dates and registration deadlines on the ABO website. No late registrations can be accepted. Find Pearson VUE test centers at <http://pearsonvue.com/abo/>.

3. **Clinical Examinations** –

Certifying Examinations – The Initial Certification Examination (ICE) is permitted within 24 months of graduation from an orthodontic program. If more than 24 months have passed since graduation, the examinee may register for the Beginning Certification Examination as one's certifying exam. (See Clinical Examination on the ABO website). A time-limited certificate will be issued upon successful passage of the clinical exam.

Recertification Examinations – By the end of the time-limited certificate a Diplomate of the ABO must have taken the type of recertification examination that is appropriate for their stage in the certification process. (See the ABO website).

4. **Annual Fee** – The Council on Dental Education of the American Dental Association requires all recognized specialty certification boards to remain economically independent. Assessment of a Diplomate annual fee is therefore necessary to finance the many endeavors of the ABO and is required to maintain certification. Failure to pay the annual fee will result in reclassification to **Inactive** status with loss of your right to claim certification by the ABO.

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

PLEASE COMPLETE AND SIGN THE FOLLOWING APPLICATION AND MAIL OR FAX TO:

The American Board of Orthodontics
401 North Lindbergh Blvd., Suite 308
St. Louis, MO 63141
Phone: 314-432-6130
Fax: 314-432-8170

info@americanboardortho.com
www.americanboardortho.com

English is the official language of The American Board of Orthodontics.

APPLICATION STATEMENTS

I hereby apply to the ABO for examination and issuance to me of a Certification in accordance with and subject to the procedures and regulations of the ABO. I have read and agree to the conditions set forth in the ABO's materials regarding certification, the certification/recertification process, and other ABO policies and procedures including but not limited to the ABO's Disciplinary Policy and Procedures and ABO's Appeal Process for Adverse Certification Decisions. I agree to disqualification from examination; to denial of certification/recertification; to denial of future eligibility for certification/recertification; and to forfeiture and redelivery of any certificate granted me by the ABO in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing ABO certification.

I understand that this application and any information or material received or generated by the ABO in connection with my certification or recertification will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, the fact that I am or am not, or have or have not been, certified or recertified is a matter of public record and may be disclosed.

I authorize the ABO to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing. I agree that the Board may inform the director of the program in which I took my advanced specialty training in orthodontics as to my performance on any or all of the Board's examinations taken by me at any time. I also agree that the Board may, at its discretion, release aggregate information, including information contained in this application, my examination results, and examination scores, to researchers selected by the Board.

I understand that the content of all ABO Examinations, and each of its items contained therein, is proprietary and strictly confidential, and that **the unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited.** I further understand that, in addition to constituting irregular behavior subject to disciplinary action such as revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the ABO's proprietary rights, including copyrights, and may subject me to legal action resulting in monetary damages.

I understand that I can be disqualified from taking or continuing to sit for an examination, or from receiving examination scores, and that I may be required to retake an examination if, at its sole discretion, the ABO determines through proctor observation, statistical analysis or any other means available to it, that I was engaged in collaborative, disruptive, or other irregular behavior before, during the administration of, or following, the examination, or if the ABO determines that the integrity or validity of the examination otherwise is in question. I further understand that, in some instances, while the evidence of irregularity is sufficiently strong to cast doubt upon the validity of scores, such evidence may not enable ABO to identify the particular individuals involved. In any such circumstances, I understand that ABO reserves the right to withhold the scores of all candidates, including candidates not directly implicated in the irregularity and, if necessary, to require all candidates to take an additional examination at a later date under conditions which will ensure the validity of all scores.

I understand that any other irregular or improper behavior occurring at any time before, during or after an examination including, but not limited to, giving or obtaining unauthorized information or aid, looking at the test materials of other candidates, removing examination materials from the test center, failing to comply with instructions, disregarding time limits, taking an audio recording of the examination, or other disruptive and/or similar behavior, the existence of which shall be determined by the Board in its sole and absolute discretion, may be sufficient cause for the Board to terminate my participation in the examination, to invalidate the results of my examination, to bar me from admission to future examinations or from certification, and to take other action, including, but not limited to, informing licensing bodies, law enforcement agents, my orthodontic program director, and others.

I hereby agree to hold the ABO, its officers, directors, examiners, employees, and agents, harmless from any and all actions, suits, obligations, damages, claims or demands, including, but not limited to, reasonable attorneys' fees, arising out of any action or omission by any of them in connection with this application; the application process; any examination given by the ABO; any grade relating thereto; the failure to issue me any certificate; or any demand for forfeiture or redelivery of such certificate.

Notwithstanding the above, should I file suit against the ABO I agree that any such action shall be governed by and construed under the laws of the State of Missouri without regard to conflicts of law. I further agree that any such action shall be brought in the applicable Court of St. Louis County in the State of Missouri or the United States District Court for the Eastern District of Missouri; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that, should I not prevail in any such action, the ABO shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

I further release from liability any organization or individual that provides information to the ABO for the purpose of establishing my professional qualification, credentials, clinical and/or professional competence, character, moral behavior or any matter having bearing on my consideration for being accepted as a candidate for certification and consent to such information being provided.

I understand that the payment of an annual fee is required to maintain active certification status.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief and that any misrepresentations or inaccuracies shall be cause for denial and/or revocation of my certification.

I understand that the decision as to whether I qualify for certification/recertification rests solely and exclusively with the ABO and that the decision of the ABO is final. **I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.**

Signature

Date

Printed Name

DIPLOMATE PLEDGE

I hereby pledge myself to the highest ethical standards of the practice of orthodontics according to the principles of ethics and the code of professional conduct of the American Dental Association, the American Association of Orthodontists, and The American Board of Orthodontics. I shall only use the acknowledgement of my Diplomate status in an honest and forthright manner and in the best interest of my patients and the specialty of orthodontics, and in accordance with the rules of The American Board of Orthodontics. I further understand and agree that the title to the certificate issued to me by The American Board of Orthodontics shall remain the property of The American Board of Orthodontics. I fully understand the time-limit of the certification that is clearly delineated on my issued certificate. I agree to desist from my use of the Diplomate and/or certified designation if I choose not to maintain certification by re-examination. The Board shall have the sole right to determine whether information placed before it is sufficient to constitute grounds for revocation of the certificate. If the Board determines, in its sole and absolute discretion, that the certificate should be revoked, the decision of the Board shall be final, and I agree to surrender the certificate upon order of the Board.

Signature _____ Date _____

APPLICATION AND WRITTEN EXAMINATION REGISTRATION

The ABO Written Examination is administered at Pearson-VUE testing centers.

Male
 Female

Name _____
AS IT APPEARS ON YOUR PHOTO IDENTIFICATION FOR ENTRANCE INTO THE EXAM CENTER

Name _____
First Middle Last Suffix

Mailing Address _____
Street Apartment or Suite Number

City State or Province Country Zip Code or Postal Zone

Telephone# _____ Fax# _____

S.S. # (US and Canada, last 4 digits only) _____ (Required - Will not be shared) Birth Year: _____
E-Mail Address: _____ (Please add us to your Safe Senders List)

Dental School _____ Year Graduated _____

Orthodontic Training Program _____

Program Start Date (mm/yyyy) _____ Graduation Date (mm/yyyy) _____ Total number of months of graduate program _____

**IF ANY OF THE ABOVE INFORMATION CHANGES,
PLEASE CONTACT THE ABO IMMEDIATELY**

HAVE YOU APPLIED TO THE ABO BEFORE? YES NO

****IF YOU HAVE APPLIED WITHIN THE PAST FIVE YEARS, SUBMIT ONLY THE ABO WRITTEN EXAM FEE.**

PAYMENT OF \$1090 (application\$350/**written exam\$740): Please pay by MasterCard, Visa, check, (payable to The American Board of Orthodontics) money order or travelers' checks in US funds.

PAYMENT AMOUNT \$ _____

MASTERCARD/VISA # _____ EXP. DATE _____ 3 digit security code _____

NAME ON CARD (if different than above) _____

BILLING ADDRESS (if different than above) _____

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

I hereby certify that I currently have no disability, handicap or other physical impairment that would affect my ability to take the examinations administered by the ABO, and that I will notify the ABO in writing of the presence of any disability, handicap or other physical impairment immediately upon my discovery of the same.

I do have the following disabilities or impairments and I have enclosed documentation thereof: _____

Name _____ Signature _____

Date _____

PLEASE MAIL OR FAX THIS FORM

(INCLUDE PROOF OF ORTHODONTIC RESIDENCY, IF NOT PREVIOUSLY SUBMITTED)

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St. Louis, MO 63141
Phone: 314-432-6130
Fax: 314-432-8170

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THANK YOU!

OFFICE USE ONLY: ID# _____ APP DATE _____ DEGREE VERIFICATION