

2010 CLINICAL EXAMINATION REGISTRATION FORM
The American Board of Orthodontics

EXAMINATIONS HELD FEBRUARY 21-25

Type of Clinical Examination: (please check appropriate box) Fee:

- INITIAL CERTIFICATION EXAM (ICE) (recent graduates). \$1875
Graduate degree or certificate copy enclosed on file
FIRST RECERTIFICATION EXAM \$1875
Gateway Prepaid
BEGINNING CERTIFICATION EXAM (practicing orthodontists). \$1875
VOLUNTARY RECERTIFICATION EXAM. \$135
Exam is completed via mail and internet
RE-EXAMINATION \$925
Option for Re-Examination of One Case by Mail \$150
TRADITIONAL OPTION I & II (limited-see website) Contact office for fee

Calibration Kit is available through the ABO eStore

WILL YOU BRING PRETREATMENT DIGITAL MODELS? YES NO

Personal Information Update: ABO ID# (if known)

Name:

Name for certificate: Print your name as you wish it to appear on certificate (prefix and credentials will not appear)

Mailing Address:

Telephone: Fax: Email (mandatory):

Please add us to your Safe Senders list\*

Office Address:

Office Telephone: Office Fax: Email (public):

Please pay by MasterCard, Visa, check, (payable to The American Board of Orthodontics) money order or travelers' check in US funds.
TOTAL PAYMENT \$
MASTERCARD/VISA # EXP. DATE 3 digit security code
NAME ON CARD (if different than above)
BILLING ADDRESS (if different than above)
ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

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
\*clinical@americanboardortho.com, www.americanboardortho.com

## 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.

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.**

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Name

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Date

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Signature

## CREDENTIALS SURVEY

Following the lead of other Boards in the health professions, beginning in 2008 the ABO requires that each Diplomate provide the following information.

Certification by The American Board of Orthodontics (ABO) assures the public, colleagues, and healthcare agencies/institutions that they are being served by an orthodontist whose credentials have been verified and who has successfully completed a rigorous evaluation process administered by their peers, and remains in good standing in their community on an ongoing basis.

***In order to verify that you have maintained the qualifications for good standing, the ABO requires that you respond to the following questions. Each of the following questions must be answered Yes or No.***

If you answer YES to any of the following questions, please provide a full explanation on a separate sheet of paper and attach.

1. Have any disciplinary actions been initiated or are any pending against you by any state licensing board, specialty board or military tribunal?	YES	NO
2. Has your license to practice in any state or jurisdiction been denied, limited, suspended, or revoked?	YES	NO
3. Have you been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance programs?	YES	NO
4. Has your DEA narcotics registration certificate (Federal and/or State) been limited, suspended, revoked or challenged?	YES	NO
5. Have you been sanctioned, suspended, censured, or expelled from a professional dental or medical organization as a result of unethical or immoral conduct?	YES	NO
6. Have you been named as a defendant in any criminal proceedings?	YES	NO
7. Have your medical staff privileges been denied, reduced, limited, not renewed, suspended, diminished, or revoked?	YES	NO

This form **must** be completed and returned with your registration form.

Questions should be directed to the Central Office at (314) 432-6130.

- I have an active license to practice dentistry. (Check box if YES)**  
**If NO explain on separate sheet of paper and attach.**

Upon submission of this form, I hereby state that I will limit my specialty practice to orthodontics and any other specialties for which I am qualified via completion of a CODA approved specialty program and/or board certification in the specialty.

I have not been subject to any disciplinary action and hereby wish to maintain my certification as a Diplomate of the ABO. I will notify the ABO if any restrictions are placed on my license to practice dentistry within 60 days of final action by any state dental board.

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SIGNATURE (*Required*)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date