

**THE AMERICAN BOARD OF ORTHODONTICS
CLINICAL EXAMINATION
AFFIDAVIT OF AGREEMENT TO RULES OF EXAMINATION**
(Rev. 08-07)

I, Dr. _____, an examinee
for a Clinical Examination that is offered by The American Board of Orthodontics (ABO) in
partial fulfillment of certification, do affirm the following statements:

1. All case reports which I am presenting have been diagnosed and treated under my personal judgment and professional care, unless I have provided an additional affidavit stating that the cases were treated under faculty supervision while in my specialty education program.
2. All patient records, including computer-generated images, are the original and actual records of the patient, and have not been altered in any manner.
3. No case report in my presentation has been presented to the Board in a previous examination.
4. I have read and understand the “Appeal Process for Adverse Certification Decisions**” of The American Board of Orthodontics and I agree to abide by the appeal process decisions.
5. I agree to the ABO policy to record, photograph, or otherwise document the clinical examination.

Documentation of the examination will be used to monitor the reliability of the examinations, and for other internal Board purposes. The documentation is confidential and will be reviewed only by the directors, consultants and employees of The American Board of Orthodontics. It is against Board policy to release records documenting the examinations to anyone, including the examinee.

I affirm the above statements.

Signature _____ Date _____

** view “Policies of Conduct: Appeal Process for Adverse Certification Decisions” at www.americanboardortho.com

Return this affidavit by mail or fax or email to the ABO central office prior to your clinical exam date.

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