

**THE AMERICAN BOARD OF ORTHODONTICS
CLINICAL EXAMINATION
CONFIRMATION OF EDUCATOR SUPERVISION CASES**
(Rev. 04-09)

I, Dr. _____, do hereby affirm
and certify the following:

1. I am the Chairman/Program Director of an ADA accredited Orthodontic Program at

2. Dr. _____ is a full-time
faculty member (1 FTE per week) of the above referenced orthodontic program and is
an examinee for a Clinical Examination of The American Board of Orthodontics.

**I CAN SUBSTANTIATE THAT THE ABOVE REFERENCED EXAMINEE
PROVIDED ENTIRE SUPERVISION OVER THE FOLLOWING PATIENTS
TREATED IN THE CLINIC OF THE ORTHODONTIC PROGRAM
REFERENCED ABOVE. THE SUPERVISED CASE(S) BELOW WILL NOT BE
PRESENTED TO THE ABO BY A RESIDENT OF THE ORTHODONTIC
PROGRAM.**

a. _____

b. _____

c. _____

Signature _____ Date _____

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

The American Board of Orthodontics
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St. Louis, MO 63141

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