

**THE AMERICAN BOARD OF ORTHODONTICS**

**INITIAL CERTIFICATION EXAMINATION**

**CONFIRMATION OF RESIDENCY TREATED CASES (Rev. 05-07)**

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 graduate of

the orthodontic program and is an examinee for the Initial Certification Examination

of The American Board of Orthodontics.

**I CAN SUBSTANTIATE THAT EACH CASE PRESENTED BY THIS EXAMINEE WAS TREATED SOLELY BY THIS EXAMINEE UNDER THE DIRECT SUPERVISION OF OUR FACULTY, INCLUSIVE OF ALL ORTHODONTIC/ORTHOPEDIC TREATMENT INVOLVING FIXED APPLIANCE PLACEMENT THROUGH FIXED APPLIANCE REMOVAL.**

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  
401 N. Lindbergh Blvd., Suite 308  
St. Louis, MO 63141

FAX 314-432-8170  
info@americanboardortho.com