

THE AMERICAN BOARD OF ORTHODONTICS

INITIAL CERTIFICATION EXAMINATION

CONFIRMATION OF RESIDENCY TREATED CASES (Rev. 09-11)

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 SOLEY 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
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