

**THE AMERICAN BOARD OF ORTHODONTICS**

**CLINICAL EXAMINATION**

**PATIENTS TREATED WHILE IN RESIDENCY PROGRAM** (Rev. 09-11)

Examinees must have provided all of the professional judgment and treatment for each patient whose records are submitted for examination, with the exception of a maximum of two (2) treated in the examinee's specialty education program. These two cases will only be eligible for submission if they were treated solely by the examinee from a fixed appliance placement through fixed appliance removal by the same examinee as attested by affidavit of the examinee's departmental chairperson.

**AFFIDAVIT**

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

I am the Chairman/Program Director of an accredited ADA Orthodontic Department at \_\_\_\_\_ .

Dr. \_\_\_\_\_, an examinee for the Clinical Examination of The American Board of Orthodontics, provided the actual treatment during his/her tenure in the advanced education program in orthodontics and dentofacial orthopedics for the above-referenced school for the following patient(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

I understand that actual treatment means that the above-referenced examinee initiated treatment, including the diagnosis, treatment planning, construction of appliance, monitoring of progress and regular appliance adjustment, and completed treatment.

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 300  
St. Louis, MO 63141

FAX 314-432-8170  
info@americanboardortho.com