THE AMERICAN BOARD OF ORTHODONTICS
INITIAL CERTIFICATION EXAMINATION
AFFIDAVIT FOR RESIDENCY TREATED CASES
(Rev. 3/30/2016)

(Please print)

I, Dr. __________________________, do hereby affirm and certify:

I am the Chairman/Program Director at
___________________________________________________________. (CODA Accredited Orthodontic Program)
Dr. ____________________________________, graduation date ____________,

(Please check one) _____ is _____ will be

a graduate of the orthodontic program and is a prospective examinee for the Initial Certification Examination of The American Board of Orthodontics.

I CAN VERIFY THAT EACH CASE LISTED BELOW, TO BE PRESENTED BY THIS EXAMINEE, WAS TREATED SOLELY
BY HIM/HER UNDER THE DIRECT SUPERVISION OF OUR FACULTY, INCLUSIVE OF ALL ORTHODONTIC
TREATMENT INVOLVING APPLIANCE PLACEMENT THROUGH APPLIANCE REMOVAL.

Please identify cases by patient name:

1. ____________________________  4. ____________________________
2. ____________________________  5. ____________________________
3. ____________________________  6. ____________________________

Signature __________________________________________________________________ Date ____________

IF ANY PRIVATE PRACTICE CASES WILL BE PRESENTED, EXAMINEE MUST COMPLETE THE BELOW SECTION:

I, Dr. __________________________, do hereby affirm and certify:

I PROVIDED ENTIRE TREATMENT FOR THE FOLLOWING PATIENTS. I UNDERSTAND THAT ENTIRE TREATMENT INCLUDES
INITIAL DIAGNOSIS, TREATMENT PLANNING, AND APPLIANCE PLACEMENT TO APPLIANCE REMOVAL.

Please identify one to three cases by patient name:

1. ____________________________
2. ____________________________
3. ____________________________

Signature __________________________________________________________________ Date ____________