THE AMERICAN BOARD OF ORTHODONTICS
CLINICAL EXAMINATION
AFFIDAVIT FOR EDUCATOR SUPERVISED CASES
(Rev. 10/1/2015)

CODA Accredited Orthodontic Program: _____

BY SIGNING THIS AFFIDAVIT, I AM CONFIRMING THAT I HAVE VERIFIED THE FOLLOWING:

-THE NAMED ORTHODONTIC EDUCATOR IS A FULL-TIME FACULTY MEMBER (1 FTE) EMPLOYED BY THE NAMED ORTHODONTIC PROGRAM.

-THE NAMED ORTHODONTIC EDUCATOR WAS IN GOOD STANDING THROUGHOUT THE DURATION OF NAMED PATIENT TREATMENT.

-THE NAMED FACULTY MEMBER HAS PROVIDED ENTIRE SUPERVISION OVER THE NAMED PATIENTS TREATED IN THE CLINIC OF THIS ORTHODONTIC PROGRAM. (ENTIRE SUPERVISION INCLUDES INITIAL DIAGNOSIS, TREATMENT PLANNING, AND APPLIANCE PLACEMENT TO APPLIANCE REMOVAL)

-THE SUPERVISED CASES LISTED BELOW HAVE NOT AND WILL NOT BE PRESENTED TO THE ABO BY A RESIDENT OF THE ORTHODONTIC PROGRAM.

Please identify one to three cases by patient name:

Case:	**Patient Name:**
Case 1	_____
Case 2	_____
Case 3	_____

Verification that Resident(s) have not / do not plan to use above named patient cases for their own ABO Examination:

Case:	**Resident Name:**	**Resident Signature:**
Case 1	_____	_____
Case 1	_____	_____
Case 2	_____	_____
Case 2	_____	_____
Case 3	_____	_____
Case 3	_____	_____

The ABO reserves the right to request additional information in reference to examinee case involvement. The Program Director / Chairperson and ABO Examinee agree to comply with any such requests.

Program Director/Chairperson:

_____	_____	_____
Printed Name	**Signature**	**Date**

ABO Examinee / Orthodontic Educator:

_____	_____	_____
Printed Name	**Signature**	**Date**

Return this affidavit prior to your clinical exam date:
info@americanboardortho.com FAX 314.432.8170