

**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 _____