ABFO DIPLOMATE RECERTIFICATION DOCUMENTATION

The following format *must* be used when documenting forensic related activities. The documentation must be typewritten or in a legibly printed form. *Failure to comply with the above referenced format and instructions will result in the return of the application for correction and the possible delay in recertification.* If there is no activity in a particular category, simply indicate so on the page and submit it with the other categories.

I. Formal Affiliation(s) Involving Forensic Odontology

Agency	Location (City-State)	Position Held (Title)	Dates Held (From – To)

II. Continuing Education Courses in Forensic Science Taken

: (A minimum of 50 hours of forensic-related continuing education *from a source approved by the C&E committee* every five years is required for recertification)

Sponsor	Location (City-State)	Course Title/Presenter	Dates	Credit Hours

III. Experience in Forensic Odontology

Date (year)	Forensic Activity (Type: ID, Age Estimation, etc.)	Jurisdiction

IV. Offices Held in Forensic Organizations

Title	Organization	Dates (From – To)

V. Committee Assignments

Forensic Organization	Committee Function	Dates (From – To)

VI. Teaching Appointments

Institution	Academic Rank	Field of Study Taught	Dates (From – To)

VII. Research

Area of Forensic Science	Location	Published

VIII. Honors and Awards

Name of Award or Honor	Granting Organization	Date Granted	City-State

IX. Annual Business Meeting *(all Diplomates must attend at least one business meeting of the ABFO during the recertification period)*

Attendance at ABFO Annual Business Meeting	Location	Date

During this respective re-certification cycle, have you been charged with, arrested for, made a plea arrangement for (including but not limited to *Nolo Contendre,* Alford Plea or any other type of plea arrangement), and/or been convicted of a felony or misdemeanor (excluding minor traffic violations)?

YES _____ ***NO*** _____

ABFO "Ethics Statement"

> "My signature below authorizes the ABFO or any of its officers to verify the accuracy of any information provided in or as part of this application. My signature is confirmation that I agree to adhere to the Code of Ethics of the American Board of Forensic Odontology and abide by current American Board of Forensic Odontology policies and procedures.

The ABFO Code of Ethics

> *As a means to promote the highest quality of personal and professional conduct of its Diplomates, the following constitutes the Code of Ethics, which is endorsed and adhered to by all Diplomates of the American Board of Forensic Odontology:*
>
> a. *Every Diplomate of the ABFO shall refrain from any material misrepresentation of education, training, or area of expertise.*
> b. *Every Diplomate of the ABFO shall refrain from any material misrepresentation of data upon which an expert opinion or conclusion is based.*

I certify that the foregoing information is true and accurate and I am aware that misrepresentation, concealment, or omission of a material fact or facts grants the American Board of Forensic Odontology, Inc. the right to deny recertification and is reason for suspension or revocation of my certification.

Signature: _____ Date: _____

Print Name: _____