

American Board of Forensic Odontology, Inc.  
 ABFO Summary of Forensic Cases  
 Application for Board Test Eligibility

**ID Cases**

1. Date of examination 2. Location (county/jurisdiction) 3. Agency case # 4. Were jaws surgically resected or surgical access obtained? Yes or No. 5. Were postmortem radiographs taken by applicant? Yes or No. 6. Was a positive ID made? Yes or No.  
 7. Signature of Authorizing Agency.

	1 Examination Date	2 Location/Jurisdiction	3 Agency Case #	4 Surgical Resection?	5 X rays?	6 Positive ID?	7 Signature of Authorizing Agent (ME, Coroner, Police)
e.g.	6/1/2014	Madison, AL	14-01587	Yes	No	Yes	Signature
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**ID Cases (continued)**

**1. Date of examination 2. Location (county/jurisdiction) 3. Agency case # 4. Were jaws surgically resected or surgical access obtained? Yes or No. 5. Were postmortem radiographs taken by applicant? Yes or No. 6. Was a positive ID made? Yes or No. 7. Signature of Authorizing Agency.**

	1 Examination Date	2 Location/Jurisdiction	3 Agency Case #	4 Surgical Resection?	5 X rays?	6 Positive ID?	7 Signature of Authorizing Agent (ME, Coroner, Police)
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**Bitemark Cases**

- 1.** Date of examination   **2.** Location (county/jurisdiction)   **3.** Agency case #   **4.** Applicant was the primary investigator? Yes or No.  
**5.** Case was developed by the ABFO? Yes or No.   **6.** Bitemark case submitted in its entirety with application? Yes or No.  
**7.** Signature of Authorizing Agency.

	1 Examination Date	2 Location/Jurisdiction	3 Agency Case #	4 Primary Investigator?	5 ABFO Developed Case?	6 Case Submitted?	7 Signature of Authorizing Agent (ME, Coroner, Police)
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**Age Estimation Cases**

- 1. Date of examination 2. Location (county/jurisdiction) 3. Agency case # 4. Applicant was the primary investigator? Yes or No.  
 5. Age Estimation Case Type? Child, Adolescent or Adult 6. Age Estimation case submitted with application? Yes or No.  
 7. Signature of Authorizing Agency.**

	1 Examination Date	2 Location/Jurisdiction	3 Agency Case #	4 Primary Investigator?	5 Case Type?	6 Case Submitted?	7 Signature of Authorizing Agent (ME, Coroner, Police)
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“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.”

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Have you ever been charged with, arrested for, made a plea arrangement for (including but not limited to Nolo Contendere, Alford Plea or any other type of plea arrangement), and/or been convicted of a felony or misdemeanor (excluding minor traffic violations)?

**YES** \_\_\_\_\_  
Initial

**NO** \_\_\_\_\_  
Initial

**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.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Signature \_\_\_\_\_

I certify that the foregoing information is true 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 eligibility to challenge the certification examination of this board. I also authorize the release of this information to active diplomates of the American Board of Forensic Odontology, Inc.

**NOTARIZATION**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

The above named \_\_\_\_\_ to me known as the person who executed the foregoing instrument and acknowledged the same.

(Notary Seal Here)

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_