Application for ABFO Approval of Forensic Dental Education Course for Board Certification and/or Diplomate Continuing Education

_____ Original Approval  _____ Re-approval

Date request received by ABFO C&E committee  ____________

1. Name of course: _________________________________________________________________

2. Department/organization/agency or institution requesting accreditation:
____________________________________________________________________________________

3. Complete Mailing Address:
____________________________________________________________________________________

4. Contact Person:  _________________________________________________________________

5. Telephone number:______________________________________________________________

6. E-mail:  ___________________________________________________________________________

7. Web Page (if applicable): _______________________________________________________

8. Total Number of Course Hours Requested:      ________________

9. Course brochure must be provided. Date received  ____________
(may be attached or sent electronically)

10. For original approval the following documents must be provided:
(may be attached or sent electronically)
Attachment 1:  Curriculum vitae of all instructors
Attachment 2:  Copy of course materials/outlines
Attachment 3:  Copy of course schedule including actual hours of instruction

Total Hours Approved: Credit for Board Certification  ____________

Credit for Recertification CE  ____________

Approval Expires:  ____________

Chair, ABFO Certification and Examination Committee  ____________