

**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 _____