

**ABFO DIPLOMATE RECERTIFICATION DOCUMENTATION**

The purpose of the following documentation is to verify currency and a measure of competency to continue your ABFO certification. The following format *must* be used when documenting forensic related activities. The documentation must be typewritten or in a legibly printed form and submitted electronically. *Failure to comply with this 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. Please be aware that due to requirements of the Forensic Sciences Accreditation Board (FSAB), verification of your documents may be required on a random or targeted basis. Maintain files to back-up your documentation, and do not forward them unless asked by the C&E Committee.

**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 40 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

I certify that have viewed and understand the current ABFO Standards and Guidelines Presentation and that I agree to abide by the current ABFO Standards and Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

During this respective re-certification cycle, have you 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

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 agree to inform the President of the ABFO, the Chair of the C&E Committee, or a designee, within 30 days of discovery of any matters that can affect my capability to continue to fulfill the requirements of certification. Such matters include but are not limited to medical, mental, moral, and/or legal issues such as may affect ABFO certification or other licensure and credentialing procedures.

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: \_\_\_\_\_