



**American Board of Forensic Odontology, Inc.**

c/o Certification & Examination Committee

mail to: [C&EChair@abfo.org](mailto:C&EChair@abfo.org)

Application No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Application For Certification in Forensic Odontology**

**Instructions for Application:**

- a. *When complete, email the application to the Chair of the Certification & Examination Committee of the American Board of Forensic Odontology, Inc. (ABFO) at the address above. All information provided in the application and supporting documentation must be in the English language.*
- b. *Please type or print all information. Each item in the application must bear an entry; if "none" is applicable, so state. Use extra pages for additional entries. Identify the material being furnished with a label containing the title, your name and contact data.*
- c. *The application fee of \$400 in US funds must be received by the ABFO Treasurer for the application to be considered complete. Contact the ABFO Treasurer at [Treasurer@abfo.org](mailto:Treasurer@abfo.org) for instructions to pay the application fee.*
- d. *Make sure that each college or university that you have attended supplies an official transcript of your academic records directly to the Chair of the Certification & Examination Committee of the ABFO at the email address above.*
- e. *Attach a complete list of your publications in the scientific literature. Include the name of all coauthors, the articles complete title, journal name, volume number, page numbers and publication year. Attach a complete list of your papers presented including the complete title, subject matter, organization, place and date.*
- f. *Attach a passport-type photograph of yourself in the space provided.*

ATTACH  
PHOTOGRAPH  
HERE

1. Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
First Middle Last

NB: State your name exactly as you wish it to appear on the Certificate, excluding degrees.

2. If you have ever been known by a different name (e.g. maiden name) please specify:

\_\_\_\_\_

3. Complete mailing address:

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

4. Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Citizenship: \_\_\_\_\_

7. Have you ever been convicted of a felony or misdemeanor? (Exclude minor traffic violations.)  
\_\_\_\_\_ If yes, attach a statement of details.

8. Undergraduate Education:

| Institution: | Location: | Inclusive Dates: | Major: | Degree: | Date Rec'd: |
|--------------|-----------|------------------|--------|---------|-------------|
|              |           |                  |        |         |             |
|              |           |                  |        |         |             |
|              |           |                  |        |         |             |

9. Graduate Education:

| Institution: | Location: | Inclusive Dates: | Major: | Degree: | Date Rec'd: |
|--------------|-----------|------------------|--------|---------|-------------|
|              |           |                  |        |         |             |
|              |           |                  |        |         |             |
|              |           |                  |        |         |             |

**10. Post-doctoral Education:**

| Institution: | Name of Course: | Inclusive Dates: | Length of Course: |
|--------------|-----------------|------------------|-------------------|
|              |                 |                  |                   |
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|              |                 |                  |                   |

**11. Awards and Honor Societies:**

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**12. Military Service:**

| Branch of Service: | Inclusive Dates: | Type of Discharge: |
|--------------------|------------------|--------------------|
|                    |                  |                    |

**13. Professional experience since graduation from dental school (List chronologically starting with your most recent position.):**

a) Organization and address \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_ Exact title/position \_\_\_\_\_  
Full- or Part-time? \_\_\_\_\_ If part-time, % of time \_\_\_\_\_  
Brief statement of your duties and responsibilities (emphasize forensic odontology activities)  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and present address(es) of immediate supervisor(s)

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b) Organization and address \_\_\_\_\_  
Inclusive Dates \_\_\_\_\_ Exact title/position \_\_\_\_\_  
Full- or Part-time? \_\_\_\_\_ If part-time, % of time \_\_\_\_\_  
Brief statement of your duties and responsibilities (emphasize forensic odontology activities)  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and present address(es) of immediate supervisor(s)

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- c) Organization and address \_\_\_\_\_  
 Inclusive Dates \_\_\_\_\_ Exact title/position \_\_\_\_\_  
 Full- or Part-time? \_\_\_\_\_ If part-time, % of time \_\_\_\_\_  
 Brief statement of your duties and responsibilities (emphasize forensic odontology activities)

\_\_\_\_\_  
 \_\_\_\_\_

Name(s) and present address(es) of immediate supervisor(s)

\_\_\_\_\_  
 \_\_\_\_\_

**14. Membership in professional or learned scientific societies:**

| Name of Organization: | Grade of Membership: |
|-----------------------|----------------------|
|                       |                      |
|                       |                      |
|                       |                      |

- 15. Do you now hold a position with a medical examiner's office, coroner's office or insurance company?** \_\_\_\_\_

Give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 16. References (List the names and complete addresses for three (3) persons that have agreed to provide references on your behalf. Please request that these referees submit the letters directly to the ABFO Registrar at the address above ensuring that your name is clearly identifiable.)**

| Name: | Complete mailing address: |
|-------|---------------------------|
|       |                           |
|       |                           |
|       |                           |

- 17. Additional information** (Use this space for any additional comments regarding your activities in forensic odontology that might assist the ABFO in evaluating this application. Include here specialized training or education, membership on commissions, committees, advisory boards, other certification, etc.)

***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.*

In making this application to the American Board of Forensic Odontology, Inc. for the issuance to me of a Certificate of Proficiency in Forensic Odontology, all in accordance with and subject to its Articles of Incorporation, Bylaws, and such other governing provisions as from time to time are in force, I agree to disqualification from the issuance to me of a Certificate, suspension of such Certificate, revocation of such Certificate, or to surrender such Certificate to the ABFO in the event of any misstatement or misrepresentation of a material fact in this application or in the event that any of the regulations applicable to such Certificate are violated by me, as determined by the ABFO. I further agree to hold the ABFO, its officers, examiners and agents free from any claim, damage or liability by reason of action that any of them may take in respect to this application, including but not limited to the failure of the ABFO to issue me such Certificate or other suspension, revocation or making of any demand for the surrender of an issued Certificate, or the removal of my name from any list of holders of such Certificates.

In support of this application, I certify under oath or affirmation that all of the statements made herein or associated herewith are true, complete and correct to the best of my knowledge and belief, and that this statement is made in good faith.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_

(Notary Seal Here)