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)
17							
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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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