

AGREEMENT TO RULES OF EXAMINATION

I, _____, an examinee for a Clinical Examination offered by The American Board of Orthodontics (ABO) in partial fulfillment of certification, do affirm the following:

1. All case reports I am presenting to the ABO involve patients who were diagnosed and treated from start to finish under my personal judgment and professional care, unless I have provided an additional affidavit stating that the cases involved patients treated under faculty supervision while in my specialty education program.
2. I have obtained a signed HIPAA-compliant authorization from each patient that permits the disclosure of such patient's protected health information to the ABO for purposes of board certification and for general training and educational purposes. I understand that it is my responsibility to maintain the signed authorization forms, but I agree to make such forms (or copies of such forms) available to the ABO upon request.
3. All patient records, including computer-generated images, are the original and actual records of the patient, and have not been altered in any manner.
4. No case report in my presentation has been presented to the Board in a previous examination.
5. I have read and understand the "Appeal Process for Adverse Certification Decisions"*** of the ABO, and I agree to abide by the appeal process decisions.
6. I agree to the ABO's policy, which allows the ABO to record, photograph, or otherwise document the clinical examination:

Documentation of the examination will be used to monitor the reliability of the examinations, and for other internal Board purposes. The documentation is confidential and will be reviewed only by the directors, consultants and employees of The American Board of Orthodontics. It is against Board policy to release records documenting the examinations to anyone, including the examinee.

BY CHECKING "I AFFIRM" AND ENTERING MY SIGNATURE BELOW,
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE STATEMENTS
AND I INTEND TO BE LEGALLY BOUND BY THEM.

I Affirm

Please type your signature

** View "Policies of Conduct: Appeal Process for Adverse Certification Decisions" at <https://www.americanboardortho.com/about-abo/about-us/policies/>

Vers. 20151214

A copy of all statements will be available to you upon completion of registration.