

Sender



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Application for the Austrian Board of Orthodontists exam (ABO)

I hereby apply for the next possible date for the exam of the Austrian Board of Orthodontists (ABO). At the same time I confirm that I (please tick as appropriate)

- have primarily been working in my own orthodontic practice for at least three years.
- have exclusively been working in my own orthodontic practice for at least three years.
- have been employed as an orthodontist in the orthodontic practice / institute
.....
for at least three years.
- have been employed as an orthodontist in the orthodontic department at the university of
..... for at least three
years.

I will provide the required documents (certificates, cases studies, etc.) in due time. I acknowledge the current guidelines to obtain the ABO certification (www.abo.or.at). Please also fill out the reverse side!

Name

Address

Postal code City

Phone Fax

e-mail

.....
City Date

.....
Signature

- I hereby confirm that the case presentations which I have submitted to the ABO-Examination have all been planned and treated by myself alone.
- I hereby give my irrevocable consent that, in the event of reasonable suspicion, a person bound to professional confidentiality can inspect my patient files, to verify that the cases which I have submitted to the ABO-Examination were taken from among my treated orthodontic patients.
- I hereby confirm that I will accept all decisions of the examination committee as final.

.....
Name in Capital Letters

.....
Signature

.....
City Date