

Sender



Verband Österreichischer Kieferorthopäden
- Geschäftsstelle -
Waidhausenstraße 11/2
1140 Wien

office@voek.info

FAX 01/914 90 90 - 9

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

