

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

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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)

- o have primarily been working in my own orthodontic practice for at least five years.
- o have <u>exclusively</u> been working in my own orthodontic practice for at least five years.
- o have been employed as an orthodontist in the orthodontic practice / institute
- for at least five years. o 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	

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..... Date

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..... 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