

American Board of Forensic Odontology, Inc.

c/o Certification and Examination Committee Steve Lojeski, DDS, DABFO, 2015 Chair <u>Steve1512@roadrunner.com</u>

Application No.:
Date Issued:
Social Security No.:

Application For Certification in Forensic Odontology

Instructions for Application:

- a. When complete, mail or courier (recommended) the application to the Registrar of the American Board of Forensic Odontology, Inc. (ABFO) at the address above.
- b. Please type or print all information. Each item in the application must bear an entry; if "none" is applicable, so state. Use extra pages for additional entries. Identify the material being furnished with a label containing the title, your name and contact data.
- c. Enclose the application fee of \$400 in US funds. Make checks or money orders payable to the American Board of Forensic Odontology, Inc. Do not send cash.
- d. Make sure that each college or university that you have attended supplies an official transcript of your academic records directly to the Registrar of the ABFO at the address above.
- e. Attach a complete list of your publications in the scientific literature. Include the name of all coauthors, the articles complete title, journal name, volume number, page numbers and publication year. Attach a complete list of your papers presented including the complete title, subject matter, organization, place and date.
- f. Attach a passport-type photograph of yourself in the space provided.

ATTACH
PHOTOGRAPH
HERE

Name:					Sex:
First NB: State v	our name exactly as yo	Middle	Last he Certificate	excluding	
II you nave ever	been known by a c	interent name (e.g.	maiden na	me) pieas	se specify:
Complete mailin	ng address:				
		Street			
City		State			Zip Code
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Citizenship:					
Have you ever been convicted of a felony or misdemeanor? (Exclude minor traffic violation If yes, attach a statement of details.					
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12	Military Service:					
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c)	Org	anization	and	address		
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14.	Membership in professional or learned scient	inc societies:				
	Name of Organization:	Grade of	Membership:			
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15.	Do you now hold a position with a medical ex	tammer's office, core	oner's office of	rinsurance		
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	Give details:					
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10.	References (List the names and complete add	· / I		0		
	provide references on your behalf. Please req			•		
	to the ABFO Registrar at the address above e	nsuring that your nai	me is clearly ic	lentifiable.)		
	Name:	Complete	e mailing address	:		
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17.	Additional information (Use this space for an	y additional commer	nts regarding y	our activities		
	in forensic odontology that might assist the A	BFO in evaluating tl	his application	. Include here		
	specialized training or education, membership					
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other certifications, etc.)			
In making this application to the me of a Certificate of Proficience Articles of Incorporation, Bylave force, I agree to disqualification Certificate, revocation of such Cof any misstatement or misrepresany of the regulations applicable ABFO. I further agree to hold to damage or liability by reason of including but not limited to the suspension, revocation or making removal of my name from any I In support of this application, I wherein or associated herewith ar belief, and that this statement is	cy in Forensic Odontology ws, and such other governing from the issuance to me of Certificate, or to surrender esentation of a material fact to such Certificate are visible ABFO, its officers, exaction that any of them materially factors of the ABFO to issue of any demand for the solitor of holders of such Certificate and correct true, complete and correct true, cor	and a coordance of a Certificate, susy such Certificate to et in this application olated by me, as desiminers and agents hay take in respect the me such Certifical currender of an issuration that all of the control of the coordinate of the certifical currender.	with and subject to its om time to time are in pension of such the ABFO in the event n or in the event that etermined by the free from any claim, to this application, eate or other ed Certificate, or the
Date		Signature of App	licant
Subscribed an	d sworn before me this	day of	, 20
		Signature of Nota	ary Public
	Notary Public in and for	the State of	
	My commission	expires	, 20
	((Notary Seal Here)	