

APPLICATION FOR CERTIFICATION

NATIONAL BOARD OF ORTHODONTICS, U.S.

NAME (PLEASE PRINT) _____

MAILING ADDRESS _____
(street)

(city) _____ (state) _____ (zip) _____
TELEPHONE _____ FAX _____

E-MAIL _____

DENTAL SCHOOL _____ Yr. Grad. _____ Degree _____

ORTHODONTIC TRAINING _____ Yr. Grad. _____ Degree _____

STATE LICENSE NUMBER _____ or
Certificate _____

APPROXIMATE NUMBER OF CEUs EARNED DURING LAST TWELVE MONTHS _____

APPLICANT'S SIGNATURE _____

Please include:

___ Application

___ Certification fee \$1500

___ Credential verification fee \$300

___ Copy of your certificate or advanced degree

___ Signed copy of Board agreement

SEND ALL CORRESPONDENCE TO: **National Board of Orthodontics, U.S.**
P.O Box 7659
Garden City, New York 11530