

APPLICATION FOR **ORTHODONTIC ASSISTANT** CERTIFICATION
National Board of Orthodontics, U.S.

Name _____
Please print

Mailing address _____

City State Zip

Daytime telephone (____) _____ Fax (____) _____

Professional employment

Current _____ Since _____
Address _____

Previous _____ From _____ To _____
Address _____

Education

High School _____
College/University _____
Technical/Trade school _____

Describe your training in orthodontics, include any formal coursework:

Number of CEUs earned in last 12 months _____

Current Certifications (please include copies with your application)

_____ CPR, issued by _____
Date

_____ Dental Radiography, issued by _____
Date

_____ Other, issued by _____
Date

By signing, I certify that all information on this application is accurate.

Signature

Date

SEND ALL CORRESPONDENCE TO:

National Board of Orthodontics, U.S.
P.O. Box 7659
Garden City, New York 11530