

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_

Application for Phase I II III IV (Please encircle)

Amount Paid \_\_\_\_\_

(Please leave top portion for administrative use only.)

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Photo  
Here  
(2" x 2")

## The Philippine Board of Orthodontics

### Application for Certification

(Please type or print in black clearly)

I, \_\_\_\_\_, hereby apply for certification as a specialist in orthodontics by the Philippine Board of Orthodontics in accordance with, and subject to, its rules and regulations.

1. Office Address \_\_\_\_\_  
Telephone No/s. \_\_\_\_\_ Fax No/s. \_\_\_\_\_  
E-mail address \_\_\_\_\_ Mobile no. \_\_\_\_\_
2. Home Address \_\_\_\_\_  
Telephone No/s. \_\_\_\_\_ Fax No/s. \_\_\_\_\_  
E-mail address \_\_\_\_\_
3. Date and Place of Birth \_\_\_\_\_
4. Pre-University Education: (School and Years Inclusive)  
Secondary \_\_\_\_\_  
Predental \_\_\_\_\_
5. Academic Degree/s if any and year/s when obtained:  
\_\_\_\_\_
6. Dental Education (School and years inclusive)  
\_\_\_\_\_
7. Dental Licensure Examination/s:  
Date Passed \_\_\_\_\_ Certification of Registration No. \_\_\_\_\_  
Are you registered for the current year? \_\_\_\_\_
8. Graduate /Postgraduate /Preceptorship Training: (School, major, years inclusive)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Special training/experience in orthodontics if any. Give inclusive years or dates and names or orthodontist/s who directed activity.
- \_\_\_\_\_
- \_\_\_\_\_
10. Fellowship/Assistantships Received: Name granting institution/agency and duration of Grant. Briefly describe what you did as a grantee.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
11. Teaching Appointments: (School, title, courses taught, inclusive years)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Non-formal teaching activity: Specify actual format whether seminar, workshop, symposium, etc. Describe exactly what you did or are doing, subjects, approximate number of participants/hours involved.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Have you applied for certification by any specialty board? \_\_\_\_\_  
If yes what is the status of your application? \_\_\_\_\_  
Are you now certified by any specialty board? \_\_\_\_\_
14. Years in general practice before specializing in orthodontics: (Location and inclusive dates)
- \_\_\_\_\_
- \_\_\_\_\_
15. Do you hold yourself out as a specialist in orthodontics? \_\_\_\_\_  
What percentage of your practice is devoted to orthodontics? \_\_\_\_\_  
If you are not in exclusive practice of orthodontics, state what fields of dentistry you are now engaged in \_\_\_\_\_
16. What techniques do you use in your practice of orthodontics?
- \_\_\_\_\_
- Since when did you start incorporating orthodontics in your practice?
- \_\_\_\_\_
17. Number of years you have limited your practice to orthodontics: (Location, inclusive of years/dates)
- \_\_\_\_\_
- Was this a solo practice, partnership or as an associate? \_\_\_\_\_
18. Do you use the title "Orthodontist" in any form of advertisement (e.g. calling cards door sign, etc.)? \_\_\_\_\_
19. Have you done any publication/s pertaining to orthodontics? (Title and name of Journal)
- \_\_\_\_\_