



AUSTRALASIAN ORTHODONTIC BOARD

APPLICATION & CASE NOMINATION
(Form 1)

Application should be made within **three months** of the commencement of treatment of the nominated cases.

Applicant

Last Name		First Name	
Address			
Telephone		Facsimile	
Membership Status		State Branch	
AOB Number		(AOB Number will be allocated for new applicants)	

Nominated Cases (A Privacy Consent Form must accompany each nominated case)

		Case ID	Malocclusion
1	Board Case		
2	Board Case		
3	Back-up Case		
4	Back-up Case		
5	Back-up Case		

Payment

<input type="checkbox"/> Cheque (payable to ASO Inc)
<input type="checkbox"/> Credit Card (please complete details below) <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name on card
Expiry Date
Processing Fee \$ AUS 220
Signature
Date

Applicants must submit to **Australasian Orthodontic Board, PO Box 576, Crows Nest, 1585 Australia:**

- **Form 1** (two copies)
- **Privacy Consent Forms** (one for each nominated case)
- **Processing fee** (\$AUS 220)

On receipt of the above, the Board will allocate you a confidential AOB number, which should be used for subsequent identification of all records. One copy of Form 1 will be sent to your State convenor.

When you receive your AOB Number, you may proceed with the AOB First Stage process.