



**AUSTRALASIAN ORTHODONTIC BOARD**

**ASSESSMENT FORM - AOB CERTIFICATION**

(Please type or print clearly)

The records of each case are to be re-assessed anonymously and independently by two assessors on completion of active orthodontic treatment. Except in special circumstances the same two cases are to be presented at the initial and final assessments.

Each component of the records are to be given a non-graded, formative assessment with comments to help the applicant where it is felt that modifications are advisable or worthy of consideration.

Case ID Supplied by AOB		Date Received	
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**Assessment**

Study Models	
Cephalometric Analysis	
Other Radiographs	
Photographs	
Case Details	
Case Analysis	
Treatment Plan	
Treatment Outcome	

Requirements fulfilled

**Assessor**

Name	
Signed	
Date	

**Please return this form with case records to State Convenor**