



## AUSTRALASIAN ORTHODONTIC BOARD

# APPLICATION & CASE NOMINATION (Form 1)

Application should be made within **three months** of the commencement of treatment of the nominated cases.  
Academic Pathway – Please do not use this form. Complete the application form for academics.

### Applicant

|                       |  |   |  |
|-----------------------|--|---|--|
| Last Name, First Name |  |   |  |
| Address               |  |   |  |
| Telephone             |  | Email   |  |
| 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 |         |              |

Please submit the below  
by email to [admin@aso.org.au](mailto:admin@aso.org.au)

- **Form 1**
- **Privacy Consent Forms** (one for each nominated case)
- **Processing fee** (AUD \$250 - students exempt)

On receipt of the above, if you are a new candidate, you will be allocated a confidential AOB number, which should be used for subsequent identification of all records (AOB number and patient initials). New candidates should use the patient initials only as the Case ID on this form.

A copy of your application will be sent to your Convenor.