



Specialized
Orthodontic
Assistant.

AAO VOLUNTARY CERTIFICATION PROGRAM® EXPERIENCE IN ORTHODONTIC ASSISTING FORM

AAO MEMBER ORTHODONTIC EMPLOYER WORK EXPERIENCE STATEMENT

The individual named below is applying for the AAO Voluntary Certification Program® for orthodontic assistants. Experience in orthodontic assisting is one of a select number of requirement options chosen by this candidate as part of the application process. The applicant is required to submit a completed AAO Member Orthodontic Employer Work Experience form signed by the AAO member employer. Verification of a minimum of 2250 hours of employment within a four year period of time is required in an orthodontic specialist's office is required. Please assist this candidate by documenting their orthodontic assisting experience. **Return completed form to candidate.**

Date _____

Name of Candidate (please print) _____

Name of AAO Member Orthodontist Specialist/Employer (please print) _____

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone () _____ - _____ Cell or Home Phone () _____ - _____

I hereby attest that the above named candidate has been in my employment as an orthodontic assistant for:

Indicate dates of employment: From _____ To _____
(Month/day/year) (Month/day/year)

Candidate has worked an average of _____ hours/week.

Signature of Orthodontist _____ Date _____

(Must be signed and dated.)