



## AAO Voluntary Certification Program® Application

As a specialized agency, AAO Services, Inc. grants the AAO Voluntary Certification Program® for orthodontic clinical assistants who demonstrate a high level of knowledge and proficiency.

Please print clearly and complete all items below. It is the candidate's responsibility to ensure this application is legible, dated, signed, and has enclosed all required documents. For information on certification eligibility and document requirements, please refer to the *AAO Voluntary Certification Program® Handbook* located at [www.AAOinfo.org](http://www.AAOinfo.org).

### APPLICANT INFORMATION (Your name will appear on your certificate as written here.)

Today's Date \_\_\_\_\_

I am a:  First-time Applicant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Personal E-mail Address (Must be active) \_\_\_\_\_ (Print clearly)

### CORE REQUIREMENT DOCUMENTATION REQUIRED

- Photocopy of AAO Voluntary Certification Program® exam certificate
- Photocopy of CPR Card (front and back); CPR expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_. CPR certification must be current at the time of application submission. (If physical limitations prevent CPR certification, please refer to the Credentialing Handbook for additional information.)

### ADDITIONAL REQUIREMENTS REQUIRED

Select the "Additional Requirements" options you have chosen to satisfy the 40 points with supporting documentation attached.

- Experience in Orthodontic Assisting (40 points)** – Submit a completed AAO Member Orthodontic Employer Work Experience form signed by the AAO and/or WFO member orthodontic specialist employer. Verification of a minimum of 2250 Hours of employment within a four year period of time is required. To obtain the Employer Work Experience form (duplicate form as needed) visit [www.AAOinfo.org](http://www.AAOinfo.org).
- Education (Beyond High School) (40 points)** – Submit a photocopy of a certificate of completion, diploma or school transcript from a dental assisting or orthodontic assistant training program. The school should be either accredited by a Regional Accrediting Commission, be State Post-Secondary Education approved/certified, or be a program endorsed by the American Association of Orthodontists.
- State Proficiency Testing (15 points)** – Submit a photocopy of a proficiency certificate or State permit.
- Professional Contribution to the Field (15 points)** Submit a photocopy of supporting documentation.
  1. Published articles in the *Orthodontic Staff News*, constituent or component newsletters, etc. – 2 Points
  2. List presentations made at the AAO Annual Session, constituent or component meetings – 6 Points
  3. List presentations (list location and dates) made to schools, civic organizations, etc. – 2 Points
  4. List presentations (list location and dates) such as lunch and learns given to orthodontic or general dentists' staff – 1 Point

- Membership in Professional Organizations (10 points)** – Submit a photocopy of current professionally related membership. The AAO Orthodontic Staff Club is also accepted. (*Employer designated awards do not qualify for points.*)

### BACKGROUND INFORMATION

- Yes  No Felony convictions within the last five years  
 Yes  No Disciplined by a regulatory board, credentialing agency, or an educational institution  
 Yes  No Declared mentally incompetent by a court of law

If the candidate checks “yes” to any background information item, please refer to the AAO Voluntary Certification Program® Handbook for further required documentation.

### PAYMENT INFORMATION

Application Fee (**non-refundable**): \$25.00

- Check/Money Order (payable to AAO Services, Inc.)

VISA  MASTERCARD  AMEX ACCT #: \_\_\_\_\_ V Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name as it appears on the card: \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

### APPLICATION CHECKLIST

Before mailing your application, please be sure that the following have been included:

- Photocopy of AAO Voluntary Certification Program® exam certificate  
 Photocopy of CPR card (front and back)  
 Required documentation of “Additional Requirements” totaling 40 points  
 Print, sign and date completed application form.  
 Application fee

### STATEMENT OF UNDERSTANDING

The application fee is non-refundable. I understand that the AAO Voluntary Certification Program® review committee reserves the right to verify any or all information contained in this application. I understand and agree that my failure to provide accurate, true and correct information or respond to requests for additional information shall constitute grounds for rejection of my application. Applicants who achieve certification are required to notify the AAO Voluntary Certification Program® review committee of any change or changes in the information contained in this application after application has been submitted. Applications will be considered without regard to race, color, religion, creed, national origin, sex, age, sexual orientation, disability or any other legally protected characteristic.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Must be signed and dated.)*

**NOTE: Please retain a photocopy of your application. MAIL (do not FAX) application, required documentation and fee to: AAO Voluntary Certification Program® Attn: Michelle Ritterskamp, 401 North Lindbergh Blvd., St. Louis, MO 63141**