



RENEWAL APPLICATION CONTINUING EDUCATION REPORTING FORMS

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 renewal application is legible, dated, signed, and has enclosed all required documents.

For information on renewal and document requirements, please refer to the AAO Voluntary Certification Program® Handbook located at www.aaoinfo.org.

APPLICANT INFORMATION

Today's Date _____

Last Name _____ First Name _____

Street Address _____ City _____

State _____ Zip Code _____ Country _____

Work Phone () _____ - _____ Cell Phone () _____ - _____

E-mail Address (Must be active) _____ (Print clearly)

Work E-mail Address _____ (Print clearly)

REQUIREMENT DOCUMENTATION REQUIRED

- Photocopy of CPR Card (front and back); CPR expiration date ____/____/____. CPR certification must be current at the time of renewal submission. (If physical limitations prevent CPR certification, please refer to the Credentialing Handbook for additional information.) **CPR Certification qualifies as four (4) hours of CE credit.**
- 24 Continuing Education Credits with photocopies of the CE certificates. **OR**
- 20 Continuing Education credits plus 4 Continuing Education points with photocopies of CE certificates and verification of Continuing Education points.

NON-REFUNDABLE \$50 RENEWAL FEE

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 RENEWAL CHECKLIST

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

- Photocopy of CPR card (front and back)
- Continuing Education Reporting form with
- photocopies of CE documents
- Continuing Education Points Reporting form (if
- applicable) with photocopies of documentation
- Print, sign and date completed renewal form.
- Renewal fee



STATEMENT OF UNDERSTANDING

The renewal 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 renewal 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 renewal application. Renewal 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 renewal application after renewal application has been submitted. Renewal 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 renewal application. MAIL application if providing check, with all documentation to: AAO Voluntary Certification Program® 401 North Lindbergh Blvd., St. Louis, MO 63141

If using a credit card payment and feel comfortable emailing, please email with copies of all documentation included to mritterskamp@aaortho.org. Be sure to include in subject line AAO Voluntary Certification.



Specialized
Orthodontic
Assistant.

CONTINUING EDUCATION REPORTING FORM

Continuing education courses must relate to the practice of orthodontic assisting or dental assisting. Courses taken must be approved, e.g., ADA CERP, DANB, National Dental Organization or State Dental Board or be part of an AAO and affiliated organization's official program.

Continuing Education Courses	Date Awarded	CE Awarded	Copy Enclosed	AAO USE ONLY
EXAMPLE: Infection Control for Orthodontic Staff	6/5/2012	2.0	X	
CPR Certification		4.0		
TOTAL				

NOTE: The total must equal a minimum of 24 total CE credits or 20 CE credits plus 4 continuing education points.

I hereby attest that I have obtained the Continuing Education credits as recorded.

Signature _____

Date _____

CONTINUING EDUCATION POINTS REPORTING FORM

For information on continuing education points, please refer to the AAO Voluntary Certification Program® Handbook located at www.aainfo.org.

Continuing Education Points – Program Title	Date	Points Earned	Copy Enclosed	AAO USE ONLY
EXAMPLE: Oral health presentation to 4 th graders at Mason Elementary School, St. Louis, MO	2/1/2013	2	X	

NOTE: The total must equal a minimum of four (4) points.

I hereby attest that I have obtained the Continuing Education points as recorded.

Signature _____

Date _____

CONTINUING EDUCATION POINTS VERIFICATION FORM

The individual named below is applying for the AAO Voluntary Certification Program® **renewal** for orthodontic assistants. Submitting Continuing Education Points is one of a select number of requirement options chosen by this candidate as part of the renewal process. Please assist this candidate by documenting their Continuing Education experience. **Return completed form to candidate.**

Name of Candidate (please print): _____

Continuing education points may be earned in the following manner:

Continuing Education Points	Points
1. Submit articles published in the <i>Orthodontic Staff News</i> , constituent or component newsletters, etc. that have gone through an editorial review	2
2. Presentations made at the AAO Annual Session, constituent or component meetings	6
3. Presentations made to schools, civic organizations, etc.	2
4. List presentations such as lunch and learns given to the orthodontic or general dentists' staff verified by the employer	1

PRESENTATION

Date given: _____ Title: _____

Location: _____

Description: _____

Signature _____ Title _____

(May be signed by Orthodontist, Office Manager, School Official)

PRESENTATION

Date given: _____ Title: _____

Location: _____

Description: _____

Signature _____ Title _____

(May be signed by Orthodontist, Office Manager, School Official)

ARTICLE

Date published: _____

Title: _____

Name of publication: _____

Description: _____

ARTICLE

Date published: _____

Title: _____

Name of publication: _____

Description: _____