



# International Association for Orthodontics Application for Tier Advancement Diplomate

***Photo Required***

**Please check the examination for which you are applying:**

- \_\_\_\_\_ IBO Written Examination and IBO Clinical Case Examination (US \$500.00)
- \_\_\_\_\_ IBO Written Examination ONLY (US \$100.00)
- \_\_\_\_\_ IBO Clinical Case Examination ONLY (US \$400.00)\*

*\*Candidates must have passed the IBO Written Examination prior to taking the IBO Clinical Case Examination.*

IAO ID \_\_\_\_\_ Date Joined (MM/YYYY) \_\_\_\_\_

### Candidate Demographic Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_ Citizenship (optional) \_\_\_\_\_

### Candidate Practice Information

Please Check \_\_\_\_\_ General Dentist \_\_\_\_\_ Pediatric Dentist \_\_\_\_\_ Otho Limited

Please Check \_\_\_\_\_ Private Practice \_\_\_\_\_ # of Years in Private Practice

\_\_\_\_\_ Solo \_\_\_\_\_ # of Years, Solo

### Educational History

Undergraduate University: \_\_\_\_\_ Degree \_\_\_\_\_ Date Awarded (MM/YYYY) \_\_\_\_\_

Dental School: \_\_\_\_\_ Degree \_\_\_\_\_ Date Awarded (MM/YYYY) \_\_\_\_\_

Postgraduate School: \_\_\_\_\_ Degree \_\_\_\_\_ Date Awarded (MM/YYYY) \_\_\_\_\_

**IAO Tier Advancement Application**  
***Diplomate***

**Professional Affiliation**

University (Faculty)

Affiliations: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

Honors, Awards: \_\_\_\_\_

Published Articles: \_\_\_\_\_

Community Activities: \_\_\_\_\_

**Payment Information**

Please check payment type:

MASTERCARD     VISA     AMEX     DISCOVER     US MONEY ORDER / US CHECK

Card Number \_\_\_\_\_ Expiration Date (mo/yr) \_\_\_\_\_

Security/CVV Code \_\_\_\_\_

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

**Please return this form, with your payment to:**

International Association for Orthodontics  
750 N Lincoln Memorial Dr., Ste 422  
Milwaukee, WI 53202 USA  
414/272-2757 Fax: 414/272-2754  
E-mail: jennba@iaortho.org