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 Registered Charity Number: 109519

**APPLICATION FOR MEMBERSHIP OF THE EUROPEAN BOARD OF ORTHODONTISTS** (please tick the appropriate box)

- FULL MEMBERSHIP EXAMINATION [ ]  
 PROVISIONAL MEMBERSHIP EXAMINATION PART I [ ]  
 PROVISIONAL MEMBERSHIP EXAMINATION PART II [ ]

Family name..... Title.....  
 First name.....  
 Address.....  
 Town and Postcode.....Country.....  
 Telephone Work.....Telephone Home.....  
 Fax.....E-mail.....

**Qualifications**

Date and Type of Initial Dental Qualification.....  
 Date and Type of Orthodontic Qualification.....  
 Place where Postgraduate Orthodontic Course was undertaken.....  
 Duration of Postgraduate Orthodontic Course.....  
 Date of Entry to the Specialist Register.....

I wish to apply for membership of the European Board of Orthodontists recognised by the Council of the European Orthodontic Society. In making such application I agree to abide by the rules of the regulations or notices issued by the Council of the European Orthodontic Society in respect of its recognition of the European Board of Orthodontists. I acknowledge that I have been provided with a copy of the current rules and regulations issued by the Council of the European Orthodontic Society in relation to the European Board of Orthodontists. I certify that I have been an independent specialist practitioner for 5 years and the cases to be presented have been diagnosed and treated solely by myself, and none of them were treated during specialist training. **I enclose a curriculum vitae from the date of my first dental qualification to the present date.**

Signed.....Date.....

I enclose the appropriate fee: (tick box)

	<b>Full Membership</b>	<b>Provisional Part I</b>	<b>Provisional Part II</b>
EOS members	GBP 500 { }	GBP 200 { }	GBP 300 { }
Non EOS members	GBP 1000. { }	GBP 300 { }	GBP 400 { }

PLEASE COMPLETE IN BLOCK CAPITALS

Name.....  
 Address.....  
 Town & Postcode.....  
 Country.....  
 E-mail.....  
 Date.....

 I wish to pay by Visa/Mastercard/Eurocard; please charge to my account. My card number is (13 or 16 digits):



 Security number on reverse of card \_\_\_\_\_

Signature  Expiry date

Name (on card)

Address

Town & Country

Country

# EUROPEAN BOARD OF ORTHODONTISTS (EBO)

## 1. OBJECTIVES

- 1.1 To enhance the standards of orthodontic treatment throughout Europe by providing a standard against which the orthodontists who so desire can be judged independently or national examinations and barriers.
- 1.2 The EBO would encourage the spirit of self-improvement among colleagues who are recognized specialists in orthodontics within countries in Europe.
- 1.3 The standards of orthodontic treatment would be judged by an expert panel of European orthodontists. The list of examiners will be communicated each year to the Council of the European Orthodontic Society.
- 1.4 Membership of the EBO would not grant the right of practice in any country but would indicate that the orthodontist has demonstrated a clinical standard or excellence.

## 2. ELIGIBILITY

**A candidate presenting for the full EBO membership examination** must fulfil the following educational and professional requirements:-

- 2.1 The candidate must have undertaken a period of full-time training in orthodontics of at least three years duration or its equivalent, approved by the National Specialist Committee in Orthodontics or the appropriate body in the country in which the orthodontist resides. Alternatively, two years full-time education and at least two years of full-time teaching in orthodontics at the university is accepted.
- 2.2 The candidate shall confirm that the cases presented pursuant to these regulations have been diagnosed and treated under the sole responsibility of the candidate and that all such cases were diagnosed and treated after he/she had satisfied the training period required by regulation 2.1.
- 2.3 For every case presented, it is essential to include an informed consent signed by the patient or his/her parent/care keeper indicating that the patient has been treated by a certain orthodontist and granting permission to show his/her data in a digital format for the case study. Furthermore each case should have a form signed by the presenter confirming that images have not been manipulated.
- 2.4 The examination fee as applicable must have been paid before the date of the examination. If a candidate withdraws from the examination less than 3 months before the date of the examination 50% of the fee paid will be forfeited. All such withdrawals must be in writing.
- 2.5 The candidate must sign an agreement which declares that decisions of the Board will be accepted as final.

**A candidate presenting for provisional EBO membership examination** must fulfil the following educational and professional requirements:

- 2.6 The candidate must have undertaken a period of full-time training in orthodontics of at least three years duration or its equivalent, approved by the National Specialist Committee in Orthodontics or the appropriate body in the country in which the orthodontist resides. Alternatively, two year's full-time education and at least two years of full-time teaching in orthodontics at the university is accepted.
- 2.7 The candidate must apply for provisional membership within 24 months after finishing his/her postgraduate training in orthodontics.
- 2.8 The candidate shall confirm that the cases presented pursuant to these regulations have been completely diagnosed, completely planned and completely treated by the candidate under surveillance during the period of orthodontic training. Evidence of the above must be provided in the case presentation.
- 2.9 For every case presented, it is essential to include an informed consent signed by the patient or his/her parent/care keeper indicating that the patient has been treated by a certain orthodontist and granting permission to show his/her data in a digital format for the case study. Furthermore each case should have a form signed by the presenter confirming that images have not been manipulated.
- 2.10 The candidate's statement must be accompanied by confirmation signed by the chairperson of the applicable orthodontic department on University letterhead stating that the two cases presented for provisional membership were completely diagnosed, completely planned and completely treated by the candidate under surveillance during the

period of orthodontic training.

2.11 The examination fee as applicable must have been paid before the date of the examination. If a candidate withdraws from the examination less than three months before the date of the examination 50% of the fee paid will be forfeited. All such withdrawals must be in writing.

2.12 The candidate must sign an agreement which declares that decisions of the Board will be accepted as final.

### 3. THE EXAMINATION

3.1 The examination shall consist of:

3.1.1 The presentation of the number of case: required covering a spectrum of malocclusions as specified. Marks will be allocated for the complexity of the cases, the excellence of the treatment results and the presentation.

3.1.2 The language of the oral examination shall be English. If the candidate is not fluent in English, he/she has the right to use a translator at his/her expense.

3.2 In addition to the conventional presentation of the cases during the EOS congress, it will be possible to submit cases digitally before the examination. The standardised case presentation format (pages of case description) MUST be followed. The case files can be presented as Word or PDF-files. If you submit the cases digitally, you will be invited to upload your data with a link. During secure file transfer, through the use of PC tools, scripts, and managed file transfer options, files get encrypted when in transit and during storage.

3.3 The result of the examination could be 'accepted', 'incomplete' or 'deferred'. When a candidate is deferred, the Board will advise the candidate on re-examination. The candidate for provisional membership can re-sit the examination once, the candidate for full membership can re-sit the examination twice. The time interval between such re-examinations shall be advised by the Examination Board. **The fee to re-sit the examination will be 50% of the original fee paid.**

#### TYPE OF CASES

The cases presented shall cover the following spectrum:

##### 1. EARLY TREATMENT MALOCCLUSION

Either a one or two stage treatment started in the primary or mixed dentition and completed in the permanent dentition. Initial records (A) taken prior to the start of phase one are required. If treatment is in two stages, interim (B) records are required following the completion of stage one or prior to the start of stage two. The final records (C) must be taken within one year after the end of treatment.

##### 2. ADULT MALOCCLUSION

An adult not requiring orthognathic surgery but requiring comprehensive therapy and significant diagnostic and biomechanical skills, which also may include interdisciplinary co-operation.

##### 3. CLASS I MALOCCLUSION

A malocclusion with either a dentoalveolar protrusion, open bite, deep overbite or a significant arch length deficiency, or eruption problems requiring orthodontic treatment.

##### 4. CLASS II DIVISION 2 MALOCCLUSION

Exhibiting an anterior deep overbite with at least two retroclined incisors and a Class II canine relationship.

##### 5. CLASS II DIVISION 1 MALOCCLUSION

A malocclusion with a high Frankfort mandibular plane angle. Minimum FM angle of 30 degrees and/or SN to Go-Gn angle of 37 degrees

##### 6. CLASS II DIVISION 1 MALOCCLUSION

A malocclusion with a significant mandibular arch length deficiency. In at least one of the two Class II:1 cases the treatment must involve extractions in both dental arches.

##### 7. A SEVERE SKELETAL DISCREPANCY

A malocclusion with a severe anteroposterior and/or vertical discrepancy including comprehensive orthodontic therapy.

##### 8. A SIGNIFICANT TRANSVERSE DISCREPANCY

A posterior crossbite that requires full appliance treatment.

In only one case should orthognathic surgery or extensive restorative treatment be part of the treatment performed. If a candidate is unable to produce a case for one category they may substitute another case from another category but must give an explanation why it has been substituted and may only do this for one case.

### **PRESENTATION OF CASES**

Each case to be presented shall have the following records in English

1. (a) A diagnostic description of the malocclusion and the functional status.  
(b) Treatment plan including the reasons for it.  
(c) A résumé of the actual treatment carried out including any difficulties encountered.
2. Dental casts taken immediately before the commencement of treatment, at the completion of treatment, and at least one year after the completion of treatment .(retention records NOT required for provisional membership).
3. An initial lateral skull radiograph with the teeth in habitual occlusion is mandatory.
4. Such other skull radiographs as may be necessary for subsequent monitoring.
5. Tracings of the lateral skull radiograph(s) traced according to the candidate's usual practice.
6. Periapical or panoramic radiographs of adequate diagnostic quality before and towards the end of treatment.
7. Orientated full face, profile and intra-oral colour photographs (at least 5 '8 cms) taken before, after treatment, and at least one year after the completion of treatment.(retention records NOT required for provisional membership).
8. Any additional patient records as may seem desirable.

### **IDENTIFICATION OF RECORDS**

Each item in the case presentation, including each upper and each lower cast, cephalometric film, tracing, radiograph and colour photographs, must be clearly marked with the following information:

Candidate's number.

Case number or patient' s name.

Date on which the record was made.

Patient's age to the nearest month, e.g. "11-8"

Stage of treatment:       I.   Start of treatment. (Black)  
                                  II.  Completion of treatment. (Red)  
                                  III. Follow up records at least one year after the completion of treatment. (Green)

Adhesive labels should be used to identify study models, unless the information is indelibly written on the record itself (Colour I: Black; II: Red, III: Green).

### **EXAMINATION PROCEDURE**

The candidate would lay out the models a required time before the examination. The examiners would then examine the cases and the oral examination of the Candidate would take place later.

The Board of examiners will decide which candidates have satisfied the Examiners. The candidates shall be informed by letter of the results of the examination. The names of the successful candidates would be presented to the Council and then the Business Meeting of the Society. After a successful EBO examination the name of the certified orthodontist will be listed on the website of the EOS.

### **MEMBERSHIP**

Provisional Membership of the Board shall be granted to the candidates who have successfully passed the Provisional Membership Examination Part I.

Full Membership of the Board shall be granted to the candidates who have demonstrated a theoretical standard which is in accordance with the full requirements of the Board, but this would not grant the right of practice in any country.

The use of the designation 'Member of the European Board of Orthodontists' (in English or in the national language) on cards, letterheads, directories and announcements can only be used if so permitted by national laws and regulations. In case of ethical misconduct or a Member acting unprofessionally, membership may be revoked by and at the absolute discretion of the Council of the EOS.