ABCP Diplomate Application: Exhibit A

Patients Treated - Affidavit

Candidate Name:

Application Date:

American Board of Craniofacial Pain
11130 Sunrise Valley Drive, Suite 350
Reston, VA
USA
20191
Phone: 800-322-8651 or 703-234-4142
Fax: 703-435-4390
www.abcp-us.org

Prior to application, candidates for ABCP Diplomate status must personally complete all aspects of assessment, diagnosis and management of one hundred (100) patients whose chief complaints included Craniofacial Pain of non-dental or alveolar origin. Please document fulfillment of this prerequisite by completing this form in its entirety, signing it and having it notarized prior to submitting it to the ABCP.

Note: Two forms of ID (i.e., patient initials or chart number AND date of birth or last 4 digits of the social security number) must be supplied for each patient.

	Patient ID 1 (patient initials or chart #)	Patient ID 2 (date of birth or last 4 digits of SSN)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

ABCP Diplomate Application: Exhibit A

Patients Treated - Affidavit

Candidate Name:	
Application Date:	

	Patient ID 1 **(patient initials or chart 3)**	**Patient ID 2** **(date of birth or last 4 digits of SSN)**
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		
55.		

ABCP Diplomate Application: Exhibit A

Patients Treated - Affidavit

Candidate Name:	
Application Date:	

	Patient ID 1 (patient initials or chart #)	Patient ID 2 (date of birth or last 4 digits of SSN)
56.		
57.		
58.		
59.		
60.		
61.		
62.		
63.		
64.		
65.		
66.		
67.		
68.		
69.		
70.		
71.		
72.		
73.		
74.		
75.		
76.		
77.		
78.		
79.		
80.		
81.		
82.		
83.		
84.		
85.		

ABCP Diplomate Application: Exhibit A

Patients Treated - Affidavit

Candidate Name:	
Application Date:	

	Patient ID 1 (patient initials or chart #)	**Patient ID 2 (date of birth or last 4 digits of SSN)**
86.		
87.		
88.		
89.		
90.		
91.		
92.		
93.		
94.		
95.		
96.		
97.		
98.		
99.		
100.		

Notary Public's Seal:

Candidate Signature:

Sworn and subscribed before me, this

________ day of ________, 20 ________

Notary Public's Signature:

My commission expires :