

**Visit "Thesis Guidelines"  
at [abog.org](http://abog.org) for specific  
guidance about preparing  
your thesis. The Thesis  
Affidavit is on the  
following page.**

## 2019 Thesis Affidavit Form

**Candidate Name** (please print): \_\_\_\_\_  
Last name, First name, M.I.

**ABOG ID Number:** \_\_\_\_\_ **Subspecialty Division** \_\_\_\_\_

You have applied to take the subspecialty oral examination. Please complete the following affidavit and submit it **with** your thesis.

Thesis Title

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Please provide the following information regarding this thesis:

1. Is the product of my original research? Yes\_\_\_ No\_\_\_

2. Was it performed during or subsequent to my fellowship? Yes\_\_\_ No\_\_\_

3. Human subjects involved: Yes\_\_\_ No\_\_\_

If yes, provide IRB Approved # \_\_\_\_\_

Institution: \_\_\_\_\_

4. Animal subjects involved: Yes\_\_\_ No\_\_\_

If yes, provide Animal IRB Approved # \_\_\_\_\_

Institution: \_\_\_\_\_

5. Basic Science Study Yes\_\_\_ No\_\_\_

**If the research is considered to be exempt from IRB approval, a statement from the IRB to that effect MUST be included with the thesis.**

This affidavit should be signed by your fellowship Program Director. If this person is unavailable, the current Chairman of the fellowship may sign the attestation. If neither of these individuals is available, the affidavit may be signed by the Chief of the Division.

\_\_\_\_\_  
Printed Name of Person Verifying

\_\_\_\_\_  
Signature of Person Verifying      Date

\_\_\_\_\_  
Current Position of Person Verifying

\_\_\_\_\_  
Name of Fellowship Institution

\_\_\_\_\_  
Candidate Printed Name

\_\_\_\_\_  
Candidate Signature      Date

If this affidavit has been previously completed and submitted to the Board and you are using the same thesis, you do not need to resubmit it.