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2020 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
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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. What type of design does your study use?
   _____ Laboratory: basic science/bench
   _____ Laboratory: animal model
   _____ RCT
   _____ Meta-analysis/systematic review
   _____ Cost-effective analysis
   _____ Case-control
   _____ Cohort
   _____ Survey-collected data
   _____ Translational
   _____ Other (open-ended)

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.

Rev. 3/2019