

ABOG

American Board of Obstetrics & Gynecology

First in Women's Health®

2023 Thesis Affidavit Form

The current bulletin for your division will provide you with the proper thesis submission instructions.

Complete all fields below by typing responses into each field, except where a signature is required. Print this document, secure necessary signatures, scan, and upload into your ABOG portal using the Upload Thesis Affidavit Tab. DO NOT upload the Thesis Affidavit with your Thesis.

If this affidavit has been previously submitted to ABOG, and you are using the same thesis, you do not need to resubmit the Thesis Affidavit Form again. You will still be required to complete the Upload Thesis task with your thesis submission.

CANDIDATE'S LAST NAME, FIRST NAME, & M.I.

ABOG ID NUMBER

SUBSPECIALTY DIVISION

THESIS TITLE

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THIS THESIS:

Is this the product of my original research? Yes No

Research was performed during Fellowship Yes No

Research was performed **after** Fellowship Yes No

Full Name of Institution

Human subjects involved? Yes No

If yes, IRB Approved Number

Animal subjects involved? Yes No

If yes, Animal IRB Approved Number

If you answered NO to the two above questions, then you MUST provide documentation that your thesis is considered exempt by the IRB. Either a statement from the IRB confirming the exemption or a copy of the policy that allows your thesis to be exempt MUST be uploaded with your completed Thesis Affidavit in the same PDF document.

What type of design does your study use?
Choose from one of the 15 selections in the drop
down list:

If you chose "Other," please provide a description
of your study design:

Required Names and Signatures

This affidavit should be signed by your fellowship Program Director. If this person is unavailable, the current Chair of the fellowship may sign the affidavit. If neither of these individuals is available, the affidavit may be signed by the Chief of the Division. **Typed electronic signatures that are not digitally verified will not be accepted.**

NAME OF THE PERSON VERIFYING

SIGNATURE OF PERSON VERIFYING DATE

CURRENT POSITION OF PERSON VERIFYING

NAME OF INSTITUTION

CANDIDATE NAME

CANDIDATE SIGNATURE & DATE