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2021 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 certifying 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 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
   ____ Epidemiologic study
   ____ Mechanistic study
   ____ Other: ______________________________________
   ______________________________________________

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 Department 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. 1/2020