



## Thesis Affidavit Form

**You have applied to take the subspecialty certifying examination. Please complete this two-page affidavit and submit with your thesis. Complete all fields below by typing responses into all fields. Then print document, secure signatures, and scan and upload into your ABOG portal account.**

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

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

ABOG ID NUMBER

SUBSPECIALTY DIVISION

THESIS TITLE

### PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THIS THESIS:

Is the product of my original research?      YES      NO

When was this research performed?

**NOTE: If research was not performed during fellowship, STOP HERE and contact ABOG immediately at [exams@abog.org](mailto:exams@abog.org) or call 214.721.7520.**

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

What type of design does your study use?  
Choose one from the 12 selections in drop down list:

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

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## 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.

NAME OF PERSON VERIFYING

SIGNATURE OF PERSON VERIFYING & DATE

CURRENT POSITION OF PERSON VERIFYING

NAME OF INSTITUTION

CANDIDATE NAME

CANDIDATE SIGNATURE & DATE