

Academy of Gp Orthodontics
Tier Advancement Program
Case Presentation Requirements
for Associate Fellowship, Fellowship and Diplomate

All case presentations shall be submitted in separate white 3-ring view binders with an additional binder to include a written summary sheet of all the cases divided into classifications in ascending order of complexity with a sign-off requirement checklist. A candidate application sheet must accompany the presentations with proof of pre-requisite CDE hours.

Each case presentation binder must contain the following documentation for each case presented:

- I. Cover sheet** - Inserted as the cover of a white 3-ring binder with a summary of the case, i.e. classification of malocclusion (Class I, II, etc.)
 - A. patient's initials and DOB
 - B. date treatment began and completion date with the age of the patient to the nearest month at the start of treatment and at completion of treatment.
 - C. case number if applicable

- II. Table of Contents:**
 - A. Preliminary Orthodontic Evaluation
 - 1) patient medical and dental histories
 - 2) clinical findings
 - 3) TMD analysis
 - 4) etiology (functional habits, nasopharyngeal obstructions, etc.)
 - 5) radiographic findings
 - B. Summary of orthodontic analysis and diagnosis
 - C. Diagnosis and treatment plan
 - D. Treatment history
 - E. Copy of informed consent and any other patient education materials distributed to the patient.

- III. Photographs must be in full color**
 - A. pre- and post- treatment full face with lips together
 - B. pre- and post-treatment full face, smiling (showing occlusion)
 - C. pre- and post-treatment profile (right side, same as cephalometric X-ray)
 - D. pre- and post- treatment front view of occlusion
 - E. pre- and post- treatment right side retracted
 - F. pre- and post- treatment left side retracted
 - G. pre- and post- treatment upper arch and lower arch
 - H. progress front and side views with appliances in place

- IV. Radiographs**
 - A. pre- and post-treatment panorex or full-mouth survey, indicating name, date, and age when taken;
 - B. pre- and post-treatment right lateral cephalometric X-ray with tracing, also with name, date, and age when taken.

- V. Summary of Treatment Objectives**
 - A. description of diagnosis and treatment plan;
 - B. achievement of treatment objectives;