

**Sponsor and Reviewer Approval  
for Affiliate Presentation of their Clinical Excellence**

Affiliate Member Name: \_\_\_\_\_

Sponsor/Reviewer Name: \_\_\_\_\_

Please review the candidate's clinical presentation and confirm that it clearly meets all of the following required criteria (please check each box to confirm):

- ☐ **The clinical presentation includes 3 well-documented cases treated by the candidate. Detailed case selection criteria are provided in the attached document (only one case can be an aligner or hybrid case).**
- ☐ **Each case includes pre-treatment, original (non-computer generated) patient photographs and radiographs, as appropriate, that are interpreted to provide detailed diagnostic information. Comprehensive guidelines for these photographs are provided in the attached document. Cephalometric analysis must be included to support the diagnosis.**
- ☐ **For each case, the presentation includes potential reasonable treatment options and a rationale for rejecting or accepting each option.**
- ☐ **The presentation contains images of the patient (or a similar patient) treated by the candidate with appliances in place to demonstrate expertise placing and using the appliances.**
- ☐ **The presentation contains a description of the biomechanical strategies used in each case (with photos of the appliances in place) to achieve the desired outcome.**
- ☐ **The presentation contains a description of the candidate's philosophy of retention with photographs of the patient (or a similar patient) demonstrating the application of this philosophy.**
- ☐ **The presentation includes post-treatment, original (non-computer generated) photographs and appropriate radiographs (unless post-treatment radiographs are not permitted by local laws or regulatory guidelines) of each patient at the end of treatment demonstrating that the stated goals were met. This should also include cephalometric analysis and color-coded superimpositions.**

**I confirm that I have reviewed the candidate's clinical presentation and that it contains all of the above (checked) characteristics required for an acceptable clinical presentation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_