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|  | **American Board of Endodontics Recertification Form**  For Diplomates with a Recertification Date of 2027 or later.  150 hours required. Non-AAE credit hours are limited to 75 hours.  Please fill out the form on the following pages, and when complete, email it as an attachment to: [staff@amboardendo.org](mailto:staff@amboardendo.org)  Fill out your hours, the year and location in which you accrued the hours, in the appropriate color-coded categories. Be sure to note the maximum number of hours you can enter for each category. The categories are as follows:  *AAE Annual Meeting / Insight Track / Joint Conference Non AAE Sponsored CE Courses AAE LLC (Endo on Demand) Education Sessions  AAE LLC (Endo on Demand) JOE  JOE Scientific Review*  *Authorship*  *Full Time Teaching*  *Part Time Teaching Endodontic Course Presentation AAE Meeting Research Projects*  To create an additional line in each category, simply click on the “tab” key on your computer, or click on the plus sign that appears when you are entering text into any of the fields.  Toward the end of the form (before the “Attestation”) be sure to separately calculate your hours, and then enter them in the yellow field provided.  Don’t forget to fill out the “Attestation”.  For a video with instructions on how to fill out this form, please visit our website at:[**https://www.aae.org/board/recertification/**](https://www.aae.org/board/recertification/)**.   Any questions? Please contact the ABE Staff at staff@amboardendo.org.** |

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| **AAE Annual Meeting / Insight Track / Joint Conference**  *One Recertification CE Hour for each CE Hour Awarded – All 150 Hours are eligible.* |

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| CE Hours | Year | Location |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Non AAE Sponsored CE Courses**    *One Recertification CE Hour for each CE Hour Awarded – 25 hours maximum per year – 75 total hours max.*  *ADA CERP, AGD PACE, or international endodontic continuing education courses, it is expected that these non-AAE sponsored courses should have reasonable application to the practice of endodontics to include topics such as restorative dentistry, medical complications, emergency management, pharmacology, pathophysiology, radiology, etc.* |

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| CE Hours | Year | Course Title | Location |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **AAE LLC (Endo on Demand) Education Sessions**  *One Recertification CE Hour for each CE Hour Awarded - 54 Total Hours Max.* |

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| CE Hours | Year | Course Title |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **AAE LLC (Endo on Demand) *JOE***  *One Recertification CE Hour for each CE Hour Awarded – 12 Total Hours Max.* |

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| CE Hours | Year |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **JOE Scientific Review**  *One Recertification CE Hour for each manuscript reviewed – 12 Total Hours Max.* |

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| CE Hours | Year |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Authorship**  *Twelve hours for each published article or book chapter – 60 Total Hours Max.*  *Author or co-author of an article or textbook chapter that is published in a peer-reviewed journal or book. The topics must relate to the specialty of endodontics.* |

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| CE Hours | Year | Title of Journal / Book | Title of Article |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

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| **Full Time Teaching**  *Six hours per year- 30 Hours Max.* |

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| CE Hours | Year | Name of Endodontic Program |
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| **Part Time Teaching**  *Three hours per year – 18 Hours Max.* |

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| CE Hours | Year | Name of Endodontic Program |
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| **Endodontic Course Presentation**  *Six hours for each presentation – 30 Hours Max.*    *Presentation of an endodontics related course at the**AAE Meeting/Fall Insight Track*. |

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| CE Hours | Year | Course Title / Presentation Title | Location |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **AAE Meeting Research Projects**  *Three hours for each project – 30 Hours Max.*  *Participation in a Research Project at the**AAE Annual Meeting.* |

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| CE Hours | Year | Title of Research Project | Location |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Total Hours**  *Please total up the numbers that you have entered in all of the “CE Hours” categories and enter them in the field provided below:* |

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| **Total CE Hours** |
| Click or tap here to enter text. |

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| **Attestation**  *I hereby certify that the information provided in this document represents a true and accurate record of my recertification activities.* |

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| Name (Exactly as it should appear on certificate):  Example: John Doe, D.D.S., M.S. or Dr. Jane Doe | Address: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Diplomate # | Is this your main address, and the one you would like us to use in our database? Please respond “Yes” or “No” |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Please provide your current email address: | If you answered “No” please provide us with the address that you would like us for future mailings: |
| Click or tap here to enter text. | Click or tap here to enter text. |