



EBAO

European Board of Aligner Orthodontics

# Qualifying Examination Guidelines

*The European Board of Aligner Orthodontics*

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This informational document is published by the European Aligner Society to instruct prospective candidates about the Board of Aligner Orthodontic policies and to encourage participation in the examination by providing complete as possible and detailed information about all the requirements and procedures for the examination process, certification, and recertification.

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**EBAO**  
European Board of Aligner Orthodontics

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Obtaining certification attests to a practitioner's expertise, proficiency and skills in the field of aligner orthodontics. Candidates who meet the requirements defined in this document, may apply to start the entire path of certification.

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# 1. THE EUROPEAN BOARD OF ALIGNER ORTHODONTICS

The European Aligner Society aims to provide information on orthodontic aligner therapy to clinicians and the public through effective communication and education. Knowledge will be underpinned by promoting high standards in orthodontic aligner treatment and through research.

## 1.1. MISSION STATEMENT

The mission of the European Board of Aligner Orthodontics (EBAO) is to certify the expertise, the skills, the attributes, and the comprehensive knowledge of orthodontics, with emphasis in orthodontic aligner treatment, through certification and periodic re-evaluation and by encouraging the achievement and maintenance of Diplomate status.

A suitable candidate is to be committed to the advancement of orthodontic aligner treatment, to life-long learning and a lifetime of ethical practices.

Furthermore, EBAO aims to dignify the art and science of orthodontics and elevate the quality of orthodontic care by promoting high standard evidence-based practice in orthodontic aligner treatment and encouraging research in this field. EBAO also collaborate with other entities and organizations to improve the whole profession of Dentistry.

## 1.2. VISION STATEMENT

The European Board of Aligner Orthodontics aims to be the global leader in orthodontic aligner treatment board certification and to set the standards of care for excellence in this discipline.

## 1.3. VALUES STATEMENT

To accomplish our stated mission, EBAO is committed to being responsive, innovative and effective. EBAO will meet that commitment by promoting:

- respectful listening, communication and engagement;
- acceptance of different perspectives and cultures;
- ethical, compassionate and responsible behavior of its members.

## 1.4. GENERAL STATEMENT OF PURPOSE

The EBAO is organized by European Aligner Society to:

- make the criteria for the certification process as transparent as possible;
- determine the eligibility of candidates for examination;
- conduct examinations to assess the proficiency of applicants for certification as Diplomates of EBAO;
- grant and issue Diplomate of EBAO certificates to eligible candidates;
- establish and maintain a public register of Diplomates;
- advance the art and science of aligner orthodontics by encouraging its study and enhancing its practice.

## 1.5.

### SPECIFIC GOAL OF THE EBAO

- Assess that provided knowledge and skill criteria were met by Diplomates, and issue certificates indicating that the candidate meets the designated standards.
- Assure the maintenance of proficiency in aligner orthodontic treatment by Diplomates
- Provide a roster with information regarding Diplomates.
- Encourage orthodontist to pursue the Board Certification process.

## 1.6.

### IMPORTANCE OF BOARD CERTIFICATION

Board Certification identifies candidates who have demonstrated significant competence and succeeded in completing a rigorous evaluation process. By recognizing clinicians who meet the standard for Board Certification, the EBAO permits to its Diplomates to be identified as clinicians who have demonstrated knowledge, skills and values worthy of certification.

## 1.7.

### CERTIFICATION

Obtaining certification attests to a practitioner's expertise, proficiency and skills in the field of aligner orthodontics. Candidates who meet the requirements defined in this document, may apply to start the entire path of certification.

EBAO acts free of any prejudice and without discriminating on the basis of origin, race, color, sex, gender identity, sexual orientation, religion, political beliefs, age, disability, marital status, family/parental status, income status or any other characteristic.

## 1.8.

### MEMBERSHIP CATEGORIES

The European Board of Aligner Orthodontics established two membership categories, achievable after passing the qualification exam:

#### A. CLINICAL MASTER MEMBERSHIP

Certification as Clinical Master member of the European Board of Aligner Orthodontics is conferred after display of the required number of treated clinical cases demonstrating the high-standard demanded.

#### B. HONORARY MEMBERSHIP

Certification as Honorary member of the European Board of Aligner Orthodontics is conferred, in exceptional circumstances, to those who distinguished themselves providing a clinical and/or scientific contribution to the establishment, ideas, purpose or persistency of the European Board of Aligner Orthodontics.



## 1.9.

# CERTIFICATION AND RECERTIFICATION PROCESS

### 1.9.1.

## INQUIRIES AND GENERAL INFORMATION

For questions about the examination process and logistics that are not covered in these Guidelines, please email [secretary@eas-aligners.com](mailto:secretary@eas-aligners.com): the question will be answered as soon as possible.

Please note that the European Board of Aligner Orthodontics will not judge specific therapies. These matters must be determined and justified by the candidate in preparation for and during the examination.

**For other questions, contact Leslie Joffe,  
Executive Secretary:**

**E-mail:**

[secretary@eas-aligners.com](mailto:secretary@eas-aligners.com)

**Direct phone:**

+44 7802 202 612

**Traditional letter:**

EAS - European Aligner Society Ltd  
48 London House - 172 Aldersgate Street,  
London EC1A 4HU - United Kingdom

These questions may relate to:

- any issues creating an account with the EBAO for the registration process;
- reporting any login issue;
- online payments;
- required qualifications for candidates;
- other.

### 1.9.2.

## PATHWAYS TO CERTIFICATION AND STIPULATIONS

The pathways to successful Board Certification are summarized in the figure below:

### CLINICAL MASTER

- STAGE 1 CASE PRESENTATION of 2 CASES
  - »» EBAO PROFICIENCY AWARD
- STAGE 2 CASE PRESENTATION of further 3 CASES + ORAL EXAMINATION
  - »» EBAO CERTIFICATION OF CLINICAL EXCELLENCE

### HONORARY MEMBER

Terms and conditions related to the successful execution of the EBAO certification examination process comprise:

- English is the only language allowed for the EBAO certification process; The candidate has the right to use an interpreter at his/her expense.
- It is strictly forbidden for candidates to use telephones, recording devices, tablet, smartwatch, wireless earbuds, or any instrument capable of transmitting information from the examination room during the examination period.
- Any notes taken during the examination session shall be subjected to examiners at the end of each examination period. Every transgression of the former alerts leads to disqualification and to ban all future opportunities to challenge the EBAO examinations.
- If a candidate fails any aspect of the examination but remains within the twenty-four (24) months of candidacy approval, application for re-examination on failed examination is possible.

### 1.10.

## CANDIDATE QUALIFICATIONS FOR EXAMINATION

A candidate presenting for certification examination by the EBAO must fulfil the following prerequisites:

1. The candidate must have a degree in Dentistry and an orthodontic residency of at least three (3) years duration or its equivalent according to the legislation of the country in which the candidate resides (Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005), may be desirable. However, a general practitioner well-trained in orthodontics could be eligible. Also, a master's degree in orthodontics or aligner orthodontics or at least two years of full-time teaching in orthodontics at the university could be sufficient to apply. The candidate shall submit to EBAO a complete professional curriculum vitae providing evidence of orthodontic training: EBAO Committee reserves the right to accept or deny eligibility of candidates on the basis of their curricula.
2. The candidate shall assure that the cases and publication presented have been produced by and under his/her sole responsibility. Presentation of clinical cases treated by more than one clinician (excluding any multi-disciplinary cases) is forbidden.
3. The examination fees must have been paid within the time limit laid down in 1.12.

### 1.11.

## APPLICATION PROCEDURES

The registration form is available online at: <https://ebao.eas-aligners.com/>

Incomplete online forms or improperly notarized documents shall not be accepted. All copied diplomas and certificates submitted as proof of professional status must be notarized. Non-notarized submissions may be considered, but eligibility and veracity on non-notarized documents or certificates will be determined by EBAO Committee, whose decision will be final.

### 1.12.

## APPLICATION, REAPPLICATION AND EXAMINATION FEES

The proper total fee must accompany all applications. The fee schedule is arranged as follows:

- Application for Stage 1 Clinical Master (2 case presentations and assessment) - 500€
- Extension of Stage 1 (further 12 months of validity) - 250€
- Application for Stage 2 Clinical Master (2 cases from Stage 1 and further 3 new cases presentation) + Oral Exam (Examination/Reexamination) - 500€

The appropriate total fee can be paid online ([www.eas-aligner.com](http://www.eas-aligner.com)) or through bank transfer to:

EAS Euro Account, HSBC  
IBAN: GB29HBUK40127684058146  
BIC: HBUKGB4B

At least 15 days before the provided date for the examination.

If the time of validity of the Stage 1 case presentation has expired (12 months), the candidate must ask for Extension of result duration by contacting the EBAO offices and pay the required 250€ fee. The candidate can ask up to three (3) extension of result validity: every extension is granted after the payment of the extension fee (250€ each).

If a candidate is unsuccessful in any Section/Part of the examination, he/she can retry the exam within 24 months, paying the required 500€.

If the candidate would like to take both Case Presentation and Oral exam simultaneously, he/she must pay 1000€.

### 1.13.

## CHANGE IN CONTACT INFORMATION

It is the responsibility of the candidate to maintain his personal contact information or qualification updated.

### 1.14.

## RE-EXAMINATION

If a candidate is unsuccessful in any element of the award or certification, reexamination is possible. Policies governing reexamination include the following:

- All re-examinations require online re-registration for the specific examination of interest and online payment of appropriate fees.
- If a candidate presents an acceptable Case Presentations but is unsuccessful in the oral phase of the examination, the candidate may be required to complete an oral-only reexamination at a subsequent session.
- If a candidate is unsuccessful in the Case Presentation, the candidate cannot pass to the oral examination, and he/she must retry within 24 months without doing the submissions again.

### 1.15.

## APPEALS PROCESS

Concerns related to eligibility, examination scoring or examination execution could be asked through the formal appeals form. Details pertaining to appeals are available from the EBAO Office [secretary@eas-aligners.com](mailto:secretary@eas-aligners.com) upon request.

### 1.16.

## REVOCAION OF CERTIFICATE

The EBAO has the authority, jurisdiction, and right to suspend or withdrawn the certification if deemed necessary.

### 1.17.

## CONTINUED PROFICIENCY OR RECERTIFICATION

Maintenance of Diplomate status requires the payment of the EBAO certification fee of € 250 after each ten (10) year periods, together with the presentation of at least 2 new cases.

### 1.18.

## ANONYMITY

To each candidate, a unique identification code will be assigned after their online registration to the exam. The identity of the candidates will remain secret until the end of examination. Only the President of EBAO, the Scientific Chairman and Secretary of EAS would know the identity of each applicant.

The name and/or address or university or office of the candidate must be removed from each item and/or page of all case presentations and records or documents.

The examiners assigned for oral presentation are unaware of the result of the previous part of the examination.

## 2. CASE PRESENTATION

### 2.1.

## GENERAL INFORMATION

The EBAO Case Presentation aims to demonstrate competence in diagnostic assessment and treatment direction, with a high standard of completion of a selection of clinical cases, chosen among those treated by the candidate, that fulfill the case selection criteria displayed in this document. The incomplete case is not acceptable. Cases with a lack of the documentation might be rejected without a convincing explanation of the causes of this deficiency. All cases must have been treated with clear aligners for at least the 80% of the treatment time: auxiliaries are allowed.

Please note that the case selection procedure could be very time consuming: start early with selecting suitable cases could be wise. The time factor involved to collect, select and/or prepare the case presentations is sometimes underestimated. Requirements concerning the quality of records are presented in detail together with useful recommendations on how to obtain and present high-quality records.

Case categories must be respected, but the candidate can replace only one of the presented cases informing the EBAO and explain the reason why he took this decision.

### 2.2.

## PRESENTATION STRUCTURE

The presentations consist of a digital slideshow (file .ppt, .pptx, keynote, etc. without limits in file size) for each case proposed.

The templates for presentation are available online once you join EBAO. Discover how to join at: <https://ebao.eas-aligners.com/page/howto/6>

Each presentation is structured as follow.

**T0 records** consisting of:

- Patient demographics entry (hiding name and surname)
- Patient Interview (which includes Chief Complaint, Patient's requests, past medical history, past dental history)
- Clinical evaluation (which includes at least the mandatory diagnostical records, i.e. intraoral and extraoral pictures and diagnostic models)
- Periodontal condition description
- Radiographic examination (which includes at least the mandatory radiographic records, i.e. orthopantomography and lateral xray, and the cephalometric tracing). The use of CBCT data should follow the guidelines reported at:

<https://academic.oup.com/ejo/article/41/4/381/5142364> for pediatric population

<https://www.sciencedirect.com/science/article/pii/S2212440322010422?via%3Dihub>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8817060/>

<https://www.bos.org.uk/Portals/0/Public/docs/General%20Guidance/Orthodontic%20Radiographs%202016%20-%20202.pdf>

- Treatment objective (with a clear explanation of therapy goals)
- Treatment plan (digital set-up)
- Patient written informed consent about the publication of the case in the EBAO case gallery

T0 records are mandatory.

**T1 records** consisting of:

- Orthodontic treatment description (including treatment progress photographs with aligners/attachments in situ recorded during therapy)
- Treatment Outcome (T1 records, which includes at least diagnostic and radiographic records with cephalometric superimposition)

T1 records are mandatory.

**Follow-up** (T2 records after at least 12 months would be appreciated)



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For specific guidelines regarding case presentation please download the presentation template on EBAO dashboard once you join.

Discover how to join at:

<https://ebao.eas-aligners.com/page/howto/6>

Tracings should be made in the prescribed colours – black for T0 records, blue for intermediate records if any and red for T1 records. Green tracings should be showed for eventual follow-up records.

Each of the cases presented must follow the power-point template. Each slide is, unless otherwise stated, mandatory.

It is in the spirit of the EBAO that records are as close to the real anatomy, morphology and pathology as possible. Reasonable digital cropping, resizing or rotation is permissible.

**PLEASE NOTE** that the examination is anonymous. **DO NOT** use any material, logo, initials, clinics' names etc. that can identify the candidate. The presentation template should be used as it is; **DO NOT** use the patient's full name, but only the initials.

## 2.3.

### NUMBER OF CASES

#### Stage 1

Two (2) cases shall be presented as requested by EBAO Scientific Committee. These 2 cases must fall into the types of cases listed in 2.4

#### Stage 2

A further there (3) cases shall be presented as requested by EBAO Scientific Committee. These 3 cases must fall into the types of cases listed in 2.4 but should not be of a similar type as presented in Stage 1.

## 2.4.

### TYPE OF CASES

The case requested for EBAO membership shall include 5 cases chosen among the listed categories. Only one case per category BUT one early treatment / mixed dentition treatment is mandatory.

#### 1) Early treatment in a growing patient

Treatment must be started in primary or mixed dentition. A completed Phase I treatment could be eligible.

The treatment could be carried out in one or more phases: if the treatment consists of more than one phase, interim records are required following the accomplishment of the various stages.

#### 2) Adult malocclusion, non-growing patient

Treatment must be started in permanent dentition when craniofacial growth is already finished. Inter-disciplinary co-operation is hereby accepted.

#### 3) Class I malocclusion

Class I malocclusions have mostly normal anteroposterior tooth relations combined with a discrepancy between tooth size and dental arch length. The discrepancy is usually crowding and less often excessive spacing between the teeth. Patients with Class I crowded malocclusions have larger-than-normal teeth, smaller-than-normal arch lengths, and smaller-than-normal arch widths. Overbite and overjet vary in Class I malocclusions. Anterior and posterior crossbites appear in this type of malocclusion as well as eruption problems.

#### 4) Class II division I malocclusion

In Class II-1 malocclusions, the lower teeth are distal to the upper teeth, usually resulting in larger-than-normal overjet. The upper incisors often have increased labial inclination, making the incisor crowns susceptible to accidental fractures. The distobuccal cusp of the upper first molar occludes with the buccal groove of the lower first molar. The maxillary canine crown tip is located near the mesial surface of the mandibular canine. Patients with these malocclusions may or may not have crowded arches and vary in the degree of overbite from open bite to deep overbite. On average, maxillary arch widths are narrower in Class II-1 patients than in persons with normal occlusion. Also, end-to-end molar and canine occlusions are included.

### 5) Class II division II malocclusion

In Class II-2 malocclusions, the upper incisor crowns, especially those of the upper central incisors, are inclined to the lingual, in contrast to the excessive labial inclination observed in many Class II-1 malocclusions. The number of maxillary incisors with lingual inclination varies from one to four. The lingual inclination of the upper central incisors results in small to moderate overjet measurements. Overbite is often deeper than normal because of the lingual inclination of the upper incisors. The collum angle between the long axis of the crown and the long axis of the root in maxillary central incisors has been shown to be larger in a sample of Class II-2 patients compared with other occlusion groups. Class II-2 patients with large collum angles are predisposed to larger-than-normal overbites. The maxillary arches of patients with this malocclusion are narrower than normal but significantly larger than the widths observed in Class II-1 patients. Few of these patients have posterior crossbites. Also, end-to-end molar and canine occlusions are included.

### 6) Class III malocclusion or Class III tendency

In this class of malocclusion, the lower teeth are mesial to the upper teeth, usually resulting in anterior crossbite. The mesiobuccal cusp of the upper first molar occludes with the embrasure between the lower first and second molars. Overbite varies from open bite to deep overbite. The alignment of the teeth in the arch varies from good to severe crowding, with the upper arch being more prone to crowding than the lower arch. On average, the maxillary arch widths of these patients are narrower than those in normal occlusions. The narrowness of the upper arch and the anteroposterior displacement of the arches are often associated with posterior crossbites.

### 7) Transversal Discrepancy

Includes posterior cross-bite malocclusion (full or partial) and scissor-bite malocclusion (full or partial). In posterior crossbite malocclusions, the buccal surfaces of lower teeth project farther buccally than the buccal surfaces of the upper posterior teeth. Scissors bite is the term used to describe the condition when the upper molars are positioned outward, or the lower molars are positioned inward so that the molars miss each other and overlap when the mouth is closed.

### 8) Vertical Discrepancy

Includes anterior or posterior open-bite or deep-bite. Anterior open-bite (AOB) represents a failure of vertical overlap between maxillary and mandibular incisors. Posterior open-bite (POB) occurs when the teeth are in occlusion there is a space between the posterior teeth. Cross-bite exists where a tooth (or teeth) has a more buccal or lingual position (that is, the tooth is either closer to the cheek or the tongue) than its corresponding antagonist tooth in the upper or lower dental arch.

#### GENERAL OBSERVATION:

EBAO committee encourage the submission of complex cases.

## 2.5.

## CASE EVALUATION

Each of the presented cases will be evaluated by the Scientific Committee, which will be unknown until the day of examination. Each case may be evaluated as follow:

**“Case approved”:** it meets all the excellence standards requirements for EBAO membership.

**“Case accepted”:** it meets the standards requirements for EBAO membership partially, so it needs to be revised or replaced.

**“Case to be revised / replaced”:** the case only partially meets the standards requirements for EBAO membership, so the case needs to be amended or replaced.

If the candidate collects two (2) approvals by the scientific committee, he/she will be awarded the **Proficiency Award**.

If the candidate collects a further 3 (3) approvals by the scientific committee, in combination with the two (2) stage 1 approved cases, he/she can move forward to the oral presentation.

If one (1) or more cases will be revised or replaced, the candidate has the possibility for the following twenty-four (24) months to take part in case presentation.



## 2.6.

# ESSENTIAL RECORDS

Minimum records to be included in case presentations are the following:

- **T0 records (before any active treatment, including extractions) = “black” label**
  - dental models (digital model)
  - Orthopantomogram
  - lateral radiograph of the skull
  - cephalometric assessment of lateral radiograph of the skull
  - Extra-oral Photographs
  - Intra-oral Photographs
- **T1 records (at the conclusion of major active treatment) = “red” label**
  - dental models (digital model)
  - Orthopantomogram
  - lateral radiograph of the skull (can be made prior to the suspension of treatment or prior to any refinement)
  - cephalometric assessment of lateral radiograph of the skull (can be taken prior to the cessation of treatment or prior to any refinement) with T0 superimposition
  - Extra-oral Photographs
  - Intra-oral Photographs
- **T2 records (retention records, after at least 12 months after the conclusion of treatment) = “green” label**
  - dental models (digital model)
  - Orthopantomogram (optional but appreciated)
  - lateral radiograph of the skull (optional but appreciated)
  - cephalometric assessment of lateral radiograph of the skull with T2 superimposition (optional but appreciated)
  - Extra-oral Photographs
  - Intra-oral Photographs

Please note that the T2 set of records is mandatory only for two (2) out of five (5) presented cases.

### To summarize colors of tracings should be:

Stage of treatment

I. Start of treatment (BLACK)

II. Completion of treatment (RED)

III. Follow up records at least one year after completion of treatment (GREEN)

If you present intermediate records, such as in the early treatment case or a surgical case the colour code is BLUE.

Please also note that all digital images presented by candidates must be original high-quality images with no alterations except peripheral cropping. Presentation of pictures with unauthorized modification (including but not limited to “instant alpha” or similar, background elimination, or like manipulations) will result in automatic disqualification of the candidate and forfeiture of the examination fee.

Please also note that the radiographic records at least 12 months after active treatment are optional because they present no benefit to patients to justify their execution. In recognition of good radiation hygiene practices (ALARA principle), the Scientific Committee emphasizes that it does not wish to imply that radiographs should be taken solely to satisfy case requirements for presentation. All the radiographic records should be accurately standardized, oriented and processed and could be presented in digital form; the original x-ray could be requested if it is necessary. The essential anatomical structures should be easily identified through the radiographic records; the soft tissue profile should be visible on lateral cephalograms.

The enlargement reference should be always visible.

The cephalometric tracing should face to the patient right. Computer tracings with complete anatomical lines constructed are preferable, but also drawn-by-hand tracing is well accepted. Every cephalometric tracing must have the proper color depending on the treatment phase (pretreatment black, treatment progress blue, post- or near the end of treatment red, retention or post retention green).

### Superimposition of tracings is not mandatory.

However if post-treatment radiographs are authorized in your country superimposition may greatly enhance the evaluation of the case. Björk's method (Björk and Skieller, 1983) of superimposition on natural reference structures in the cranial base, the mandible and maxilla is recommended.

**To assist with cephalometric analysis and the recording of the cephalometric readings required by EBAO examination, EAS has come to an agreement with Major Partners, which allows EBAO applicants to purchase a demo licence for those who are interested in using Dolphin Imaging to prepare their cases for the EBAO Examination. [Click Here](#) to see the offer.**



# EBAO

European Board of Aligner Orthodontics

## SAGITTAL SKELETAL RELATIONS

Measurement	type	definition	MEAN SD
<i>Maxillary Position S-N-A</i>	angular	Angle between lines SN and NA	$82^{\circ} \pm 2^{\circ}$
<i>Mandibular Position S-N-B</i>	angular	Angle between lines SN and NB	$80^{\circ} \pm 2^{\circ}$
<i>Sagittal Jaw Relation A-N-B</i>	angular	Angle between lines AN and NB	$2^{\circ} \pm 2^{\circ}$
<i>Wits Appraisal</i>	linear	Measurement of perpendicular projection of point A and B to occlusal plane	$-1 \text{ mm} \pm 2$

## VERTICAL SKELETAL RELATIONS

<i>Maxillary Inclination S-N/ ANS-PNS</i>	angular	Angle between SN line and nasal line	$8^{\circ} \pm 3.0^{\circ}$
<i>Mandibular Inclination S-N/ Go-Gn</i>	angular	Angle between lines SN and GoGn	$33^{\circ} \pm 2.5^{\circ}$
<i>Vertical Jaw Relation ANS-PNS/Go-Gn</i>	angular	Angle between nasal line and GoGn	$25^{\circ} \pm 6.0^{\circ}$



## DENTO-BASAL RELATIONS

Measurement	type	definition	MEAN SD
<i>Maxillary Incisor Inclination 1-ANS-PNS</i>	angular	Angle between line through long axis of upper central incisor and nasal lines	110° ± 6.0°
<i>Mandibular Incisor Inclination 1 -Go-Gn</i>	angular	Angle between line through long axis of lower central incisor and GoGn line	94° ± 7.0°
<i>Mandibular Incisor Compensation 1 -A-Pg (mm)</i>	linear	Distance between incision inferius and APg line	2mm ± 2.0

## DENTAL RELATIONS

<i>Overjet (mm)</i>	linear	Horizontal distance between tips of upper and lower central incisors	3.5mm ± 2.5
<i>Overbite (mm)</i>	linear	Vertical distance between tips of upper and lower central incisors	2mm ± 2.5
<i>Interincisal Angle 1/1</i>	angular	Angle between line through long axis of upper central and line through long axis of lower central	132° ± 6.0°



The dental model must show accurate anatomic detail and texture and should be in digital format (.stl)

The minimum, mandatory requirements listed above are not intended to discourage the inclusion of additional pertinent records, such as more dental photographs or other documents made at different stages of treatment. Supplemental records made at other stages of treatment should be clearly labelled so that they are not confused with the above-required records:

- T1 | 2 records (over the course of therapy)  
= "blue" label

Digital technologies may be used during the treatment of patients presented for case presentations and are highly desirable.

If the candidate fails to present all required documentation noted here, they will be disqualified from the examination and will forfeit the examination fee. This will require the candidate to return at a future date to repeat the examination Section in question and pay the appropriate fee for repeating examination.

All cases should give clear evidence of the ability of the candidate to:

1. Formulate an exact and complete orthodontic diagnosis and treatment plan, including the reasons for it;
2. Make correct, weighted clinical judgement in difficult orthodontic situations;
3. Handle the biomechanics of complicated orthodontic conditions;
4. Write a fair and correct evaluation of the treatment provided and its prospects.
5. The candidate will be asked to put out the models and records required before the examination and the records will be examined in order to ascertain that all mandatory records are presented

## 2.7.

# COMPREHENSIVE PATIENT CARE

Candidates are responsible for comprehensive patient care and will be evaluated on the quality of diagnosis, treatment planning, alternative treatment considerations, and treatment provided to the patient, including justification of all care provided and/or not offered by other dentists.

## 2.8.

# EXCEPTIONS

The Scientific committee exceptions on a case-by-case basis.

Omissions will be acceptable if they justified in case history, and it is not an essential part of the presentation. Records generally must be complete for the cases shown, but case evaluation will be at the discretion of the Scientific Committee.

## 2.9.

# CASE GALLERY

All cases submitted for the examination and accepted by the EBAO committee will be stored in a crypted database, available for consultation to the EBAO certificates.



## 3. THE ROBERT BOYD AWARD

### 3.1.

#### GENERAL INFORMATION

EAS has established the Robert Boyd Award in acknowledgement of the huge contribution Dr Robert Boyd has made to the inception of orthodontic aligner therapy.

The Boyd Award will be awarded every 2 years, during the year of EAS Congress.

The Award is open to candidates who are:

- an orthodontist (or post-graduate orthodontist)
- full or part-time teachers of orthodontics in a graduate program or be a department chair in an orthodontic program;
- persons associated with orthodontic research, such as that of a primary investigator or a member of a group research program;
- persons who have published his/her work
- persons making an essay-presentations at the constituent or national aligner societies level will be viewed more favourably;
- the nominee must be living at the time of the nomination;
- the nominee must belong to a National Orthodontic Society.

In addition to the Award, it will be included a monetary award of Euro 2.000 (two thousand Euro).

Candidates are expected to provide a curriculum vitae/resume, which outlines such areas as orthodontic teaching/research accomplishments, orthodontic teaching/research positions held, orthodontic publications, and orthodontic scientific presentations, with each nomination.

The Robert Boyd Award recipient may be a citizen of any country, and in years divisible by three (e.g. 2001) nominations must be citizens of countries other than Europe.

Nominees should be sent at the following address:  
[scientific@eas-aligners.com](mailto:scientific@eas-aligners.com)



## 4. ORAL EXAMINATION

### 4.1.

## GENERAL INFORMATION

The EBAO Oral examination aims to demonstrate critical thinking, clinical decision-making-ability, competence in the field of orthodontics with special regards in aligner orthodontics.

The oral examination consists of:

- About 30 min debating one of the presented cases (if the oral exam follows the case presentation), one of the submitted articles (if the oral exam follows the paper submission) or both.

## 5. THE RESULT OF THE EXAMINATION

### 5.1.

## GENERAL INFORMATION

The result of the examination could be “accepted”, “incomplete” or “deferred”.

- **“Accepted”:**  
If a candidate is accepted his/her name will be proposed to the EAS Board of Directors, and, during the Congress of the Society, the EBAO committee will announce him/her as Member of the EBAO.  
A Certificate signed by the President of the EAS and the members of the EBAO Examination Committee, and the EBAO badge will be presented to the candidate.

For EBAO Members the following regulations also exist:

1. In cases of ethical misconduct or a Member acting unprofessionally, Membership may be revoked by and at the absolute discretion of the EAS Board of Directors.
2. The use of the designation “Member of the European Board of Aligner Orthodontics” (in English or in the national language) on cards, letterheads, directories and announcements can be used only if so permitted by national laws and regulations.
3. Membership of the EBAO would not grant the right of practice in any country but would indicate that the orthodontist has demonstrated a clinical standard of excellence.

- **“Incomplete”:**

The status “incomplete” refers to the situation where in the candidate’s case presentations, any mandatory material is unavailable and/or where the candidate is unable to pursue the oral examination. In case of any missing mandatory material none of the other cases are judged and further examination is postponed.

- **“Deferred”:**

The status “deferred” means that the candidate has not fulfilled the requirements for the case presentation and/or oral examination and has not demonstrated the standard required. When a candidate is deferred, the Examination Committee will advise the candidate on re-examination.

The Examination Committee advises the time interval between the examinations, the case presentations and the oral examination.



**EBAO**

European Board of Aligner Orthodontics

## 5.2 ANNOUNCEMENT OF THE RESULTS OF THE EXAMINATION

The Chairman of the Examination Committee and the President of the EBAO will inform all candidates of the result of the examination immediately following the final adjudication meeting of the examiners. The names of the successful candidates are presented to the EAS Board of Directors and then to the attendees of the Congress of the Society.

The Examination Committee will also identify the best case among all the presented cases of the accepted candidates. The best case will be presented by the new EBAO member during the EAS Congress.

Accepted cases will be showed in a specific space during the EAS Congress. The EBAO Examination Committee selects from the successful candidates those presentations that are most appropriate and explicitly demonstrate the standards of the Board.

## 6. HOW THE EXAMINATION WORKS

### 6.1. WHO ARE THE EXAMINERS?

The examiners are selected among the EAS Board of Directors and EAS members based on their expertise and quality of their renewed clinical skills. They are nominated for a period of maximum 5 years. The number of examiners is dependent on the number of candidates. Once the number of candidates is known (January of each year), the number and names can be defined. The list of examiners will be communicated each year.

### 6.2. PERFORMING THE EXAMINATION

The examination is based on an evaluation form. The form considers various aspects of the case presentation and should be completed by two examiners. A score of at least 65% is required for each aspect or chapter of the evaluation to pass the exam.

Offset grades can be managed within a case or between cases and the oral examination. The use of the evaluation form helps calibration of the examiners and systematic and objective analysis of the presentations.

Two examiners, working independently, see each case. After the evaluation of each case they compare their forms for each case and will produce a considered judgement. If this is not possible, the full EBAO Committee will evaluate the case or discuss the oral examination to finalise the task. Final judgement of the cases and oral examination takes place at the Congress venue and all final decisions are EAS decisions. The President of EAS acts as "Primus inter pares".

### 6.3.

## THE EBAO EXAMINATION FORM

The EBAO Examination form reported above is used by examiner to evaluate each case. The form is divided in 3 chapters: Record, Clinical, and Treatment. The content of each chapter is indicated in the form. The maximum evaluation obtainable for a case is 100, while the minimum evaluation is 65 (65%). 30 marks can be obtained by efficient treatment in a complex case, to underline that EBAO Committee promotes the submission of complex cases.

	Score	Minimum	Maximum
Photographs			2.5
Digital models			2.5
Radiographs			2.5
Ceph tracing			2.5
<b>TOTAL RECORDS</b>		<b>6.5</b>	<b>10</b>
Diagnosis			5
Treatment plan			5
Explanation of the plan			10
Virtual treatment plan design			10
<b>TOTAL CLINICAL</b>		<b>19.5</b>	<b>30</b>
Improvement of dentofacial esthetics			10
Efficiency/Complexity of the case			30
Finishing quality			10
Stability			10
<b>TOTAL TREATMENT</b>		<b>39</b>	<b>60</b>
<b>TOTAL OF THE CASE</b>		<b>65</b>	<b>100</b>

## 6.4.

# COMPENSATIONS

### 1. COMPENSATION WITHIN ONE CASE

**1.1** Compensation within records is possible. Records cannot compensate for Clinical and/or Treatment. Clinical and Treatment can compensate for Records, but the minimum for the Records of that case should be at least 55% = 5.5 marks to allow for compensation.

**1.2** Compensation within Clinical is possible. Compensation within Treatment is possible.

**1.3** Compensation between Clinical and Treatment is possible

**1.4** Clinical plus Treatment must be 65% =  $19.5 + 39 = 58.5$  marks

### 2. COMPENSATION BETWEEN CASES:

**2.1** The minimum average number of marks is 65 among cases.

**2.2** Compensation is possible for one case, if that case has at least 55 marks. Below 55 no compensation, leading to deferral of the candidate.

**2.3** For that compensation one needs 30 marks if the case is between 55 and 60; at least 10 marks if the case is between 60 and 65. Marks from Records cannot be used.

### 3. COMPENSATION WITHIN THE ORAL EXAM:

**3.1** Compensation between two cases will be allowed, but if both cases are below 65 the candidate is deferred for the full examination.

### 4. COMPENSATION BETWEEN CASES AND ORAL EXAM:

**4.1** No compensation between the oral examination and cases.

**4.2** Below 55 marks for the oral: no compensation; 55 marks or above: compensation with marks from cases: between 55 and 60: 30 marks, between 60 and 65: 10 marks.

Marks from records cannot be used.



## CONCLUSIONS

The examiners are regularly calibrated and expert orthodontists. Despite this, some subjectivity in the evaluation process is unavoidable. In any case, refined diagnoses and brilliant solutions to complex cases are always appreciated and recognized. Aligner orthodontics is growing year by year, excellence in this field is highly requested and the aim of the EBAO Committee is to recognize those excellences and to promote them.

 **EAS**

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