



ABDSM Application Outline (2016 Applicants)

Applicants must submit their applications in the following order. For complete details, please see the 2016 certification guidelines at

<http://www.abdsm.org/Resources/PDF/2016ABDSMGuidelines.pdf>.

Important: all patient information, with the exception of the patient's date of birth (which must be circled), is confidential and must be redacted and protected from view prior to submission.

ORAL APPLIANCE THERAPY CASES *postmarked by May 15, 2017*

Those who sat for the 2016 exam have the option of submitting the following case documentation *either* in a three-ring binder (no staples, paperclips, plastic sleeves or binding of any kind) or in a digital format on a USB flash drive mailed to the ABDSM via traceable carrier. Regardless of how the cases are submitted, applicants must organize the documentation as follows.

Detailed Cases

Include the Detailed Cases Summary Template (found at www.abdsm.org/CaseStudy.aspx) in addition to the following items for each of the five detailed cases. Divider pages can be found at www.abdsm.org/CaseStudy.aspx.

- Typed synopsis
- Copy of pre-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Copy of post-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Documentation confirming management of OSA with an oral appliance (use template located at www.abdsm.org/CaseStudy.aspx)
- Documentation of at least 3 face-to-face follow-up appointments
- Radiograph (dated)
- Photographs (dated)

Spreadsheet Cases

Include the Spreadsheet Cases Summary Template (found at www.abdsm.org/CaseStudy.aspx) in addition the following items for each of the ten spreadsheet cases. Divider pages can be found at www.abdsm.org/CaseStudy.aspx.

- Copy of pre-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Copy of post-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Documentation confirming management of OSA with an oral appliance (use template located at www.abdsm.org/CaseStudy.aspx)