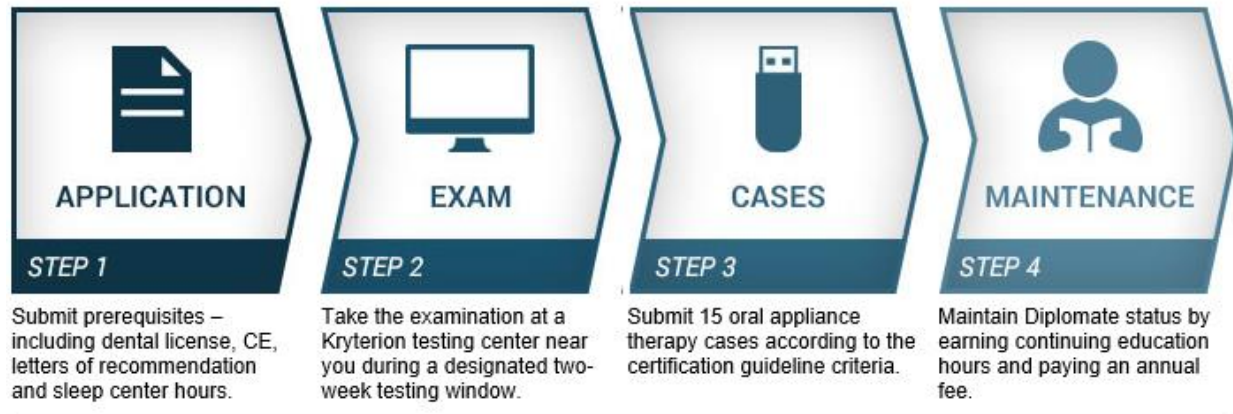


## Certification Guidelines - Quick Start Guide

### The 4 Steps to Certification



### NOTICE:

#### About the American Board of Dental Sleep Medicine

Established in 2004, the American Board of Dental Sleep Medicine (ABDSM) is an independent, nonprofit, self-designated board certifying licensed dentists who treat sleep-related breathing disorders. The ABDSM designates an individual that it certifies as a *Diplomate of the American Board of Dental Sleep Medicine*.

The purpose of the ABDSM is to test knowledge and clinical proficiency in dental sleep medicine, which includes oral appliances and upper airway surgery to treat sleep-related breathing disorders such as snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). It does not represent a new specialty of dentistry or medicine, nor does it grant or imply any legal qualification, privilege or license to practice. Rather, it simply recognizes those dentists duly licensed by law who have successfully completed the board-certification requirements established by the ABDSM. The American Academy of Sleep Medicine (AASM) exclusively recognizes the dental sleep medicine Diplomate certification granted by the ABDSM.

#### Eligibility Requirements

Board certification by the ABDSM is open to qualified applicants who are permanent residents of the United States, including territories, and Canada. International applicants who are not permanent residents of these countries are *not* eligible to attain ABDSM Diplomate status. For

those individuals, International Certificant status is available. Applicants should indicate which of the three categories applies to them on the application form.

### **Clinical Applicant**

All applicants must hold, at a minimum, a dental degree (DDS or DMD) or its equivalent and an active unrestricted license to practice dentistry in the United States, including territories, or Canada.

### **Academic Applicant**

All applicants must hold, at a minimum, a dental degree (DDS or DMD) or its equivalent and an active restricted license to practice dentistry in the United States or Canada. Academic Applicants must currently be a full-time employee of a dental school that is accredited by either the Commission on Dental Accreditation of Canada or the Commission on Dental Accreditation of the American Dental Association.

### **International Certificant Applicant**

The International Certificant status has been created to allow applicants who are not permanent residents of the United States or Canada an opportunity to demonstrate proficiency in dental sleep medicine. All International applicants must hold, at a minimum, a dental degree (DDS or DMD) or its equivalent and an active unrestricted license to practice dentistry. International Certificant applicants must practice dentistry outside of the United States (including territories) and Canada.

### **Application Submission**

In order to sit for the exam, all prerequisites and the examination fee must be submitted between **September 18, 2017 and October 23, 2017**. Applicants will have until **April 22, 2019** to submit complete oral appliance therapy cases.

*Important Note:* Applicants who pass the examination but do not submit cases that follow the 2018 certification guidelines by April 22, 2019 will be unable to obtain Diplomate status and will not be entitled to a refund of the application fee. Passing the examination but failure to submit sufficient cases will result in beginning the application process over by resubmitting a new application and fee (see Reapplication for further details).

It is strongly advised to have a backup copy of the completed application for your own records, as applications will not be returned. The ABDSM will send acknowledgment of receipt of the application to each applicant via email. If such notification has not been received by November 3, 2017, please contact the ABDSM office via email ([info@abdsm.org](mailto:info@abdsm.org)). Do not call the office for this information as receipt of applications cannot be verified by telephone.

It is the responsibility of the applicant to ensure that the prerequisites and case documentation are postmarked on or before the stated deadlines. No exception will be made to this requirement. Before you send your application make sure it is complete to the last detail and in the correct order.

## Important Deadlines

<b>September 18-October 23, 2017</b>	Application submission window
<b>December 29, 2017</b>	Notification of application acceptance
<b>January 12, 2018</b>	Deadline for withdrawal and \$395 refund
<b>February 12, 2018</b>	Deadline for remaining CE documentation to be submitted
<b>March 11-25, 2018</b>	Examination window
<b>May 31, 2018</b>	Notification of examination results
<b>April 22, 2019</b>	Deadline to postmark cases for those who pass the exam
<b>August 30, 2019</b>	Notification of acceptance for cases

## Application Fee

Application Fee: \$995.00

Fee payable in U.S. dollars, drawn on a U.S. bank

## Refunds and Withdrawals

If the ABDISM does not accept the application for examination, \$395 will be refunded to the applicant. If notification of withdrawal from an accepted applicant is received at the ABDISM office on or before January 12, 2018, \$395 will be refunded. An applicant whose notification of withdrawal is received by the ABDISM office after January 12, 2018 is not entitled to a refund, except when the withdrawal is the result of a documented emergency. The applicant may apply for an emergency late withdrawal refund of \$395 by submitting proper documentation of the emergency.

## Applicants with Disabilities

The ABDISM recognizes that individuals with disabilities may wish to take the examination and will make reasonable accommodations for applicants with verified disabilities. The ABDISM supports the intent of the Americans with Disabilities Act. Applicants are reminded, however, that auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test (Americans with Disabilities Act, Public Law 101-336). Applicants who request accommodations due to a disability must advise the ABDISM in writing no later than January 1, 2018. The applicant may be asked to submit appropriate documentation of the disability and a description of previous accommodations provided during other examinations. If the ABDISM deems it necessary, an independent medical assessment may be requested at the expense of the ABDISM.

## **Examination Administration**

The examination is administered as a computer-based exam via Kryterion testing centers located around the world. Applicants whose applications have been approved to sit for the exam will receive instructions to select the Kryterion testing center of their choice. To view a complete list of Kryterion testing centers visit [www.kryteriononline.com/Locate-Test-Center](http://www.kryteriononline.com/Locate-Test-Center). Along with receiving notification of application acceptance, applicants will receive further information about scheduling a date and time to take the exam and other pertinent details. Be aware that testing center schedules will vary by site and may not have weekend availability.

*Disclaimer:* The testing centers are owned and operated by an independent third party. The testing environment and conditions may vary between centers. ABDSM has no control over and is not responsible for the quality of the testing environment or conditions at the particular testing center selected by the applicant.

## **Examination Content**

The certification examination is comprised of two hundred (200) multiple choice questions. Applicants are allowed four (4) hours to complete the examination. The examination tests applicants on airway anatomy and physiology, adult and pediatric sleep medicine, oral appliance therapy, alternative treatment modalities, evaluation, treatment and follow-up care. A detailed review of exam content areas can be found at [www.abdsm.org/examcontent.aspx](http://www.abdsm.org/examcontent.aspx)

## **Examination Composition**

The ABDSM Board of Directors directs all aspects of the certification examination including composition.

## **Scoring**

All scoring is performed without knowledge of the applicant's identity, and all decisions concerning examination scoring are made before the matching of names and applicant code numbers. Individual scores will not be changed.

## **Examination Results**

Applicants are informed of a passing score or a failing score via mail. Actual scores, regardless of the results, will not be provided. Results are not available by telephone. Information regarding the number of applicants who passed or failed the examination will not be provided.

## **Appeal Procedure**

Applicants may appeal a negative determination (rejection of prerequisites or failure of examination) by submitting a written explanation of the reason for refuting the determination with a nonrefundable appeal fee of \$395. This appeal must be made within 30 days of the date of the notification letter. All materials must be submitted in writing to the American Board of Dental Sleep Medicine. All appeals are carefully reviewed, and a final decision is made by the ABDSM Board of Directors.

## Application Components

### Prerequisites

When evaluating your prerequisites, determine whether you meet all of the requirements. If you do not meet all of the prerequisite requirements, do not submit an application. Prerequisites will be reviewed by the ABDSM. The ABDSM will send notification of prerequisite approval to applicants by December 29, 2017. The prerequisites and two-page application (found at [www.abdsm.org/Resources/PDF/ABDSMApplication.pdf](http://www.abdsm.org/Resources/PDF/ABDSMApplication.pdf)) must be postmarked by October 23, 2017.

Prerequisite documentation can be submitted either via fax or mail to the ABDSM.

### Dental License with Expiration Date

Each applicant must provide a copy of their current dental license with expiration date. If the dental license expires before the examination date, a renewed copy of the dental license is required and must be submitted to ABDSM before it expires. Applicants cannot sit for the exam without proof of a current valid dental license.

### Continuing Education

Applicants must submit documentation to verify that they have earned at least fifty (50) continuing education (CE) credit hours within the three (3) years prior to the application deadline. A maximum of fifteen (15) credit hours may be earned between the application deadline and February 12, 2018. Therefore, documentation to verify a minimum of thirty-five (35) credit hours must be submitted with the application. Applicants who do not submit documentation of the full fifty (50) credit hours along with their application will be required to submit CE verification upon completion of each additional course, but prior to February 12, 2018. Failure to verify the remaining balance of CE credit hours will result in the revocation of the approved application and the applicant will not be able to sit for the exam.

ABDSM accepts only ADA CERP recognized or AGD PACE approved continuing education credits in dental sleep medicine or sleep medicine provided by a non-profit organization or accredited university. Up to ten (10) credits may be *AMA PRA Category 1 Credits™* in sleep medicine. Applicants must be the participant of all submitted courses and not the instructor. Though applicants are encouraged to participate in AADSM educational opportunities, including the AADSM Annual Meeting, this is not a requirement. To confirm that a particular CE provider is a not-for-profit organization, visit GuideStar's website at [www.guidestar.org](http://www.guidestar.org) and search for their listing. All IRS-registered non-profit organizations will be listed on GuideStar. To view a list of providers and programs that meet the ABDSM CE requirement, visit the AADSM website at [aadsm.org/qualifieddentistdetails.aspx](http://aadsm.org/qualifieddentistdetails.aspx).

To receive credit for CE, the following documentation must be submitted for each course:

1. CE verification letter or certificate issued by the course provider. CE transcripts of any kind are not acceptable for verifying continuing education credits.
2. Educational objectives or a detailed agenda that clearly show that the course was science-based education in dental sleep medicine or sleep medicine. If a course includes a mixture of applicable and non-applicable topics, circle those credit hours that do apply.

In order to demonstrate that applicants are furthering their clinical knowledge of dental sleep medicine, practice management and billing credit hours are not accepted. Temporomandibular disorder credit hours are only accepted toward the ABDSM requirement when the course objectives clearly document a prominent dental sleep medicine focus.

Self-instructional and electronically mediated learning activities in dental sleep medicine that are either ADA CERP recognized or AGD PACE approved and provided by a non-profit organization or accredited university may count towards this requirement. A maximum of ten (10) credits from self-instructional or electronically mediated activities are acceptable.

### **Documented Time in a Sleep Center**

Each applicant must spend no less than ten (10) hours at a sleep center within three (3) years prior to the application deadline. This is to be documented utilizing the Observation Hours Template found at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx) and signed by a board-certified sleep physician associated with that particular sleep center and with whom the applicant has worked with in their community. The intention of this requirement is to document that the applicant has experienced direct observation of the operations of a sleep medicine clinic or lab with sleep medicine medical staff. This time must include observation of at least three (3) of the following:

- Polysomnography (PSG) preparation/set-up with a patient
- Data acquisition of PSG
- Scoring and interpretation of PSG
- Clinical interaction of a physician or nurse practitioner with a patient
- Therapeutic intervention with CPAP
- Assessment of results of therapeutic intervention

### **Letters of Recommendation**

Applicants must provide letters of recommendation from two (2) board-certified sleep physicians (MD, DO or PhD) with whom the applicant has worked within their community. Sleep physicians must be certified in sleep medicine by the American Board of Sleep Medicine (ABSM) or American Board of Medical Specialties (ABMS). Letters must be signed and dated within two (2) years of the application deadline. Letters must describe the nature of the relationship of the physician with the applicant and clearly recommend the applicant to sit for the ABDSM examination.

### **Oral Appliance Therapy (OAT) Cases**

Applicants must prepare their cases in an organized manner. Documents must be legible, oriented appropriately, dated, labeled, and sequenced correctly according to the Application Outline (located at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx)). All photographs must be in color, of good quality, and submitted in PDF format. Photographs which do not meet these requirements or where objects are not clearly identifiable will not be acceptable rendering the application incomplete. All radiographs, whether digital or scanned analog, must be submitted in PDF format. All radiographs and photographs must be individually dated with the date of exposure. It is preferred that dates are electronically stamped, rather than hand written or typed. Please note that for applications received on or after January 1, 2020, only electronic date stamps will be



accepted, with the exception of analog radiographs which may continue to include a handwritten or typed date. Only the documentation identified in these guidelines should be included with the application. Additional materials, such as additional photographs, radiographs, patient questionnaires, and physician prescriptions, are unnecessary unless specifically requested by the Board of Directors.

Case documentation must be submitted in a digital format on a USB flash drive mailed to the ABDSM via traceable carrier (i.e. FedEx, UPS, etc.) to insure against loss. Do not send case documentation by email or any other remote file transfer method.

### Case Study Criteria

Each applicant must submit a total of fifteen (15) documented oral appliance cases, distributed as follows: five (5) detailed cases and ten (10) spreadsheet cases. The following criteria applies to all fifteen (15) cases.

Applicants must be the direct and primary patient care provider from start to finish for each case submitted.

All patients must be first time users of oral appliance therapy and at least eighteen (18) years old at the time of oral appliance delivery.

To demonstrate knowledge of more than one oral appliance, applicants must use at least two (2) distinct oral appliance designs that have different types of advancement mechanisms from one another. Appliances being utilized in each case must be FDA-cleared for treatment of OSA and meet the AADSM's published definition of an effective oral appliance [JDSM 2014]. Combination therapy cases are not acceptable.

Pre- and post-treatment sleep studies must be conducted by either a full overnight in-lab PSG or home sleep apnea test (HSAT) that is administered by a sleep center or physician and interpreted by a board-certified sleep physician. Pulse oximetry is not an acceptable form of sleep testing for these cases. Pre-treatment HSATs administered by a dentist will not be accepted under any circumstances. Pre-treatment sleep studies must have been conducted no more than five (5) years prior to when the oral appliance was delivered unless the local treating physician verifies in writing that a newer study is unnecessary.

The same type of test does not need to be used for the pre- and the post-treatment studies. The post-treatment sleep studies must occur no earlier than one (1) month post-insertion. Post-treatment HSATs may be administered by the dentist if it is within their scope of practice as determined by their state dental licensing board and documentation is provided from the local treating physician that verifies that for each case the physician requested that the dentist administer an HSAT for follow-up purposes. Use the MD Verification for Follow-up HSAT template located at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx) to document this. Sleep study reports must demonstrate that a board-certified sleep physician interpreted the results.

Applicants may use either the AHI or the RDI for sleep studies conducted as a full overnight in-lab PSG. Applicants may use either the AHI, RDI or REI for sleep studies conducted as a

HSAT. The same measure (AHI, RDI or REI) must be used for both the pre- and post-treatment sleep studies for each case if available. If not available, the following criteria apply:

If RDI was used for the pre-treatment study, then RDI must be used for the post-treatment study

If either REI or AHI was used for the pre-treatment study, then either REI, AHI or RDI may be used for the post-treatment study

The AHI, RDI or REI for all fifteen (15) cases need to meet the criteria over the total night (REM and non-REM combined). Split night studies may be acceptable for either the diagnostic study or the follow-up studies, as long as they meet the criteria as outlined in these guidelines.

Pre- and post-treatment sleep study reports should consist of both the summary page and data pages that include the date of the sleep study and patient's date of birth, both circled. However, if the summary page includes all of this information, the data pages do not need to be submitted. The AHI, RDI or REI, as well as lowest oxygen saturation levels OR oxygen saturation time spent at or below 90%, must be circled on each sleep study report so they can be quickly and easily identified.

**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 the submission of an application. This applies only to patient information (i.e. names, addresses, phone numbers, social security numbers, etc.) and does not apply to physician names or sleep center information. The physician names and sleep center information must be clearly visible and legible. If patient information is not redacted, the flash drive will be returned to the applicant.

Documentation that confirms the oral appliance was effective in managing the patient's sleep disordered breathing must be provided for each successful responder of the fifteen (15) cases by having the patient's local treating physician sign the OSA Management with Oral Appliance Therapy Template found on the ABDSM website at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx).

### Criteria for Five (5) Detailed Cases

The five (5) detailed cases which are presented in their entirety must be of patients who are successful responders with a pre-treatment AHI, RDI or REI of ten (10) or greater and a post-treatment AHI, RDI or REI that is reduced in half and less than ten (10) along with subjective relief of symptoms.

The Detailed Cases Summary Template found on the ABDSM website at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx) must be used to summarize the data for each case. In addition, the following documentation must be included for each of the five (5) cases:

- Typed synopsis stating the date of the initial visit, patient's date of birth, chief complaint, history of present illness, pertinent past medical history, clinical and radiographic examination, diagnosis, treatment, results, and disposition. Reasoning for use of the chosen appliance must be included.
- Copy of the pre-treatment sleep study



- Copy of the post-treatment sleep study
- OSA Management with Oral Appliance Therapy Template found on the ABDSM website at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx)
- Documentation of at least three (3) face-to-face follow-up appointments, the third appointment being at least three (3) months post oral appliance insertion. Email and telephone correspondence with the patient, as well as patient completed surveys, do not qualify as follow-up appointments. Documentation of follow-up visits must include copies of actual dated detailed clinical notes in SOAP format. An example of an acceptable follow-up note is available at [www.abdsm.org/Resources/PDF/Followupdocumentationexample.pdf](http://www.abdsm.org/Resources/PDF/Followupdocumentationexample.pdf)

In addition to the above, each applicant must submit the following radiographs and photographs for each of the five (5) cases, all of which must be individually dated and presented in the order below. Examples of the requested x-rays, intraoral and study model photographs, and order in which materials must be presented may be found at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx).

- Pre-treatment, dated radiographs, either panoramic or full mouth series. Radiographs must be taken before, and not more than three (3) years prior, to when the oral appliance was delivered.
- Three (3) dated pre-treatment intraoral photographs of the patient's dentition, using lip and cheek retractors, consisting of the following:
  - 1 anterior view in occlusion
  - 1 right lateral view in occlusion
  - 1 left lateral view in occlusion
- One (1) dated anterior photograph of the patient's dentition with the appliance in place.
- Seven (7) dated photographs of study models. The study models must be intact, trimmed and made prior to oral appliance fabrication. Photographs of damaged models will not be accepted and will render the application incomplete. Study model photographs must consist of the following:
  - One (1) photograph of the full occlusal view of the casts sitting back-to-back on the bench top
  - Three (3) pre-treatment photographs of hand articulated models in centric occlusion on the bench top consisting of the following:
    - 1 anterior view of articulated casts
    - 1 right view of articulated casts
    - 1 left view of articulated casts
  - Three (3) pre-treatment photographs of casts with the initial protrusion bite registration in place consisting of the following:
    - 1 anterior view with the bite registration
    - 1 right view with the bite registration
    - 1 left view with the bite registration

### Criteria for Ten (10) Spreadsheet Cases

The Spreadsheet Cases Summary Template found on the ABDSM website at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx) must be used. The following information must be reported on the template for each of the ten (10) cases:

- Patient age at time of initial oral appliance insertion
- Patient date of birth
- Patient gender
- Date of the initial visit, appliance insertion and pre- and post-treatment sleep studies
- Name(s) of the interpreting board-certified sleep physician(s)
- Pre- and post-treatment AHI, RDI or REI
- Pre- and post-treatment lowest oxygen saturation levels OR oxygen saturation time spent at or below 90%
- Oral appliance design utilized
- Follow-up sleep study type (full overnight in-lab PSG or HSAT)

Of the ten (10) spreadsheet cases, five (5) cases must involve patients with OSA who have a pre-treatment AHI, RDI or REI of fifteen (15) or greater, and the other five (5) cases must involve patients with a pre-treatment AHI, RDI or REI of ten (10) or greater. A minimum of seven (7) of the ten (10) patients must be successful responders with a post-treatment AHI, RDI or REI that is reduced in half along with subjective relief of symptoms. A maximum of three (3) cases may involve patients who were non-responders as long as a written explanation is provided to describe possible reasons why the treatment was unsuccessful.

The following documentation must be included for each of the ten (10) spreadsheet cases:

- Copy of the pre-treatment sleep study
- Copy of the post-treatment sleep study
- OSA Management with Oral Appliance Therapy Template found on the ABDSM website at [www.abdsm.org/CaseStudy.aspx](http://www.abdsm.org/CaseStudy.aspx). This documentation is required for successful responders only.

### Surgery Cases (optional)

A maximum of three (3) upper airway surgical cases may be substituted for no more than three (3) of the five (5) OAT detailed cases. Surgery cases are not accepted for the spreadsheet cases. Surgical procedures utilized must be well documented in the OSA literature (peer reviewed journals and/or textbooks). All of the above OAT case specifications are required, including pre- and post-operative supporting documentation, with the following modifications:

- A typed Operative Report, which must include the date and site of the procedure, the applicant listed as the primary surgeon, the specific procedures performed, indications for the operation (i.e. OSA data and other failed therapies, as applicable), and a detailed description of the operation.

- A concise rationale for the surgical procedure(s) (i.e. how the patient's site(s) of upper airway obstruction is addressed) included in either the case synopsis and/or the Operative Report.
- The results of at least one (1) appropriate published imaging modality such as lateral cephalometry (obtained at end-tidal volume, with cephalometric analysis to include measurements of SNA, SNB, PNS-P, PAS, MP-H and Go-Pog), nasopharyngolaryngoscopy, MRI, CT scans and acoustic reflection, to document upper airway changes pre- and post-operatively.
- Panoramic radiographs, study models, and full dentition photographs (only for skeletal advancement surgery).
- Full face photographs (only if there is a significant change in facial appearance).

### **International Certificant and Canadian Applicants**

All of the prerequisites and application requirements for Clinical and Academic applicants shall apply to International Certificant and Canadian applicants with the following exceptions:

- CE credits must meet all requirements except they need not be ADA CERP recognized or AGD PACE approved.
- The Observation Hours Template may be signed by a physician who is either experienced in sleep medicine or is board certified in sleep medicine.
- Letters of recommendation will be accepted from physicians who are either experienced in sleep medicine or are board certified in sleep medicine.
- Sleep studies may be read and interpreted by a physician who is either experienced in sleep medicine or is board certified in sleep medicine.

The credentials of each attending sleep physician must be documented.

### **Professional Designation**

Upon successful completion of the examination and notification by the ABDSM of approved oral appliance therapy cases, individuals may use the following options to display their respective credential:

- Diplomate, American Board of Dental Sleep Medicine
- Diplomate, ABDSM
- D. ABDSM
- International Certificant, American Board of Dental Sleep Medicine
- International Certificant, ABDSM

The use of these credentials in any form prior to notification by the ABDSM Board of Directors that all requirements have been successfully completed is strictly prohibited. Diplomate status does not denote specialty status or specialty recognition. Furthermore, it does not confer or imply any legal qualification, licensure, or privilege in professional activities as they relate to oral appliance therapy or oral surgery for sleep disordered breathing. It signifies a professional

commitment to education, knowledge and experience in dental sleep medicine. It recognizes those dentists duly licensed by law who have successfully completed the board certification requirements established by the ABDSM. The AASM recognizes Diplomate status granted by the ABDSM.

## **Reapplication**

### **Not Achieving a Passing Exam Score**

Applicants who did not achieve a passing score on the exam may reapply for the next annual exam by submitting the following by October 23, 2017. Reapplication for a later exam (after the year following a failed exam) requires a completely new application, prerequisites, and all other requirements.

- Application (found at [www.abdsm.org/Resources/PDF/ABDSMAApplication.pdf](http://www.abdsm.org/Resources/PDF/ABDSMAApplication.pdf))
- Payment of reapplication fee (\$995)

Reapplicants must also submit the following by February 12, 2018.

- A copy of their current dental license if it has since expired
- Documentation to verify they have earned at least twenty (20) CE credits between March 2, 2017 and February 12, 2018. All continuing education credits must meet board requirements as previously described.

Old application materials are not kept on file at the ABDSM office. Do not call the office to inquire about applications submitted the previous year.

### **Failure to Meet Case Submission Deadline**

Applicants who achieved a passing score on the exam but did not meet the deadline for case submission, including any granted extensions, may reapply within three years of when the original application was submitted. They may reapply by submitting the following by October 23, 2017.

- Application (found at [www.abdsm.org/Resources/PDF/ABDSMAApplication.pdf](http://www.abdsm.org/Resources/PDF/ABDSMAApplication.pdf))
- Payment of reapplication fee (\$995)

Reapplicants must also submit the following by February 12, 2018.

- A copy of their current dental license if it has since expired
- Documentation to verify they have earned at least twenty-five (25) new CE credits (i.e. credits not used with the previous application) within the previous two (2) years. All continuing education credits must meet board requirements as previously described.

Reapplicants who achieved a passing score on the exam but did not meet the deadline for case submission do not need to retake the exam. Cases that were accepted by the Board Reviewer during the initial application cycle can be reused. Reapplicants will have until April 22, 2019 to submit complete oral appliance therapy cases. Please note that reapplication on this basis will only be accepted one time. If all completed and accepted cases are not received within the designated time period, a completely new application including prerequisites, exam, cases and all other requirements will be necessary to become certified.

## Disclaimer

These guidelines are not intended to supersede state dental practice acts. The ABDSM advises all dentists to contact the dental licensing board in their state to verify the approved scope of practice for their license and practice accordingly.

The ABDSM board is self-designated and does not confer recognized specialty status by any other certifying organization. Personal use of the ABDSM Diplomate and International Certificant designation shall be the responsibility of each individual. The ABDSM assumes no liability for how each individual displays their designation.

The ABDSM advises all Diplomates and International Certificants to follow the *American Dental Association Principles of Ethics and Code of Professional Conduct* when advertising their status. It is also strongly recommended that each individual consult their state or local regulatory agency and adhere to their requirements. Most state licensing agencies do NOT permit advertising the credential. The Diplomate designation should only be used if it does not conflict with each certificant's local regulations and code of ethics.

These guidelines are subject to change without notice. The latest updates can be found at [www.abdsm.org](http://www.abdsm.org)

## Maintenance of Certification

To demonstrate currency and maintain certification, the following requirements must be fulfilled:

- Maintain twenty-five (25) hours of CE credits every two (2) years. All continuing education credits must meet board requirements as previously described. A maximum of ten (10) credits from self-instructional or electronically mediated activities are acceptable. Up to ten (10) credits may be AMA PRA Category 1 Credits in sleep medicine.
- Payment of an annual administrative fee of \$100.00.

## Ethics

The ABDSM expects all candidates to comply with the most recent *American Dental Association Principles of Ethics and Code of Professional Conduct*. Honor violations are taken seriously and may result in disqualification or retraction of certification status.

## Examination Content Areas

### ABDSM Certification Exam (200 Questions)\*

1. Understand the physiology of sleep, medical consequences of sleep disordered breathing (SDB) and co-morbidities (15%)
2. Understand SDB and sleep testing in order to effectively manage patients who have been diagnosed with SDB (15%)
3. Demonstrate knowledge of published research on alternatives for treatment of sleep disordered breathing (15%)

4. Completing and interpreting a thorough dental sleep medicine history, examination and appropriate imaging in order to determine the patient's candidacy for therapeutic intervention (15%)
5. Select oral appliances based on their purpose, physical features and function, as well as apply proper fitting techniques (17%)
6. Assess effectiveness, manage potential side effects and titrate oral appliance (13%)
7. Management and long-term follow-up of patients in oral appliance therapy (6%)
8. Understand breathing disorders of sleep in children and adolescents, as well as the diagnostic and treatment options for management of these patients (4%)

*\*Greater exam content detail is available at [www.abdsm.org/examcontent.aspx](http://www.abdsm.org/examcontent.aspx)*

**Visit the ABDSM website at [www.abdsm.org](http://www.abdsm.org) for more information and helpful resources.**

### **ABDSM Board of Directors**

**2017-2018**

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