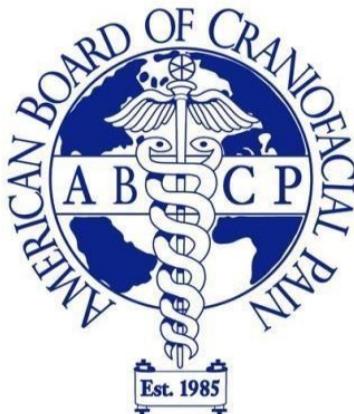


MERICAN BOARD OF CRANIOFACIAL PAIN



Application for Diplomate Status

Application Fee: \$500.00

Examination Fee: \$950.00

All fees must be paid at the time of application. ABCP accepts checks or money order only.

Next Opportunity: In Person exams will be scheduled after applications are received. The next in person oral exam is scheduled for June 6, 2026 for those who have previously applied.

Signed and Notarized Affidavit

(page 2 of application form- original only, no copies accepted)

and all required documentation and fees are to be received in ABCP Executive Office by announced deadline to qualify you to sit for the next exam offering.

AMERICAN BOARD OF CRANIOFACIAL PAIN

2574 Oak Trails Dr
Aurora, IL 60506
630-723-1582
Email: abcfpain@gmail.com
www.abcfp.org

AMERICAN BOARD OF CRANIOFACIAL PAIN

Diplomate Affidavit

(Affiant's Complete Name & Title/Degree Initials)

being first duly sworn, deposes and says:

State of _____ County of _____

I possess a valid license to practice dentistry that has not been revoked or suspended, unless retired from dentistry.

I possess satisfactory moral and ethical standards.

1. I have been involved for the previous two (2) years in the diagnosis and treatment of Craniofacial Pain not of dental or alveolar origin.
2. I have personally completed all aspects of diagnosis and treatment for one hundred (100) patients whose chief complaints included Craniofacial Pain of non-dental or alveolar origin. A list of these patients is attached hereto and marked "**Exhibit A**." *To ensure privacy, the patient list documenting completed cases may include patients' initials and/or chart # with the patients' date of birth or last 4 digits of social security number.* (Please add the number of patients and include the total, which must equal 100, at the bottom of the exhibit.)
3. I have personally completed the requisite advanced study and training required by the American Board of Craniofacial Pain. Such study and training includes at least two or more academic years of graduate study in a US CODA-accredited Advanced Dental Education Program in Orofacial Pain; OR, a minimum of five hundred (500) hours of "related" continuing education courses which have been completed within the immediate ten (10) years prior to the date of submission of the written application. Documentation of this advanced study and training and/or continuing education hours is attached hereto and marked "**Exhibit B**." *(Please add your continuing education hours and include the total, which must be ≥500, at the bottom of the exhibit.)*
4. I have obtained the sponsorship of two (2) current Diplomates of the American Board of Craniofacial Pain and a letter of recommendation from each one is attached hereto and marked "**Exhibit C**" and "**Exhibit D**," respectively.
5. I agree to present three (3) patient case histories (i.e., one craniofacial pain patient case history, one internal derangement patient case history, and one patient case history of my choosing), to be utilized in my oral exam and/or Case Defense. A synopsis of each patient case history is attached hereto and marked "**Exhibit E**" or "**Exhibit F**" or "**Exhibit G**," respectively. Said case histories and defenses shall include the diagnosis and treatment to completion of said patients, and establish to the satisfaction of the Board the candidate's ability, proficiency and exceptional skill in a broad spectrum of treatment procedures relevant to the assessment, diagnosis and management of Craniofacial Pain and temporomandibular disorders of non-dental origin.
6. I have included the required application fee and exam fee with this affidavit and documentation packet. The current application fee is \$500.00 and the current exam fee is \$950.00.
7. I agree to keep records in sufficient detail to enable the truthfulness of all statements and representations made to be determined, including, but not limited to, those statements concerning the number of patients treated for Craniofacial Pain, continuing education and other post-graduate courses completed, and I will permit representatives of the Board (to be appointed by the Directors) to examine said records during normal business hours upon reasonable notice to the extent necessary to verify any and all statements and representations made. At the request of the Directors, I may be required to demonstrate to the representatives of the Board radiographs and records of acceptable quality, which clearly delineate the scope of the patients' complaints and treatment. Failure to provide said records or other information to these representatives shall be considered reasonable cause for refusing Diplomate status, expulsion, or a request for immediate resignation from the Board and the return of the Diplomate certificate.

The statements made herein are true and correct and are made for the purpose of obtaining Diplomate status in the American Board of Craniofacial Pain. I understand any false statements contained herein shall be grounds for immediate disciplinary action, which may include expulsion from the Board and termination of any status and benefits obtained therein.

Notary Public's Seal: _____

_____ (Affiant's Signature)

Sworn to and subscribed before me, this

_____ day of _____, 20____

_____ (Notary Public's Signature)

My commission expires: _____

Page 2 – Print and submit completed original, with required documentation, to the ABCP Executive Office.

AMERICAN Board of Craniofacial Pain
Diplomate Application PAYMENT FORM

Please remit payment of the Diplomate Application fee (\$500) and examination fee (\$950) with your completed application, plus all required supporting documentation, to the ABCP Executive Office at the address below:

ABCP
2574 Oak Trails Dr. Aurora, IL 60506

CANDIDATE NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Method of Payment: Check Visa MasterCard

If paying by check please make it payable to the ABCP (in US funds and drawn on a US bank)

Card Number: _____ **Expiration Date:** _____

Security Code: _____ **Today's Date:** _____

Cardholder (name as it appears on card): _____

Billing Address for this card: _____

Cardholder signature: _____

Page 3 – Print and submit completed original, with required documentation, to the ABCP Executive Office.

AMERICAN BOARD OF CRANIOFACIAL PAIN

Requirements for ABCP Diplomate Status

I. Background

The discipline of *Craniofacial Pain* includes the assessment, diagnosis, and management of patients with pain disorders in the craniofacial area. This includes the pursuit of knowledge of the underlying pathophysiology and mechanisms of these disorders. Specifically, this includes the assessment and diagnosis, and may include management of temporomandibular joint disorders, headache disorders, complex masticatory and interrelated cervical neuromuscular pain disorders, craniofacial related sleep disorders, neuropathic craniofacial pain disorders, neurovascular craniofacial pain disorders, chronic regional pain syndrome, craniofacial dyskinesia, dystonias, and related disorders causing persistent pain and dysfunction of the craniofacial structures.

The ABCP expects members to manage disorders for which they have knowledge and skills, and to follow the laws of their respective licensing bodies.

II. Eligibility Requirements for Diplomate Status

Only professionals obtaining Diplomate Status from the American Board of Craniofacial Pain may represent themselves to the general public as "Board Certified" by the American Board of Craniofacial Pain. No applicant for Diplomate Status may satisfy any of the following requirements without first satisfying all requirements enumerated prior thereto.

All applicants must hold (at a minimum) a dental degree (D.D.S. or D.M.D.) or its equivalent and an active unrestricted license to practice dentistry.

Mailed applications MUST be sent to the ABCP Executive Office and must be postmarked on or before the deadline. No exceptions will be made to these requirements. A complete application is defined as a fully completed and typed application form, all supporting documentation as requested on the application, the application and examination fee, and all prerequisites. ABCP will send acknowledgement of receipt of the application to the applicant. If such notification is not received please contact the ABCP office immediately. Applicants are strongly encouraged to send their application and materials by certified mail or other traceable means. Receipt of applications cannot be verified by telephone. Please do not call the office for this information. It is the responsibility of the applicant to ensure that the ABCP receives the application and all supporting materials postmarked on or before the stated deadline.

Incomplete Applications

APPLICATIONS POSTMARKED LATER THAN THE DEADLINE WILL NOT BE ACCEPTED. An

application postmarked on or before the deadline, but missing one or two components is considered an incomplete application and a nonrefundable late fee of \$300 must be paid if the application is to remain active. Applicants will be notified by mail if the application is not complete. Completeness of an application cannot be verified by telephone. Please do not call the office for this information. An applicant whose application is incomplete must ensure all

parts of the application, including all prerequisites, have been submitted and are received no later than one month prior to the exam. ANY APPLICATION THAT REMAINS INCOMPLETE AS OF ONE MONTH PRIOR TO THE EXAM WILL NOT BE ACCEPTED.

II. Eligibility Requirements for Diplomate Status (*Reapplication*)

Applicants who have previously applied to sit for the certification exam and wish to re-apply the following year must resubmit all exam materials with a new application and exam fee. Applicants may only use one of the three (3) case studies from the previous year and can use the same letters of recommendation and verification letters. All materials must be resubmitted together with a completed application and payment by the deadline. Any missing materials will render the application incomplete and it will be subjected to a late fee.

Refunds & Withdrawals

If the ABCP does not accept the application for examination, \$600 will be refunded to the applicant. If notification of withdrawal from an accepted candidate is received at the ABCP office at least one month prior to the exam, \$600 will be refunded. A candidate whose notification of withdrawal is received by the ABCP office within one month prior to the exam is not entitled to a refund, except when the withdrawal is the result of a documented emergency. The candidate may apply for an emergency late withdrawal refund of \$300 by submitting proper documentation of the emergency.

Applicants with Disabilities

The ABCP recognizes that individuals with disabilities may wish to take the examination and will make reasonable accommodations for applicants with verified disabilities. The ABCP 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 ABCP in writing no later than one month prior to the exam. The applicant may be asked to submit appropriate documentation of the disability and a description of previous accommodations provided during other examinations. If the ABCP deems it necessary, an independent medical assessment may be requested at the expense of the ABCP.

Prerequisites for Diplomate Applicants

When evaluating your prerequisites (*see section III*), please determine whether you meet all of the requirements and, if you do not, please do not submit an application. Applications and prerequisites will be reviewed by the ABCP. The ABCP will send notification of application/prerequisite approval to applicants. If such notification has not been received by one month prior to the exam, please contact the ABCP office immediately. Documentation satisfying all of the prerequisites must be submitted in addition to a completed application and examination fee by the deadline.

III. Prerequisites

Only professionals obtaining Diplomate Status from the American Board of Craniofacial Pain may represent themselves to the public as "Board Certified" by the American Board of Craniofacial Pain. Such representations must be in accordance with the requirements of licensing boards.

No applicant for Diplomate Status may satisfy any of the following requirements without first satisfying all requirements enumerated prior thereto.

A. Submit a written application to the Directors on a standard application form which is:

1. Accompanied by the non-refundable application fee (the current application fee is \$500) plus the examination fee (the current examination fee is \$950) established by the Directors.
2. Sponsored by two (2) individuals who have obtained Diplomate status *and*,
3. Received by the Directors at least sixty (60) days prior to the designated examination date to qualify the applicant to take the subsequent annual Diplomate examination.

B. Establish to the satisfaction of the Directors that the applicant has completed the requisite advanced study and training. Said advanced study and training requirements will be satisfied by:

1. At least two (2) or more academic years of graduate study in a US CODA-accredited Advanced Dental Education Program in Orofacial Pain.

OR,

2. A minimum of five hundred (500) hours of continuing education courses which have been completed within the immediate ten years prior to the date of submission of the written application for Diplomate status. Of these courses, 80% must be directly related to Craniofacial Pain/Temporomandibular Disorders and up to 20% (100 hours) may be related course categories and are subject to the final discretion of the Board. In lieu of completing and attaching to your application, you may highlight pertinent coursework on an AGD transcript, being certain to total the resulting CE hours, and submit it with their application.

Credit hours for lecture and participation courses will be approved on a similar basis as that of other specialty boards. Courses which do not fall into any category specified herein, but which are nevertheless "related" to the practice of Craniofacial Pain, may be approved by special permission of the Board of Directors for purposes of fulfilling the continuing education requirements. All decisions of the Board of Directors shall be final.

C. Submit a notarized affidavit to the Directors on a form approved by the Secretary of the Board attesting that:

1. The applicant has personally completed all aspects of diagnosis and treatment for one hundred (100)

patients whose chief complaints included Craniofacial Pain of non-dental or alveolar origin, that the applicant will keep records in sufficient detail to enable the truthfulness of all statements and representations made by the applicant to be determined including but not limited to those statements concerning the number of patients applicant has treated for Craniofacial Pain, representatives of the Board (to be appointed by the Directors) to examine said records during normal business hours upon reasonable notice to the extent necessary to verify all statements and representations made by the applicant to the Board.

To ensure privacy, the patient list documenting completed cases may include patients' initials or another approved coded format. At the request of the Directors, the applicant may be required to demonstrate to the representatives of the Board radiographs and records of acceptable quality, which clearly delineate the scope of the patients' complaints and treatment. Failure to provide said records or other information to these representatives shall be considered reasonable cause for refusing Diplomate status to the applicant, expulsion, or a request for his/her immediate resignation from the Board and the return of the Diplomate certificate.

2. The applicant has been involved for the previous two (2) years in the assessment, diagnosis, and management of Craniofacial Pain not of dental or alveolar origin.
- D. Remit the required application and examination fees in full to the ABCP Executive Office by the specified deadline (*see Section III.A.1 above*).
- E. Satisfactorily complete the psychometrically derived written Diplomate examination that shall be administered at least once each year by the Board, obtaining a numerical score equal to or higher than the score designated by the Board as "passing."
- F. Submit three (3) patient case histories, which must include one (1) craniofacial pain patient case history, one (1) internal derangement patient case history, plus one (1) patient case history of the applicant's choosing, on forms approved and provided by the Board for case defense:
 1. Said patient histories shall include the diagnosis and treatment to completion of said patients by the candidate and establish to the satisfaction of the Board the candidate's ability, proficiency, and exceptional skill in a broad spectrum of treatment procedures relevant to the assessment, diagnosis and management of Craniofacial Pain and temporomandibular disorders of non-dental origin. Said case histories must provide justification of any treatment and documentation thereof, which shall include:
 - a. Medical History – thorough review of the patient's past and current medical history.
 - b. Examination – the patient's chief complaint, clinical signs and symptoms, and a description of the general condition at the inception of treatment.
 - c. Clinical Diagnosis – a pretreatment clinical diagnosis consistent with the symptoms and clinical tests reported.

- d. Treatment Plan – a recommended plan of treatment with alternative treatment plans where indicated.
- e. Clinical Procedures – a presentation of clinical procedures for the case.
- f. General Documentation – typewritten documentation should be clear and precise. The quality of radiography must be sufficient to derive the information recorded.

G. The candidate shall complete an oral examination to be conducted by at least three (3) Diplomates, at least one of which is a member of the Board of Directors.

H. The candidate may be required to take other such examinations as are determined by the Directors.

I. Applicants for Diplomate may complete the requirements for Diplomate beginning at any time subsequent to graduation from an accredited dental school but will not be granted Diplomate status until the second anniversary of their dental school graduation.

J. Board-Eligible professionals may neither file an application for the examination more than three (3) years subsequent to the date they are designated “Board-Eligible” by the Board nor take the examination more than twice in absence of the receipt of a passing score without first re-satisfying the requirements for Diplomate eligibility.

K. Dates of all examinations, deadlines, fees, benefits, and dues will be established by the Directors and are to be listed in the Policy and Procedure Manual.

L. Applicants must possess a valid license to practice dentistry that has not been revoked or suspended unless retired from dentistry. Each applicant must provide a copy of their current dental license with expiration date. If the license expires before the examination dates, a renewed copy of the dental license is required and must be submitted to ABCP by the application deadline.

M. Each applicant must obtain letters of recommendation from two (2) Diplomates of the American Board of Craniofacial Pain, which shall be submitted along with the applicant’s initial application.

N. Applicants must possess satisfactory moral and ethical standards.

IV. Examinations
Examination Content

The Diplomate Examination is comprised of two hundred (200) psychometrically derived, multiple-choice questions. Candidates are allowed four (4) hours to complete the examination, which tests candidates on the subjects listed in Section III.B.2 (above). The ABCP Board of Directors governs all aspects of this written certification qualifying examination for Diplomate status and is solely responsible for its content.

Electronic Devices

Recording devices, cellular phones, pagers, personal digital assistants, and other non-medically necessary equipment is not permitted in the examination room. Any candidate found in possession of such non-medical devices will be disqualified without further consideration of refund.

IV. Examinations (continued)

Scoring

All scoring of written test is performed without knowledge of the candidates, identity, and all decisions concerning written examination scoring are made before the matching of names and candidate code numbers. The entire process is supervised by the ABCP examination committee. "Pass" and "Fail" determinations are based on an objective criteria applied universally to all candidates. Individual scores will not be changed, except in the case of a granted appeal.

Examination results

Candidates for diplomate status whose applications and supporting documentation have been reviewed and accepted by the ABCP may sit for the written and oral examination in a single examination. Successful completion of the written examination is not a prerequisite for the oral examination.

Examination results are mailed to candidates within 30 to 60 days following the examination date. Results are not available by telephone. Please do not contact the ABCP Executive Office for this information.

Appeal process

The candidate may appeal a negative determination (rejection of prerequisites or failure of examination) by submitting a written explanation for the reason for refuting the determination with a nonrefundable appeal fee of \$250. 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 Craniofacial Pain at 2574 Oak Trails Dr., Aurora, IL 60506. All appeals will be carefully reviewed and a final decision will be made by the ABCP Board of Directors with input from the examination committee when necessary by the board. The decision by the ABCP Board of Directors will be communicated to the candidate in writing and will be considered final.

Professional Designation

Evaluation of all candidates' examinations will be presented to the board by the examination committee with a recommendation that those board-eligible candidates who passed examinations and satisfied. All of the requirements be certified diplomates of the board. No board-eligible candidate may be certified as a Diplomate, in the absence of the recommendation of three (3) Diplomates. Board-eligible candidates recommended for membership in the board. Once accepted by the directors of the board shall become Diplomates of the board and will be issued certificates certifying the same.

All certificates shall be signed by the ABCP President, Secretary, and examination committee chair person, the date, which appears on the certificate, will be the date of the board determined that all requirements were passed.

All certificates issued beginning in 2010 shall be limited to ten (10) years. Maintenance of certification (MOC) procedures shall be available to all time-limited Diplomates. Diplomates with certificates which are not time-limited shall have the right, but not the requirement to complete the MOC requirements.

Diplomate status does not denote specialty status. Furthermore, it does not confer or imply any legal qualification, licensure, or privilege in professional activities. It signifies a professional commitment to education, knowledge, and experience in craniofacial pain. It recognizes those dentists duly licensed by law who have successfully completed the board certification requirements established by the ABCP.

VI. Disclaimer

The ABCP adheres to the American Dental Association Principles of Ethics and Code of Professional Conduct and advises all Diplomates to follow the code when advertising their status. It is also recommended that each individual consult their state or local regulatory agency and adhere to their requirements.

All Pages May Be Kept for your Records