



*THE AMERICAN BOARD OF ORAL AND MAXILLOFACIAL
RADIOLOGY*

POLICY AND PROCEDURES MANUAL

2024

The American Board of Oral and Maxillofacial Radiology

Website: www.abomr.org

Email contact: admin@abomr.org and info@abomr.org

This document is published by the American Board of Oral and Maxillofacial Radiology (*ABOMR*, or the *Board*) to inform applicants, candidates, and examinees about Board requirements, policies, process, and procedures related to Part 1 and Part 2 certification examinations. The document also describes policies and operational procedures for Directors and Diplomates of the ABOMR in support of and to clarify the ABOMR Bylaws. This document is updated periodically as needed.



Table of Contents

About the American Board of Oral and Maxillofacial Radiology.....	5
Mission	5
Vision.....	5
Objectives	5
Organization	5
National Commission on Recognition of Dental Specialties and Certifying Boards	6
Certification Process Overview.....	6
Glossary of Definitions	6
Eligibility Requirements	7
Part 1	7
Part 2	8
Duration of Eligibility.....	8
Part 1	8
Part 2	8
Receipts for Paid Application and Registration Fees	8
Part 1 Certification Examination – Foundational Sciences	9
Format and Content	9
Examination Blueprint for Professional Knowledge	9
Examination Resources	9
Example Questions.....	10
Application and Registration Process.....	10
Step 1 – Initial Application to Verify Eligibility.....	10
Step 2 – Notification of Eligibility	10
Step 3 – Registration for Part 1	11
Step 4 - Scheduling Remote Testing with Prometric.....	12
Part 2 Certification Examination – Clinical Sciences.....	12
Format and Content	12
Examination Blueprint for Professional Knowledge	13
Examination Resources	14
Example Questions.....	14
Registration Process	14
Step 1 – Registration	14
Step 2 – Notification of Eligibility and Examination Details.....	15
Test Construction, Evaluation, Policy, and Procedures.....	15
Test Development.....	15
Construction	15
Revision	16



Test Administration, Scoring and Reporting Process	16
Administration.....	16
Scoring.....	20
Reporting of Examination Results	20
Release of Examination Results.....	21
Fairness in Testing	21
Fairness in Testing Policy.....	21
Candidates’ Rights and Responsibilities	22
Testing Individuals of Diverse Linguistic Backgrounds.....	22
Policy for Candidates with Disabilities	22
Procedure to Apply for Consideration of Accommodations	23
Examination Withdrawal and Refunds	23
Re-examination Procedures	24
Appeal Policy	24
Candidate Appeal Mechanism.....	24
ABOMR Action.....	25
Actions on Appeal Decision	25
Exam Cancellation Policy.....	25
Non-Discrimination Clause	26
Policy on Harassment.....	26
Confidentiality of Communication with the Board.....	26
Applicant, Candidate and Examinee Conduct.....	26
Confidentiality Agreement	27
Candidate Code of Ethical Conduct	27
Reporting, Adjudication and Disciplinary Procedures for Candidate Misconduct	27
Diplomate and Director Conduct	28
Code of Professional Conduct	28
Director Conflict of Interest Policy	29
Confidentiality Policy.....	30
Reporting, Adjudication and Disciplinary Procedures for Diplomate or Director Misconduct.....	31
Certification	33
Conferring of Certification	33
Designation	33
Responsibilities of Diplomates	33
Adhere to the Code of Ethics and Code of Professional Conduct for Diplomates of the ABOMR.....	33
Payment of Annual Dues	34
Maintain Contact Details	35
Attend the Annual Business Meeting.....	35
Maintenance of Certification	35
Election Process	36
Authority	36
Process	36
Revocation of Certification	37



Life Diplomate Process	38
Bylaws of the ABOMR	38
Contact Information.....	38
Version History	38
Acknowledgements	38
Appendix 1 - Part 1 Blueprint for Foundational Sciences.....	39
PART 1A - Radiation Physics and Imaging Technology (RPIT).....	39
PART 1B - Radiation Biology, Safety and Protection (RBP).....	43
Appendix 2 - Part 1 Selected Resources	45
Appendix 3 – Part 1 Sample Questions and Answers	47
Appendix 4 - Americans with Disabilities Act Verification Form	50
Appendix 5 – Candidate Confidentiality Agreement	51
Appendix 6 – Candidate Appeal Policy	52
Appendix 7 – Acceptance of all Policies in the ABOMR Policy and Procedures Manual.....	53
Appendix 8 - Part 2 Blueprint for Clinical Sciences	54
Appendix 9 - Part 2 Selected Resources	57
Appendix 10 – Part 2 Sample Questions and Answers	59
Appendix 11 – Candidate Code of Ethical Conduct.....	65
Appendix 12 – Rights* and Responsibilities of the Candidate and Position of the ABOMR	67
Appendix 13 –Code of Professional Conduct for Diplomates of the ABOMR.....	73
Appendix 14 –Code of Professional Conduct for Directors of the ABOMR.....	74
Appendix 15 –Conflict of Interest Statement for Directors of the ABOMR.....	75
Appendix 16 –Confidentiality Policy for Directors of the ABOMR.....	77



About the American Board of Oral and Maxillofacial Radiology

Oral and Maxillofacial Radiology is the specialty of Dentistry and discipline of Radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders, and conditions of the oral and maxillofacial region.

As the only certifying board for the specialty of oral and maxillofacial radiology in the United States, the American Board of Oral and Maxillofacial Radiology (ABOMR) is dedicated to improving the knowledge and skills of oral and maxillofacial radiologists (OMRs) nationwide. The ABOMR achieves this through establishing the standard for the practice of oral and maxillofacial radiology in the United States through examination and certification maintenance of Diplomates.

Mission

The mission of the ABOMR is to ensure that our Diplomates meet and maintain the highest standards for knowledge, evidence based clinical proficiency, diagnostic skill, and professionalism in providing optimal care and service to the public and in support of fellow dental health care providers. This is achieved by Board eligible candidates completing a high-level certification exam covering all aspects of oral and maxillofacial radiology, administered by a panel of experts of their peers.

Vision

To be acknowledged and recognized as the sole national certification Board for the dental specialty of Oral and Maxillofacial Radiology in the United States.

Objectives

The objectives of the Board are to:

1. Improve the knowledge and elevate the standards of practice of Oral and Maxillofacial Radiology;
2. Advance optimum patient healthcare;
3. Promote and improve the quality of education and knowledge in oral and maxillofacial radiology among all members of the health sciences;
4. Promote lifelong learning of Diplomates through renewal of certification and continuing education;
5. Establish eligibility criteria of candidates for examination;
6. Establish procedures for the examination of candidates, and;
7. Certify those who meet the educational requirements for Diplomate membership status.

Organization

The American Board of Oral and Maxillofacial Radiology was established at the Annual Session of the American Academy of Oral and Maxillofacial Radiology on October 20, 1979, in Bandera, Texas. Donald D. Weissman as President, Robert A. Goepp as Vice-President, Benjamin Ciola as Secretary/Treasurer,



Stephen R. Matteson and Stuart C. White as Directors. In 1980, the Board was incorporated in the State of Connecticut. In 1990, the Board was re-incorporated in the State of Iowa.

The administration and functions of the American Board of Oral and Maxillofacial Radiology are performed by a five-member Board of Directors. The Directors of the American Board of Oral and Maxillofacial Radiology are Diplomates. Each year one Director is elected in April/May to a five-year term by their peers - active and life Diplomates of the American Board of Oral and Maxillofacial Radiology. For the remaining year this individual is referred to as “Director-elect” and their role is non-voting and observational only. Their term of office commences on January 1 of the following year. The Examination Committee comprises all members of the Board of Directors, except the Director-elect. The Examination Committee administers all aspects of both certification examinations. The Board of Directors serve in a voluntary capacity and are unpaid.

National Commission on Recognition of Dental Specialties and Certifying Boards

The Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists contain criteria that the ABOMR and its sponsoring organization, the American Academy of Oral and Maxillofacial Radiology (AAOMR) must meet to remain recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (*National Commission*) as a dental specialty in the United States. The Bylaws, policy statements and this manual will be revised periodically to comply with directives of the National Commission.

Certification Process Overview

Certification by the ABOMR requires successful completion of both Part 1 and Part 2 Certifying Examinations. Once certified by ABOMR, the candidate will become a Diplomate of the Board and must participate in the Certification Maintenance. The certification process is comprehensive, covering the physical and biological sciences related to radiation emission and radiation biology and the clinical practice of oral and maxillofacial radiology. The certification process in oral and maxillofacial radiology consists of two examinations:

- Part 1 – Foundational Sciences (Physical and Biological Sciences, Imaging Technology)
- Part 2 – Clinical Sciences (Anatomy, Pathophysiology and Radiographic Interpretation)

Glossary of Definitions

Educationally Qualified Oral and Maxillofacial Radiologist. An oral and maxillofacial radiologist who has been issued a certificate in oral and maxillofacial radiology from an advanced education program in oral and maxillofacial radiology accredited by either CODA or CDAC who has not yet submitted or has not had their ABOMR application and credentials approved by the *Board*. These oral and maxillofacial radiologists may also refer to themselves as a *specialist in oral and maxillofacial radiology* (dependent on State Dental Board or practice Acts).

Eligibility: The state of having the right to challenge or rechallenge Part 1 or Part 2 of the certifying examination having met the criteria set forth by the Board.

Applicant: A person who has submitted a partial or complete application to challenge Part 1 or Part 2 of the certifying examination to the Secretary/Treasurer of the Board, but whose application has not yet been approved by the Board.



Candidate: An applicant who has been issued a certificate in oral and maxillofacial radiology or who has completed at least 24 months in an advanced education program in oral and maxillofacial radiology accredited by either CODA or CDAC whose application to challenge either Part 1 or Part 2 of the certifying examination has been approved by the Board.

Examinee: A candidate who has challenged Part 1 or Part 2 and has not been informed of their result.

Board Certified Oral and Maxillofacial Radiologist: An oral and maxillofacial radiologist, who has satisfied all requirements of the certification process of the ABOMR, has been declared Board Certified by the ABOMR Board of Directors and maintains Board Certification. This individual is a Diplomate of the ABOMR, and can use the professional post nominal, Dip. ABOMR. Diplomates can refer to themselves as a “board certified oral and maxillofacial radiologist”.

Good Standing: A diplomate who is current with their annual dues; has maintained a non-expired Certificate; has completed his/her recertification requirements (if applicable); whose rights as Diplomates are not under adjudication of disciplinary proceedings or specific sanctions (censure, suspension, or pending revocation), and is not in violation of some other specific provision in the Bylaws.

Eligibility Requirements

Admission to the Board examination shall be determined by the Directors of the ABOMR, whose decision is final. Although an appeal may be considered, applicants agree, by virtue of applying, to accept the decisions of the Board of Directors as final.

Part 1

A person is eligible to challenge Part 1 of the American Board of Oral and Maxillofacial Radiology certifying examination if one of the following educational requirements is met:

1. Graduation from an advanced education program in Oral and Maxillofacial Radiology accredited by the American Dental Association (ADA) Commission on Dental Accreditation or by the Commission on Dental Accreditation of Canada (CDAC) with regular standing. A failing grade (F), or an unsatisfactory grade (U) on the transcript will render the applicant ineligible. There is no limit on time between graduation from an accredited OMR advanced education program and applying for the certifying exam for the first time.
2. Successful completion of a minimum of 24 months of an OMR advanced education program accredited by the ADA Commission on Dental Accreditation or by CDAC.

Applicants in these programs must be graduates from:

1. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
2. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
3. International dental schools that provide equivalent educational background and standing as determined by the program.



Part 2

A person is eligible to challenge Part 2 of the American Board of Oral and Maxillofacial Radiology certifying examination if all the following requirements are met:

1. Successful completion of Part 1 of the American Board of Oral and Maxillofacial Radiology certifying examination, and;
2. Holds a certificate of completion from an Oral and Maxillofacial Radiology advanced education program accredited by the ADA Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada.

Duration of Eligibility

Certification as a Diplomate of the American Board of Oral and Maxillofacial Radiology requires successful completion of both parts of the certifying examination within the period of eligibility.

Part 1

An applicant becomes a candidate to challenge Part 1 of the examination on the date the application is approved by the Board. Eligibility to challenge Part 1 of the examination is extended for a total of three (3) occasions within 5 years. If a candidate fails to pass Part 1 within the eligibility period, candidate status may be re-established by reapplication as a new Part 1 applicant and payment of the application fee.

Part 2

An applicant becomes eligible to challenge Part 2 of the examination on the date the candidate passes Part 1 of the examination, and the candidate has successfully completed an accredited OMR program. Eligibility to challenge Part 2 of the examination is extended for a total of three (3) occasions within 5 years. After the second failed attempt, a candidate will be required to skip the next subsequent examination before they can apply for their third attempt. This means that there may be a period of up to 24 months between the second and third attempt at challenging Part 2. If a candidate fails to pass Part 2 within the eligibility period, eligibility may be re-established, but the candidate must start the process again by reapplying for Part 1 and payment of the examination fee. The candidate must retake and pass Part 1 before applying to take Part 2.

The Board of Directors may extend the limitation of eligibility, in special circumstances, but not to exceed six (6) years. An individual may submit a written request for an extension to the Board through the Secretary/Treasurer no later than May 15 of the final year of eligibility.

Receipts for Paid Application and Registration Fees

Candidates who apply and register online and pay fees for consideration of eligibility or to take the test should receive email confirmation including transaction numbers. Candidates can also visit their account (<https://abomr.roc-p.com>), locate their receipt under “View my Past Payments” and print the paid invoice for their records. If a candidate does not receive a receipt or email confirmation of submission within one week, the candidate shall contact the Administrator at admin@abomr.org.



Part 1 Certification Examination – Foundational Sciences

Part 1 is a secure, virtual, psychometrically valid, computer-based examination designed to test competency in the physical and biological sciences necessary in the dental specialty of oral and maxillofacial radiology. It is a two (2) day examination, administered and live remote proctored by a third-party testing company, Prometric. The exam is administered remotely so that a candidate chooses a personal location (e.g. home or office). The dates of the examination are provided on the ABOMR website approximately 6 months before the examination date, unless otherwise prevented by circumstances not in control of the Board.

Registering for a designated appointment time/date to sit for Part 1 is accomplished directly and independently by the candidate through Prometric (the testing center administering the examination).

Format and Content

The Part 1 examination consists of two sections:

- Radiation Physics and Imaging Technology (RPIT) – Administered on Day 1
- Radiation Biology, Safety and Protection (RBP) – Administered on Day 2

There are a total of 140 questions examined in two separate sections. Each section (RPIT and RBP) consists of 60 multiple choice questions and 10 short essay questions. Candidates without accommodations have four (4) hours for each section. Candidates with disabilities will have additional time or specific accommodation, as determined by the Board. The multiple-choice questions are worth 1 point each and the short essay questions are worth 4 points each. Therefore, each section is graded out of 100 points. The ABOMR uses criterion-referenced scoring for all questions.

A candidate must have a minimum passing score of 70% for both sections to pass the Part 1 examination. A candidate who scores less than 70% in either one or both sections does not pass Part 1 and will have to retake both sections.

Successful completion of Part 1 makes a candidate eligible to apply for Part 2.

Examination Blueprint for Professional Knowledge

Appendix 1 provides candidates with a “roadmap” of educational domains, subjects, and topics for Part 1A (RPIT) and Part 1B (RBP) to test a candidate’s clinically applicable and applied knowledge and judgment in the foundational sciences relevant to the practice of Oral and Maxillofacial Radiology in dentistry.

Examination Resources

The ABOMR uses multiple textbooks and reference materials to develop certification examinations. Appendix 2 provides the candidate with a list of selected reference materials for Part 1. This list does not include all the available textbooks and materials for studying for this exam; these are simply resources that the ABOMR has determined as providing guidance toward establishing a knowledge base.

This list is intended to help prepare for these exams. It is not intended to be an endorsement of any of the publications listed. The candidate should prepare for the ABOMR exams using as many different study materials as possible.



Example Questions

Appendix 3 provides the candidate with a representative sample of questions and correct responses used in previous Part 1 examinations. Examples of the grading rubric are also provided.

Application and Registration Process

Application for Verification of Eligibility and registration for Part 1 and Part 2 Certification Examinations are performed online only by creating an account and completing a candidate profile in ROC-P, a certification management system accessed through the ABOMR website or directly (<https://abomr.roc-p.com>). All evidentiary and supporting documentation requested in the application or registration process must be uploaded to the portal and reviewed by the Board of Directors for approval.

The ABOMR assists applicants and candidates in the application and registration process, to the extent possible. All application and registration materials must be received by the stated deadline to confirm participation in the Certification examination. All fees are non-refundable and non-transferable, unless otherwise stated in this *Manual*.

Step 1 – Initial Application to Verify Eligibility

1. Create an account to verify eligibility at <https://abomr.roc-p.com>.
 2. Complete the online application form.
 3. Submit two (2) evidentiary documents.
 - All applicants must submit the following:
 - Copy of Dental School Diploma. This document must be from a Dental school accredited by the ADA Commission on Dental Accreditation or by the Commission on Dental Accreditation of Canada or an equivalent certification of completion of general dentist training (DMD, DDS, BDS) from an overseas (non-US) dental school.
- and either
- For candidates who, at the time of the examination, will have completed their CODA accredited OMR Program:
 - Notarized copy of the OMR program certificate.
- or
- For candidates who are still in a CODA accredited OMR program and will successfully complete 24 months at the time of the Part 1 Examination:
 - A signed letter from the Program Director stating that the candidate will have successfully completed at least 24 months of the program before the scheduled exam date.
4. Pay the non-refundable, non-transferable application fee.

Step 2 – Notification of Eligibility

After completion of the application form and submission of all documents requested in Step 1, the ABOMR will consider the eligibility of each applicant. The application of each must be unanimously



approved by the Board of Directors of the ABOMR. If eligible, an email will be forwarded to the applicant notifying them of their change in status from applicant to candidate.

Applicants who are deemed non-eligible will also be notified by email with an explanation.

Step 3 – Registration for Part 1

After confirmation of eligibility, candidates will be required to upload the following documents:

1. All candidates:
 - Letter of intent. Candidates must confirm their intention to appear for the Part 1 examination by notifying the Secretary/Treasurer of the Board in writing.
 - Copy of the receipt of the exam fee on or before the application deadline.
 - A color passport style photograph from no more than 12 months prior to the application date. Images with corporate or university names or logos, as well as selfies will not be accepted.
 - Signed and dated copy of the ADA Disabilities Act Verification Form (Appendix 4).
 - Signed and dated copy acknowledging receipt, understanding and acceptance of Confidentiality Agreement (Appendix 5)
 - Signed and dated copy acknowledging receipt, understanding and acceptance of the Appeal Policy (Appendix 6)
 - A signed and dated copy acknowledging receipt, understanding and acceptance of the ABOMR Policy and Procedures Manual (Appendix 7).
 - A signed and dated copy acknowledging receipt, understanding and acceptance of the ABOMR Code of Ethical Conduct (Appendix 11).
2. For candidates who, at the time of the examination, have completed their CODA accredited OMR Program:
 - Notarized copy of the OMR program certificate
 - Notarized copy of the Official Transcript
3. For candidates who are still in a CODA accredited OMR program after successfully completing 24 months:
 - Most current official transcript
 - A list of courses to be completed prior to the examination.
 - A signed letter from the Program Director stating that the candidate will have successfully completed at least 24 months of the program before the scheduled exam date.

NOTE:

- Applicants / candidates should be prepared to submit original notarized documents by mail upon request. Failure to submit the requested official transcript will render the applicant ineligible.



- For candidates who are still in a program after successfully completing 24 months, a follow-up transcript may be requested by the Board directors that shows successful completion of at least 24 months of the program. Failure to submit the requested official transcript will render the applicant ineligible. An incomplete application or a rejected application requires a new application fee.

Step 4 - Scheduling Remote Testing with Prometric

Part 1 Certification Examination is a two (2) day remote examination, administered and live remote proctored by a third-party testing company, Prometric. Upon completion of the ABOMR application process and verification of eligibility, candidates who are challenging Part 1 will receive instructions from the ABOMR on scheduling their examination directly with Prometric. Instructions will include the date that Prometric will open registration on their website.

Part 2 Certification Examination – Clinical Sciences

Part 2 is a computer-based examination designed to test competency in radiographic anatomy, pathophysiology and interpretation and radiographic differential diagnosis of maxillofacial pathoses necessary in the specialty of oral and maxillofacial radiology.

The ABOMR Part 2 Certifying Examination will be held at the AIME Center, located on the 15th floor of the Captrust Tower, 4208 Six Forks Rd, Suite 1500, Raleigh, NC 27609 over two (2) consecutive days.

Format and Content

The Part 2 certification examination consists of three (3) sections:

- Section 1 – Anatomy (Day 1 AM [4 hours])
- Section 2 - Interpretation and Pathophysiology (Day 1 PM [4 hours])
- Section 3 - Written Case Interpretation (Day 2 AM (4 hours) – five cases / Day 2 PM (4 hours) – five cases)

Section 1 - The Anatomy section consists of 100 questions. 50 questions are multiple choice questions (1 point each), and 50 questions are short answer questions (2 points each). The entire section is therefore scored out of 150 points.

Section 2 - The Interpretation and Pathophysiology section consists of 200 multiple choice questions (1 point each). The entire section is therefore scored out of 200 points. Most of the questions are based on the interpretation of one or more images.

Section 3 - The Written Case Interpretation consists of 10 cases on Day 2. Each case is scored out of a possible 10, so that the entire section is scored out of 100. The cases are presented in digital format and include both 2D and 3D imaging. The DICOM viewing software provided will meet the requirements for display and interpretation for testing purposes. 5 cases will be available over 4 hours in the morning session and 5 cases will be available over 4 hours in the afternoon session. The candidate is expected to complete a semi-structured radiologic interpretation report and will be provided with the following outline (Examples of information to be considered is provided in parenthesis):



1. Image Identification
 - a. Type of data provided and FOV. (Identification of the images, including all views provided. Should include a description of the boundaries of the FOV and scan acquisition protocol, if appropriate)
 - b. Factors affecting image interpretation. (All factors affecting image interpretation should be identified including the presence of image acquisition/processing errors and/or major artifacts. Features of previous imaging, if available, should be noted)
 - c. Pertinent clinical information (Pertinent clinical information, including any “working” diagnosis, should be reported)
2. Findings:
 - a. General findings (A general description of the patient’s presenting radiographic features)
 - b. Specific findings. A specific, concise, grammatically correct, and accurate description of the radiographic features of the major abnormality/abnormalities)
 - c. Non-routine findings, if applicable) (non-routine, incidental radiographic findings, particularly those of potential clinical significance, should be reported)
3. Impression:
 - a. Entity specific (A list of applicable disease categories and severity should be provided consistent with the imaging findings. A complete and concise specific differential diagnosis with appropriate justifications must be included. An appropriate management plan should be described including the need for and type of follow-up imaging, additional diagnostic tests, as appropriate, to clarify, confirm or exclude the diagnosis. Possible treatment options must be specified)
 - b. Non-routine (if applicable) (The clinical significance of non-routine findings should be described and the need for additional examinations or referral should be provided)

An example of the narrative of a radiologic report for a specific case is provided in Appendix 10.

A candidate must have a minimum passing score of 70% for each of the three sections to pass the Part 2 examination. A candidate who scores less than 70% in one, two or all sections does not pass Part 2 and will have to retake all sections of the Part 2 examination.

Examination Blueprint for Professional Knowledge

Appendix 8 provides candidates with a “roadmap” of educational subjects, domains, areas, and examples of topics for Part 2 to test a candidate’s clinically applicable knowledge and judgment in the clinical sciences relevant to the practice of Oral and Maxillofacial Radiology.

Candidates challenging the certification examination must demonstrate knowledge of imaging technologies used in dentistry as recognized by the American Dental Association [CDT 2023: Current dental terminology (2023). American Dental Association] and as recognized by the American Medical Association (CPT 2023 professional edition. American Medical Association). Candidates must demonstrate competency in the fundamentals of image production, technique protocols, recognition of the various images produced, understanding the diagnostic value of, indications for, and



contraindications against, and interpretation of anatomy and common conditions within the respective images.

Examination Resources

The ABOMR uses multiple textbooks and reference materials to develop certification examinations. Appendix 9 provides the candidate with a list of selected reference materials for Part 2. This list does not include all available textbooks and materials for studying for this exam; these are simply resources that the ABOMR has determined to provide guidance towards establishing a knowledge base.

This list is intended to help prepare candidates for these exams. It is not intended to be an endorsement of any of the publications listed. The candidate should prepare for the ABOMR exams using as many different study materials as possible.

Example Questions

Appendix 10 provides the candidate with representative questions and responses that the candidate can expect in Part 2 examination. Examples of the grading rubric are also provided.

Registration Process

For Part 2, registration forms must be completed electronically using the candidate profile on the ROC-P website (<https://abomr.roc-p.com>). Supporting materials must be uploaded to the registration file on the website. All registration materials will be reviewed by the ABOMR for approval.

Step 1 – Registration

1. Access your previously created ROC-P account at <https://abomr.roc-p.com> and log in.

Your previous credentials used to create your account when challenging Part 1 should be valid. For issues related to logging in, the applicant should contact the ABOMR administrator (admin@ABOMR.org)

2. Pay the examination fee.
3. Complete the online registration form.
4. Submit and upload the following documents:
 - Letter of intent. Candidates must confirm their intention to appear for the Part 2 examination by notifying the Secretary/Treasurer of the Board in writing.
 - Copy of the receipt of the exam fee.
 - A notarized copy of the OMR program certificate or an official final transcript showing successful completion of the program. If a candidate cannot obtain verification at that time, an additional letter from an administrative officer, such as the dean or registrar, declaring that the candidate has successfully completed his/her program is necessary.
 - Signed and dated copy of the ADA Disabilities Act Verification Form (Appendix 4).
 - Signed and dated copy acknowledging receipt, understanding and acceptance of Confidentiality Agreement (Appendix 5).



- Signed and dated copy acknowledging receipt, understanding and acceptance of the Appeal Policy (Appendix 6).
- A signed and dated copy acknowledging receipt, understanding and acceptance of the *ABOMR Policy and Procedures Manual* (Appendix 7).
- A signed and dated copy acknowledging receipt, understanding and acceptance of the ABOMR Code of Ethical Conduct (Appendix 11).

Step 2 – Notification of Eligibility and Examination Details

After submission of the registration form and all documents requested in Step 1, all materials will be reviewed by the Board of Directors. If registration details or requested documents are incomplete, the candidate will be notified by email. The completed registration of each candidate must be unanimously approved by the Board of Directors.

Following approval, an email will be forwarded to the applicant notifying them of their change in status to “candidate” and confirm their registration to sit for the ABOMR Part 2 Certifying Examination. This or a subsequent email will include confirmation of the site of the testing center (For 2023, this is the University of Texas at San Antonio Main Campus Testing Center, 1 UTSA Circle, San Antonio, TX 78249 [Multidisciplinary building]) and dates of the examination. The ABOMR Certifying Examination Part 2 is held over two (2) consecutive days.

If determined to be ineligible, an email will be sent to the applicant notifying them of their ineligibility and providing an explanation. This will be considered as a withdrawal and therefore the applicant will be provided with a full refund of the registration fee, less \$200 administration fee.

Test Construction, Evaluation, Policy, and Procedures

The Examination Committee is responsible for development (test construction and revision) and administration (confidentiality, scoring, reporting of results to candidates) of Part 1 and Part 2 of the ABOMR certification examination. This committee comprises the Chairman (Vice President of the ABOMR), the Councilor of the Board and all remaining members of the Board. The Councilor of the Board is the keeper of the tests and acts as the reviewer of the proposed examinations before publication.

The Examination Committee is responsible for ensuring that Part 1 and Part 2 of the Certification examination provide an appropriate assessment of the knowledge, skills and some of the behaviors acquired through the completion of an advanced education program in an oral and maxillofacial radiology program accredited by the Commission on Dental Accreditation (CODA).

Test Development

Construction

Part 1 and Part 2 Certification examinations are constructed from the examination blueprint using a systematic process. The Blueprints are periodically reviewed and updated with reference to Standard 4, specifically 4-3, 4-4, 4-6, 4-8, 4-9, 4-11, 4-12, 4-14, 4-16, 4-17, 4-18, and 4-19 of the Commission on Dental Accreditation (CODA) document, *Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology*. This document is available [HERE](#). Questions for each examination are selected from the question bank and are initially reviewed by the Board of Directors. The examination questions are then reviewed, analyzed and feedback provided by an item analysis



consultant prior to inclusion in the examination. The entire exam is finally reviewed by the ABOMR Councilor. The ABOMR Councilor is a Diplomate who has previously served as a Director and President of the ABOMR. The ABOMR Councilor provides feedback to the Board regarding the overall composition, scope, question distribution based on the blueprint, and level of difficulty of the exam, as well as suggestions for specific question revisions. An independent item analysis consultant reviews the entire examination for stylistic uniformity, consistency, and syntax with the Board of Directors. The Board of Directors then approves final revisions to the exam and submits the content to Prometric (Part 1) or the ABOMR administrator (Part 2) (Examplify) for upload to the respective online testing platform. Finally, the examinations within the testing software are finally reviewed by at least two Directors and published within the respective testing software (Part 1 – Prometric; Part 2 – Examplify) at least 1 month before the examination.

Revision

At the conclusion of each year’s exam, the response to each question and the entire examination is analyzed by an independent psychometrician. The report from the psychometrician is provided to the Board of Directors who review the previous year’s question performance (item analysis) using statistics including, but not limited to, the mean, median, standard deviation, difficulty Index (p value), reliability KR-20 (Kuder-Richardson Formula), and discrimination index of each section of the exam. This information is used by the Board of Directors in question selection, question re-wording, and construction of the following examination.

Test Administration, Scoring and Reporting Process

Administration

TESTING SITE INFORMATION

The Board of Directors selects an appropriate environment and method of examination for Part 1 and Part 2 Certification examinations. Both exams are computer-based. Specific details of the testing site and dates of the examination are provided on the ABOMR website at least 6 months before the examination date. Logistical details are provided to Candidates by email after the close of registration for examination.

Part 1

For Part 1, the Board of Directors considers accessibility to, and cost incurred by candidates in their selection. For 2024, the ABOMR Part 1 Certifying Examination is a multi-choice and short-essay response-based examination and conducted remotely live and administered by Prometric over 2 consecutive days within the United States and overseas on the same dates. More information about how to schedule and take a Prometric exam online using ProProctor, Prometric’s secure remote-assessment platform may be found [HERE](#)

Part 2

For Part 2, the Board of Directors considers accessibility, cost, and availability of technology. The ABOMR Part 2 Certifying Examination will be held at the AIME Center on the 15th floor of the Captrust Tower, 4208 Six Forks Rd, Suite 1500, Raleigh, NC 27609 over 2 consecutive days. More information about the AIME Center may be found [HERE](#). A schematic of the examination area is shown in Figure 1.





THE AIME CENTER

KEY

- Office/Assessment Rooms
- Simulated Patient Exam Rooms
- Catering
- Board Room
- Lounge/Break Rooms
- Orientation Rooms
- Wellness/Personal Rooms
- Town Hall/Banquet
- Storage Areas
- Observation/Training Rooms
-  Observation Room
-  Private Phone Room
-  Wellness Room
-  Lockers
-  Bathroom
-  Service Elevator



Fig. 1. Floorplan of the AIME Center on the 15th Floor of the Captrust Tower, 4208 Six Forks Road, Raleigh, North Carolina. The examination area includes an Orientation room (Orientation 1), bathrooms, a luggage area, a lounge and dining area (Town Hall/Banquet), and locker space. Candidates will have individual Office/Assessment Room suites in which to sit for Part 2 of the ABOMR Certification Examination.

Each candidate will be randomly assigned a computer station in a private assessment room with wall-mounted and overhead closed-circuit television (CCTV) for live monitoring. Candidates are advised that they are recorded and that this may be used as evidence in establishing irregular behavior of a specific candidate that threatens the integrity of the examination process.

TESTING SITE INSTRUCTIONS

Part 1

For Part 1, RPIT (Day 1) and RBP (Day 2) sections will both be administered and proctored remotely live by Prometric using ProProctor, a secure remote-assessment platform. The remote proctor protects against academic dishonesty by confirming the test taker’s identity and recording the surroundings during the exam through audio and video recording.

Once a candidate is approved by the ABOMR, the candidate will register for Part 1 with Prometric on their website and receive a confirmation number. As this is a remote examination, there are numerous steps to be taken to check to see if the candidate’s computer satisfies specific requirements, that the testing application is downloaded, and that the candidate’s testing environment is appropriate. Specific details for Prometric remote test takers, including a YouTube Video, are available [HERE](#). The ProProctor User guide is available [HERE](#). Briefly:



1. Before Scheduling the Examination

- The candidate should run a system check to validate that their device meets ProProctor's basic system requirements including the correct operating system, appropriate screen resolution, microphone, webcam, download and upload speed.

2. Before Test Day

- Download and install the latest version of the ProProctor application for either Windows (8.1 or higher) or Mac OS (10.13 or higher)
- If the candidate is taking the exam on an organization-owned/managed device, ensure that the candidate has admin rights/privileges.
- Launch the ProProctor app and login using the confirmation number and last name.
- Conduct an enhanced system check.

3. On Test Day

- The computer should be checked again by running another system check to validate that the device meets ProProctor's basic system requirements (All VPNs should be disabled and exceptions added to firewalls and anti-virus software).
- All open applications and web browsers must be closed before launching ProProctor.
- The testing space must conform with environmental requirements as outlined in the User Guide, available [HERE](#).
- Candidates must have a valid government-issued photo ID and registration confirmation details ready.
- At the scheduled start time, candidates should launch the ProProctor app and login using your confirmation number and your last name.

Part 2

The Part 2 Certifying Examination will be held at the AIME Center, located on the 15th floor of the Captrust Center, 4208 Six Forks Rd, Suite 1500, Raleigh, NC 27609 over 2 consecutive days. More information about the AIME Center may be found [HERE](#). Written detailed examination instructions with recommended arrival time and time frame for each section of the exam will be provided to each candidate prior to the examination via email. Each candidate will also be provided with the examination rules and expected behavior during the exam as well as the Code of Ethical Conduct including candidate obligations regarding exam confidentiality (Appendix 11). These documents must be signed by each candidate during the registration process.

For Part 2 Section 1 and Section 2, (Day 1 AM and Day 1 PM) candidates will be presented with questions and images on the computer station in a private assessment room. Each private room is equipped with a table (3 ft x 6 ft), a rollable chair, a digital clock, and a workstation. Questions and images will be presented using Examplify software, the test taking application of Examsoft. It will not be necessary to access the DICOM viewing software on Day 1.

For Part 2, Section 3, the 10 written interpretation cases may be provided digitally in JPEG, PPT, or DICOM format. The DICOM data will be accessed using a DICOM viewer software that will be installed on each computer workstation. Candidates are expected to be extremely familiar and proficient with



the use of the software of their choice from those available (see below) prior to attempting the examination. For 2024, candidates will have the option to use one of 2 DICOM viewer softwares.

1. **Carestream 3D Viewing Software:** CS 3D Suite (Version 3.10.43). This software can be downloaded from the Carestream website, available [HERE](#). Description of the latest features of CS 3D Viewing Software are available [HERE](#). The instruction manual for this software is available from the Carestream Resource Library [HERE](#). Select *Software* (Product Type), *Imaging Software* (Product Family), *CS 3D Imaging* (Product Version). Then choose *User Guides – CS 3D Imaging User Guide* (Version 8 04//4/2023) and *What’s New: CS 3D Imaging version 3.10.43* (Version 3 – 31043 01/15/2024). At the time of publication of this document, videos demonstrating various functions of the software are available on YouTube and include:

- [CS BasicUsage Tutorial](#)
- [Creating a Reconstructed Panoramic Image](#)
- [Using the Region of Interest Tools](#)
- [Using the Cross-sectional Tool](#)

2. **Invivo self-executable application (Invivo “Lay Egg”):** This software has been used in all previous Part 2 examinations. The software is a “self-executable” single package file that contains case specific DICOM data and a viewing program. It cannot be downloaded for use with any DICOM data. It is a modified version of Invivo 6 (Version 6.5) that provides two essential functionalities adequate for viewing and interpreting all DICOM cases: 1) Section view, and 2) Arch section view. The details of these functions of the software are described in the instruction manual of this software, available [HERE](#). At the time of publication of this document, videos demonstrating various functions of the software are available on YouTube. While the following YouTube videos have been identified, not all functionalities may be present as Invivo “Lay Egg” viewer is a modified version of the Invivo 6 (Version 6.5) viewer.

- [Invivo™ 6 Tutorial - Section View - Getting Started, Part 1](#)
- [Invivo™ 6 Tutorial - Section View - Getting Started, Part 2](#)
- [Invivo™ 6 Tutorial - Section View - Getting Started, Part 3](#)
- [Invivo 6 – Arch Section View Tab](#)

The Board reserves the right at any time prior to the examination to substitute these viewers with alternates if they are unstable, are associated with malware, become unavailable or unsupported by the companies. Candidates will be informed of any alternate substitute as soon as is practical prior to the examination.

Folders, files, or applications containing these images will be clearly identified and installed on the desktop of the computer station in a private assessment room and viewed on the monitors.

The workstation is composed of a computer with up-to-date software on a Windows 10 platform and two dedicated 27-inch 2K (2560 x 1440) monitors. The computer will have programs available to the candidate on the desktop:

1. **Exemplify software;** This is the test taking application of Examsoft. This can be opened on one of the two monitors.



2. **DICOM Viewing Software;** Both Carestream 3D Viewing Software: CS 3D Suite (Version 3.10.38) and a Invivo self-executable application (Invivo “Lay Egg”).

Candidates will launch Exemplify and open the program on one monitor and then launch the DICOM Viewing software on the other monitor. For each case a radiographic report will be written within the Exemplify software. Candidates are not asked to create or submit screen shots of pertinent features. At the end of each testing session (AM or PM), the proctor will observe the candidate who will be responsible for closing the Exemplify software and confirming upload.

TESTING DAY COMMUNICATIONS

Two days prior to and during the examination, the Board of Directors will be sequestered and unavailable to respond to any inquiries. Correspondence with a board member on the day of examination is prohibited. Please direct all communication to the ABOMR Administrator at admin@abomr.org or to one of the two ABOMR proctors onsite. If an issue arises at a testing center, candidates should direct questions to the onsite ABOMR proctors assigned at the testing center.

MAINTENANCE OF ANONYMITY

Registration for examination occurs through a separate online management software – ROC-P – which generates a random candidate ID number. The ID number provides anonymity for each candidate and serves as identification on all test documents. The ABOMR administrator manages the online software, providing testing centers with candidate names and ID numbers for identification purposes and providing the ABOMR Directors with only candidate ID numbers during assessment and grading procedures. The ABOMR Directors have access to candidate names on only two (2) occasions: initially, to approve their eligibility, and after completion of final scoring of the examination where the candidate ID number is correlated to the candidate’s name.

Scoring

All responses to multiple-choice questions are automatically graded by reference to a grading key, developed by the Board of Directors. The key represents the correct answer. Evaluation of performance on examinations is criterion-based and is accomplished using statistical analysis in consultation with a third-party psychometrician.

The responses to questions requiring a short answer, essay and written case reports are anonymized, randomized, and graded independently by two (2) members of the Board of Directors by comparison to a content response rubric, developed by the Board. It is expected that spellings for disease entities are correct and that the involved teeth in the dentition are correctly identified.

For questions which have a point score greater than 1, the final score for the question is an average of the individual graded responses from the members of the Board of Directors. Discrepancies in scores of more than 1 point for 2-point short answer questions, greater than and equal to 2 points for 4-point essay questions and 3 points for 10-point case interpretations are then scored independently by a third member of the Board of Directors and all three scores are averaged and this is determined to be the final score.

Reporting of Examination Results

The Board of Directors will make every effort to release examination results to candidates as soon as possible after the exam date. The ABOMR Part 1 and Part 2 Certification examinations incorporate multiple questions that require short answer, short essay or longform written case reports that are graded by at least 2 members of the Examination committee by comparison to a content response



rubric, developed by the Examination committee. The Board places importance on a systematic grading process handled by only a limited number of Examiners and realizes that multiple factors such as the number of candidates, availability of Examiners, the grading process itself and post-examination item review and score adjustment determine the timeline for notifying candidates of their results. The Board attempts to provide candidates with results within 2 to 3 months after attempting the examination.

To pass Part 1 and Part 2 exams, the candidate must score at least 70% in each and all sections of the exam. Upon release of examination results, a candidate receives a Pass or Fail for each section. The ABOMR certifying examination is not a licensing examination but a summative and competency-based examination, and as such the Examination Committee will not under any circumstance, whether receiving a Pass or Fail, provide anyone with a numerical value, explanation of results, or ranking of candidates' performance. A candidate's test answer sheets or test materials will not be released. Candidate petitions for regrading to verify scores will not be entertained. Candidates may not request to cancel their test results. Candidates who fail the exam must retake all sections of the exam even if they pass one of the sections.

Release of Examination Results

The ABOMR will only release examination results to the candidate by email. The ABOMR will withhold reporting results to any candidate if an appeal has been posted within the designated timeframe.

The ABOMR does not report individual pass or fail information to other third parties.

Fairness in Testing

The ABOMR attempts to ensure fairness through the design, development, administration and scoring of the examinations. The ABOMR makes every attempt to provide the necessary information before, during and after the examination to candidates to ensure testing fairness. The ABOMR provides each candidate with access to *ABOMR Policy and Procedures Manual* which includes all the relevant information about the exam including application process, exam instructions, request for accommodations, blueprint, recommended references, number and type of questions per section, time provided for each section of the exam, location of the testing center for Part 2, policy regarding withdrawal from the exam, appeal process, and procedure for re-examination.

Fairness in Testing Policy

The ABOMR's Fairness in Testing Policy is drafted upon review of the Joint Committee on Testing Practices in Education (2004) and their Code of Fair Testing Practices in Education. (<https://www.apa.org/science/programs/testing/fair-testing.pdf>) [Citation: Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; Code of Fair Testing Practices in Education (PDF, 803 KB)]

The Board of Directors provides fairness in testing by abiding to the following:

1. Informing a candidate of their rights and responsibilities.
2. Treating a candidate with courtesy, respect, impartiality, regardless of age, disability, ethnicity, gender, religion, sexual orientation, or other personal characteristics.
3. Developing and executing an examination that meets professional standards and are appropriate based on how the exam results will be used.



4. Informing a candidate prior to testing, about the test's purposes, the nature of the test, and how test results are reported to a test taker and the planned use of the results.
5. Informing a candidate before the exam of when and how an examination will be administered, when results will be available, and the amount of the fee required to take the examination.
6. Providing an examination administered and interpreted by appropriately trained individuals.
7. Informing a candidate that the examinations are optional and informing the candidate of the consequences of taking or not taking Part 1 and Part 2, not fully completing the examinations, or canceling the scores.
8. Providing a candidate with examination results within a reasonable time after the administration of the examination and providing results in commonly understood terms.
9. Providing a candidate with the scope of confidentiality regarding the results of the examinations.
10. Informing a candidate about the process for appeal of the examination process and the procedures for the appeal process.

Candidates' Rights and Responsibilities

The rights and responsibilities of candidates and the position and role of the Board of Directors fulfilling these rights are described in detail in Appendix 12.

Testing Individuals of Diverse Linguistic Backgrounds

The ABOMR exam is administered in English and translation to other languages is not available at this point. International candidates taking the ABOMR certifying examination have passed the TOEFL exam or have demonstrated English proficiency prior to entering their residency program. At the time of the exam, all candidates will have completed at least 24 months of specialty training in the U.S. or Canada as certified by their Program Director.

Policy for Candidates with Disabilities

The ABOMR for will provide reasonable accommodations for candidates with documented disabilities in accordance with the Americans with Disabilities Act (ADA) and other qualifying medical conditions that may be temporary or are not otherwise covered. Impairments not considered to be covered by the ADA include English as a second language, test anxiety, diminished cognition, or slow reading without an identified underlying physical or mental deficit, and failure of the examination.

Accommodations are provided on an individual basis and depend on the nature of the disability or medical condition, documentation provided and the requirements of the examination. The Board will make reasonable efforts to provide the necessary services to examinees who have documented disabilities or qualifying medical conditions, provided that the accommodations do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test and do not result in an undue burden to the organization. The decision as to whether a medical condition that is not covered by the ADA is a "qualifying medical condition" for purposes of an examination is at the sole discretion of the ABOMR.



Procedure to Apply for Consideration of Accommodations

Candidates with disabilities requesting special accommodation must provide the ABOMR with a completed and notarized Americans with Disabilities Act Verification Form (Appendix 4) along with documentation from an appropriate professional (Physician and or Psychologist) to provide proof of disability by the examination application deadline date. The report must be on the professionals' letterhead and with an original signature. Documentation may be for consideration through the candidate's account in ROC-P or by email (admin@ABOMR.org).

The following information must be included in the documentation of the disability to be considered for special accommodations:

- The specific disability diagnosed. The diagnosis must be current within the past one year.
- Describe accommodations provided to the candidate for previous similar examinations.
- Describe functional limitations.
- Describe, in detail, the specific accommodations being requested for the examination.

This process must be completed for each examination that the candidate is requesting special accommodations. The Examination Committee will evaluate the requests and decide which accommodations are reasonable and in compliance with ADA.

Only accommodations requested during the application and registration process and approved in advance of the candidate's examination date by the American Board of Oral and Maxillofacial Radiology will be honored at the test site. No accommodation requests will be considered or approved if requested at the testing center location. No extensions to an application or refunds will be granted because of failure to identify the disability or special need(s) as required by this policy.

Examination Withdrawal and Refunds

If a candidate wishes to withdraw from the Certification examination, the refund policy of the examination fee depends on the examination date.

- 6 weeks prior to the examination – FULL REFUND, less \$200 administration fee
- Less than 6 weeks prior to the examination - NO REFUND

Should a medical circumstance prevent a candidate from challenging the examination and they withdraw less than 6 weeks prior to the examination, a partial refund of the examination fee (Full fee less \$200 administration fee) will be made, but the candidate will be required to submit a physician's note to the Secretary/Treasurer.

Should a candidate withdraw for non-medically related extenuating circumstances, a decision to refund part or the entire examination fee is at the discretion of the Board of Directors. This will not be counted as an attempt.

If the candidate is a "No-show" or does not provide a valid reason for withdrawing before the exam starts, the attempt will be counted as "Fail".



Re-examination Procedures

Eligibility for re-examination will be at the discretion of the Directors who may request evidence of additional study and experience to support candidacy for re-examination. Specific eligibility requirements have been previously described [HERE](#).

An examination attempt is defined as any examination administration where the candidate has presented himself or herself for examination and agreed to the confidentiality statement to start the examination. An examination attempt is also defined as any examination administration where the candidate is certified to take the examination, has not withdrawn from the examination within the timeframe stipulated in the *ABOMR Policy and Procedures Manual* document and has not presented documented medical evidence or non-medically related “extenuating circumstances” approved by the Board. After the 12-month waiting period has lapsed, a new cycle will apply.

Part 1. Candidates who fail Part 1 may be permitted, on written, signed request to the Board through the Secretary/Treasurer and payment of a re-examination fee, to repeat Part 1. A candidate who fails Part 1 three (3) times in total within 5 years and who wishes to challenge the examination again must resubmit an application as a new Part 1 applicant.

Part 2. Candidates who fail Part 2 may be permitted, on written, signed request to the Board through the Secretary/Treasurer and payment of a re-examination fee, to repeat Part 2. After the second failed attempt, a candidate will be required to skip the next subsequent examination before they can apply for their third re-examination. A candidate who fails Part 2 three (3) times within a 5-year period and who wishes to challenge the examination must resubmit an application as a new Part 1 applicant.

Appeal Policy

After completion of either Part 1 or Part 2 of the Certification Examination a candidate may petition the ABOMR for an appeal if they believe the examination has not been conducted in a fair manner. The ABOMR will not consider an appeal based on candidate result, examination content, delivery or scoring of the examination, or psychometric validation. An appeal will only be considered regarding the examination process under the following circumstances. The candidate’s reasons need to be substantiated with appropriate documentary evidence that is acceptable to the Board:

1. Technical failure or technical disruption (e.g., computer failure, lighting) during the examination that results in greater than 25% of the time allotment or distribution for each segment of the examination (Part 1) or each case (Part 2). In the event of technical failure or disruption, candidates are always granted the additional time commensurate with the delay; however, the Board recognizes that a significant disruption as defined above may affect the candidate’s subsequent performance.
2. Concerns regarding the environment of the examination such as extremes of ambient room temperature during the examination of < 62⁰ F or > 80⁰ F, natural disaster or acts of terrorism affecting the conduct of the examination.

Candidate Appeal Mechanism

The petition to appeal, with an explanation of why the candidate does not consider the Examination to have been performed in a fair manner, must be submitted by the candidate and received via email (admin@ABOMR.org and info@ABOMR.org) within 10 business days following the date of the examination. The subject line must clearly state: EXAMINATION APPEAL.

All petitions must be accompanied by appropriate supporting documentation.



A candidate cannot appeal more than once.

ABOMR Action

1. Upon receipt of the appeal, the Secretary of the Board will notify the President of the Board.
2. The President of the Board will then appoint three (3) Diplomates who shall serve as an Appeal Committee: the Vice President of the Board, the current Councilor of the Board and a Diplomate of the Board who has previously served as Director.
3. The Appeal Committee will then review the grounds of the appeal as stated by the appellant. During this period the candidate's examination results will not be disclosed. Examination performance will not be reviewed (i.e., be re-scored), but only the circumstances and administration of the examination will be reviewed.
4. Within sixty (60) days following convening of the Appeal Committee, a written report of the Appeal Committee findings will then be submitted to the President of the Board for action.
5. The appellant will be notified of the decision of the Board within thirty (30) days of receipt of the postmarked date of the written report of the Appeal Committee. All petitions must be accompanied by appropriate supporting documentation.

The decision of the President and ABOMR Board of Directors regarding the appeal are final and no correspondence will be entered into.

Requests to nullify the results of an examination that is based on unfounded reasons, if so determined by the Board, will not be entertained. All records will be maintained of every attempt to challenge the examination along with the results, regardless of the outcome of the examination, but appropriate notes would be recorded to memorialize the outcome of the appeal process.

Actions on Appeal Decision

1. The candidate's examination results, regardless of whether a pass or a fail, will be discarded and never disclosed to the candidate. Requests for additional information regarding an examination result are not considered part of the appeal process.
2. If the appeal is granted, the results of the exam will be discarded, the examination will not be considered an attempt, and the candidate will be eligible to retake the exam at the next regularly scheduled exam cycle. The candidate must resubmit any required application materials, excluding the examination fee.
3. If the appeal is denied, the results of the exam will be discarded, the examination will not be considered an attempt, and the candidate will be eligible to retake the exam at the next regularly scheduled exam cycle. The candidate must resubmit all required application materials, however the candidate must also submit all applicable examination fees.

Exam Cancellation Policy

The American Board of Oral and Maxillofacial Radiology schedules examinations with independent, third-party testing centers up to 6 months in advance. Testing Centers may cancel, even at short notice, a testing date that has been identified and published by the ABOMR. The ABOMR may also, at its sole discretion, cancel or reschedule all or part of an examination at the appointed date, time and location for conditions or events that are beyond its control (e.g., COVID pandemic). In these events, the ABOMR



is not responsible for any expense the candidate may have incurred in connection with the canceled or rescheduled Examination.

Non-Discrimination Clause

The American Board of Oral and Maxillofacial Radiology evaluates every candidate solely on the merits of details provided by the candidate on their application for verification of Eligibility and registration for either Part 1 or Part 2 of the Certification examination and their performance on the examination. The Board, Examination committee and employees or designees shall not discriminate based on race, religion, national origin, gender, sexual orientation, age, or disability.

Policy on Harassment

It is the policy of the American Board of Oral and Maxillofacial Radiology that all Directors and it's agents (e.g., ABOMR administrator), Diplomates, applicants, candidates, and examinees are responsible for assuring that the workplace and examination process is free from harassment. The American Board of Oral and Maxillofacial Radiology does not tolerate offensive or inappropriate sexual behavior. All constituents of the ABOMR must avoid any action or conduct that could reasonably be viewed as sexual harassment including unwelcome sexual advance, requests for sexual acts or favors, and other verbal or physical conduct of a sexually harassing nature.

Any complaint of sexual harassment shall be made to the Secretary/Treasurer, except if the complaint is directed against the Secretary/Treasurer, in which case it shall be made to the President of the Board. All complaints will be addressed promptly and with sensitivity to the privacy interests of both the complainant and the accused individual.

The American Board of Oral and Maxillofacial Radiology will take appropriate corrective action, including disciplinary measures when justified, to remedy all violations of this policy. Sexual harassment is considered misconduct and as such reporting, adjudication, and disciplinary procedures for 1) Applicants, candidates, and examinees, 2) Diplomates, or 3) a Director are detailed in the relevant sections below.

Confidentiality of Communication with the Board

All communications between any individual (applicant, candidate, examinee, Diplomate) or organization (e.g., the *National Commission*, the *AAOMR*) to the ABOMR administrator, the Board as a whole or individual Directors is to be respectful and professional. Correspondence including language that is considered aggressive, abusive, accusatory, offensive, insulting, degrading, threatening, racist, sexist, or homophobic with unreasonable demands is inappropriate and will not be accepted and may be considered misconduct (see sections: "*Reporting, Adjudication, and Disciplinary Procedures for Candidate Misconduct*" and "*Reporting, Adjudication, and Disciplinary Procedures for Diplomate and Director Misconduct*")

Applicant, Candidate and Examinee Conduct

In applying for consideration of challenging either Part 1 or Part 2 of the Certification Examination, applicants, candidates, and examinees are bound to uphold and abide by the same professional and ethical principles as Diplomates as outlined in the ABOMR Bylaws and Manual. This includes respect of Directors of the Board in all communications, attestation to a candidate confidentiality agreement, and adherence to the examination rules and Code of Ethical conduct.



Confidentiality Agreement

All candidates are required to sign, date, submit and agree to a Candidate Confidentiality Agreement (Appendix 5) as part of the registration process for both the Part 1 and Part 2 Certification Examinations.

Candidate Code of Ethical Conduct

Each candidate acknowledges and agrees to adhere to the examination rules and Code of Ethical Conduct (Appendix 11) which describes irregular behavior (a.k.a. cheating) on either Part 1 or Part 2 of the certification examination and sanctions that the ABOMR may impose. The ABOMR defines irregular behavior to include any behavior that threatens the integrity of the examination process. This includes any behavior that undermines the application, assessment, or certification processes of the ABOMR or that threatens the integrity of the ABOMR certification process.

Contact the Secretary/Treasurer of the ABOMR at info@abomr.org for any questions or clarification of this policy.

Reporting, Adjudication and Disciplinary Procedures for Candidate Misconduct

Part 1 of the ABOMR Certification examination is administered live as remote testing by the ProProctor™ system from Prometric and allows a candidate to test from their home or office in place of a brick-and-mortar testing center. This involves the use of human proctors who review behaviors flagged by the system. In addition, the video feed is recorded. Candidates are required to adhere to the protocol defined by Prometric for remote testing.

Part 2 of the ABOMR Certification examination is administered as a live examination in a physical testing center. Candidates are assigned a private assessment room with wall-mounted and overhead cameras for live monitoring observation and recording for proctors to review examination footage in real-time.

If a candidate is flagged for misconduct during or after either Part 1 or Part 2 by an exam proctor, the incident and documentary evidence is reported to and initially reviewed by the Directors of the ABOMR. During this time, any candidate alleged to have engaged in such activity will be prohibited from registering for additional exams and their scores may be withheld. The performance of all examinees is monitored and recorded and may be analyzed to detect aberrancies or other information that raises questions about the validity of each candidate's exam results. If the evidence suggests that the alleged irregular behavior affects score validity, the score will also be reviewed. If the evidence does not rise to the level of irregular behavior, the candidate will not be notified. If the evidence confirms the suspicion of irregular behavior, a formal Conduct Review Committee will be convened comprising three (3) former Directors of the ABOMR. The candidate will be advised of the matter and will have an opportunity to provide relevant information to the Conduct Review Committee, either by interview or response to written interrogatories. Candidates who are the subject of an investigation must cooperate fully, including providing all requested documentation and truthfully answering all questions posed during the review. The results and recommendations of the Conduct Review Committee are final, and no correspondence will be entered into.

Applicant, candidate, or examinee misconduct, including irregular behavior, as defined in the Candidate Code of Ethical Conduct (Appendix 11), may constitute grounds for disciplinary action by the ABOMR, including but not limited to the following:

- Bar a candidate from one or more future examinations either permanently or for a designated period;



- Terminate a candidate’s participation in the examination process;
- Invalidate the results of an examination and any prior examinations;
- Withhold a candidate’s scores;
- Revoke a candidate’s Board eligibility;
- Fine a candidate in an amount that reflects damages suffered by the American Board of Oral and Maxillofacial Radiology, including its costs of investigation and legal fees, and the costs of replacing any items that must be removed from the test item bank;
- Censure a candidate;
- Sue the candidate for damages and civil remedies;
- Pursue prosecution of the candidate for any conduct that constitutes a criminal or civil violation;
- Take any other appropriate action as agreed upon by the Board of Directors.

Diplomate and Director Conduct

Code of Professional Conduct

DIPLOMATES

It is incumbent upon every Board Certified Oral and Maxillofacial Radiologist as a dentist and as an oral and maxillofacial radiologist to comply and abide by the following professional and ethical standards:

- The Principles of Ethics and the Code of Professional Conduct of the American Dental Association (*ADA Code*) (available [HERE](#)),
- The Bylaws of the American Board of Oral and Maxillofacial Radiology (*Bylaws*).
- The Policy and procedures as detailed in this manual (*The Manual*).
- The Code of Professional Conduct for Diplomates of the American Board of Oral and Maxillofacial Radiology (*ABOMR Code*) (Appendix 13).

BOARD DIRECTORS

In addition to the above documents providing professional and ethical standards, the Board of Directors and their agents are required to annually attest to The Code of Professional Conduct for Directors of the American Board of Oral and Maxillofacial Radiology (*ABOMR Director’s Code*) (Appendix 14). The *ABOMR Director’s Code* states that when conducting personal or professional activities on behalf of the ABOMR, an ABOMR Director acknowledges that:

- They have a fiduciary duty to the ABOMR including a duty of care, loyalty, and obedience.
- They will exercise their duties with the highest degree of honesty, faithfulness, and integrity.
- They will avoid personal or professional actions and not enter into relationships that could or appear to bring discredit to the Board in the eyes of the public or adversely affect the public’s confidence in the Board.



- They will avoid personal or professional actions and not enter into relationships that could create the appearance of impropriety or wrongdoing.
- They will comply with all applicable Bylaws, codes, rules, policies, or procedures.

Director Conflict of Interest Policy

The Board of Directors is committed to the highest levels of professional and personal integrity. Directors and their agents have fiduciary duties and a duty of loyalty to the Board and are expected to conduct their relationships with other Directors of the Board, Diplomates, applicants, candidates, examinees and representatives from external agencies or organizations with fairness and honesty.

It is the policy of the American Board of Oral and Maxillofacial Radiology that all Directors and their agents are obligated to avoid and/or disclose personal, ethical, legal, financial, other conflicts of interest or competing interests involving themselves, other parties, or entities when their actions, judgment, and/or decision-making could be considered biased.

A personal or financial conflict of interest may occur when there is a perceived, potential, or actual association or activity between another Director or Diplomate, an agent of the Board, or an applicant, candidate or examinee that may conflict or influence his/her ability to exercise objectivity, or impair his/her ability to perform their roles and responsibilities in the best interests of the Board or may benefit the Director or place the Diplomate, applicant, candidate or examinee at a disadvantage. Examples of conflicts of interest or competing interest include when a Director, any member of his/her family or an agent of the Board may:

- Receive a financial or other significant benefit because of their position and role on the Board.
- Have an opportunity to influence the governance or operational activities of *the Board* including, but not limited to, the applicant approval process, examination administration, examination grading or scoring, accreditation or Diplomate recertification or other Board administration.
- Have an existing or potential financial or other significant interest that impairs or may be considered to impair their independence in the discharge of their duties to the Board.
- Have access to confidential or privileged information gained in the discharge of their duties which may be used for personal benefit or gain.
- Participate in unauthorized use or distribution of any intellectual (e.g., educational or examination materials) or actual property while in the discharge of their duties.
- Participate in either paid or unpaid work as an organizer, director, or chairperson, or in an advisory capacity for any oral and maxillofacial radiology Board preparation or review course (unless sponsored by the Board) during and for three years after completion of their term on *the Board*. Not included in this definition are lectures, seminars, or workshops that are limited to current developments in a specific field of oral and maxillofacial radiology.

All Board Directors with a possible conflict of interest have a duty to disclose that conflict of interest to the other members of *the Board*. This should be initially declared at commencement of their appointment as Director-elect by signed and dated acknowledgment of receipt and understanding of the *ABOMR Director's Conflict of Interest Policy Statement* (Appendix 14). This will be recorded at the meeting of the Board of Directors immediately preceding affirmation of the election of the Director-elect. At each meeting of the Board, Directors will have an opportunity to add new conflicts of interest or update their conflicts of interest which will be recorded in the minutes.



Should a perceived, potential, or actual conflict of interest be disclosed, the Director or agent of the Board of Directors involved in the situation should work cooperatively with the other Directors to achieve a resolution of the issues in the best interests of the Board. After disclosure, the Director involved will withdraw from the discussion and have no recourse to the decision or actions of the remaining Directors of the Board.

If the Board has reasonable cause to believe a Director has failed to disclose actual or possible conflicts of interest,

1. It shall inform the Director of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
2. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Not all disclosures are actionable. If the disclosed issue is considered valid, then appropriate actions will be taken. These will vary depending on the situation and may range from requesting an explanation from the Director as to the validity of the concern to removal of the Director from a position of decision making will be considered misconduct (see section below: "*Reporting, Adjudication, and Disciplinary Procedures for Diplomat and Director Misconduct*").

When acting as members of the Examination Committee, Directors of the ABOMR must acknowledge the following possible conflicts of interest with any current applicant, candidate, or examinee if he/she:

- Is a graduate from the same OMR program.
- Currently or has previously acted as an OMR Residency Program Director.
- Currently or has previously had a close personal or professional relationship which would create the appearance of a conflict. (e.g., current Program Director, subordinate faculty member).
- Has been involved with past, current, or possible direct legal proceedings related to ABOMR candidates or Diplomates.
- Currently or has previously served as a consultant, faculty member, employee or appointee of an institution attended by the current applicant, candidate, or examinee.
- Has a family member who is employed or affiliated with the institution attended by the current applicant, candidate, or examinee.
- Has had an adversarial professional or personal interest.

Confidentiality Policy

DIPLOMATES

Diplomates have a professional and ethical obligation to maintain the confidentiality of all correspondence with the ABOMR administrator, *the Board* as a whole or individual Directors. (See section "*Confidentiality of Correspondence with the Board*"). Any disclosure of such correspondence to any other person or group, another Diplomat, dentist or external professional body either physically (e.g., printed), electronically (e.g., email posting to a website, text) or via social media (e.g., Facebook posting) will be considered misconduct (see section: "*Reporting, Adjudication, and Disciplinary Procedures for Diplomat Misconduct*").



BOARD DIRECTORS

In the discharge of their duties and responsibilities, Directors of the Board will be privy to sensitive and confidential information about covered individuals (defined as applicants, candidates, examinees, Diplomates or other members of the Board or other committee's or organizations), internal organizational policies, procedures, and affairs (e.g., Board meetings, meetings with other external agencies).

Under the Code of Fair Testing Practices in Education (*The Code*), all Directors of the Board are considered as *Test Developers* and are obliged to develop and implement procedures for ensuring the confidentiality of scores. In addition, Directors have a fiduciary responsibility and duty to keep all confidential information confidential. This includes the content and deliberations of all Board meetings as well as confidential or personal information provided by covered individuals. This extends to all communications between the Board and covered individuals. It also extends to Directors who cease to be members of the Board. Confidential information can only be disclosed when Directors are fulfilling their functions and exercising powers delegated to them, if permitted by law, when requested as evidence in court proceedings, if the individual has consented to the disclosure or if the information is of a statistical nature that could not reasonably be expected to lead to the identification of any person to whom it relates.

The Board has developed robust administrative procedures and enacted Bylaws to mitigate against these acts of professional misconduct. A breach of confidentiality is considered to have occurred if a Director or associate acts beyond the extent of their authority and through lack of reasonable care or knowingly and willfully:

- Accesses, discloses, or uses confidential information for a purpose other than the purpose for which the information was received.
- Permits inspection of the confidential information by a person who is not authorized to inspect the information.
- Discloses the confidential information to a person who is not authorized to receive the information.
- Discloses the confidential information publicly (e.g., social media).

Reporting, Adjudication and Disciplinary Procedures for Diplomate or Director Misconduct

REPORTING

Enquiries, concerns, or allegations in relation to perceived bias, potential conflict of interest, potential breach of confidentiality or harassment by a Board Director, an agent of the Board or Diplomate may be raised by a covered individual in writing and should, in the first instance, be directed to the President of the ABOMR. If the concern relates to the President, then the concern should be forwarded to the President elect. The correspondence should NOT include the ABOMR Administrator (admin@abomr.org). This correspondence is privileged and confidential between the Board and the covered individual. All correspondence should clearly state the basis for the concern and provide, when possible, documentary evidence. Unsubstantiated claims, speculation, and conjecture as well as content considered to be vexatious will not be considered unless brought forward by an attorney. In this instance, the communication will be forwarded to the ABOMR attorney for a response. Distribution



of any correspondence in the matter by the complainant prior to adjudication will result in termination of the process.

ADJUDICATION

In the first instance, a meeting of the Directors of the Board who are not the subject of the enquiry, concern or allegation will be convened as soon as practical and discuss the correspondence relating to the concern or alleged Director/Diplomate misconduct (conflict of interest / harassment / breach of confidentiality). To ensure the issue is managed appropriately, the President (or President-elect, if the subject is the President) will respond via email to the covered individual acknowledging receipt of the concern and providing, in general terms, the process for deliberations of the Board. All correspondence is considered highly confidential by both the individual posing the enquiry and concern and the Directors of the Board. During this time, if a Director is the subject of the enquiry, concern, or allegation, he/she may be suspended from all Board activities.

The Board of Directors will weigh all evidence presented and possibly consult with legal counsel. The Board may, but are not obliged to, request further information or clarification from the covered individual or the Director/Diplomate who is the subject of the enquiry, concern, or allegation. Diplomates or the covered individual will be informed of the initiation of an inquiry. It is the duty of the Board of Directors to conduct a thorough and discreet inquiry of the matter and determine whether a reasonable basis exists for dismissing or responding to the dispute or allegation. All *Board* discussions, deliberations and sanctions are strictly confidential. The *Board* will then issue an initial determination and present this to the Director/Diplomate. If there is no merit in the enquiry, concern or allegation, the Director will be reinstated, and the covered individual will be informed of the outcome. This notice to the covered individual will contain information regarding the right of appeal and the appeals process (See "*Appeal of Determination*")

SANCTIONS

If the claim rises to the level of misconduct, the Board will determine and inform the Director/Diplomate what sanction it considers appropriate. A unanimous vote of all Directors of Board is required to approve a specific sanction. The Directors, at their discretion, can issue the following sanctions:

- **Letter of Concern.** If the misconduct is minor, the Board in it's discretion can issue a letter of concern. This is a letter of instruction to the Director to address matters that are not violations of conduct but warrant the Director's attention.
- **Censure.** If warranted by the level of the misconduct, the Board can censure the Director/Diplomate. This consists of formally reprimanding the Director/Diplomate who performed the misconduct, reminding them of their fiduciary duty and clearly explain the transgression and provide possible remedial actions (e.g., formal apology). This will be entered as part of the permanent record of the Director/Diplomate.
- **Suspension.** When a serious misconduct occurs, the Directors may suspend a Diplomate's board certification or Director's status. This may be levied for a definite or indefinite term. The Director/Diplomate will be provided with a corrective action plan and be required to document satisfactory completion of these measures within a specified period or risk indefinite suspension.
- **Resignation of the Director from the Board.** When a grievous misconduct occurs, the *Board* may ask for the resignation of the Director. Alternately, the Director may tender their resignation and



the Board accept their resignation from the Board. If a Director refuses to resign, the board may seek removal of the Director from the Board by revocation.

- **Revocation of Certification of the Director/Diplomate.** In situations when the misconduct is grievous, involving an intentional violation of the *ADA Code*, the *ABOMR Bylaws*, the *ABOMR Code*, the *ABOMR Director's Code*, the *Board* may revoke the Diplomates/Directors Diplomate certification.

Diplomates will not be informed if the disciplinary action is a letter of concern, censure, or suspension. The individual who informed the Board of the concern or provided allegations will be advised that the Board has been convened to respond but will not be personally informed of any disciplinary action, unless a remedial action by the Director (e.g., formal apology) has been proposed. If a Director accepts the request to resign, or resigns himself/herself from the Board, all constituents, including the Diplomate that brought forth the misconduct, will be informed by formal letter attached to an email. Constituents include the president of the AAOMR, the ABOMR representative on the American Dental Association Committee on Dental Accreditation, the Director of the National Commission on Recognition of Dental Specialties and Certifying Boards, and all Diplomates. If the certification of the Director/Diplomate is revoked, Diplomates will not be informed.

APPEAL OF DETERMINATION

The Diplomate who brings forth an inquiry, concern or allegation or the Diplomate/Director who has been sanctioned may appeal the determination and/or disciplinary action of the Board. In this case, a special committee, functioning as an Ethics Committee, will be convened (*ABOMR Bylaws* ARTICLE VII, Section 1) comprising three (3) Past Presidents. The Ethics committee will use the same principles as described above in their discussions, deliberations, and sanctions. Their decision is final.

Certification

Conferring of Certification

The Board of Directors will meet following the examination to determine the candidate's certification. This will be determined based on satisfactory completion of all parts of the examination. Everyone certified as a Diplomate of the American Board of Oral and Maxillofacial Radiology will be issued a certificate bearing the seal of the Board and be announced at the annual ABOMR meeting held at the AAOMR Annual Session. The ABOMR maintains a roster of all Diplomates.

Designation

According to the bylaws, a candidate who has satisfactory pass both Part 1 and Part 2 of the Certification Examination shall be referred to as a *Diplomate of the American Board of Oral and Maxillofacial Radiology* or can refer to themselves as a *board certified oral and maxillofacial radiologist*. This designation may be abbreviated as Dip. ABOMR. This designation, or the phrase, "Diplomate of the American Board of Oral and Maxillofacial Radiology" may appear under the name of the Diplomate, but not following the list of earned academic degrees.

Responsibilities of Diplomates

Adhere to the Code of Ethics and Code of Professional Conduct for Diplomates of the ABOMR



It is incumbent upon every Diplomate as a dentist to abide by the Principles of Ethics and the Code of Professional Conduct of the American Dental Association (ADA) (available [HERE](#)). In addition, when applied to the specialty of oral and maxillofacial radiology, a Board certified Oral and Maxillofacial Radiologist should uphold the highest standards of clinical practice in oral and maxillofacial radiology and maintain professionalism. This is achieved by adhering to the following:

- The Bylaws of the American Board of Oral and Maxillofacial Radiology (*Bylaws*).
- The Policy and procedures as detailed in this manual (The *manual*).
- The Code of Professional Conduct for Diplomates of the American Board of Oral and Maxillofacial Radiology (*ABOMR Code*) (Appendix 13).

Payment of Annual Dues

According to the Bylaws, it is incumbent on Diplomates to meet their annual financial obligations. This fee is determined yearly by the Directors of the ABOMR. The due date is April 15th of each year and payable via the ABOMR ROC-P website. Annual fees provide financial support for various services and fees including, but not limited to:

- Website development and maintenance.
- ABOMR Administrator support and assistance with the annual audit program, collection of annual fees, and maintenance of records for recognition by the National Commission.
- Annual fees for National Commission.
- Psychometric analysis of Part 1 and Part 2 Examination results as required by the National Commission for maintaining specialty status.
- Lunch for candidates on Day 1 and Day 2 of Part 2 of the Certification Examination.
- Annual liability insurance coverage and protection.
- Annual meeting luncheon

LATE FEE

An announcement and reminder to pay annual dues is sent to each diplomate in early February and again in early March to the diplomate's email provided on the profile page of the diplomate's dashboard on ROC-P portal. It is the responsibility of the diplomate to maintain an active contact email on their profile page. This fee must be paid by April 15th each year to avoid an additional 50% of the annual dues as a late fee.

DELINQUENCY

Payment of annual dues is a requirement in maintaining membership in the ABOMR and diplomate status. Any diplomate with unpaid annual dues and/or delinquency fees at the end of each calendar year will be placed on probation status up to one year. If a diplomate does not reconcile to fulfill this requirement within one year, the ABOMR may temporarily suspend or even end membership and diplomate status. Reinstatement would require re-challenging the certifying examination, reconciling all financial obligations, and meeting all recertification requirements.



HISTORY

At the 2010 annual meeting, the diplomates voted to impose the late fee that would be 50% of the annual fee. At the 2013 annual meeting, diplomates voted to increase the annual dues to US \$250.00. At the 2023 annual meeting, diplomates voted for an increase to the annual dues to US \$350.00.

Maintain Contact Details

It is incumbent on all Diplomates to keep all contact information current and up to date for correspondence.

Attend the Annual Business Meeting

All Diplomates are expected to attend the Annual Meeting of the ABOMR to transact the business of the Board. The ABOMR Annual Business meeting is usually held in conjunction with the Annual Session of the AAOMR.

Maintenance of Certification

The ABOMR strongly values continuing education and expresses so in its mission statement. Compliance with continuing education requirements and other professional activities directed toward maintaining and increasing knowledge, skills and competence in OMR shall be required of all active Diplomates.

Attainment of at least 50 Continuing Education Units (CEUs) over a three-year period is required for recertification. Diplomates will be responsible for maintaining their own records and documentation.

5% of active Diplomates annually will be audited and required to submit documented proof of CEU attainment to the Board. Diplomates who fail to meet the requirements will be placed on a one-year probation period, and an appeal can be made during that time. Failure to comply with the requirements at the end of the probation period may result in revocation of certification as a Diplomat. The Board of Directors will consider petitions from individuals who may have extenuating circumstances for not meeting their obligations.

CEUs derived from CE activities are calculated using the following guidelines:

Primary Educational Activities. A minimum of 20 CEUs in 3 years must be earned from the following activities (#1-#3):

1. Attendance at the annual meeting of the American Academy of Oral and Maxillofacial Radiology, or other national or international conferences, CE courses, seminars or workshops related to OMR (1 CEU per hour of credit awarded)
2. CE courses or other presentations given related to OMR (2 CEUs per hour of CE given; 2 CEUs per abstract poster or oral abstract presentation)
3. Publications dealing with OMR.
 - a) Primary/first author in a peer-reviewed journal; book; book chapter; monograph (10 CEUs per publication)
 - b) Contributing author in a peer-reviewed journal; book; book chapter; monograph (5 CEUs per publication)
 - c) Primary/first author in a non-refereed publication (5 CEUs per publication)



Secondary Educational Activities. A maximum of 30 CEUs in 3 years may be earned from the following activities (#4-#5)

1. Teaching
 - a) Full time faculty status (10 CEUs per academic year)
 - b) Part time faculty status (1 CEU per half day per week per academic year)
2. Clinical Practice in OMR
 - a) Full time (10 CEUs per year)
 - b) Part time (1 CEU per half day per week per year)

Election Process

Authority

The Board complies with all guidelines describing the election process by ballot for Director-Elect of the ABOMR as specified by the following:

- The Bylaws of the American Board of Oral and Maxillofacial Radiology (ARTICLE IV, Section 1, 2, 3, 4, and 5). The ABOMR Bylaws outline the requirements for the number, nominations, term, and election of Directors to the Board.
- The Bylaws of the American Academy of Oral and Maxillofacial Radiology (ARTICLE X, Section 3, 4, 5,). As the sponsoring organization, the AAOMR outlines the number, candidate criteria, term of office, selection process, membership criteria and diplomate requirement for directors/officers. This also details the requirement that the AAOMR approve the slate of nominations.
- The National Commission on Recognition of Dental Specialties and Certifying Boards Requirements for Organization of Boards (Requirement 1). The *National Commission* provides requirements on the minimum and maximum number of members of the Board, maximum time of service, and candidate criteria. *“The National Commission does not recommend a single method for selecting directors/officers of boards and indicate that certifying boards may establish additional criteria/qualifications if they so desire.”*

Process

The Board of Directors is responsible for developing a slate of three (3) or more eligible nominees for presentation to the Executive Council of the AAOMR no later than December 31 of the year preceding the election. The Directors may approach specific nominees or individual Diplomates may express their interest and self-nominate soon after the Annual Session of the AAOMR. At this stage nominees can contact the Board and obtain clarification of duties and responsibilities. Confidential details regarding the Board activities are not provided to the nominee. The nomination process involves submission of a CV, letter of interest and photograph to the ABOMR Administrator. The slate can comprise less than three (3) nominees if Diplomates are not forthcoming. Potential candidates for ABOMR Director-Elect must meet the following minimum qualifications at the time of consideration:

- Must be a diplomate of the ABOMR, in good standing (see *“Glossary”*) for at least five (5) years.
- Must have a record of contributing to the specialty of oral and maxillofacial radiology.



The *Board* submits the names and CVs of the slate of nominees (aka potential candidates) to the Executive Council of the AAOMR for review and approval. In reviewing potential nominees, the AAOMR must consider the current ABOMR Directors and attempt to include diversity in geographical location and training programs. However, a majority of ABOMR Directors must reside within the United States. If the Executive Council, by vote, disapproves of any of the potential candidates, their names will be removed from consideration. Potential candidates for ABOMR Director must meet the following minimum qualifications to be approved by the AAOMR Executive Council:

- Must be an AAOMR Active member, in good standing for at least five (5) years.
- Shall not be a member of the AAOMR Executive Committee.
- Shall not be CODA OMR Commissioner or Review Committee member.
- Must have proven leadership skills in AAOMR positions.
- Must have demonstrated professionalism in AAOMR activities.

After Executive Council approval, the nominees are contacted by the ABOMR Board of Directors to confirm nomination acceptance and willingness to serve at which point the nominee becomes an official candidate. Candidates are requested to provide the ABOMR with a biosketch. Candidates are requested to comply with the format, content, and length of a provided biosketch template. Edits of the biosketch may be requested by the Board to comply with the biosketch template. In the first week of February, each diplomate will receive an email with the names of the three nominees and directed to ROC-P (the ABOMR certification management system) where candidate biosketches are provided and a secure voting ballot available. Each Diplomate is only allowed one vote. Voting is closed six (6) weeks after initial Diplomate notification by email (approximately the middle of March).

The ABOMR Administrator acts as Returning officer and handles all technical components of voting. At the conclusion of the election, the ABOMR Administrator tallies the votes and notifies the directors. The ABOMR employs simple majority voting. Also known as single winner vote, the candidate who receives most of the votes cast, becomes the Director-elect. The Director-elect and candidates are notified of the result prior to notifying all Diplomates by email.

Revocation of Certification

The Board of Directors shall have the authority to temporarily or indefinitely suspend or revoke the certificate of a Diplomate if one or more of the following apply:

- Failure to adhere to the *American Dental Association Principles of Ethics and Code of Professional Conduct and/or Code of Professional Conduct for Diplomates of the American Board of Oral and Maxillofacial Radiology*, the Bylaws of the American Board of Oral and Maxillofacial Radiology (*Bylaws*), policy and procedures as detailed in this manual (*The Manual*).
- Failure to comply with recertification standards established by the Board including incomplete or inadequate education requirements or failure to pay the annual dues.
- As determined by sanction due to established misconduct.
- Guilty of an offense leading to the revocation of the license to practice dentistry.

The Board of Directors shall have the sole power, jurisdiction, and right to determine whether evidence placed before it is sufficient to constitute grounds for revocation of any certificate. The decision of the Board of Directors shall be final.



Life Diplomate Process

A Life Diplomate is one who has been a Diplomate for five years prior to application for this category, retired from the active practice of OMR, and on application to the Board has been granted Life Diplomate status. A Life Diplomate shall retain all privileges of Diplomate status but need not pay the annual fee. Once Life Diplomate status is attained, an individual cannot return to active membership without providing evidence of having satisfied current recertification requirements or re-challenging the certifying examination. It is the responsibility of every Diplomate to understand the current recertification process.

Diplomates who have recently retired, or are planning to do so, may want to apply for Life Diplomate status (see By-Laws Article III, Section 3b). If a Diplomate thinks that they meet the requirements for this status, they are advised to notify the Secretary/Treasurer via email at info@abomr.org. The Directors will consider the request at their next regular business meeting and inform the Diplomate of their decision.

Bylaws of the ABOMR

The Bylaws of the ABOMR are available on the website - www.abomr.org

Contact Information

ABOMR Administrator Email: admin@abomr.org

Secretary/Treasurer Email: info@abomr.org

Website: www.abomr.org

Version History

Approved for distribution by the Board of Directors of the ABOMR;

v.2.0 (June 13, 2023)

v.3.0 (February 28, 2024)

Acknowledgements

The Board of Directors gratefully acknowledges the American Board of Endodontics and American Board of Oral and Maxillofacial Pathology in providing permission to reproduce portions of their *Handbook* in developing *ABOMR Policy and Procedures Manual*. The Board of Directors is also grateful to the American Board of Periodontology for their assistance in providing useful information during the development of this Manual.

The [Fairness in Testing Policy](#) and [Appendix 12 – Rights and Responsibilities of the Candidate and Position of the ABOMR](#) is based on *The Code of Fair Testing Practices in Education* and is reproduced in part without fees or permission, with the following requested citation [Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. (Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; Code of Fair Testing Practices in Education).





Appendix 1 - Part 1 Blueprint for Foundational Sciences

PART 1A - Radiation Physics and Imaging Technology (RPIT)

Subject	Domain	Area	Topic
Radiation Physics	General physical properties of electromagnetism	Electromagnetic spectrum	<ul style="list-style-type: none"> • Electric and magnetic fields • Ionizing radiation vs non-ionizing radiation (e.g., radiofrequency [MRI], visible light) • Properties of X-radiation
		Overview of radioactive decay	<ul style="list-style-type: none"> • Principles of radioactivity and radionuclides • Alpha, beta, neutron, and gamma radiation • Principles of exponential decay, half-life, specific activity
		Properties of photons	<ul style="list-style-type: none"> • Energy, frequency, wavelength, speed
		Characteristics of photons	<ul style="list-style-type: none"> • Wave and particle properties
X-ray production		Components of an x-ray machine and component function(s)	<ul style="list-style-type: none"> • X-ray tube • Control panel. • High/Low voltage components, transformers • Tube rating, duty cycle, waveform, rectification. • Collimation
		X-ray generation	<ul style="list-style-type: none"> • Electron-target interactions • X-ray emission spectrum • Factors affecting x-ray beam intensity and quality. • Beam restriction and scatter reduction
Imaging Technology	Imaging techniques	Intraoral	<ul style="list-style-type: none"> • Bisecting angle and paralleling techniques
		Extraoral	<ul style="list-style-type: none"> • Panoramic, lateral cephalometric, skull projections
	Radiographic film	Components and component function(s)	<ul style="list-style-type: none"> • Film package structure, film structure, mechanism of



Subject	Domain	Area	Topic
			conversion of x-ray photons to displayed image
		Film processing	<ul style="list-style-type: none"> • Chemistry of developer and fixer
		Factors affecting film image quality	<ul style="list-style-type: none"> • Temperature, time, humidity, safe light, speed
	Digital imaging	Components and function(s)	<ul style="list-style-type: none"> • CCD/CMOS PSP (also referred to as CR)
		Image acquisition	<ul style="list-style-type: none"> • Mechanism of conversion of x-ray photons to displayed image
		Image characteristics	<ul style="list-style-type: none"> • Spatial and contrast resolution
		Digital image quality assurance metrics	<ul style="list-style-type: none"> • ADA/ANSI standard 1094 - Quality Assurance for Digital Intra-oral Radiographic Systems
	Computed tomography	Cone beam computed tomography (CBCT)	<ul style="list-style-type: none"> • Basic principles • Components and component function(s) • Operational modes • Image characteristics • Factors affecting image quality
		Conventional or multiple detectors computed tomography (MDCT)	<ul style="list-style-type: none"> • Basic principles • Components and component function(s) • Operational Modes • Image characteristics • Factors affecting image quality
	Magnetic resonance imaging	Basic principles	<ul style="list-style-type: none"> • Magnetic Moment Interaction with an External Field (B_0)
		Components and component function(s)	<ul style="list-style-type: none"> • Static Magnetic field and gradient file subsystems, RF transmitter and receiver, RF coils
		Image characteristics	<ul style="list-style-type: none"> • Pulse Sequence Parameters (TR, TE, Flip Angle, Inversion Time)
		MR signal properties	<ul style="list-style-type: none"> • Proton Density (Spin Density), Transverse) Relaxation, T_2^* Relaxation, T_1 (Longitudinal) Relaxation
		Basics of pulse sequences	<ul style="list-style-type: none"> • Comparison of T_1, T_2, proton density, and T_2^* tissue contrast and use in OMR
		Factors affecting image quality	<ul style="list-style-type: none"> • Spatial resolution, signal-to-noise ratio, contrast, artifacts



Subject	Domain	Area	Topic
		Safety and bioeffects	<ul style="list-style-type: none"> • Projectile Hazards, effects on Implanted Devices • RF (e.g., Tissue Heating and Other) and gradient field (e.g., peripheral nerve stimulation, sound pressure) biological effects
		Applications in OMR	<ul style="list-style-type: none"> • Malignancy, osteomyelitis, benign tumor differentiation, TMJ, soft tissue
	Ultrasound imaging	Basic principles	<ul style="list-style-type: none"> • Sound wave properties, power and intensity. • Interactions of sound waves with matter • Doppler imaging
		Components and component function(s)	<ul style="list-style-type: none"> • Transducer components and arrays • Display modes
		Factors affecting image quality	<ul style="list-style-type: none"> • Spatial and temporal resolution • Contrast noise
		Applications in OMR	<ul style="list-style-type: none"> • Salivary gland disease
	Nuclear medicine imaging	Properties of radiopharmaceuticals	<ul style="list-style-type: none"> • Radionuclide decay • Radioactivity • Uptake and distribution • Types in dentistry (technetium-99m, Gallium-67, FDG PET/CT radiotracer)
		Basic principles of imaging	<ul style="list-style-type: none"> • Planar imaging • Scintillation (gamma) camera • Single photon emission computed tomography (SPECT) and SPECT/CT • Positron emission tomography (PET)
		Applications in OMR	<ul style="list-style-type: none"> • TMJ, salivary gland disease
	Contrast used in head and neck imaging	Indications and basic techniques	<ul style="list-style-type: none"> • Types of compounds • Selection of ionic vs. non-ionic agents • CT vs. MRI contrast agents
		Properties of contrast agents	<ul style="list-style-type: none"> • Radiopacity, osmolarity, viscosity, distribution, excretion
		Complications or adverse reactions to procedures	<ul style="list-style-type: none"> • Hypersensitivity reactions, thyroid dysfunction, and



Subject	Domain	Area	Topic contrast-induced nephropathy
Measures of Diagnostic Performance Analysis	Precision and reproducibility	Indices of inter- and intra-rater agreement	<ul style="list-style-type: none"> • Kappa / weighted Kappa
	Accuracy	Indices	<ul style="list-style-type: none"> • Sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios, confidence intervals, ROC (Az)
Computer Technology	Components and component function(s)	Associations	<ul style="list-style-type: none"> • Correlation, regression
		Hardware	<ul style="list-style-type: none"> • Display characteristics and viewing conditions. • Terminology (e.g., GPU, CPU, pixel, RAM) • Limitations of the human visual system • Grayscale Standard Display Function and Just Noticeable Differences • PACS, RIS, EMR, Worklist
	Information processing	Reconstruction	<ul style="list-style-type: none"> • Filter back projection vs iterative reconstruction • Advantages and disadvantages of each
		Image processing	<ul style="list-style-type: none"> • Look up tables (window, level, linear and nonlinear), • Histogram and equalization • Frequency processing (edge and smoothing) • Computer-Aided detection and diagnosis, machine learning, and deep learning (Artificial Intelligence)
		Image archiving	<ul style="list-style-type: none"> • DICOM • File types, compression algorithms and ratios
		Image transmission Networking technology	<ul style="list-style-type: none"> • Networks and data exchange • Terminology (e.g., LAN, WAN, WWW, thin client, cloud-based, server, VPN)



PART 1B - Radiation Biology, Safety and Protection (RBP)

Subject	Domain	Area	Topic
Radiation Biology	Molecular and cellular radiobiology	Principles	<ul style="list-style-type: none"> • Linear energy transfer, Relative biologic effectiveness, Fractionation, Lethal Doses
		Effects of radiation on macromolecules Chromosomal damage and repair Cellular effects of radiation	<ul style="list-style-type: none"> • Direct vs. indirect effects, effects of radiation on water, target theory • DNA repair mechanisms • Law of Bergonié and Tribondeau • Radiosensitivity of Different Cell Types • Cell Cycle Radiosensitivity • Cell Damage, Survival, Repair, and Death
		Systemic effects of radiation Tissue reactions (Deterministic)	<ul style="list-style-type: none"> • Tissues and organs, whole body, population (gender and age) • Stochastic and non-stochastic effects • Acute radiation syndrome (Prodromal syndrome, hematological effects/hematopoietic syndrome, gastrointestinal syndrome, central nervous system effects/cerebrovascular syndrome) • Reproductive effects e.g., germ cells, cytogenetic effects) • Therapeutic high dose effects on oral tissues (e.g., mucosa, taste buds, salivary glands, bone)
		Stochastic effects Teratogenic effects Factors affecting radiosensitivity	<ul style="list-style-type: none"> • Carcinogenesis, mutagenesis • Growth and development, leukemia • Physical factors (e.g., type of radiation used, the dose, temperature, fractionation, chemical factors,) • Biological factors (e.g., oxygen effect, cell cycle, type of cell)
	Radiation Risk	Ionizing radiation	<ul style="list-style-type: none"> • Definition and communication of risk (e.g., relative, absolute, etc.) • Biological risk estimates for ionizing radiation. • Dose-response relationships
		Ultrasound Magnetic fields / radio waves	<ul style="list-style-type: none"> • Biological effects • Biological effects
Radiation Safety and Protection	Radiation detection and measurement	Basic terminology and dosimetry	<ul style="list-style-type: none"> • Radioactivity • Film, luminescence, radiochromic film and ionization chamber dosimetry.



Subject	Domain	Area	Topic
		Radiation metrics in OMR	<ul style="list-style-type: none"> • Exposures, KERMA, absorbed dose, Equivalent dose, Effective dose • CDTI, DAP, DLP, mAs • DRL and AD
	Exposure and dose in radiology	Risk assessment Patient doses and risks of oral and maxillofacial imaging procedures	<ul style="list-style-type: none"> • Occupational and Non-occupational dose limits • Comparison of doses in OMR and medical radiology procedures • Relative and absolute risk • Comparison to background radiation • Uncertainties in risk estimation • Addressing patient concerns
	Minimization of occupational and non-occupational exposure	Principles of radiation protection	<ul style="list-style-type: none"> • Time, distance, shielding (personal and structural) • ALARA, ALADA, ALADIP • Maximum permissible dose
	Minimization of patient exposure	Selection criteria and technical factors	<ul style="list-style-type: none"> • Current guidelines (e.g., NCRP, ICRP, IAEA, FDA/ADA, AAOMR, CDA, AAP, AAOMR/AAE, European Commission Directorate-General for Energy, British Orthodontic Society)
	Office/clinic design for safety	Statutory responsibilities Shielding plan parameters	<ul style="list-style-type: none"> • Federal and State • Isodose profiles, workload, occupancy, protective barriers, personal monitoring • Considerations for handheld dental x-ray units





Appendix 2 - Part 1 Selected Resources

TEXTBOOKS

1. Bushong. Radiologic Science for Technologists: Physics, Biology and Protection, 11th Edition. Mosby, 2016.
2. Bushberg, Seibert, Leidholdt, and Boone. The Essential Physics of Medical Imaging, 3rd Edition. Lippincott, 2011.
3. Curry, Dowdey and Murry. Christensen's Physics of Diagnostic Radiology, 4th Edition. Lippincott, 1990.
4. Huda. Review of Radiologic Physics, 4th edition. Lippincott Williams and Wilkins, 2016.
5. Mallya and Lam. White and Pharoah's Oral Radiology: Principles and Interpretation, 8th Edition. Elsevier, 2018.
6. Hall and Giaccia. Radiobiology for the Radiologist, 8th Edition. Lippincott, 2019.
7. Radiation Protection in Dentistry and Oral and Maxillofacial Imaging. NCRP Report No. 177. NCRP Press, 2019
8. Scarfe and Angelopoulos. Maxillofacial Cone Beam Computed Tomography: Principles, Techniques and Clinical Applications. Springer, 2018.

JOURNAL ARTICLES

Position Statements / Reports

1. Position statement of the American Academy of Oral and Maxillofacial Radiology on selection criteria for the use of radiology in dental implantology with emphasis on cone beam computed tomography. Tyndall DA, Price JB, Tetradis S, Ganz SD, Hildebolt C, Scarfe WC; American Academy of Oral and Maxillofacial Radiology. Oral Surg Oral Med Oral Pathol Oral Radiol. 2012 Jun;113(6):817-26.
2. Clinical recommendations regarding use of cone beam computed tomography in orthodontics. [corrected]. Position statement by the American Academy of Oral and Maxillofacial Radiology. Oral Surg Oral Med Oral Pathol Oral Radiol. 2013 Aug;116(2):238-57. Erratum in: Oral Surg Oral Med Oral Pathol Oral Radiol. 2013 Nov;116(5):661.
3. AAE and AAOMR Joint Position Statement: Use of Cone Beam Computed Tomography in Endodontics 2015 Update. Oral Surg Oral Med Oral Pathol Oral Radiol. 2015 Oct;120(4):508-12.
4. American Academy of Oral and Maxillofacial Radiology executive opinion statement on teleradiology. Yang J, Angelopoulos C, Mallya S, Liang H, Deahl T, Ganguly R, Ramesh A, Parashar V, Williamson G, Cederberg R. Oral Surg Oral Med Oral Pathol Oral Radiol. 2016 Oct;122(4):509-10.
5. American Academy of Oral and Maxillofacial Radiology executive opinion statement on performing and interpreting diagnostic cone beam computed tomography. Carter L, Farman AG, Geist J, Scarfe WC, Angelopoulos C, Nair MK, Hildebolt CF, Tyndall D, Shrout M; American Academy of Oral and Maxillofacial Radiology. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008 Oct;106(4):561-2.
6. Mallya SM, Ahmad M, Cohen JR, Kaspo G, Ramesh A. Recommendations for imaging of the temporomandibular joint. Position statement from the American Academy of Oral and Maxillofacial Radiology and the American Academy of Orofacial Pain. Oral Surg Oral Med Oral Pathol Oral Radiol. 2022 Nov;134(5):639-648.



7. American Association of Physicists in Medicine. The report of AAPM Task Group 175: Acceptance Testing and Quality Control of Dental Imaging Equipment 2016 Available at: https://www.aapm.org/pubs/reports/RPT_175.pdf
8. Weyh AM, Dolan JM, Busby EM, Smith SE, Parsons ME, Norse AB, Godwin SA, Salman SO. Validated image ordering guidelines for odontogenic infections. *Int J Oral Maxillofac Surg*. 2021 May;50(5):627-634.

Physics

1. Pauwels R, Araki K, Siewerdsen JH, Thongvigitmanee SS. Technical aspects of dental CBCT: state of the art. *Dento Maxillo Facial Radiology*. 2015 ;44(1):20140224.
2. ICRP; Rehani MM, Gupta R, Bartling S, Sharp GC, Pauwels R, Berris T, Boone JM. Radiological Protection in Cone Beam Computed Tomography (CBCT). ICRP Publication 129. *Ann ICRP*. 2015 Jul;44(1):9-127.
3. Mol A, Yoon DC. Guide to Digital Radiographic Imaging. *J Calif Dent Assoc*. 2015 Sep;43(9):503-11. PMID: 26820007.
4. Molteni R. The way we were (and how we got here): fifty years of technology changes in dental and maxillofacial radiology. *Dentomaxillofac Radiol*. 2021 Jan 1;50(1):20200133.
5. Schulze R, Heil U, Gross D, Bruellmann DD, Dranischnikow E, Schwanecke U, Schoemer E. Artefacts in CBCT: a review. *Dentomaxillofac Radiol*. 2011 Jul;40(5):265-73.
6. Leblans P, Vandenbroucke D, Willems P. Storage Phosphors for Medical Imaging. *Materials (Basel)*. 2011 Jun 9;4(6):1034-1086.
7. Mah P, Buchanan A, Reeves TE. The importance of the ANSI ADA Standard for digital intraoral radiographic systems-a pragmatic approach to quality assurance. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2023 Jan;135(1):117-128.

Radiation Measurement, Risk, Radiation Biology and Protection

1. Shatskiy I. Effective doses and Radiation Risks from Common Dental Radiographic, Panoramic and CBCT examinations. *Radiat Prot Dosimetry*. 2021 Oct 12;195(3-4):296-305.
2. Lurie AG. Doses, Benefits, Safety, and Risks in Oral and Maxillofacial Diagnostic Imaging. *Health Phys*. 2019 Feb;116(2):163-169.
3. Pauwels R. Cone beam CT for dental and maxillofacial imaging: dose matters. *Radiat Prot Dosimetry*. 2015 Jul;165(1-4):156-61.
4. Pauwels R, Beinsberger J, Collaert B, Theodorakou C, Rogers J, Walker A, Cockmartin L, Bosmans H, Jacobs R, Bogaerts R, Horner K; SEDENTEXCT Project Consortium. Effective dose range for dental cone beam computed tomography scanners. *Eur J Radiol*. 2012 Feb;81(2):267-71.
5. ICRP; Rehani MM, Gupta R, Bartling S, Sharp GC, Pauwels R, Berris T, Boone JM. Radiological Protection in Cone Beam Computed Tomography (CBCT). ICRP Publication 129. *Ann ICRP*. 2015 Jul;44(1):9-127.





Appendix 3 – Part 1 Sample Questions and Answers

Part 1A – Radiation Physics and Imaging Techniques (RPIT)

Which property of x-radiation increases attenuation?

- Increased velocity
- Decreased velocity.
- Increased wavelength
- Decreased wavelength.

Which of the following is the effect of altering kV on image density and image contrast?

- Increasing kV decreases radiographic density and increases contrast.
- Increasing kV increases radiographic density and decreases contrast.
- Decreasing kV decreases radiographic density and decreases contrast.
- Decreasing kV increases radiographic density and increases contrast.

Radionuclides used for nuclear medicine imaging must include one of the following emissions:

- Electrons
- Alpha particles
- Gamma rays
- Protons

Which of the following represents the latent image in a phosphor plate?

- Silver ions in a valence band.
- Bromide in the meta-stable state.
- Electrons in the meta-stable state.
- Iodide in a valence band.

If a panoramic imaging is performed at 80 kVp, which of the following interactions will be the predominant interaction with bone?

- Coherent scattering
- Compton scattering
- Photoelectric effect
- Pair production.

Which of the following scanning parameters decreases CBCT scan time with the least amount of image degradation?

- Increasing the detector frame rate
- Increasing the voxel size
- Reducing the number of projections
- Reducing the scan arc

What system element affects spatial resolution in direct radiography flat panel detector systems?

- Phosphor thickness
- Detector element size
- Laser spot size
- Field of view

An increase in what parameter can improve visibility of low-contrast structures in a CT image without increasing radiation dose to the patient?

- Tube current.
- Rotation time
- Slice thickness.
- Increase kV.

Which of the following tissues appears dark in a T2-weighted image? Tissues with a

- short spin-lattice relaxation time.
- long spin-lattice relaxation time.
- short spin-spin relaxation time.
- long spin-spin relaxation time



Describe what happens at the atomic level with exposure and processing of a photostimulable phosphor plate (PSP) used in dentistry (Essay - 4 points).

- The PSP material used for radiographic imaging is “europium-doped” barium fluorohalide on a flexible plastic backing support **(1/2 point)**.
- When exposed to a radiation, valence electrons in europium absorb energy and move into the conduction band **(1/2 point)**.
- These electrons migrate to nearby halogen vacancies in the fluorohalide lattice and may become trapped there in a metastable state **(1/2 point)**.
- The number of trapped electrons is proportional to x-ray exposure and represents a latent image **(1/2 point)**.
- When stimulated by red light of around 600 nm, the barium fluorohalide releases trapped electrons to the conduction band. When an electron returns to the EU+3 ion, energy is released as light in the green spectrum **(1/2 point)**.
- Fiber optics conduct the light from the PSP plate to a photomultiplier tube which converts the light into electrical energy **(1/2/ point)**.
- A red filter at the photomultiplier tube selectively removes the stimulating laser light and the remaining green light is detected and converted to a varying voltage **(1/2 point)**.
- The voltage signal is quantified by an analogue to digital convertor and stored and displayed as a digital image **(1/2 point)**.

Part 1B - Radiation Biology, Protection, and Safety (RBPS)

In which phase of the reproductive cycle are cells most sensitive to the damaging effects of radiation?

- G1 phase
- S phase
- G2 phase
- M phase

What is the most radiosensitive organ in young women?

- Breast
- Brain
- Gonads
- Skin

Which of the following interactions is primarily responsible for patient dose in the low diagnostic energy range?

- Coherent scattering
- Compton scattering
- Photoelectric effect
- Pair production.

Which quantity provides a single index that relates to the overall stochastic risk (at diagnostic radiation dose levels) when multiple organs are irradiated?

- Absorbed dose.
- Equivalent dose
- Effective dose
- Air kerma

Which of the following organizations is an advisory body?

- U.S. Nuclear Regulatory Commission (NRC)
- Food and Drug Administration (FDA)
- National Council on Radiation Protection and Measurement (NCRP)
- U.S. Department of Transportation (DOT)



According to the NCRP 145, radiation monitoring of personnel is mandated when the recommended annual dose limit is exceeded by:

- 1%
- 5%
- 10%
- 25%

Late effects of radiation therapy in slowly proliferating tissues arise from which of the following?

- parenchymal hypertrophy and neoplasia.
- vascular and parenchymal damage.
- osteoclastic damage.
- epithelial damage

Which of the following is an effect of sub-lethal damage?

- Delayed cellular apoptosis.
- Maturation of the surviving fraction of cells
- Radio resistance due to oncogene activation
- Repopulation of the surviving fraction of cells

What is the yearly effective dose limit for radiologists under current regulations?

- 10 mSv
- 50 mSv
- 100 mSv
- 0.5 mSv

In communicating the risk of ionizing radiation to the patient, which of the following comparisons is most valid?

- Number of cigarettes smoked.
- Number of hours/days in the sun
- Number of miles traveled in an airplane.
- Number of hours/days of equivalent background radiation

How is the development of radiation-induced cataracts affected by a high dose versus a low dose of radiation?

- The higher dose will increase the probability and the severity will remain the same.
- The higher dose will increase the severity and the probability will remain the same.
- The higher dose will result in a shorter latent period.
- The higher dose will result in longer latent period.

Identify four (4) practical guidelines for protecting occupationally exposed operators in Dentistry from unnecessary radiation exposure. Include any considerations for hand-held dental x-ray units (Essay - 4 points).

- Operators of dental x-ray equipment are not permitted to hold patients, image receptors or the dental x-ray tube head during exposure **(1 point)**
- During the exposure, operators should stand at least 6 feet away from the patient **(1/2 point)** and not in the path of the primary x-ray beam. **(1/2 point)**
- If the operator is unable to comply with this, then they should stand behind a protective barrier. **(1/2 point)**
- For handheld dental x-ray units, operators should be within the zone of occupancy such that the device is perpendicular to the operator **(1/2 point)**, the backscatter shield is positioned at the end of the beam indicating device **(1/2 point)** and the beam indicating device is held against the patient's skin surface **(1/2 point)**





Appendix 4 - Americans with Disabilities Act Verification Form

All applicants must read, complete, sign, date and submit a copy of this page with your application/registration.

1. The candidate acknowledges that the language of the certifying examination of the American Board of Oral and Maxillofacial Radiology is English.
2. The American Board of Oral and Maxillofacial Radiology recognizes that some individuals require special considerations because of a disability. Do you require that any accommodation be made for you to sit for the certifying examination of the American Board of Oral and Maxillofacial Radiology (check the appropriate box)?

NO YES

If you answered "YES" to this question, please describe your condition, and indicate what accommodations will be required, in the space below. The American Board of Oral and Maxillofacial Radiology will make a reasonable attempt to address this matter. This information will remain confidential and will in no way influence the outcome of your performance on the certifying examination.

Description:

Applicant Signature

Printed Name

Date





Appendix 5 – Candidate Confidentiality Agreement

I certify and attest that I have read and understand the section [Confidentiality Agreement](#) in the *ABOMR Policy and Procedures Manual*. As a pre-condition of acceptance to challenge either Part 1 or Part 2 of the ABOMR certification examinations, I agree that:

1. The American Board of Oral and Maxillofacial Radiology has the right to preserve the confidentiality of the information on both Part 1 and Part 2 of the Certification examinations.
2. These examinations are owned by the American Board of Oral and Maxillofacial Radiology.
3. The following activities violate the ABOMR’s rights and is subject to potential censure or legal action by the ABOMR:
 - a. Any reproduction of these materials or any part of them, through any means, including, but not limited to copying or printing of electronic files, photographic reproduction, reconstruction through memorization and/or dictation.
 - b. Dissemination of these materials or any part of them.
 - c. Disclosing ABOMR test questions or any part of a question to any person for any reason before, during or after the examination, and
 - d. Passing on questions or answers from current or previous examinations to other candidates, or the knowing receipt of such information by candidates constitutes cheating and is punishable by disciplinary action, including automatic failure on the exam, revocation of certification, and loss of Board eligibility.

Signature

Printed Name

Date





Appendix 6 – Candidate Appeal Policy

I certify and attest that I have read and understand the section Appeal Policy and process in the *ABOMR Policy and Procedures Manual*. Furthermore, I understand that on completion of the examination, I can petition the Board of Directors for an appeal within ten (10) business days following the date of the examination. I acknowledge that the Board of Directors will not consider appeals submitted after 11 or more business days following the date of the examination. I acknowledge that the Board of Directors will not consider an appeal based on examination result, content, delivery or scoring of the examination, or psychometric validation. I accept that an appeal will only be considered regarding the examination process under the following circumstances and that appropriate documentary evidence that is acceptable to the Board substantiating the appeal must be submitted.

1. Technical failure or technical disruption (e.g., computer, lighting) during the examination that results in greater than 25% of the time allotment or distribution for each segment of the examination (Part 1) or each case (Part 2). In the event of technical failure or disruption, candidates are always granted the additional time commensurate with the delay; however, the Board recognizes that a significant disruption as defined above may affect the candidate's subsequent performance.
2. Concerns regarding the environment of the examination such as extremes of ambient temperature during the examination of $< 62^{\circ} \text{F}$ or $> 80^{\circ} \text{F}$, natural disaster or acts of terrorism affecting the conduct of the examination. The request with an explanation of why an appeal is needed must be made in writing and received via email or certified mail within ten (10) business days of his/her examination.

I acknowledge that the decision of the ABOMR Board of Directors regarding the appeal shall be considered final and no further correspondence will be entered into.

Signature

Printed Name

Date





Appendix 7 – Acceptance of all Policies in the ABOMR Policy and Procedures Manual

I certify and attest that I have received a copy of, read, understand, and accept all conditions and policies in the *ABOMR Policy and Procedures Manual*.

Signature

Printed Name

Date





Appendix 8 - Part 2 Blueprint for Clinical Sciences

ANATOMY AND PATHOPHYSIOLOGY

Domain	Anatomy	Pathophysiology (etiology, clinical presentation, radiographic features*, classification, and radiographic differential diagnosis)
Facial Bones	Maxilla	Developmental anomalies and anatomic variants (e.g., hyperplasia, exostoses), odontogenic and non-odontogenic cysts and tumors, fibro-osseous disease, inflammatory conditions (osteomyelitis, osteonecrosis, osteoradionecrosis), neurovascular conditions, malignancies, fractures, systemic conditions (e.g., lymphoma, multiple myeloma)
	• Maxillary sinus	Developmental anomalies (e.g., hypoplasia) and anatomic variants, intrinsic (e.g., mucositis, rhinosinusitis, fungal sinusitis) and extrinsic inflammatory disease (odontogenic sinusitis), intrinsic (e.g., mucous retention cyst) and extrinsic (e.g., odontogenic keratocysts) cysts, intrinsic benign (e.g., inverted papilloma, osteoma) and malignant (e.g., squamous cell and adenoid cystic carcinoma) carcinoma, benign (e.g., fibrous dysplasia) and malignant bone tumors
	Mandible	Developmental anomalies and anatomic variants (e.g., hyperplasia, exostoses), odontogenic and non-odontogenic cysts and tumors, fibro-osseous disease, inflammatory conditions (osteomyelitis, osteonecrosis, osteoradionecrosis), neurovascular, malignancies, fractures
	• TMJ	Trauma, internal derangement, inflammatory and degenerative arthritis, benign (e.g., osteoma, osteochondroma) and malignant (e.g., osteo- and chondrosarcoma) tumors and tumor-like (e.g., synovial chondromatosis) conditions, congenital (e.g., bifid condyle) and developmental growth (e.g., hypo- and hyperplasia) disorders
	Paranasal Sinuses	Anomalies and inflammatory diseases (e.g., rhinosinusitis, polypoidal mucosal thickening, polyps), Tumors and tumor like conditions (e.g., papilloma, osteoma), and malignancies (e.g., squamous and adenocarcinoma, lymphoma, osteosarcoma, Ewing sarcoma)
	Zygomatic Multiple bones	Developmental anomalies (e.g., air cell defect) and fracture Facial trauma (e.g., nasal, naso-orbito-ethmoidal, Le Fort, zygomaticomaxillary complex, orbital wall “blow out”, frontal sinus) Craniofacial anomalies (e.g., cleft lip and palate, cleidocranial dysplasia, Pierre Robin Sequence, Treacher Collins Syndrome), syndromic craniosynostosis (e.g., Crouzon disease and Apert syndrome)



Domain	Anatomy	Pathophysiology (etiology, clinical presentation, radiographic features*, classification, and radiographic differential diagnosis)
Cranial	Neurocranium	Anomalies of the temporal, frontal, parietal, occipital, ethmoid and sphenoid bones. Craniosynostosis (e.g., nonsyndromic and syndromic)
	• Temporal bone	Anatomic variants, inflammatory and neoplastic diseases
Alveolus	Teeth	Developmental alterations of the dentition and supporting structures, dental caries and look alike conditions, crown and root fractures
	Periodontium	Etiology and presentation of periodontal diseases, systemic conditions affecting the periodontium
	Alveolar bone	Apical inflammatory disease (e.g., periapical rarefying osteitis) and look alike conditions, fractures
	Edentulism • Residual alveolar ridge	Resorptive morphology over time Assessment of bone volume in relation to implant placement, principles of implant placement
Vertebral column	Cervical vertebrae	Anomalies, developmental conditions (e.g., fusion, ossiculum terminale, Os odontoideum), degenerative joint disease of the craniovertebral junction and cervical vertebrae (e.g., geode)
Soft tissue	Salivary glands	Benign and malignant neoplasms, inflammatory (e.g., sialoliths and sialadenitis) and autoimmune conditions (Sjogren syndrome)
	Spaces of the suprahyoid neck	Soft tissue masses and infections of the parapharyngeal, nasopharynx and oropharynx, masticator, parotid, carotid, retropharyngeal, and peri-vertebral spaces, lymph node distribution and size, external and internal carotid arteries
	Calcifications and ossification	Physiologic (e.g., posterior longitudinal ligament) and pathologic including external and internal carotid arteries
	Airway morphology	Airway measurements, obstructive sleep apnea, associations with craniofacial morphology

* Includes not only intraoral and extraoral radiography, cone beam and multi-detector computed tomography but other imaging techniques such as ultrasound, sialography, arthrography, MRI, PET, SPECT, and nuclear medicine when appropriate.



WRITTEN CASE INTERPRETATION

<i>Outline</i>	<i>Sub-heading</i>	<i>Considerations</i>
Image identification	Type of data provided	Intraoral and extraoral (panoramic, cephalometric, skull projection) Volumetric (CBCT, MDCT ± contrast) MRI (sequence)
	Procedure Details	FOV, anatomic boundaries of the FOV, scan acquisition protocol
	Factors affecting image interpretation	Artefacts, motion, acquisition and technique errors, processing errors (film and digital)
	Pertinent clinical information	Clinical working diagnosis based on patient presentation
Findings	General findings	Dental: A description of the patient's radiologic presentation including edentulism, degree of restorations including status of implants, presence of coronal dental caries, apical pathology, crestal alveolar bone height Gnathic: Anatomic features of the jaws and TMJ Extra-gnathic: Status of anatomic features including the maxillary sinus, nasal fossa, oropharyngeal airway space, paranasal sinuses, temporal bone, soft tissue calcifications
	Specific findings	A specific concise and accurate description of the major abnormality/abnormalities.
	Non-routine	Incidental findings of clinical significance
Impression	Entity specific	A list of applicable disease categories including classification of the severity or type of disease. A complete and concise specific differential diagnosis with appropriate justifications. Description of the appropriate management, including the need for and type of follow-up imaging, additional diagnostic tests, as appropriate, to clarify, confirm or exclude the diagnosis and possible treatment options.
	Comparison	Availability and comparison to findings of previous imaging, date acquired
	Non-routine	Clinical significance of non-routine finding

*Structured report format based on RSNA radreport.org template (CBCT Odontogenic tumor)(<https://radreport.org/home/50200/2016-06-13%2014:52:00>) | ACR Practice Parameter for Communication of Diagnostic Findings (2021) (<https://www.acr.org/-/media/acr/files/practice-parameters/communicationdiag.pdf>) | Scarfe WC and Angelopoulos C. Chapter 5 – CBCT Use in Daily Practice (Table 5, Page 181). Scarfe and Angelopoulos. Maxillofacial Cone Beam Computed Tomography: Principles, Techniques and Clinical Applications. Springer, 2018.





Appendix 9 - Part 2 Selected Resources

TEXTBOOKS

1. Koenig. Diagnostic Imaging: Oral and Maxillofacial. 2nd edition. Elsevier, 2017.
2. Som and Curtin. Head and Neck Imaging, 5th edition. Elsevier 2011.
3. Mallya and Lam. White and Pharoah's Oral Radiology: Principles and Interpretation, 8th Edition. Elsevier, 2018.
4. Larheim and Westesson. Maxillofacial Imaging. Springer, 2011
5. Scarfe and Angelopoulos. Maxillofacial Cone Beam Computed Tomography: Principles, Techniques and Clinical Applications. Springer, 2018

JOURNAL ARTICLES

Radiographic Anatomy

1. Sadrameli M, Mupparapu M. Oral and Maxillofacial Anatomy. Radiol Clin North Am. 2018 Jan;56(1):13-29.
2. Angelopoulos C. Cone beam tomographic imaging anatomy of the maxillofacial region. Dent Clin North Am. 2008 Oct;52(4):731-52, vi.
3. Whyte A, Boeddinghaus R. The maxillary sinus: physiology, development and imaging anatomy. Dentomaxillofac Radiol. 2019 Dec;48(8):20190205. Erratum in: Dentomaxillofac Radiol. 2019 Sep 10;20190205c.
4. Kageyama I, Maeda S, Takezawa K. Importance of anatomy in dental implant surgery. J Oral Biosci. 2021 Jun;63(2):142-152. Epub 2021 Jan 30.
5. Juodzbaly G, Kubilius M. Clinical and radiological classification of the jawbone anatomy in endosseous dental implant treatment. J Oral Maxillofac Res. 2013 Jul 1;4(2): e2.

Pathophysiology

1. Gohel A, Villa A, Sakai O. Benign Jaw Lesions. Dent Clin North Am. 2016 Jan;60(1):125-41.
2. Mosier KM. Lesions of the Jaw. Semin Ultrasound CT MR. 2015 Oct;36(5):444-50.
3. Yoshiura K, Weber AL, Runnels S, Scrivani SJ. Cystic lesions of the mandible and maxilla. Neuroimaging Clin N Am. 2003 Aug;13(3):485-94.
4. Meng Y, Zhao YN, Zhang YQ, Liu DG, Gao Y. Three-dimensional radiographic features of ameloblastoma and cystic lesions in the maxilla. Dentomaxillofac Radiol. 2019 Sep;48(6):20190066.
5. Rajendra Santosh AB, Ogle OE. Odontogenic Tumors. Dent Clin North Am. 2020 Jan;64(1):121-138.
6. Rajendra Santosh AB. Odontogenic Cysts. Dent Clin North Am. 2020 Jan;64(1):105-119.
7. Whyte A, Boeddinghaus R. Imaging of odontogenic sinusitis. Clin Radiol. 2019 Jul;74(7):503-516.
8. Tamimi D, Jalali E, Hatcher D. Temporomandibular Joint Imaging. Radiol Clin North Am. 2018 Jan;56(1):157-175.
9. Barghan S, Tetradis S, Mallya S. Application of cone beam computed tomography for assessment of the temporomandibular joints. Aust Dent J. 2012 Mar;57 Suppl 1:109-18.
10. Larheim TA, Abrahamsson AK, Kristensen M, Arvidsson LZ. Temporomandibular joint diagnostics using CBCT. Dentomaxillofac Radiol. 2015;44(1):20140235.



11. Whyte A, Boeddinghaus R, Bartley A, Vijeyaendra R. Imaging of the temporomandibular joint. *Clin Radiol*. 2021 Jan;76(1):76. e21-76. e35.
12. Scarfe WC, Toghiani S, Azevedo B. Imaging of Benign Odontogenic Lesions. *Radiol Clin North Am*. 2018 Jan;56(1):45-62.
13. El-Rasheedy AEI, Abdalla AMAR, Hassanein SAH. et al. The role of ultrasound in evaluating salivary glands swellings. *Egypt J Otolaryngol* **37**, 101 (2021).
14. Juliano AF. Cross Sectional Imaging of the Ear and Temporal Bone. *Head Neck Pathol*. 2018 Sep;12(3):302-320.
15. Juliano AF, Ginat DT, Moonis G. Imaging review of the temporal bone: part I. Anatomy and inflammatory and neoplastic processes. *Radiology*. 2013 Oct;269(1):17-33.

Interpretation

1. Patel S, Harvey S. Guidelines for reporting on CBCT scans. *Int Endod J*. 2021 Apr;54(4):628-633.
2. Hartung MP, Bickle IC, Gaillard F, Kanne JP. How to Create a Great Radiology Report. *Radiographics*. 2020 Oct;40(6):1658-1670.
3. Gómez Roselló, E., Quiles Granado, A.M., Artajona Garcia, M. et al. Facial fractures: classification and highlights for a useful report. *Insights Imaging* 11, 49 (2020). <https://doi.org/10.1186/s13244-020-00847-w>





Appendix 10 – Part 2 Sample Questions and Answers

Anatomy

Which of the following is not transmitted through the pterygomaxillary fissure?

- Maxillary division of the trigeminal nerve
- Posterior superior alveolar nerve
- Optic nerve
- Terminal branches of the maxillary artery

What is the origin of the canalis sinuosus?

- Middle superior canal
- Infraorbital canal
- Anterior superior alveolar canal
- Posterior superior alveolar canal

What is the “cortical niche” sign?

- Extension of the most cephalad portion of the jugular bulb superior to the floor of the internal auditory canal within the petrous portion of the temporal bone.
- Bilateral increase in height at the midportion of the internal auditory canal within the petrous portion of the temporal bone
- Grooving of the medial cortical plate of the ramus superior to the lingula by the inferior alveolar neurovascular bundle
- Radiographic indentation on the internal margin of the lingual cortex of the mandible by the inferior alveolar neurovascular bundle

Pathophysiology

Which of the following conditions never presents as a multilocular lesion?

- Aneurysmal bone cyst.
- Ameloblastoma.
- Dentigerous cyst.
- Odontogenic keratocyst

The pericoronal space of an unerupted tooth should be considered suspicious of pathology if it is greater than _____ mm on a panoramic image?

- 2mm.
- 3mm
- 4mm
- 5mm

Multiple dentigerous cysts are associated with which of the following?

- Pierre Robin Sequence
- Nevoid Basal Cell Carcinoma Syndrome
- Cherubism
- Maroteaux--Lamy syndrome

Craniofacial dysjunction is seen in which of the following?

- Guerrin’s fracture
- High LeFort I
- Le Fort III fracture
- Pyramidal fracture

A “J shaped radiolucent/low density lesion” involving the periapical and unilateral PDL space is suggestive of which of the following?

- Vertical root fracture
- Osteosarcoma
- Trauma from occlusion
- Class III furcation periodontal bone loss

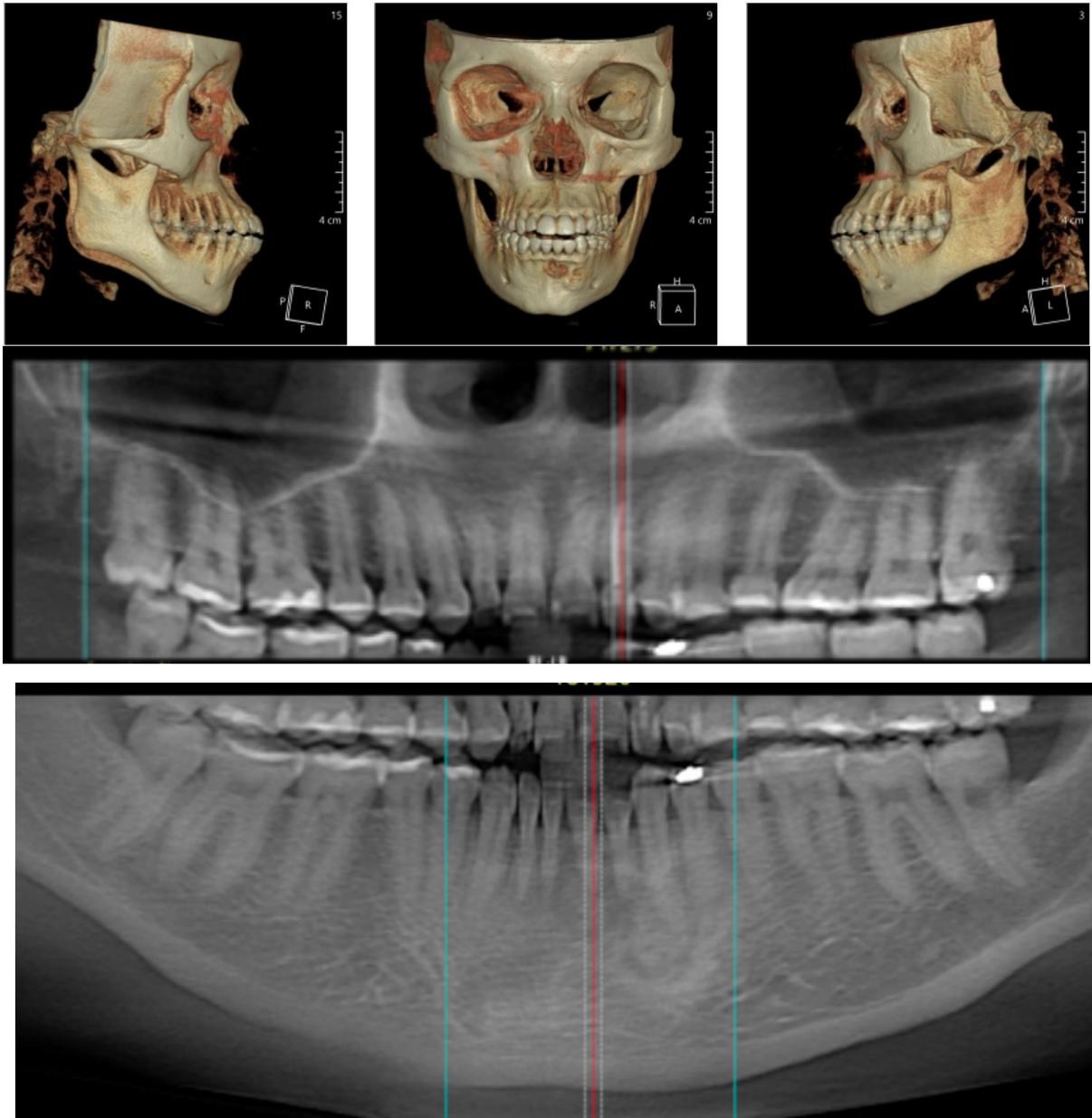


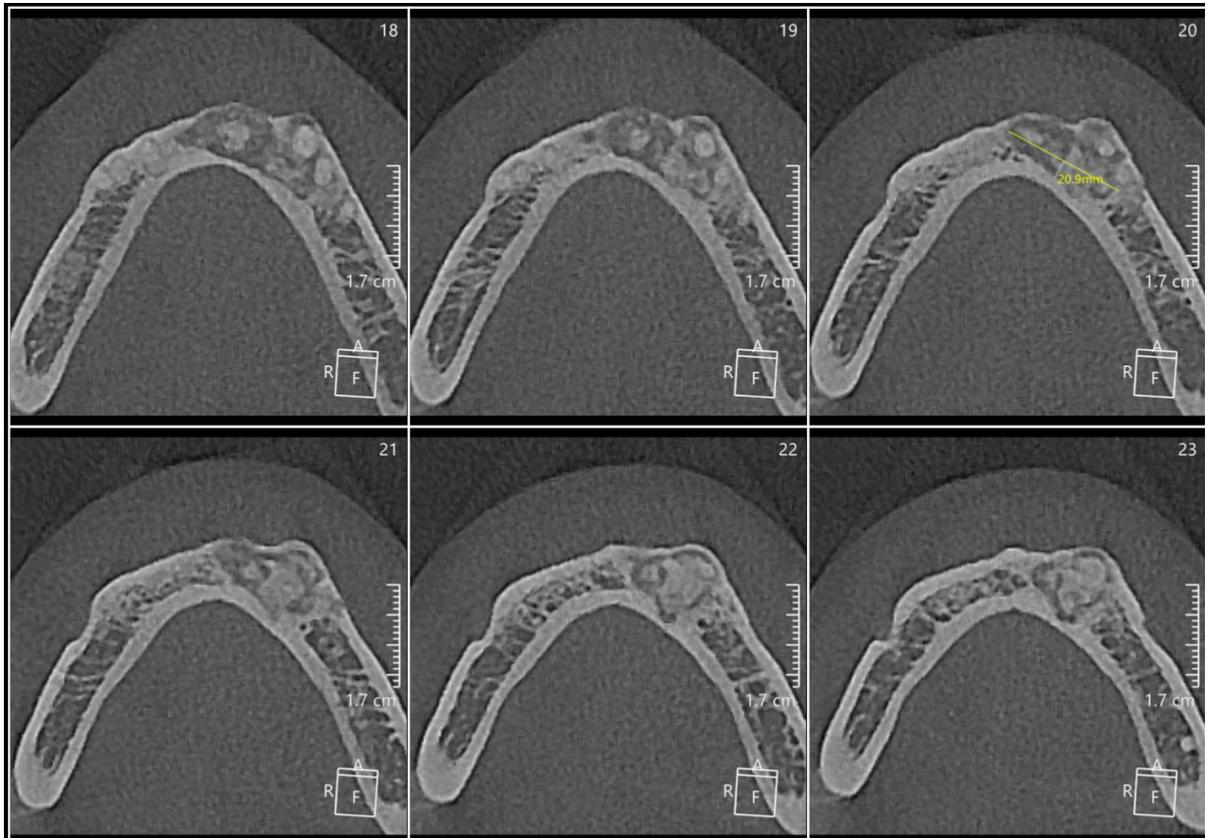
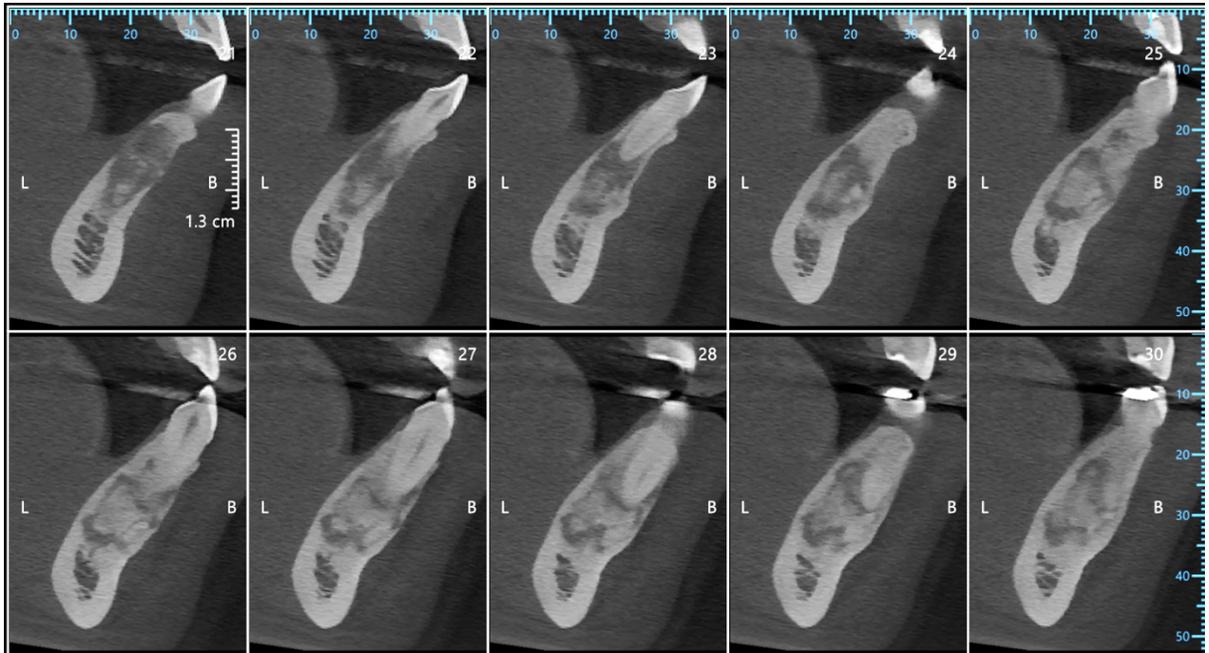
WRITTEN CASE INTERPRETATION REPORT

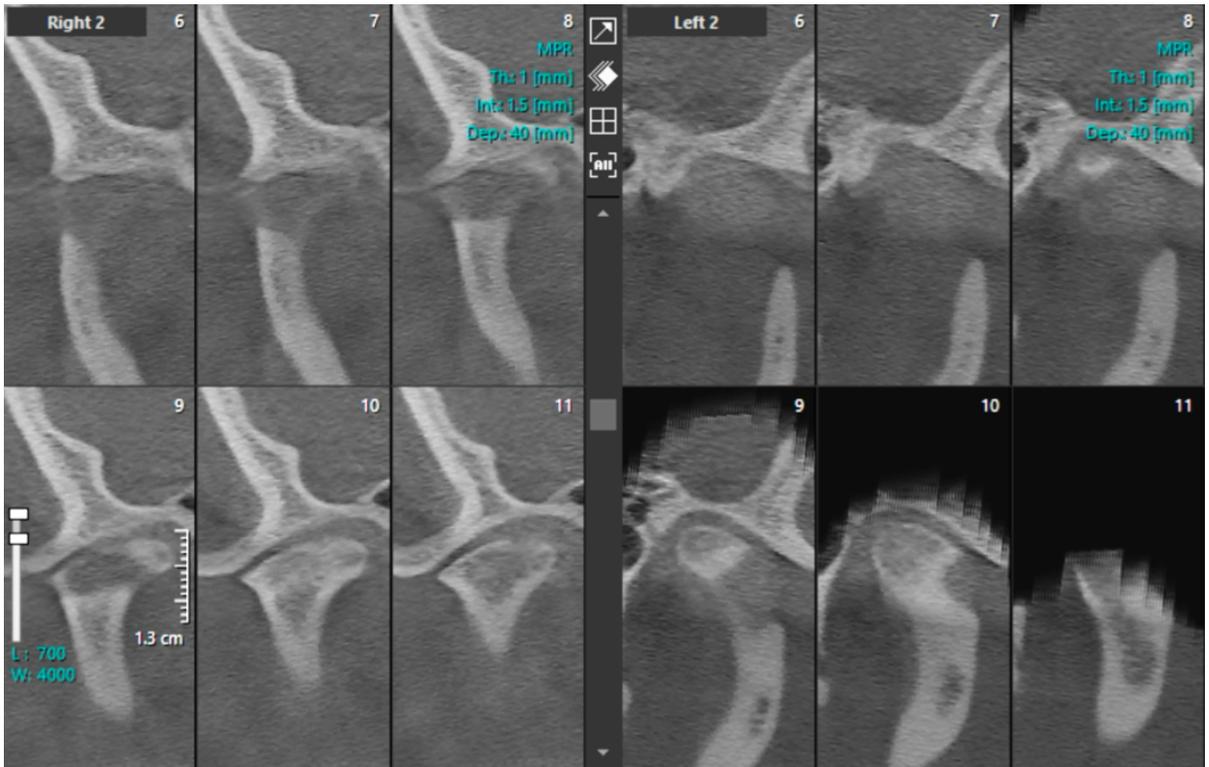
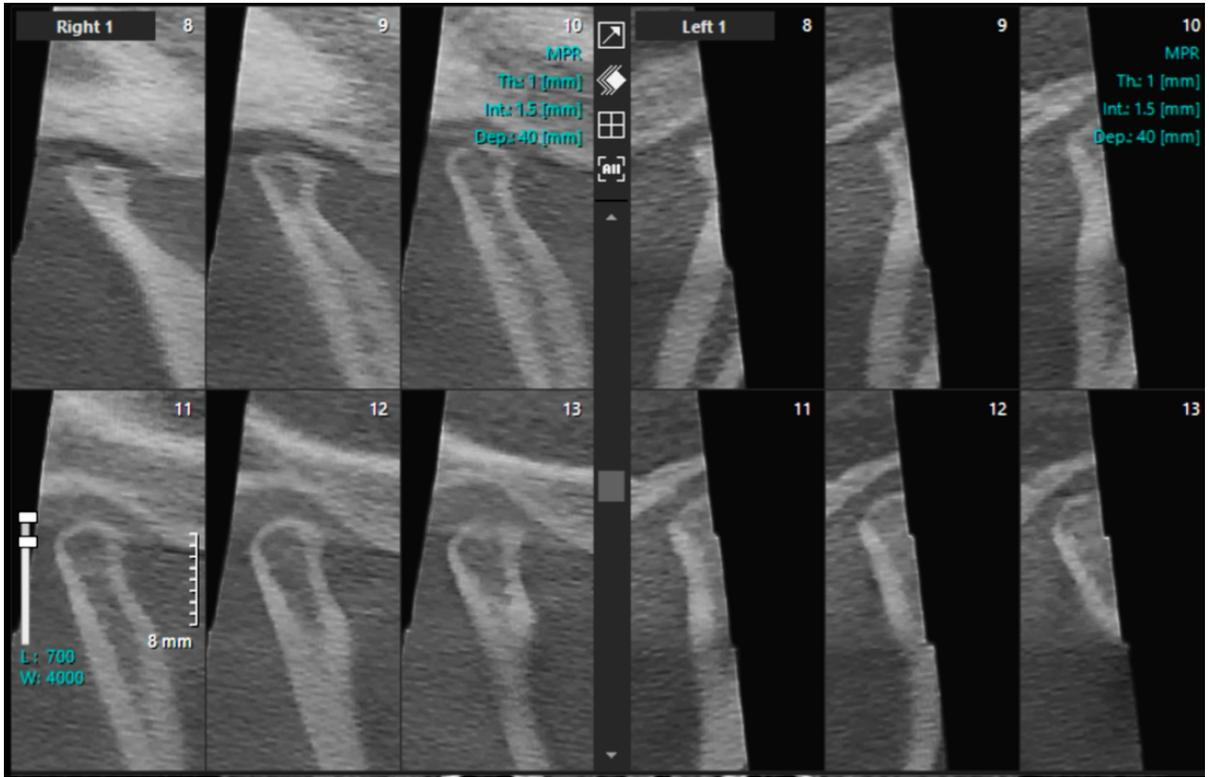
HISTORY

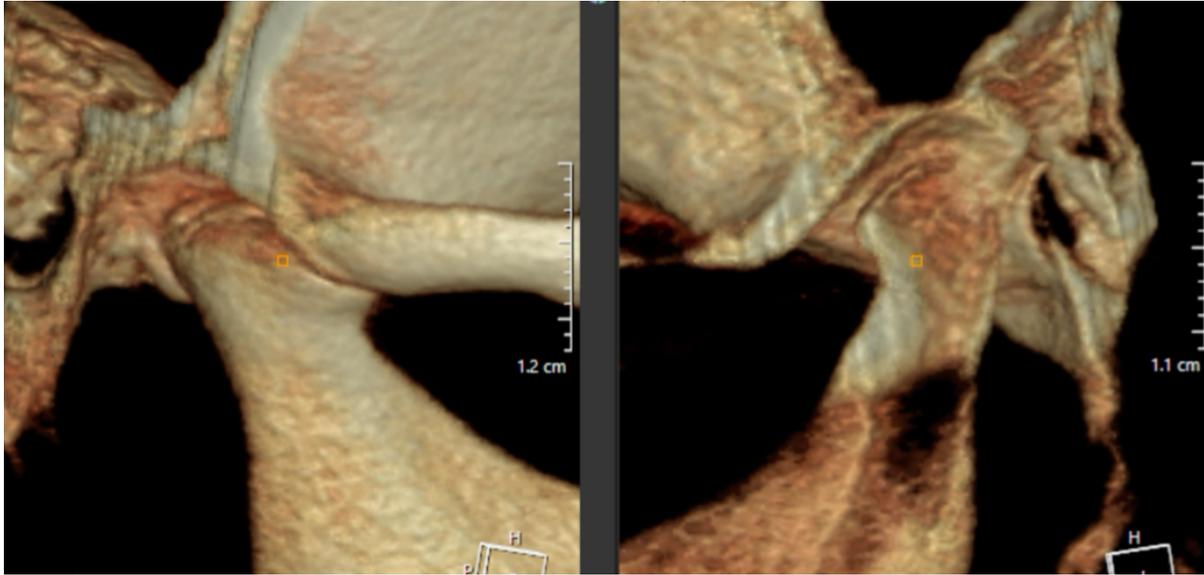
A 29-year-old woman complains of right condylar tenderness with joint noise and fullness on the left jaw. On examination she presents with facial asymmetry and chin deviation to the right. The proposed treatment is orthognathic surgery with fixed orthodontic appliance therapy. The medical history is non-contributory.

Images (NOTE: The following images are provided as illustrations only – the candidate is not to capture screenshots for submission with their report)









REPORT

Image Identification

Type of data provided and FOV: A full (12 cm diameter x 13.3 cm vertical height) field of view (FOV) cone beam CT volumetric dataset. Antero-posteriorly the FOV extends from approximately 1cm anterior to the incisal edges of the crowns of the maxillary teeth to just posterior of the glenoid fossa, but not including the external auditory meatus. Supero-inferiorly the FOV extends from the lower border of C4 to approximately 1cm superior to the glabella.

Factors affecting image interpretation: The FOV only partially includes the left TMJ articulation.

Pertinent clinical information: Right condylar tenderness with joint noise, facial asymmetry, chin deviation to the right and fullness on the left.

Findings

General findings

Dental: Completely dentate with all permanent teeth present and erupted, including the third molars. Minor restorations (mostly composite) are present - no teeth demonstrate root canal fillings, periapical pathology or radiographic marginal alveolar (crestal) bone loss. The premolar and molar crown cusps are flattened.

Gnathic: Brachycephalic facial type with Class III skeletal and dental malocclusion with maxillary hypoplasia producing antero-posterior and transverse deficiency (posterior crossbite), anterior open bite, bimaxillary protrusion with minor mandibular asymmetry resulting from right mandibular body hypertrophy (2mm discrepancy), right condylar neck shortening (approx. 7mm ramal height discrepancy) and an expansile, moderately sized, mixed density lesion in the mandibular left symphyseal region.

Extra-Gnathic: The paranasal sinuses, nose, soft tissues of the neck, cervical spine, airway, and cranial vault are normal.



Specific findings

Normal left mandibular condyle (as far as can be determined); Loss of bone volume of the right condyle, flattening, antero-superior osteophyte formation and substantial reduction in condylar neck length; the right inter-articular space is reduced laterally. The right glenoid fossa height is reduced.

Non-routine findings

There is a single, large, ovoid (2cm [length] x 1.5cm [height] x 1cm [width]) mixed density lesion occupying the left mandibular alveolus and a portion of the intramedullary basal bone in the parasymphiseal region. The lesion has a central irregular globular high-density component with a low density, peripheral rim of variable width involving the apices of #21-25 and extending inferiorly approx. 10mm. There is no root resorption. There is expansion and thinning of the labial cortical plate with minor buccal discontinuity adjacent to # 21/22.

IMPRESSION

Entity specific:

1. Class III skeletal and dental malocclusion with maxillary hypoplasia, anterior open bite, and bimaxillary protrusion.
2. Relative hypoplasia of the right mandibular body and ramus with reduced ramal height due to shortened condylar neck resulting in mandibular asymmetry.
3. Right mild to moderate TMJ DJD / the condition of the left TMJ is unable to be determined.

Recommendation/Comment: Perform a limited FOV of both TMJ articulations ensuring maximum intercuspal position to include the left TMJ for comparison. If orthognathic surgery is contemplated, then SPECT CT scan should be considered to determine "hot spot" activity in the TMJ.

Non-routine:

1. Focal osteoblastic (Stage II) cemento-osseous dysplasia with labial expansion of the alveolus and dentition in the left anterior parasymphiseal mandible. Surgical bulk reduction is not recommended as there is an increased incidence of post-operative osteomyelitis with surgical intervention.





Appendix 11 – Candidate Code of Ethical Conduct

By signing this document, I agree to adhere to the same ethical standards as Directors and Diplomates as laid forth in this Manual including sections *“Policy on Harassment”*, *Confidentiality of Communication with the Board”*, *“Code of Professional Conduct”*, and *“Conflict of Interest Policy”* and abide by the procedures detailed in the section on *“Reporting, Adjudication, and Disciplinary Procedures for Candidate Misconduct”*.

In addition, I adhere to the examination rules and acknowledges that irregular behavior (a.k.a. cheating) on either Part 1 or Part 2 of the certification examination may include, but is not limited to, the following:

1. disclosing examination information by using language that is substantially similar to that used in questions and/or answers from ABOMR examinations when such information is gained as a direct result of having been an examinee; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators or anyone else involved in the preparation of candidates to sit for the examinations;
2. receiving examination information from an examinee that uses language that is substantially similar to that used in questions and/or answers on ABOMR examinations, whether requested or not;
3. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of the ABOMR or using professional, paid or repeat examination takers or any other individual for the purpose of reconstructing any portion of examination materials;
4. possessing unauthorized materials during an examination administration (e.g., recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials, and smart watches);
5. failure to adhere to testing site regulations;
6. using, or purporting to use, any portion of examination materials which were obtained improperly or without authorization for the purpose of instructing or preparing any applicant for examination;
7. selling or offering to sell, buying, or offering to buy, or distributing or offering to distribute any portion of examination materials without express written authorization;
8. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of the ABOMR;
9. disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination of the ABOMR;



10. communicating with another individual during administration of the examination for the purpose of giving or receiving help in answering examination questions, copying another candidate's answers, permitting another candidate to copy one's answers, or possessing unauthorized materials including, but not limited to notes (except on the provided scratch paper at the test center);

- engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, or staff;
- impersonating a candidate or permitting an impersonator to take or attempt to take the examination on one's own behalf;
- falsifying information on application or registration forms;
- use of any other means that potentially alters the results of the examination such that the results may not accurately represent the professional knowledge base of a candidate.

Finally, I acknowledge that irregular behavior, as defined above, may constitute grounds for sanctions by the ABOMR, including but not limited to the following:

1. bar a candidate from one or more future examinations either permanently or for a designated period;
2. terminate a candidate's participation in the examination process;
3. invalidate the results of an examination and any prior examinations;
4. withhold a candidate's scores;
5. revoke a candidate's Board eligibility;
6. fine a candidate in an amount that reflects damages suffered by the American Board of Oral and Maxillofacial Radiology, including its costs of investigation and legal fees, and the costs of replacing any items that must be removed from the test item bank;
7. censure a candidate;
8. sue the candidate for damages and civil remedies;
9. pursue prosecution of the candidate for any conduct that constitutes a criminal or civil violation;
10. take any other appropriate action.

Signature

Printed Name

Date





Appendix 12 – Rights* and Responsibilities of the Candidate and Position of the ABOMR

*Citation: Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. (Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; [Code of Fair Testing Practices in Education \(PDF, 803 KB\)](#))

1. A candidate has the right to be informed and understand their rights and responsibilities.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Inform candidates of their rights and responsibilities. • Respond to correspondence sent to admin@abomr.org and info@abomr.org in a timely manner. • Provide candidates with the ABOMR Policy and Procedures Manual to assist in test preparation. For Part 1 this includes: <ul style="list-style-type: none"> ○ Examination Blueprint for Professional Knowledge, Examination Resources, and Example questions. ○ Format and Content of the examination. ○ Application and registration process. For Part 2 this includes: <ul style="list-style-type: none"> ○ Examination Blueprint for Professional Knowledge, Examination Resources, and Example questions. ○ Format and Content ○ Application and Registration Process 	<ul style="list-style-type: none"> • Understand your rights and responsibilities as a candidate and ask questions about issues that you do not understand. • Review the ABOMR Policy and Procedures Manual • Accept, understand, and comply with all policies and procedures by signing the following documents: <ul style="list-style-type: none"> ○ ADA Disabilities Act Verification Form ○ Confidentiality Agreement ○ Appeal Policy ○ ABOMR Policy and Procedures Manual ○ ABOMR Code of Ethical Conduct • Submit timely and accurate application/registration materials. • Ensure that all contact information, including address, email, telephone number is accurate in the ABOMR profile (ROC-P) and on all application/registration materials. • Check that email for receipts, confirmations, and correspondence from the ABOMR is not directed to Junk or Spam folders. • Report any issue with electronic correspondence to the ABOMR Administrator at admin@abomr.org.



2. A candidate has the right to be treated with courtesy, respect, and impartiality, regardless of age, disability, ethnicity, gender, religion, sexual orientation, or other personal characteristics.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Demonstrate respect for the candidates and correspond with courtesy in all communications with the candidates. • Respect the dignity of all applicants and provide reasonable access to testing services as described in the Policy for Candidates with Disabilities and Non-Discrimination Clause. • Believe that candidates with a disability recognized under the Americans with Disabilities Act or other relevant legislation are entitled to request reasonable accommodations in test administration if they are likely to increase the validity of their test scores. 	<ul style="list-style-type: none"> • Demonstrate respect for the work of the Board of Directors and correspond with courtesy in all communication and dealing with the Board of Directors as these five members uphold and maintain the integrity, continuity, and function of all business of the ABOMR as elected by their peers and as a voluntary service to the Board and its Diplomates. • Demonstrate respect for and correspond with courtesy in all communication and dealing with the Administrative Staff and Personnel of the Testing Centers • Respect other candidates throughout the entire testing process and do not interfere with the rights of others involved in the testing process. Candidates affirm this by acknowledging receipt, understanding and acceptance of the ABOMR Code of Ethical Conduct which defines irregular behavior that may compromise the integrity of the test and its interpretation.

3. A candidate has the right to be examined by measures that meet professional standards and are appropriate, given the way the exam results will be used.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Adhere to policies and procedures in test construction and evaluation that utilize measures that meet professional standards and are reliable, relevant, and useful given that the purpose of the Certification examination is to ensure that the candidate demonstrates the highest standards for knowledge, evidence based clinical proficiency, diagnostic skill, and professionalism relative to peers. • Construct questions for the Examination based on Blueprints and appropriate responses determined from reference to authoritative texts. • Evaluate the performance of candidates on individual questions by criterion-based process. • Provide candidates who request accommodation reasonable accommodations as described in the Policy for Candidates with Disabilities. 	<ul style="list-style-type: none"> • Read descriptive material they receive in advance of a test and listen carefully to test instructions. • Ensure their contact information and the status of their applications by logging into their profile online at https://abomr.roc-p.com. • Inform the ABOMR at the time of registration for the Certification Examination if they wish to receive testing accommodation or if they have a physical condition or illness that may interfere with their performance. For Part 1, this is specified in Step 3 – Registration for Part 1 and for Part 2 this is specified in Step 1 – Registration. • Understand that candidates whose first language is not English should be aware of the ABOMR Policy for Individuals of Diverse Linguistic Backgrounds.



4. A candidate has the right to be informed prior to testing, about the test’s purposes, the nature of the test, whether the test results will be reported to the test takers, and the planned use of the results.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Provide the purpose of the ABOMR certification examination within the Mission and Objectives statements. • Describe the nature of the certification examination provided within the Content and Format sections in Part 1 and Part 2. • Provide a summary of results of the examinations for use in benchmarking the level of competency of dentists who have graduated from a CODA approved post-graduate course in oral and maxillofacial radiology, as judged by a panel of peers. • Maintain the right to withhold results to any organization or entity other than the candidate. Third party requests for information regarding the status of a candidate’s application, Board certification or results are not entertained. Specific details regarding communication of the Board with the candidate regarding their test results are provided in sections on Reporting of Examination results and Release of Examination results. • Ensure the appropriateness and reliability of the certification examinations as outlined in Test Development. • Notify candidates of the location for certification examinations. The certification examinations are performed at third party, independent testing facilities (Part 1 – Prometric Testing Center / Part 2 – UTSA Testing Center) which monitor the behavior of candidates during the examination. • Describe eligibility and procedures for re-testing in Re-examination Procedures. • Provide details on grading of the examinations under Scoring and provide sample questions and grading scheme for both Part 1 and Part 2. 	<ul style="list-style-type: none"> • Be familiar with all application and administrative procedures entailed in challenging either Part I or Part 2 of the Certification examination. • Attest to receiving a copy of the ABOMR Policy and Procedures Manual and reading, understanding, and accepting all policies contained therein by certifying the Acceptance of All Policies document. • Contact the ABOMR at info@abomr.org and admin@abomr.org with any questions about the examination process and reporting of results, after thorough review of the Manual prior to the testing date. • Prepare for the examination and be familiar with all content areas in Oral and Maxillofacial Radiology, by formal education, continuing education, and personal study.



5. A candidate has the right to know in advance, when and how the examination will be administered, if and approximately when examination results will be available, and the amount of the fee required to take the exam.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Provide details on administration of Part 1 and Part 2 of the Certification Examinations in Administration and Reporting of Examination Results. • Post information about the application process, verification of eligibility, registration process, and associated fees on the website and during the registration process itself. • Maintain the right to notify candidates of changes to a testing facility or schedule in a timely manner. The ABOMR notification will be via email and provide a reasonable explanation for the change and inform candidates of the new schedule. If there is a change, reasonable alternatives to the original schedule should be provided. 	<ul style="list-style-type: none"> • Present themselves to the testing facility on time with any required materials, pay for testing services and be prepared to be tested. • Review appropriate materials needed for testing and seek information or request clarification about these materials, as needed.

6. A candidate has the right to have the examination administered and results interpreted by appropriately trained individuals.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Part 1 and Part 2 of the Certification examinations are developed by Members of the examination Committee who are Diplomates of the ABOMR with at least 10 years of experience, elected by their peers. The nominations for candidacy for election to the Board are approved by the sponsoring organization, The American Academy of Oral and Maxillofacial Radiology (AAOMR). • These processes imply that the Diplomates of the ABOMR consider the qualifications of Board members to exemplify and have the highest level of skill in Oral and Maxillofacial Radiology in the United States. The credentials of each Board member are available to candidates on the Website. • Part 1 and Part 2 are administered by third party testing centers. These centers will provide instructions to candidates on procedures for admission to their facility and testing center conditions. The ABOMR is not responsible for any unannounced closure or relocation of testing facility or deviations in procedure or disruptions at the testing center caused by staff employed that do not unduly interfere with test performance. Procedures for lodging an appeal based on technical failure or technical disruption or concerns regarding the environment of the examination are detailed in the section Candidate Appeal Mechanism. 	<ul style="list-style-type: none"> • To listen to and/or read and comply with the directions given to them either via email or at the Testing Center. • Candidates agree to follow instructions given by testing professionals at the testing center and complete the test as directed. • Certify to an Examination Confidentiality Agreement which specifies the proprietary and confidential nature of the examination and restrictions on recording, discussion, or dissemination of content.



7. A candidate has the right to be informed that the examinations are optional and understand the consequences of taking or not taking Part 1 and Part 2, not fully completing the examinations, or canceling the scores. The candidate has the right to ask questions to learn more about these consequences.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> Inform the candidate that the certification examinations are not intended as individual formative assessments or to identify specific deficiencies in knowledge. Inform the candidate that the purpose of the certification is to determine individual competency relative to elected peers (Directors) of the ABOMR who have demonstrated the highest level of knowledge and judgment in the foundational and clinical sciences relevant to the practice of Oral and Maxillofacial Radiology in the United States. 	<ul style="list-style-type: none"> Understand that by registering for the certification examination, candidates acknowledge to accept the consequences of failure of the examination and re-examination procedures described in the sections Examination Withdrawal and Refunds and Re-examination Procedures.

8. A candidate has the right to receive examination results within a reasonable time after the administration of the examination and receive results in commonly understood terms.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> Follow policies regarding notifying candidates of their results and their performance, as described in Reporting of Examination Results and Release of Examination Results. Communicate the results to candidates via e-mail in a professionally appropriate manner. 	<ul style="list-style-type: none"> Candidates acknowledge that the ABOMR does not offer individual opportunities for reviewing the examination or cancelling scores or test results. Candidates acknowledge that multiple factors such as the number of candidates, availability of Board members, the grading process itself and post-examination item review and score adjustment determine the timeline for notifying candidates of their results. Candidates acknowledge that if they believe the examination has not been conducted in a fair manner, they can petition the ABOMR for an Appeal within ten (10) business days of the examination date. Details of this process are provided in the Appeal Policy.



9. A candidate has the right to review the scope of confidentiality regarding the results of the examinations.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Endorse anonymity of candidates during administration, grading, and finality of results. <ul style="list-style-type: none"> ○ Registration occurs through a separate online candidate certification management software – ROC-P – which generates individual identification codes. While candidate names are provided to testing centers for inclusion in their testing software (Prometric [Proprietary Prometric software] and UTSA [ExamSoft]) and for registration purposes, the results are provided to the Board of Directors as codes. ○ Only the ABOMR Administrator has direct access to this software during the administration and grading processes. ○ The Directors have access to candidate names initially, to approve their eligibility, and only after final scoring of the examination where the code is correlated to the candidate’s name. • Respect the anonymity of candidates and declare potential conflict of interest, as it relates to scoring of short-answer, short essay, and written case interpretations and provide, as standard procedure, two graders for these testing items. • Release individual results only to the candidate and keep confidential any requests for testing accommodations and the documentation supporting the request. • Provide the National Commission on Recognition of Dental Specialties and National Certifying Boards, Program Directors of accredited OMR programs, and selected members of the executive committee of the AAOMR the overall number of candidates challenging Part 1 and Part 2, and the pass rate for Part 1 and Part 2. 	<ul style="list-style-type: none"> • Understand and agree to the Confidentiality Agreement.

10. A candidate has the right to request an appeal of the examination process within and be informed of the procedures in reviewing and responding to such a request.

ABOMR Position (Manual Reference)	Candidate Responsibility
<ul style="list-style-type: none"> • Provide a method of appeal of the examination process. The ABOMR appeal process is described in detail in the Appeal Policy. 	<ul style="list-style-type: none"> • Review the Appeal policy and certify and attest to their understanding of this process by completing and signing the Appeal Policy Form. • Understand that the ABOMR will not consider an appeal disputing the candidate result, the content of the examination, scoring of the examination, or a request to access the post-examination psychometric validation. • Express concerns about the testing process in a timely and respectful manner before results are emailed to the candidate.





Appendix 13 –Code of Professional Conduct for Diplomates of the ABOMR

It is incumbent upon every Diplomate as a dentist to abide by the Principles of Ethics and the Code of Professional Conduct of the American Dental Association (ADA) (available [HERE](#)), In addition, when applied to the specialty of oral and maxillofacial radiology, a Board certified Oral and Maxillofacial Radiologist should uphold the highest standards of clinical practice and maintain professionalism in oral and maxillofacial radiology. This is achieved by adhering to the following Code of Ethics, a framework to aid Diplomates in achieving these ideals. The Code of Professional Conduct provides goals of behavior:

- **Service.** Diplomates will always act in the best interest of the patient, respecting their dignity, autonomy, and rights. Diplomates will act to advance the objectives of the profession and specialty of oral and maxillofacial radiology. This includes the appropriate choice and use of radiographic techniques and modalities in line with acceptable practice to provide images of optimal diagnostic quality, minimizing radiation exposure to the patient (ADA Principle of Beneficence, Patient Autonomy and Veracity).
- **Integrity.** Diplomates will improve their medical knowledge and skills through continuous re-evaluation of their performance and lifelong learning that is current, and evidence based for the benefit of those whom they serve. Diplomates will always be honest and trustworthy and protect the confidentiality of all patients' personal information as well as correspondence with the Administrator and Directors of the Board. Services to patients including reporting of images should only be attributed to the oral and maxillofacial radiologist who interpreted the images. Diplomates shall seek the advice and opinion of other health care professionals or more experienced colleagues if this will benefit the patient. (ADA Principles of Nonmaleficence and Veracity)
- **Respect.** Diplomates will ensure that their professional interactions and behavior with patients, colleagues including ABOMR Directors and members of the community are always respectful (ADA Principle of Beneficence and Justice).





Appendix 14 –Code of Professional Conduct for Directors of the ABOMR

By signing this document, I acknowledge that as a Director of the American Board of Oral and Maxillofacial Radiology, I have a duty to abide by the Principles of Ethics and the Code of Professional Conduct of the American Dental Association (available [HERE](#)), the American Academy of Oral and Maxillofacial Radiology (available [HERE](#)), and the Code of Professional Conduct for Diplomates of the American Board of Oral and Maxillofacial Radiology (Appendix 13). In addition, when conducting personal or professional activities on behalf of the Board, I:

- Have a fiduciary duty to the ABOMR including a duty of care, loyalty, and obedience;
- Will exercise my duties with the highest degree of honesty, faithfulness, and integrity.
- Will avoid personal or professional actions and not enter into relationships that could or appear to bring discredit the Board in the eyes of the public or adversely affect the public’s confidence in the Board.
- Will avoid personal or professional actions and not enter into relationships that could create the appearance of impropriety or wrongdoing.
- Will comply with all applicable Bylaws, codes, rules, policies, or procedures.

Signature

Printed Name

Date





Appendix 15 – Conflict of Interest Statement for Directors of the ABOMR

By signing this document, I acknowledge that I have fiduciary duties and a duty of loyalty to the American Board of Oral and Maxillofacial Radiology Board and am expected to conduct my relationships with other members of the Board, Diplomates, applicants, candidates, and examinees as well representatives from external agencies or organizations with fairness and honesty and to adhere to the highest levels of professional and personal integrity.

I acknowledge that in fulfilling the duties and responsibilities of a Director of the ABOMR, I am obligated to avoid and disclose personal, ethical, legal, financial, other conflicts of interest or competing interests when there is a perceived, potential, or actual association or activity between myself and an applicant, candidate or examinee that may conflict or influence my ability to exercise objectivity, or impair my ability to perform my roles and responsibilities in the best interests of the Board, may benefit me or place the applicant, candidate or examinee at a disadvantage. I have the following possible conflicts of interest:

None

I graduated from an OMR program of one of the following applicants, candidates, or examinees:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I am currently or have previously acted as an OMR Residency Program Director.

I am currently or have previously had a close personal or professional relationship which would create the appearance of a conflict (e.g., current Program Director, subordinate faculty member) with one of the following applicants, candidates, or examinees:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I am currently, have previously or may be involved in legal proceedings, either directly or indirectly with one of the following applicants, candidates, or examinees:

- 1) _____
- 2) _____
- 3) _____



Currently or have previously served as a consultant, employee, or appointee of an institution of a current applicant, candidate, or examinee:

I have a family member who is employed or affiliated with the institution of the one of the following applicants, candidates, or examinees:

1) _____

I currently or have previously had an adversarial professional or personal interest.

1) _____

2) _____

3) _____

Signature

Printed Name

Date

Signature / President of the ABOMR

Printed Name

Date





Appendix 16 –Confidentiality Policy for Directors of the ABOMR

By signing this document, I acknowledge that in the execution of my duties and responsibilities as a Director of the American Board of Oral and Maxillofacial Radiology, I will be privy to sensitive and confidential information about covered individuals (defined as applicants, candidates, examinees, Diplomates or other members of the Board or other committee’s or organizations), internal organizational policies and affairs (e.g., Board meetings, meetings with other external agencies).

I acknowledge I have a fiduciary responsibility and duty to keep all confidential information confidential. This includes the content and deliberations of all Board meetings as well as confidential or personal information provided by covered individuals, internal organizational policies, and affairs. This extends to all communications between myself and covered individuals. I accept that this also extends to me when I cease to be a Director of the Board. I also accept that confidential information can only be disclosed I am fulfilling my function and exercising powers delegated to me, in the following circumstances:

1. When permitted by law.
2. When a covered individual has consented to the disclosure.
3. When the information is of a statistical nature that could not reasonably be expected to lead to the identification of any person to whom it relates.

I accept that the following acts constitute a breach of confidentiality:

- Access, disclose or use confidential information, including correspondence, for a purpose other than the purpose for which the information was received.
- Permit inspection of confidential information, including correspondence, by a person who is not authorized to inspect the information.
- Disclose confidential information, including correspondence, to a person who is not authorized to receive the information.
- Disclose confidential information, including correspondence publicly (e.g., social media).

Signature

Printed Name

Date

