

AMERICAN BOARD OF CRANIOFACIAL DENTAL SLEEP MEDICINE



Application for Diplomate Status

Application Fee: \$1095

Fee must be paid at the time of application.

Next opportunity to sit for this exam:

Thursday August 10, 2023

The Grand Hyatt San Antonio Riverwalk • San Antonio, Texas

Completed application (*pages 2-3 may be submitted electronically or if by postal mail, originals only - no copies*), all required documentation and fees are to be received at the ABCDSM Executive Office by announced deadline in order to qualify you to sit for the next exam offering.

ABCDSM Executive Office

c/o Associations and Meetings by Design
380 Ice Center Lane, Suite C Bozeman, MT 59718 USA

Main: 888-995-3088 • Fax: 406-587-2451

Email: central@aacfp.org

International: Main: 0101 888-995-3088

Fax: 0101 406-587-2451

AMERICAN BOARD OF CRANIOFACIAL DENTAL SLEEP MEDICINE CREDENTIALING APPLICATION



Date: _____

Candidate Name: _____

Street Address: _____

City/ State/ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

- I.** Candidates for Craniofacial Dental Sleep Medicine credentialing must hold (at a minimum) a dental degree (DDS or DMD) or its equivalent. Please document fulfillment of this requirement by supplying the information required below

Education	Name of College or University, Location	Graduation Year	Major or Degree
Undergraduate			
Dental School			
Residency			
Other			

- II.** Candidates for craniofacial dental Sleep Medicine credentialing must possess an active an unrestricted license to practice dentistry that has not been revoked or suspended unless retired from dentistry. Each candidate must attach a copy of your current dental license, with expiration date, to this application note if your license expires before the examination date and or fulfillment of all supplementary requirements, a renewed copy of your license is required and must be submitted to the ABCDSM by the application deadline.

A copy of my dental license is attached **yes** **no**

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- III. To sit for the ABCDSM Craniofacial Dental Sleep Medicine Written credentialing examination, candidates must have been personally involved as a primary care provider in assessment and management of sleep-disordered breathing for at least two (2) years immediately preceding their applications. (Experience gained by earning a DDS or DMD degree (or its equivalent) notwithstanding).

I, (name,) _____,
hereby attest that I have been personally involved in assessment and management of sleep disordered breathing which includes being the primary care provider for patients who suffer from sleep disorders for at least two years immediately preceding this application experience gained while earning my DDS or DMD degree(or its equivalent) notwithstanding.

X

Signature

- IV. Applicants for diplomate status maybe select among three options when submitting documentation of supplementary requirements see Section 5 to the ABCDSM (Select one please).

X

Signature

- V. The application fee for the ABCDSM craniofacial dental Sleep Medicine credentialing examination is \$1095 payment by check or money order only must be received in full by the ABCDSM executive office at the time of application. **You can pay the application fee online via credit card, but if you wish to pay by check, please make your check or money order (in US dollars, drawn on a US bank) payable to "ABCDSM" and send to 380 Ice Center Lane, Ste C, Bozeman, MT 59718.**

- I have paid in full by credit card online
- Enclosed is a check or money order number payable to ABCDSM in US dollars drawn on a US bank in the amount of \$1095.

ABCDSM Executive Office
c/o Associations and Meetings by Design
380 Ice Center Lane, Suite C Bozeman, MT 59718 USA
Email: central@aacfp.org

AMERICAN BOARD OF CRANIOFACIAL DENTAL SLEEP MEDICINE

Requirements for ABCDSM Craniofacial Dental Sleep Medicine Credentialing

I. Background

Craniofacial Dental Sleep Medicine is the area of dentistry that focuses on the management of sleep-disordered breathing (SDB), including but not limited to snoring, Upper Airway Resistance Syndrome (UARS) and Obstructive Sleep Apnea (OSA). SDB can be isolated or it can coexist with other respiratory, nervous, cardiovascular and endocrine issues. A multifactorial understanding of the nature of sleep is, therefore, essential to achieving optimal outcomes from dental management protocols that may range from extremely conservative measures of weight loss and sleep position change to variations of oral appliance therapy (OAT) or combination therapy [i.e., blending OAT with Continuous Positive Airway Pressure (CPAP) or blending OAT with surgery]. SDB diagnosis must be determined by a sleep physician. Management of SDB patients who are candidates for dental management with OAT (and its variations), which involves the selection, fabrication, fitting, and calibration of devices worn during sleep that reposition the lower jaw and/or tongue to maintain airway patency, should be performed by qualified dentists who have knowledge and experience in overall oral health care, the temporomandibular joint, plus dental occlusion and associated oral structures. The ABCDSM expects members to manage disorders for which they have knowledge and skills, and to follow the laws of their respective licensing bodies.

II. Eligibility Requirements for Dental Sleep Medicine Credentialing

All applicants must a) hold (at a minimum) a dental degree (D.D.S. or D.M.D.) or its equivalent, b) possess an active unrestricted license to practice dentistry, and c) have been personally involved in assessment and management of sleep-disordered breathing for at least two (2) years immediately preceding their application.

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

Incomplete Applications

APPLICATIONS POSTMARKED LATER THAN THE DEADLINE WILL NOT BE ACCEPTED. An application postmarked on or before the deadline, but missing one or two components, is considered an incomplete application and a nonrefundable late fee of \$300 must be paid if the application is to remain active. Applicants will be notified by mail if the application is not complete. Completeness of an application cannot be verified by telephone. Please do not call the office for this information. An applicant whose application is incomplete must ensure all parts of the application have been submitted and are received no later than one month prior to the exam. ANY APPLICATION THAT REMAINS INCOMPLETE AS OF ONE MONTH PRIOR TO THE EXAM WILL NOT BE ACCEPTED.

Reapplication

Applicants who do not successfully complete the ABCDSM credentialing examination and/or fail to submit satisfactory documentation of completion of supplementary requirements may reapply the following year by submitting a new application, including a copy of their current dental license and application fee. Any missing materials will render the application incomplete and it will be subjected to a late fee.

When reapplying, in terms of supplementary requirements (see Section V, below) candidates for Craniofacial Dental Sleep Medicine credentialing may use the same letters of recommendation/sponsorship, verification of sleep medicine observation, and patient case summaries. However, only three (3) of the expanded patient case studies from the previous year shall be accepted.

Refunds & Withdrawals

If the ABCDSM does not accept the application for examination, \$600 will be refunded to the applicant. If notification of withdrawal from an accepted candidate is received at the ABCDSM office at least three (3) weeks prior to the exam, \$600 will be refunded. A candidate whose notification of withdrawal is received by the ABCDSM office less than three (3) weeks prior to the exam is not entitled to a refund, except when the withdrawal is the result of a documented emergency. The candidate may apply for an emergency late withdrawal refund of \$300 by submitting proper documentation of the emergency.

Applicants with Disabilities

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

III. Prerequisites

Only professionals who have successfully completed the ABCDSM Craniofacial Dental Sleep Medicine credentialing examination and have fulfilled all supplementary requirements (see Section V) may represent themselves to the general public as “Diplomate, American Board of Craniofacial Dental Sleep Medicine.” All other professionals who successfully complete the Craniofacial Dental Sleep Medicine credentialing examination shall be designated as “Board Eligible.” Such representations must be in accordance with the requirements of licensing boards.

- A. **Submit a written application to the Directors on a standard application form** which is:
 1. Accompanied by the non-refundable application fee (the current application fee is \$1,095.00) established by the Directors; and,
 2. Received by the Directors on or before the application deadline specified by the Directors in order to qualify the applicant to take the subsequent annual Craniofacial Dental Sleep Medicine credentialing examination.
- B. **Attest to personal involvement in the assessment and management of sleep-disordered breathing for a period of at least two (2) years preceding their application, experience gained while earning a DDS or DMD degree (or its equivalent) notwithstanding.**
- C. Remit the required application fee in full to the ABCDSM Executive Office by the specified deadline (see Section III A1 above).
- D. Satisfactorily complete the written Craniofacial Dental Sleep Medicine credentialing examination that shall be administered at least once each year by the Board, obtaining a numerical score equal to or higher than the score designated by the Board as “passing.”
- E. The candidate may be required to take other such examinations as are determined by the Directors. \
- F. Applicants for Craniofacial Dental Sleep Medicine credentialing may complete the requirements for Diplomate status beginning at any time after graduation from an accredited dental school but will not be granted ABCDSM Board-Certified status until the *second anniversary* of their dental school graduation.
- G. Dates of all examinations, deadlines, fees, benefits and dues will be established by the Directors and are to be listed in the Policy and Procedure Manual.
- H. Applicants must possess a valid license to practice dentistry that has not been revoked or suspended unless retired from dentistry. Each applicant must provide a copy of their current dental license with expiration date. If the license expires before the examination dates, a renewed copy of the dental license is required and must be submitted to ABCDSM by the application deadline.
- I. Applicants must possess satisfactory moral and ethical standards.

IV. Examinations

Examination Content

Candidates are allowed a maximum of four (4) hours to complete the ABCDSM Craniofacial Dental Sleep Medicine written credentialing examination, which is a proctored examination comprised of 200 multiple-choice questions.

- Sleep Medicine** – sleep physiology, classification of sleep disorders, interpretation of polysomnogram (PSG) and PM reports, treatment options for Obstructive Sleep Apnea (OSA).
- Dental Sleep Medicine** - oropharyngeal anatomy and related areas; physical and neurobehavioral examination dental Sleep Medicine; understanding appliance selection, bite registration, fitting, titration and follow-up; managing side-effects of Oral Appliance Therapy (OAT); informed consent.

The ABCDSM Board of Directors governs all aspects of this written credentialing qualifying examination for craniofacial dental Sleep Medicine board certification and is solely responsible for its content.

Electronic devices

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

Appeal procedure

The candidate may appeal and negative determination (i.e. rejection of prerequisites or failure of examination) by submitting a written explanation of the reason for refuting the determination with a nonrefundable appeal fee of \$250 the appeal must be made within 30 days of the date of the notification letter all materials must be submitted in writing to the **American Board of Craniofacial Dental Sleep Medicine c/o Associations and Meetings by Design 380 Ice Center Ln. Suite C Bozeman MT. 59718**. All appeals will be carefully reviewed and a final decision will be made by the ABCDSM Board of Directors with input from the examination committee when deemed necessary by the board the decision of the ABCDSM Board of Directors will be communicated to the candidate in writing and shall be considered final.

V. Supplementary Requirements

In addition to submitting a completed application that satisfies all eligibility requirements, candidates seeking “Diplomate, American Board of Craniofacial Dental Sleep Medicine” status must:

A. Successfully complete the Craniofacial Dental Sleep Medicine written credentialing

Examination AND,

B. Submit satisfactory documentation of completion of all the following supplementary requirements upon application, at the time of the written credentialing examination, or within one (1) year of taking the Craniofacial Dental Sleep Medicine written credentialing examination:

- 1 **A minimum of fifty (50) hours of dental sleep medicine continuing education courses**, which have been earned in the immediate five (5) years prior to the date on which they sat for the written examination (see “Exhibit A”). Credits shall be approved on a similar basis as that of other specialty boards. ADA CERP and/or AGD PACE approved continuing dental education course credits may be used to fulfill this requirement. Up to ten (10) AMA PRA Category™ sleep-related credits may also be included as part of the required fifty (50) hours.
- 2 **Written documentation from a board-certified sleep physician** (i.e., MD, DO or PhD) that the candidate has completed least ten (10) hours of on-site sleep medicine observation, which must include a minimum of five (5) hours witnessing the operations of an accredited sleep laboratory [i.e., interactions between patients and laboratory staff; preparation for, and administration of polysomnograms (PSGs); data acquisition, etc.]. Additional hours necessary to fulfill this requirement may also include time in the office of a board-certified sleep physician reviewing PSG scoring and interpretation, sleep medicine and dental sleep medicine practice parameters, therapeutic interventions, plus treatment compliance rates and outcomes. (Note: The sleep physician who furnishes the documentation, which should be clearly labeled as “Exhibit B;” must be personally associated with the sleep laboratory at which the candidate completes his or her observation hours.)
- 3 **A total of ten (10) patient case histories , which must include five (5) patient case summaries listed on a spreadsheet (see “Exhibit C”) plus five (5) expanded patient case studies (marked “Exhibits D-1 through D-5”)**. The candidate must be the primary patient care provider for each case submitted.
 - i **Patient Case Summaries:** A total of five (5) patient case history summaries are required. For each patient case summary, the pre-treatment PSG must be formally interpreted by a board-certified sleep physician, whose diagnosis must reflect an AHI >10 and be clearly documented. The post- treatment PSG must also be interpreted by a board-certified physician. A post-treatment home sleep study is acceptable if it is read and scored by a board-certified sleep physician. Two (2) patient case summaries of unsuccessful or non-responders, either surgical or non- surgical, may be included in the five (5) required patient case summaries. Patient case summaries involving non-responders must be accompanied by detailed written explanations of possible reasons for non-responses to treatment
 - ii **Expanded Patient Case Studies:** Five (5) expanded patient case studies are required. Expanded patient case study PSGs must be administered and scored by a board-certified sleep physician and must document successful cases in patients with pre-treatment AHI >10 and post- treatment AHI reduced by one-half plus relief of subjective symptoms. Documentation of pre- treatment PSG and diagnosis by a board-certified sleep physician must be included. Post- treatment PSG must be read and scored by a board-certified sleep physician and may be completed at an accredited sleep laboratory or as a home sleep study. *The above-mentioned expanded patient case studies should include justification of any treatment plus documentation thereof, which shall consist of the following:*
 - iii **A typed summary/overview of each Expanded Patient Case Study** that includes: the patient’s chief complaint, history of present illness, pertinent past dental/medical history, clinical and radiographic examination findings, diagnosis, treatment results and case disposition. The specific FDA approved appliance used in treatment must be identified and the rationale for its selection must be provided. (Note: Cases involving the use of appliances that are not FDA-approved shall not be accepted.)
 - a **Dental/Medical History** (i.e., a thorough review of the patient’s past and current history)
 - b **Clinical Examination Results** (i.e., the patient’s chief complaint, clinical signs and symptoms, a description of the patient’s general condition at the inception of treatment, etc.)

- iv. **Pre-Treatment PSG** (i.e., a laboratory sleep study, read and scored by a board- certified sleep physician with clear documentation of the diagnosis).
- v. **Pre-treatment diagnostic images**, including:
 - a. **Cone Beam Computed Tomography (CBCT)**
 - b. **Three (3) intraoral images** of the patient’s dentition in occlusion:
 - o 1 anterior view
 - o 1 right lateral view
 - o 1 left lateral view
 - c. **Photographs of casts/study models as follows:**
 - o **One (1) photograph of full upper and lower casts/study models**
 - d. **Three (3) pre-treatment photographs of articulated models in centric occlusion** consisting of:
 - o 1 anterior view
 - o 1 right lateral view
 - o 1 left lateral view
 - e. **Three (3) pre-treatment photographs of casts/study models with registration** in place consisting of:
 - o interior view
 - o 1 right lateral view
 - o 1 left lateral view
 - f. **A photo of the patient’s bite registration on articulated casts/ models.**
 - o One (1) anterior view of the patient’s dentition with the appliance properly fitted and placed.
- VI. **Treatment Plan** (i.e., a recommended plan of treatment with alternative plans as appropriate)
- VII. **Clinical Procedures** (i.e., a presentation of the clinical procedures for the case)
- VIII. **Post-Treatment PSG** (i.e., a laboratory or home sleep study, read and scored by a board-certified sleep physician)
- IX. **Documentation of a minimum of three (3) follow-up appointments** with the last follow-up appointment at least three (3) months after the date of calibration and delivery of the patient’s oral appliance.
- X. **General Documentation** (clear and precise, with the quality of imaging and other data enough to derive the information recorded)
- 4. **Submit two (2) letters of recommendation/sponsorship.** These letters may be obtained from a board- certified sleep physician (MD, DO or PhD), a Diplomate of the American Board of Craniofacial Dental Sleep Medicine, a Diplomate of the American Board of Dental Sleep Medicine in good standing, and/or a Diplomate of the American Board of Craniofacial Pain in good standing. Letters of recommendation/sponsorship should be marked “Exhibit E” and “Exhibit F,” respectively. *Note: Failure to submit satisfactory documentation of completion of supplementary requirements will necessitate reapplication, including submission of a new application and fee to the ABCDSM Executive Office.*

VI. Professional Designation

Evaluation of all candidates’ examinations will be presented to the Board by the Examination Committee with a recommendation that candidates who passed the examination, and who have fulfilled all supplementary requirements be awarded the designation “Diplomate, American Board of Craniofacial Dental Sleep Medicine.” All other qualified candidates who successfully complete the ABCDSM Craniofacial Dental Sleep Medicine certifying examination shall be deemed “Board Eligible” for a period of no more than one (1) year, which is the time allotted to attain ABCDSM Diplomate status and satisfy all aforementioned supplementary requirements.

“Board Eligible” candidates, who did not submit documentation of completion of supplementary requirements as specified in Section V upon application or at the time of the examination must do so within one (1) year of taking the Craniofacial Dental Sleep Medicine written credentialing examination.

All certificates shall be signed by the ABCDSM President, Secretary and Examination Committee Chairperson. The date, which appears on the certificate, shall be the date that the Board determined that all requirements were passed.

ABCDSM Craniofacial Dental Sleep Medicine Board Certification does not denote specialty status. Furthermore, board certification neither confers nor implies any legal qualification, licensure, or privilege in professional activities. It signifies a professional commitment to education, knowledge, and experience in Craniofacial Dental Sleep Medicine. It also recognizes those dentists duly licensed by law who have successfully completed Diplomate credentialing requirements established by the ABCDSM.

VII. Disclaimer

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