



ABOI/ID Certification Examination Handbook

American Board of Oral Implantology/Implant Dentistry
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Introduction

The American Board of Oral Implantology/Implant Dentistry's (ABOI/ID) examination process measures the in-depth knowledge, proficiency, and abilities required for practitioners to provide comprehensive, safe, and effective implant and implant related procedures to their patients.

The American Academy of Implant Dentistry chartered the ABOI/ID in 1969. The objective of the American Board of Oral Implantology/Implant Dentistry is to elevate the standards related to dental implantology through a certification process and maintenance of that process for dental practitioners.

To meet this objective the ABOI/ID Board of Directors;

- Evaluate dental professionals who apply for Diplomate status to ensure that they qualify through guidelines set relating to education, training and experience
- Ensure that the certification process is one in which the knowledge, experience and skills on which candidates are examined are reflected to ensure that the highest quality of patient care is being administered to patients by such individuals
- Oversee the administration of the maintenance of the certification process to assure that Diplomates are committed to lifelong learning

In fulfilling its purpose and objectives, the ABOI/ID follows the *Standards for Accreditation of National Certification Organizations* of the Institute for Credentialing Excellence. The ABOI/ID is recognized by the American Board of Dental Specialties (ABDS).

The ABOI/ID Board of Directors holds all Diplomates to the highest of standards, it is understood that all Diplomates will follow the ADA Principles of Ethics and Code of Professional Conduct.

A Diplomate's designation can be revoked for any of the following reasons:

1. Has misused the Diplomate designation or has misrepresented his or her status with the ABOI/ID
2. Has had his/her dental license suspended or revoked.
3. Is suspended or expelled from a professional dental or medical organization because of unethical or immoral conduct
4. Is found by the Board to have violated the ADA Principles of Ethics and Code of Professional Conduct
5. Has been suspended, sanctioned, or restricted from participating in private, federal or state health insurance programs
6. Gives false or misleading testimony under oath or presents documentation for a legal purpose that is incorrect or misleading
7. Nonpayment of ABOI/ID yearly registration fees

Diplomate Reinstatement policy:

A Diplomate seeking reinstatement must first submit a letter of explanation to the ABOI/ID Board of Directors at which time, the individual will either be approved or denied for reinstatement. If a reinstatement is approved, the individual must pay registration fees that are in arrears.

Section I.

Qualifications and Routes

Qualifications and Routes for becoming a Diplomate

The certification process is comprehensive and consists of a written and oral examination, covering all aspects of dental implantology.

All applicants must provide evidence of an active dental license from the appropriate authority enabling the individual to practice dentistry where they reside.

Individuals who practice under the umbrella of a university in the United States or Canada will be required to show evidence to reflect their umbrella licensure coverage beginning and end dates.

All applicants must have seven (7) or more years of experience in the practice of implant dentistry

All applicants must have completed at least seventy-five (75) cases of implant treatment

All cases must be restored and functional for a minimum of one year at the time of case submission

All applicants must also satisfy the requirements of at least one of the four routes to the examination which are explained below:

Route 1

Education: The applicant is a graduate of a full-time postdoctoral program in oral implantology/implant dentistry that is at least two years in length.

The program must be sponsored by an institution that is properly chartered and licensed to operate in the United States or Canada and offers instruction leading to degrees, diplomas, or certificates with recognized educational validity, the school must be accredited by the Commission on Dental Accreditation or can be a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations.

If you can qualify under Route 1, you are exempt from sitting for the Part I written examination.

Route 2

Education: The applicant is a Board-certified graduate of a full-time advanced education program accredited by the ADA Commission on Dental Accreditation in one of the following specialties:

- Oral and Maxillofacial Surgery
- Periodontology
- Prosthodontics

If you can qualify under Route 2, you are exempt from sitting for the Part I written examination.

Route 3

Education: The applicant is a graduate of a full-time advanced education program accredited by the ADA Commission on Dental Accreditation in one of the following specialties without Board Certification.

- Oral and Maxillofacial Surgery
- Periodontology
- Prosthodontics

If you are Board Certified in any of these specialties Route 2 is the appropriate route through which to apply.

Route 4

- You are a general dentist, or dental specialist not listed in Routes 1, 2 or 3, you are licensed to practice dentistry where you reside
- Have a minimum of seven (7) years of clinical practice experience in Implant Dentistry
- You have completed 75 cases of implant treatment and the implants have been fully restored and functional for a minimum of 1 year
- Possess a minimum of 570 hours of Continuing Dental Education hours or Continuing Medical education hours that are specific to implant dentistry

Explanation for continuing education hours

Candidates applying under Route 4 must include documentation of **570** continuing dental education or medical education hours in implant-specific live courses

300 hours of the 570 of continuing education hours must be part of a continuum of training in implant dentistry. The 300 hour requirement may be met by combining hours from multiple continuums, each containing a minimum of 60 hours of instruction.

For purposes of this application, the ABOI defines a continuum as a series of implant specific CE courses given by the same sponsor which are in aggregate a minimum of 60 hours or more. The continuing education programs submitted must be recognized by the continuing education provider that is recognized in the country in which you reside for example, in the United States and Canada, it would be AGD or the ADA.

The other 270 hours of continuing education must be implant related in nature and may consist of the following categories:

Implant Surgery	Conscious Sedation	Pharmacology
Periodontology	Occlusion	Medical Emergencies
Computer Diagnostics	Treatment planning	Bone/Soft Tissue Grafting

This list is not all-inclusive to implant related programs and is meant to be an example of programs that are favorably related to implant dentistry.

Completion of CME/CDE Documentation Form

In preparation for completing the summary sheets in Part I of the application, you will need to collect the certificates from the continuum courses that meet the requirements listed above and document your CME/CDE continuing education hours on the CME/CDE Documentation form.

The CME/CDE form can be found on the ABOI/ID website: www.ABOI/ID.org

The ABOI/ID Board of Directors or their representatives have the right to ask for additional information from the candidate at any time during the application process.

Section II.

Application Information and Procedures

Application and Examination Fees

The application deadline for Parts I and II is **October 15th** of the year before the examination. The non-refundable application fees should be payable in U.S. dollars.

- Part I application fee \$400.00
- Part I examination fee \$500.00
- Part II examination fee \$900.00

If you choose not to apply for both parts of the examination in the same year you must pass Part I, before applying for Part II. (Unless you qualify under Routes 1 and 2 and are exempt from sitting for the Part I examination)

Part II must be successfully completed within four years after applying and passing Part I.

Should you need to re-schedule, the ABOI/ID must be contacted a minimum of 45 days prior to the scheduled examination date. If you reschedule, a rescheduling fee of \$400.00 will be assessed.

The ABOI/ID website will provide information as to when the examination will take place each year.

The ABOI/ID Board or their representatives will review all applications to determine the extent to which applicants meet the qualifications for examination. Accordingly, the Board office will notify all applicants of their status as soon as possible after the Board review. Those who were accepted may take the next annual examination. Those who were not accepted must reapply during a subsequent year.

All applications submitted become the property of the ABOI/ID and will not be returned to applicant once submitted.

Part I Examination Information

Part I consists of a written examination with approximately 200-250 multiple-choice test questions. Each edition of this examination is developed according to the *Test Specifications* found at the end of this document. The *Specifications* are based on findings derived from the ABOI/ID's practice analysis of all registered Diplomates. These analyses elicit information about the activities that Diplomates perform in order to render safe and effective patient care in their practices. So that the *Test Specifications* are kept current, the Board repeats these practice analyses periodically. If you are preparing to take the certification examination review the *Test Specifications* carefully.

The examination is experientially based. The questions require candidates to apply their knowledge of implant dentistry to clinical situations, rather than to merely recall or recognize specific facts. Each test item contains a question that is followed by suggested answers. Candidates are asked to choose the best answer.

Part II Examination Information

Part II is an oral examination where the candidate's rotate through a series of case stations. The process calls for candidates to defend a diagnosis and a treatment plan and then apply in-depth clinical knowledge and judgment to cases. During the examination, candidates are expected to integrate their knowledge of science and the current literature into their responses to the examiners questions.

At each station there will be a pair of examiners who pose questions to the candidate and discuss aspects of each of the following categories:

- Comprehensive medical and dental history evaluation
- Diagnosis
- Medical management
- Treatment planning
- Implant surgery
- Postoperative care
- Prosthetic restoration
- Maintenance
- Revision treatment planning

Candidates will be given the opportunity to respond to these questions and defend their answers. Their answers (and any discussion) must reflect an *in-depth* level of knowledge in implant dentistry and exemplify that they possess skills and abilities at the level of *proficiency*.

For candidates' responses in each of the bulleted categories, the examiners will provide ratings of "4" (*Excellent*), "3" (*Satisfactory*), "2" (*Marginal*), or "1" (*Unsatisfactory*). The candidate's two examiners will determine their ratings independently.

After the examination, the Board's psychometrician will use a multifaceted statistical model to analyze the candidate's scores. This state-of-the-art statistical analysis controls for the difficulty of the case, the difficulty of the category, and the severity of the rater.

Both parts of the certification examination are criterion-referenced. This means that all candidates are evaluated according to the same pre-established standards, rather than being compared to the performance of the other candidates.

On an annual basis, Parts I and II of the examination are constructed through the coordinated efforts of two test construction committees (TCC's). Each of these committees is comprised of Diplomates who are subject-matter experts. The Board's psychometrician provides information on the measurement characteristics of the items, cases, and the examinations. The TCCs evaluate the examinations each year so that the currency and relevancy of the exams can be maintained.

The Board recommends that, in preparation for the examinations, candidates study the current literature and textbooks in the field of implant dentistry.

Successful candidates are awarded an eight-year time-limited Diplomate certificate.

Part II Case Submission Information

Candidates will be required to provide cases as outlined below for submission with your application. Cases must be provided to the ABOI/ID in electronic format in the required template format which can be found on the ABOI/ID website. Candidates may not change the formatting of the power point template. Cases are due by January 1 of the year that the examination is taken.

Candidate case submission requirements

Case 1- Full arch removable implant overdenture with 2 or more implants at least 3.25mm in diameter

Case 2- Edentulous posterior maxillae with compromised vertical height (less than 5 mm) requiring at least 3 mm of sinus augmentation and two or more implants.

Case 3- Anterior maxillae with implant support that includes one or more root form implants with a minimum diameter of 3.0 mm.

Case 4- Extraction with immediate implant placement or extraction with ridge preservation and delayed implant placement.

Case 6- Edentulous mandible with implant support that includes four or more root form implants with a minimum diameter of 3.25 mm

Case 7- A posterior quadrant in a partially edentulous mandible or maxillae with implant support that includes two or more root form implants with a minimum diameter of 3.25 mm.

Case 8- Case showing the management of a width deficient bony ridge (less than 3 mm) requiring augmentation and the placement of two or more root form implants

Cases 9-10- Cases to be determined by the applicant. No more than one of these cases can be a single tooth replacement.

The following patient information will be required to be included with your case submission:

Modality
Date of surgery
Pre-Implant grafting
Insertion date of prosthesis
Number of implants
Type of implant restoration
Opposing dentition
Current status
Patient medical history
Dental history
Social history
Treatment planning
Implant surgery details to include operative report
Postoperative care
Maintenance
Prosthetic restoration
Radiographs

Types of radiographs required:

Please include all relevant radiographic images (CT Scans are admissible but not required)

Must include the following at a minimum:

- ❖ Pre-treatment image(s)
- ❖ Post-surgical image(s)
- ❖ Post-prosthetic image(s)
- ❖ Image with the final restoration(s) in function for a minimum of one (1) year

Clinical Photographs:

- ❖ Include occlusal view of maxillary arch
- ❖ Include occlusal view of mandibular arch

Post-prosthetic view in maximum intercuspation position:

- ❖ Frontal view
- ❖ Left side
- ❖ Right side

For cases that involve an implant supported / retained removable prostheses:

- ❖ Occlusal views of all implant attachment mechanisms (intra-oral)

Views of tissue surface areas of the removable prostheses

Once your application is approved these will be the cases you will defend during a portion of the examination.

In selecting which cases to submit with your application, please keep in mind the following guidelines:

- Derive from ten separate patients. Applicants may not use a patient for more than one case
- The implant must have been fully restored for a period of at least one year at the time of application
- You have provided either all or the majority of the professional judgment and treatment
- The case has not been made available to any other applicant for listing or use in the ABOI/ID Diplomate application or examination
- According to the applicant's awareness, have not been previously used or are not going to be used by any other applicant or candidate for the ABOI/ID certification application or examination

Enter the case data on the pages provided in the Part II application.

It is the candidate's responsibility to submit cases that are complete and accurate. Should a candidate choose to submit a case that is incomplete their score for that case on the oral examination will reflect accordingly.

Section IV.

Final Details

Examination Results

The Board office informs candidates as to their pass/fail status on Part I and/or Part II within eight weeks following the administration of the exam. The office releases results of the certification examination to candidates only.

Re-examinations

Candidates who fail Parts I or II of the certification examination may apply for re-examination during their four-year eligibility period upon payment of an additional examination fee of \$400 for each part the candidate is retaking.

No more than one re-examination is permitted, except at the discretion of the Board. The candidate may also be required to submit evidence of additional training to the Board for consideration for an additional re-examination as well as other specific requirements outlined by the Board on a case-by-case basis. (September 2014)

Appeal Mechanism

The candidate has a sixty (60) day period after receiving his/her examination scores in which to formally appeal for a reversal or alteration of the grades that he/she received. No appeal request can be considered if the Executive Director receives the request more than sixty (60) days after the scores are received.

The Executive Director will inform the President and the Secretary of the Board that such an appeal request has been received and will forward a copy of the request to them. The Board will then review the appeal and advise the candidate as to their decision within 60 days of receipt of the appeal.

The candidate will be informed in writing as to the Board's decision. Once the decision is made, it is final.

Maintenance of Certification

Diplomates who hold a time limited certificate will be required to take the recertification examination in order to maintain their Diplomat status. (Time limited certificates were issued starting in 2008) Maintenance of certification will begin in 2016.

The Maintenance of certification examination is a take home examination consisting of articles from recent literature related to implantology.

Diplomates will be contacted a minimum of 6 months prior to their Diplomat status expiring with information on how to recertify. Diplomates will be required to complete a statement of intent to recertify, a CE attestation statement, and a check for \$500.00 made payable to the ABOI/ID in US dollars. Once those items are received by the ABOI Headquarters the recertification examination will be sent to the Diplomat. Diplomates will have until their certificate

expiration date to submit their examination answers.

Explanation regarding CE Attestation:

Diplomates are required to attest to continuing lifelong learning by submitting a signed attestation statement confirming that they have completed 160 continuing education hours over the course of the past 8 years. The Board may request specific documentation for the hours at their discretion.



Test Specifications for the Part I Certification Examination American Board of Oral Implantology/Implant Dentistry 2009

Introduction

The certification process of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID) measures the in-depth knowledge, proficient skills, and abilities required for practitioners to provide comprehensive, safe and effective oral-implant care for the public.

Part I of the examination comprises multiple-choice items that derive from the most frequently performed, and important, patient-care activities of certified ABOI/ID practitioners.¹ These activities are listed below.

Collecting and Assessing Patient Data (18%)

- 1 Interviewing the patient to elicit his/her chief complaint and expectations
- 2 Assessing and evaluating the patient's comprehensive medical history and presenting condition
- 3 Assessing the patient's familial medical history
- 4 Assessing the patient's dental history
- 5 Assessing the patient's occupational and recreational history

- 6 Assessing the patient's social history
- 7 Assessing the patient's comprehensive dental history
- 8 Assessing the patient's baseline vital signs
- 9 Consulting with the patient's physician
- 10 Assessing the patient's past and/or present hematological tests

- 11 Assessing the patient's extra-oral features
- 12 Evaluating the patient's bone deficiencies using various radiographic modalities
- 13 Evaluating the patient's available bone *clinically*
- 14 Assessing and recording the status of the patient's dentition
- 15 Assessing and recording the status of the patient's periodontium, including that of the oral mucosal tissues

¹Determined by the 2005/2006 Practice Analysis Survey of all ABOI/ID Diplomates

- 16 Assessing the patient's temporomandibular joints and myofunctional system
- 17 Identifying specific signs of the patient's parafunction
- 18 Obtaining diagnostic intraoral facial images and photographs
- 19 Assessing the patient's needs (psychological, financial, and esthetic)
- 20 Fabricating surgical templates for the patient
- 21 Referring the patient to a medical professional for evaluation

Preparing and Presenting a Patient Treatment Plan (17%)

- 1 Selecting the most appropriate prosthetic modality(ies) that could meet the patient's needs and desires
- 2 Evaluating the characteristics of all available implant modalities in light of the patient's needs and desires (i.e., use a multi-model approach)
- 3 Selecting the most appropriate surgical implant modality(ies) that could be used for the patient (i.e., types, number, position, and biomaterials)
- 4 Integrating the patient's medical and dental history findings (past and present) into the proposed treatment plan
- 5 Conversing with the patient about various mutual expectation levels

- 6 Integrating the patient's desires into the proposed treatment plan
- 7 Educating the patient on the most appropriate treatment
- 8 Developing the patient's treatment plan based upon scientific principles, recognizing past and current scientific literature
- 9 Taking into account—in planning the patient's treatment—the number, length, and intervals of appointments that would be necessary
- 10 Planning and explaining the sequence (staging) of the proposed treatment plan to the patient

- 11 Integrating contingencies (i.e., a “back-up” plan) into the patient's treatment plan
- 12 Explaining the benefits and risks of the proposed treatment to the patient
- 13 Explaining alternatives to the proposed treatment plan to the patient
- 14 Documenting the patient's approval of the proposed treatment

- 15 Seeking approval of a definitive prosthesis, before delivery
- 16 Educating the patient on the limitations of the transitional prosthesis
- 17 Obtaining a signed and witnessed consent form from the patient
- 18 Coordinating the phases of the patient's proposed treatment plan with dental health-care providers (either specialists, generalists, or laboratory technicians)

Implementing Patient Treatment (54%)

- 1 Using equipment for the patient that meets the standards of the industry
- 2 Using an aseptic field during surgery
- 3 Preparing for a patient emergency throughout all phases of treatment
- 4 Executing emergency procedures for the patient
- 5 Customizing a plaque-control protocol for the patient throughout treatment

- 6 Customizing nutritional counseling for the patient throughout treatment
- 7 Counseling the patient about the preoperative and postoperative use of his or her currently prescribed medications
- 8 Prescribing appropriate medications (preoperative, peri-operative, and postoperative) throughout all phases of the treatment
- 9 Evaluating the patient's radiographic modalities throughout all phases of the treatment
- 10 Evaluating digitally-reformatted data and models for the patient throughout all phases of the treatment

- 11 Monitoring and assessing the patient's vital signs (including his/her cardiovascular status) preoperatively, peri-operatively, and postoperatively
- 12 Managing the patient's pain preoperatively, peri-operatively, and postoperatively
- 13 Managing the patient's anxiolytic state preoperatively, peri-operatively, and postoperatively
- 14 Using various flap designs for the patient during surgery
- 15 Performing percutaneous osteotomies for the patient during surgery

- 16 Implementing a contingency plan during the patient's surgery
- 17 Treating an ailing implant for the patient

- 18 Removing the patient's failing implant either partially or totally
- 19 Contouring the patient's hard and soft tissues during pre-implant, peri-implant, and post-implant surgery
- 20 Augmenting the patient's sinus using various bone expansion techniques
- 21 Augmenting the patient's ridge (including distraction osteogenesis)
- 22 Performing post-extraction ridge preservation for the patient

- 23 Using guided-tissue regenerative procedures for the patient
- 24 Performing onlay-graft procedures for the patient
- 25 Repositioning the patient's mandibular nerve
- 26 Placing a root-form implant for the patient
- 27 Placing a plate-form implant for the patient

- 28 Placing a subperiosteal (eposteal) implant for the patient
- 29 Placing a mini-implant for the patient
- 30 Performing a combination of extraction and implant surgery for the patient
- 31 Performing bone-grafting procedures for the patient
- 32 Performing a vestibuloplasty for the patient

- 33 Repositioning the patient's muscle attachment
- 34 Performing soft-tissue grafting procedures for the patient
- 35 Suturing a patient's surgical wound
- 36 Customizing postoperative instructions for the patient
- 37 Preparing a comprehensive operative report of the patient treatment (including documentation of any complications)

- 38 Ascertaining the extent to which the patient has complied with postoperative instructions
- 39 Evaluating the degree of healing that has taken place throughout treatment
- 40 Correcting post-operative complications arising from the patient's surgery throughout treatment
- 41 Performing a one-stage permucosal-extension procedure for the patient's implant
- 42 Performing a two-stage permucosal-extension procedure for the patient's implant

- 43 Providing a transitional progressive bone loading (functionally-protective occlusal loading) prosthesis for the patient
- 44 Providing an esthetic transitional prosthesis for the patient
- 45 Evaluating a final impression of the patient's abutments
- 46 Performing a try-in of the patient's final prosthesis
- 47 Restore the patient's dentition with an overdenture-removable prosthesis

- 48 Restore the patient's dentition with a screw-retained fixed prosthesis
- 49 Restore the patient's dentition with a cement-retained fixed prosthesis

Maintaining the Effectiveness of the Dental-implant Treatment (11%)

- 1 Scheduling the patient for maintenance/recall appointments
- 2 Eliciting the patient's perception of comfort, occlusion, function, and esthetics
- 3 Evaluating the patient's completed implant treatment (i.e., comfort, occlusion, function, and esthetics) clinically
- 4 Evaluating the extent to which the patient has complied with plaque-control procedures
- 5 Evaluating the patient's completed implant treatment radiographically

- 6 Clinically refining the patient's implant treatment during the immediate post-restorative interval
- 7 Clinically refining the patient's implant treatment periodically and on a continuing basis
- 8 Evaluating the significance of changes in the patient's medical and physical health
- 9 Evaluating the significance of changes in the patient's psychological status
- 10 Identifying changes in the patient's social habits, e.g., smoking, use of alcohol

- 11 Identifying changes in the patient's temporomandibular status
- 12 Identifying changes in the patient's parafunctional and/or other habits
- 13 Performing a revision treatment (surgical and/or prosthetic) for the patient