



ABOI/ID

Certification Examination

Handbook

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Introduction

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

The ABOI/ID was chartered in 1969 by the American Academy of Implant Dentistry. The Board's mission is to elevate the standards and advance the science and art of oral implantology/implant dentistry by encouraging its study and improving its practice.

In fulfilling its purpose and objectives, the ABOI/ID follows the *Standards for Accreditation of National Certification Organizations* of the National Organization of Competency Assurance. The ABOI/ID is not recognized as a Specialty Board by the American Dental Association. However, the ABOI/ID closely adheres to the ADA's *Requirements for National Certifying Boards for Dental Specialists* in the administration of its program and examinations.

Section I.

Qualifications and Routes

Qualifications and Routes

All applicants must satisfy the requirements of at least one of the five routes to the examination, which are explained below, and possess either:

- (1) a current dental license to practice where you reside,
- (2) a certificate from a full-time postdoctoral program (at least two years in length) in *oral and maxillofacial surgery, periodontics, or prosthodontics* that accredited by the ADA Commission on Dental Accreditation, or
- (3) a certificate from a full-time postdoctoral program (at least two years in length) in *oral implantology/implant dentistry* whose sponsoring dental institution is accredited by the ADA Commission on Dental Accreditation and that is approved by the American Academy of Implant Dentistry.

Listed below are routes in which an applicant can apply under:

Route 1

Education: The applicant must be 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 and to offer instruction leading to degrees, diplomas, or certificates with recognized educational validity, i.e., a dental school accredited by the Commission on Dental Accreditation or a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations)

Licensure: Must have a current license to practice dentistry

Cases: The applicant must have completed ten (10) arches of implant treatment and the implants have been restored for a minimum of one (one) year.

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

Route 2

Education: The applicant must be *one* of the following:

- A Board-certified graduate of a full-time advanced education program in one of the following specialties:
 - *Oral and Maxillofacial Surgery,*
 - *Periodontology,* or
 - *Prosthodontics*

that is at least two years in length and accredited by the ADA Commission on Dental Accreditation (Before 2005, these programs were at least two years in duration. Since 2005, these programs have been extended to at least *three* years.)

Licensure: Must have a current license to practice dentistry

Cases: The applicant must have completed ten (10) arches of implant treatment and the implants have been restored for a minimum of one (1) year.

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

Route 3

Education: The applicant must be a graduate of a full-time advanced education program in one of the following specialties:

- *Oral and Maxillofacial Surgery,*
- *Periodontology,* or
- *Prosthodontics*

****If you are Board Certified in any of these specialties, GO BACK to Route 2***

That is at least two years in length and accredited by the ADA Commission on Dental Accreditation (Before 2005, these programs were at least two years in duration. Since 2005, these programs have been extended to at least *three* years.)

Licensure: Must have a current license to practice dentistry

Cases: The applicant must have completed ten (10) arches of implant treatment and the implants have been restored for a minimum of one (1) year.

Route 4

Education: The applicant must—

- Be a general dentist or a Faculty member at an ADA Approved Dental School and possess **570** continuing education (CE) hours that are specific to implant dentistry. These hours must have been offered by ADA-CERP or AGD approved continuing education providers and have derived from the following:
 - A continuing-education externship/residency or fellowship program specific to implant dentistry that, provided at least **300** hours of CE credit, the programs must be part of a continuum of training **and**
(continuum is defined as a continuous extent, succession, or whole no part of which can be distinguished from adjacent parts except by arbitrary partition)
 - Other individual courses specific to implant dentistry that provided the remainder of the required **570** hours
- Possess, in addition, a certificate documenting at least one of the following:
 - You attended a General Practice Residency program in the United States or Canada
 - An Associate Fellow or Fellow of the American Academy of Implant Dentistry
 - Diplomate of the American Board of General Dentistry
 - Diplomate of the International Congress of Oral Implantologists
 - Member of the Academy of General Dentistry at the level of Fellowship or higher
 - Fellow of the Academy of Osseointegration

Experience: The applying dentist must possess six (6) years of clinical practice in implant dentistry.

Licensure: Must have a current license to practice dentistry

Cases: The applicant must have completed ten (10) arches of implant treatment (A treated arch means that one or more implants were placed and restored).

Route 5

At the time of the Part I application—

Education: The applying dentist must:

- Be a post-doctoral student registered in a full-time three-year program in one of the following specialties:
 - Oral and Maxillofacial Surgery,
 - Periodontics, or
 - Prosthodontics that is—

Sponsored by an institution that is properly chartered and licensed to operate and to offer instruction leading to degrees, diplomas, or certificates with recognized educational validity, i.e., a dental school accredited by the Commission on Dental Accreditation

Candidate must also have:

- Completed at least *two* of the three-years of this program- You are in your last year of the program
- Provide a letter from the program dean along with the application verifying that
 - the applicant is in the last year of the program,
 - that the applicant is in good standing with the program,
 - and that the applicant is likely to graduate at the end of the final semester or term of the program

Experience: The applying dentist must possess at least two (2) years of clinical practice in implant dentistry.

Cases: The applying dentist must have completed at least four (4) arches of implant treatment. (A treated arch means that one or more implants were placed and/or restored.)

By the time of the administration of the Part I examination—

Education: The post-doctoral examination candidate must be registered *in the final semester (or, term)* of the full-time three-year program in oral and maxillofacial surgery, periodontics, or prosthodontics described above.

After graduation from the full-time three-year program in oral and maxillofacial surgery, periodontics, or prosthodontics (described above) and before receiving his or her examination results, the Part I candidate must submit to the ABOI/ID office—

- A certified copy of his or her postgraduate certificate
- Evidence of at least three (3) years of clinical practice in implant dentistry
- Evidence of at least six (6) treated and completed arches of implant dentistry

Should the Part I candidate fail the Part I examination, the candidate will be required to reapply under a different route at a later date.

Should the Part I candidate not submit (1) a certified copy of the postgraduate certificate, and 2) documentation of his/her experience in placing dental implants and of completing the required number of cases, by the July 15th immediately following administration of the examination, the candidate's score will be *voided*. Should the candidate desire to pursue ABOI/ID certification in the future, he or she will be required to reapply under a different route.

Section II.

Application Information and Procedures

Submission of Application/s

Applications must be submitted on the ABOI/ID official application forms for the year in which candidates wish to be examined. Current applications are available in the download section of the ABOI/ID's website – www.aboi.org Applications are also available online for electronic submission.

The ABOI Diplomate application consists of two parts, Part I is the written examination portion and Part II is comprised of candidates submitting cases of their own and rotating through a series of case stations. Both Parts I and II of the examination are held in the American Dental Association's headquarters building, in Chicago located at 211 E. Chicago Avenue, Chicago IL.

Candidates provide information about their professional education; licensure and experience in implant dentistry. Part I of the application serves as verification of academic degrees and training.

If you have attended and completed a full time post doctoral program in oral implantology or you are a Board certified specialist in one of the following dental specialties: Oral and Maxillofacial Surgery, Periodontics or Prosthodontics, you are EXEMPT from taking the written examination. The application for Part I must still be completed and the application fee of \$400.00 must still be paid. Candidates that fall under this category may automatically move forward to Part II of the application once their credentials have been verified by the ABOI.

For the Part II application, you will be required to provide cases as outlined below for submission with your application. Cases must be provided to the ABOI on a disc for electronic review. Please go to www.aboi.org to download the required powerpoint template for case submission.

Case 1: Edentulous mandible with implant support that includes – Four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Case 2: A posterior quadrant in a partially edentulous mandible
Implant support must have included a system that includes two or more root form implants which must be a minimum of 3.25mm in diameter

Case 3: A partially or fully edentulous arch requiring osseous augmentation with implant support of 2 or more root form implants, which must be a minimum of 3.25mm in diameter

Case 4: Anterior maxilla with implant support that includes one or more root form implant with a minimum diameter of 3.0 mm

Case 5: Edentulous maxilla OR bilateral maxillary posterior edentulous regions with implant support of four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Cases 6-10 Cases 6-10 are determined by you. Please choose and be prepared to defend your cases

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.

- The application fee for Part I of this application is \$400.00
- The fee to sit for Part I of the ABOI examination is \$500.00
- The Part II examination fee is \$900.00 which includes the application and oral examination
- A re-scheduling fee of \$400.00 will apply for any candidate re-scheduling any portion of the certification exam.

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 must be contacted a minimum of 45 days prior to the planned examination dates.

Fees are non-refundable and must be in U.S. dollars drawn from a U.S. bank. Please make checks payable to ABOI/ID.

The dates of examinations vary from year to year so, please check the ABOI website www.aboi.org for testing dates.

The ABOI Board reviews 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 and will not be returned to applicant once submitted.

Part I Application and Information

Part I consists of a written examination. It is administered to all candidates simultaneously during the first day of the examination sequence—traditionally on a Friday.

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.

Part I consists of a written examination that comprises approximately 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 analysis periodically. Dentists preparing to take the certification examination should review the *Test Specifications* carefully.

The examination is experientially based, i.e., the questions require candidates to apply their knowledge of implant dentistry to clinical situations, rather than merely to recall or recognize specific facts. Each test item contains a question that is followed by suggested answers. While several, if not all, answers might be plausible, the candidate must select the *one best* answer. Candidates' scores are based on the number of correct answers entered on their answer sheets. There is no penalty for guessing. The written examination is divided into two sections of approximately **125** questions each; three hours are allotted for each section. There is a one-hour lunch break between the two sections.

Route 4 Candidates: Submission of the Continuing Education Hours

Candidates applying under Route Four (4) must include documentation of **570** continuing dental education or medical education hours in implant-specific courses, providers of the educational programs must be recognized by the American Dental Association Continuing Education Recognition Program (CERP), AGD Pace recognized providers, or ACCME / State Continuing Medical education providers.

Description of the Required Continuing Dental/Medical Education Hours

The CE or CME hours required for applicants applying under route Four (4) must derive their continuing education hours from two different types of programs/courses and must total 570.

300 hours of the 570 of continuing education hours must be part of a continuum of training in implant dentistry. The continuum can be reached from multiple continuums each consisting of a minimum of 60 hours in duration. 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 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 and Tx 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.

Providers of these programs must be recognized by ADA-CERP, AGD PACE or ACCME/ State continuing medical education providers at the time the course was attended.

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.

Next, enter data from your certificates on the ABOI/ID's official CME/CDE Documentation form. The CME/CDE form can be found on the ABOI/ID website: www.aboi.org

Part II Application: Preparing Ten Cases

Part II is comprised of a candidate's rotation through a series of case stations. The process calls for candidates to defend diagnosis and treatment decisions for two different formats of cases and to apply in-depth knowledge and clinical judgment to these cases. The case formats include the following:

- Ten cases prepared in advance by the candidate
- Standardized dental-implant cases prepared by the ABOI/ID

During the examination, candidates are expected to integrate their knowledge of science and the current literature into their responses to the evaluators' questions.

For Part II, candidates are scheduled individually—usually on days two and three of the exam sequence (i.e., the subsequent Saturday and Sunday). A team of examiners, selected from current and past members of the Board of Directors, conduct Part II.

At each of the six stations there is a pair of examiners who pose questions to the candidate and discuss aspects of each of the following categories¹—

- 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 candidates' two evaluators will determine their ratings independently—i.e., they will not discuss their impressions with one another. Each candidate will obtain **108** ratings that will be added together for one overall score.

After the examination, the Board's psychometrician will use a multifaceted statistical model to analyze the candidates' scores. For analyzing candidates' 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.²
All Diplomates are required to pay an annual registration fee.

In preparation for Part-II of the application, please include cases that satisfy the requirements as outlined below:

Case 1: Edentulous mandible with implant support that includes – Four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Case 2: A posterior quadrant in a partially edentulous mandible
Implant support must have included a system that includes two or more root form implants which must be a minimum of 3.25mm in diameter

Case 3: A partially or fully edentulous arch requiring osseous augmentation with implant support of 2 or more root form implants which must be a minimum of 3.25mm in diameter

Case 4: Anterior maxilla with implant support that includes one or more root form implant with a minimum diameter of 3.0 mm

² To renew one's Diplomate status, Diplomates must show evidence of professional standing, continued competency, and cognitive expertise.

Case 5: Edentulous maxilla OR bilateral maxillary posterior edentulous regions with implant support of four (4) or more root form implants which must be a minimum of 3.25mm in diameter

Cases 6-10 Cases 6-10 are determined by you. Please choose and be prepared to defend your cases

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
Post operative 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 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.

Having selected your cases please arrange the cases in the order they have been listed above. Then enter the case data on the pages provided in the Part II application.

Submitting Your Cases:

The ABOI would like the cases you submit for review in electronic format. Therefore, we are asking that you put your cases on disc. On the disc or flashdrive, you will make a folder for each case being presented. The ABOI/ID requires that you use the Case Template powerpoint which can be found out our website at www.aboi.org

Dates, Procedures, and Fees

Candidates whose applications are accepted may take the next scheduled annual examination.

In February of each year, the ABOI/ID will communicate with candidates to inform them about the time(s) they should report for the Parts I and II examinations. **At check in for the examination, candidates must provide up to date photo identification.**

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 administration. 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 after a period of one (1) year and during their four-year eligibility period, upon payment of an additional examination fee of \$400.00 for Part I and \$400.00 for Part II.

No more than two (2) re-examinations are permitted, except at the discretion of the Board. At the discretion of the Board, a candidate who is unsuccessful after two (2) examinations is required to submit evidence of additional training to the Board for consideration for an additional re-examination.

Appeal Mechanism

Candidates who fail either part of the examination may appeal this decision to the Board. Each appeal must be submitted in writing and must be received in the Board office within sixty (60) days after the examination results are mailed.

Maintenance of Certification

Diplomates who hold at time-limited certificate will have the opportunity to take the recertification examination. (Time limited certificates were issued starting in 2008) The first year Diplomates will need to be recertified by will be 2016.

- For Diplomates that are holding an unlimited certificate- recertification is voluntary
- Each candidate will have three (3) opportunities to take and pass the recertification examination. Upon successful completion of the examination, a new certificate will be issued that will certify the Diplomat for an additional eight (8) years following the expiration of their current certificate.
- The re-certification examination consists of one hundred multiple-choice questions.
- Initially the examination will be administered in paper format. As the time draws closer, the cost of administering the examination electronically will be investigated.

- Diplomates must show proof of continuing education hours in the following manner:
 - Completion of a total of 240 continuing education hours over the course of 8 years which translates to 30 continuing education hours per year
 - Hours must consist of live programs from ADA CERP or AGD PACE recognized providers
 - Continuing education hours that are NOT acceptable:
 - online learning
 - self study program
 - Teaching hours can be submitted, but hours will only be allowed for the initial presentation, not for continual and multiple presentations of the same program
 - hour per hour credit will only be awarded ie: 1 hour of lecturing=1 hour credit
 - no more than 60 of the continuing education hours can be from teaching hours
 - If you are claiming teaching hours, the following modes of training are acceptable:
 - Presenting CE Courses at meetings or seminars conducted by an ADA CERP or AGD PACE provider
 - Presenting a table clinic/ poster sessions
 - Teaching implant dentistry full time
 - Teaching implant dentistry part time
- The fee the examination will be \$500.00 and the re-examination fee will be \$500.00
- The examination will be conducted either the Sunday after the AAID Annual Meeting and/or during the regular Diplomate written examinations this information is yet to be determined
- Examination dates will be published 2 years in advance
- If a Diplomate lets their certificate lapse for over one year past the recertification date, the ABOI/ID Board will give special consideration on a case-by-case basis.



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*

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

- 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
- 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

Sample Part I Questions

1. An implant dentist will construct an implant prosthesis for a patient who is partially edentulous. In preparation for the patient's surgical phase, the dentist plans to fabricate a surgical template. For this patient, the template will yield the *most* information on which of the following?
 - a. The length of the implant
 - b. The position of the implant
 - c. The condition of the soft tissue
 - d. The condition of the bone

2. A 48-year-old male patient, who desires an implant-supported prosthesis, presents for consultation. He reports that his maxillary denture is uncomfortable. A radiographic examination reveals that his bone has a "cotton" appearance. Laboratory tests reveal that, although his calcium and phosphate levels are normal, his serum alkaline phosphate level is elevated. As a result, the implant dentist should recommend the placement of which of the following to the patient?
 - a. A maxillary subperiosteal implant
 - b. Root form implants
 - c. Plate implants
 - d. *No* implants

3. A 62-year-old female patient, whose mandibular arch is totally edentulous and who desires an implant-supported prosthesis, has presented for consultation. After assessing each of the patient's needs, the implant dentist has proposed the placement of a mandibular overdenture to be supported by four root form implants in the mandibular anterior region. In designing a distal cantilever in the mesobar restoration, the dentist should take into account that which of the following would have the *GREATEST* influence on its length?
 - a. The type of overdenture attachments that will be used
 - b. The width of the implants
 - c. The anterior-posterior spread of the implants
 - d. The length of the implants

4. Upon examination of a patient and subsequent evaluation, the implant dentist determines that tooth #30 is non-restorable due to caries and periodontal disease. In preparation for the extraction of this tooth, the dentist has administered two mandibular blocks and long buccal infiltration. As the dentist proceeds and applies the forceps to the tooth, the patient complains of intense pain. Therefore, the dentist should administer which of the following *FIRST*?
- a. Lingual infiltration
 - b. An intraosseus injection
 - c. Periodontal-ligament injection
 - d. Intrapulpal injection to the periodontal ligament

Answers: 1 = B, 2 = D, 3 = C, 4 = C