



American Board  
of Oral Implantology

Knowledge. Certification. Excellence.

# **ABOI/ID Certification Examination Handbook**

American Board of Oral Implantology/Implant Dentistry  
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[www.aboi.org](http://www.aboi.org)

# The Mission of the ABOI/ID

Oral Implantology / Implant Dentistry is the art and science required to insert and maintain suitable bio-compatible materials and devices as artificial abutments to support the fabrication of specifically designed fixed or removable prostheses to restore adequate function, comfort and esthetics to the partially or totally edentulous patient.

## Organization

The ABOI/ID was organized by the American Academy of Implant Dentistry, its sponsoring organization, to elevate the standards and advance the science and art of Oral Implantology/ Implant Dentistry by encouraging its study and improving its practice. To this end, the Board will:

1. Conduct examinations to determine the qualifications and competence of dentists who voluntarily apply to the Board for certification as Diplomates.
2. Grant and issue Diplomate Certificates in the specialty of Oral Implantology/Implant Dentistry to qualified applicants.
3. Maintain a registry of holders of such Certificates.
4. Serve the public, the dental and medical professions, hospitals, and dental schools by preparing and furnishing, on request, lists of Oral Implantologists / Implant Dentists certified as Diplomates by the Board.

The ABOI/ID is recognized by the American Board of Dental Specialties (ABDS) as a certifying Board in Oral Implantology.

## Section I: Qualifications and Routes

The requirements to qualify to become a Diplomate of the American Board of Oral Implantology/Implant Dentistry are as follows and were changed in March of 2022 and will be in effect beginning in 2023.

**Route 1 (Route 1 applicants must complete Part I written examination)  
General Dentist**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination) \*

1. Applicant must be a DMD/DDS or equivalent
2. Continuing education (CE) totaling 670 hours verified on certifying organization letterhead or copy of CE certificates specific to implant dentistry. Completion of the following programs will satisfy additional continuing education credits.
- 3.

	1-year GPR	1-year Fellow	2-year GPR	AAID Associate Fellow	AAID Fellow
CE Credit	100	100	200	100	200

\* AAID Fellowship will satisfy all requirement for Part I of the ABOI/ID Diplomate certification and is exempt from the Part 1 written examination

**Route 2 (Route 2 applicants must complete Part I written examination)  
International Applicants**

The following are pre-requisites for ABOI/ID Diplomate Certification Part I (Written Examination)

1. Applicant must be a practicing dentist certified by a licensing board
2. Continuing education (CE) totaling 670 hours verified on certifying organization letterhead or copy of CE certificates specific to implant dentistry. completion of the following programs will satisfy additional continuing education credits. Completion of the following programs in US or Canada will satisfy additional continuing education credits.

	1- year GPR	1-year Fellow	2-year GPR	AAID Associate Fellow	AAID Fellow
CE Credit	100	100	200	100	200

Residency	Oral Surgery	Prosthodontics	Periodontics	Implantology
CE Credit	350	350	350	350

**Route 3 (Route 3 applicants exempt from Part 1 written examination)  
ADA Specialist in the US and Canada**

Completion of an approved hospital, university, or dental school residency training program in oral surgery, prosthodontics, periodontics and implant dentistry will satisfy all requirements for Part I of the ABOI/ID Diplomate certification.

# Section II: Application Information and Procedures

## Application and Examination Fees

The application deadline for Parts I and II is **January 15** the year the examination will be taken. The non-refundable application fees should be payable in U.S. dollars.

- Part I application fee \$500.00
- Part I examination fee \$600.00
- Part II examination fee \$1000.00

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

**Rescheduling your examination:** 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 \$500.00 will be assessed. No refunds will be given if you do not show up for a scheduled examination at Pearson Vue.

Examination dates will be posted on the ABOI website and are subject to change.

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 their application is reviewed. Those who were accepted may take the next annual examination. Those who were not accepted must reapply during a subsequent year if the application deadline has passed.

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 200 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 candidates rotate through a series of case stations comprised of standardized cases developed by the ABOI/ID and defense of multiple cases that the candidate submits to the Board. 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.

There will be a pair of examiners at each station who will pose questions to the candidate and discuss aspects of each case which will include 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 the knowledge, skills and abilities at the level of proficiency.

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 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 are required to provide cases as outlined below for submission with your application. Cases must be provided to the ABOI/ID in electronic format using the required template formats that can be found on the ABOI/ID website at [www.aboi.org](http://www.aboi.org). Candidates may not change the formatting of the power point template. Cases due dates will be published on the ABOI/ID website prior to the year that the examination is taken.

### **Candidate case submission requirements (updated May 2018)**

1. Edentulous mandible or maxilla with a full arch removable implant overdenture, utilizing two (2) or more implants with a minimum diameter of 3.25mm.
2. Edentulous posterior maxilla with pneumatized maxillary sinus-requiring at least 5 mm of lateral approach sinus augmentation and two (2) or more implants with a minimum diameter of 3.25mm and its restoration.
3. Anterior maxilla with one or more root form implants with a minimum diameter of 3.0 mm and its restorations.
4. Except in the anterior maxilla, any extraction with immediate implant placement or extraction with ridge preservation and delayed implant placement with a minimum diameter of 3.0mm and its restoration.
5. Edentulous mandible or maxilla with four (4) or more root form implants with a minimum diameter of 3.25 mm supporting a fixed complete implant prosthesis.
6. An edentulous posterior mandible or maxillary quadrant with two (2) or more root form implants with a minimum diameter of 3.25 mm and its restoration.
7. Edentulous areas with more than two teeth missing and a deficient ridge requiring vertical or horizontal augmentation and the subsequent placement of two (2) or more root form implants with a minimum diameter of 3.0 mm and its restoration.
8. Case type to be determined by the candidate. The case **cannot** be a single tooth replacement.

### **General Information and guidelines related to cases:**

Candidates for the ABOI/ID Diplomate examination must submit eight (8) case reports for the Part II oral examination. The candidate must have provided surgical and or restorative treatment for each of the cases that are submitted. Each case must be on a different patient and must be restored and functional (final prosthesis) for a minimum of one year **at the time of case submission.**

Case reports are due to the ABOI/ID headquarters on January 15 of the year the examination takes place. The applicant is responsible for insuring that the case reports arrive on or before that date. **The submitted reports become the property of the American Board of Oral Implantology/ Implant Dentistry and will not be returned.**

Part of your grade is completeness of your cases. It is important to submit your very best cases with clear diagnostic photographs and radiographs.

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

#### Case Reports

- You will be asked to develop narratives for your cases, the Board asks that they are clear and concise with little extraneous information.
- Do not include your name, practice name and address on any documentation provided.
- Patient names should not be shown on any of the documentation provided.
- ALL radiographs and photographs must be clearly dated and labeled what they are
- If a CT scan has been submitted for a case, a panoramic view and representative slices of the scan may be submitted. CT scans are not required.

## How to submit your cases

- Cases should be submitted to the ABOI headquarters via WeTransfer no later than December 1 prior to the year you plan on taking the Part II oral examination
- Your cases should be labeled with the case number and patients initials:
  - Case 1- SM
  - Case 2- AL
- The first slide for each case should have the following information:
  - Candidate number
  - Case number
  - Patients initials
- Complete the template in its entirety for each case
  - Do not leave any section blank
  - If you do not have the information or it does not apply, provide rationale
- Radiographs:
  - Remember to de-identify your radiographs**
    - Required radiographs:
      - Pre-Op(s)
      - Post-Surgical(s)
      - Post-Prosthetic(s)
      - Image with the final restoration(s) in function for a minimum of one (1) year
    - CT scans are admissible
- Photographs:
  - Remember to de-identify your photos**
    - Required photos: Pre-Operative and Post-Operative  
**(Pre-Op photos are optional)**
    - Occlusal view of maxillary arch
      - Occlusal view of mandibular arch
      - Frontal view in maximum intercuspation position (MIP)
      - Left side in MIP
      - Right side in MIP
  - 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

When you are selecting cases to submit with your application, please keep in mind the following guidelines:



- Derive from eight (8) 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

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.

# **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 either Parts I or II or both parts of the certification examination may apply for re-examination during their four-year eligibility period, upon payment of an additional examination fee of \$500.00

No more than three re-examinations in total are 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

## **Appeal Mechanism**

A candidate who fails either the computer administered ABOI/ID Written Examination or ABOI/ID Oral Examination may request in writing that his or her examination be re-scored by hand to verify the accuracy of the results as reported. Such a request is to be made within sixty (60) days after the candidate has received notice of the results of the examination. The request must be accompanied by a check for \$100 payable to the American Board of Oral Implantology / Implant Dentistry to cover the cost of hand scoring. There shall be no further appeal once the examination results have been rescored.

## **Maintenance of Certification**

Diplomates who hold a time limited certificate will be required to take the recertification examination in order to maintain their Diplomate status. Time limited Certificates were issued starting in 2008. Maintenance of Certification began in 2016.

Diplomates will be contacted prior to their Diplomate status expiring with information on how to recertify. Diplomates will be required to complete a continuing education attestation statement, submit payment in the amount of \$100.00, and complete an examination to recertify.

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.

American Board of Oral Implantology/ Implant Dentistry  
2018 Practice Analysis Information

In 2018, the American Board of Oral Implantology/Implant Dentistry (ABOI/ID) began the process of conducting a practice analysis in order to update its test specifications to reflect current practice and to support validity of the exam by providing a link between patient-care activities and test content.

As recommended in *The Standards for Educational and Psychological Testing* (2014), in order to use the scores from a credentialing exam to judge credential-worthy performances, there should be evidence that there is a link between test content and the occupational requirements (Standard 11.3). Furthermore, the Standards recommend that some type of practice analysis should provide the basis for defining the content domain of a credentialing exam (Standard 11.13). Hence, the purpose of the practice analysis is two-fold: 1) provide validity evidence, and 2) define the content domain of the test.

Test specifications list the topics to be covered by an examination and the emphasis given to the topics. To help ensure that the test specifications were linked to practice requirements, the ABOI/ID practice analysis plan was adapted from the combination job analysis method as outlined in Brannick, et al (2007). It is comprised of two components: tasks and knowledge, skills, and abilities (KSAs). A task inventory survey was administered to Diplomates over a two-month period.

The final results are as follows:

Overall Domains and percentages relating to what is on the ABOI/ID written examination.

<b>Task Domain</b>	<b>Percent of Exam</b>
Obtaining and Assessing Diagnostic Data	15%
Developing and Presenting a Patient Treatment Plan	18%
Implementing Patient Treatment	44%
Maintaining the Effectiveness of the Dental Implant Treatment	8%
Prevention and Management of Complications	15%

<b>Do- main</b>	<b>Task</b>	<b>N Test Items</b>
Ob- taining and As- sessin	Assess the patient's medical history	4
	Evaluate the patient's bone anatomy	4
	Assess patient risk factors	3
	Identify all clinical parameters for a completely edentulous patient	3

<b>Do- main</b>	<b>Task</b>	<b>N Test Items</b>	
g Di- agnost ic Data N items = 30	Identify all clinical parameters for a partially edentulous patient	3	
	Assess the patient's dental history	4	
	Obtain and evaluate diagnostic records	3	
	Obtain and evaluate CBCT scans	2	
	Assess the patient's facial esthetics	2	
	Assess the patient's temporomandibular joints and parafunctional habits	2	
	Obtain and assess the patient's clinical and medical laboratory tests	1	
	Select the most appropriate treatment	5	
	Educate the patient on the limitations of the proposed implant therapy	4	
	Integrate the patient's medical and dental history findings into the proposed treatment plan	5	
	Devel- oping and Pre- sentin g a Pa- tient Treat- ment Plan N items =36	Evaluate all pertinent treatment options with the patient	5
		Modify treatment plan based on biomechanics	4
		Assess and manage peri-operative pharmacological parameters	4
Plan and present the sequence (staging) of the proposed treatment plan to the patient		4	
Modify treatment plan based on esthetics		3	
Coordinate the phases of the patient's proposed treatment plan with dental and non-dental health-care providers		2	
Manage the patient's soft tissue		4	
Design, manage, and suture various flaps		3	
Evaluate the degree of healing and patient compliance		3	
Assess primary and secondary implant stability	3		

<b>Domain</b>	<b>Task</b>	<b>N Test Items</b>
Imple- menting Patient Treatment N items = 88	Use an aseptic field during surgery	4
	Perform a framework try-in	4
	Make and evaluate a final impression for 4 or more implants	4
	Design and fabricate a full arch prosthesis	4
	Design, manage and suture various flaps	5
	Monitor and assess the patient's peri-operative vital signs	3

<b>Domain</b>	<b>Task</b>	<b>N Test Items</b>
	Implement a surgical and prosthetic contingency plan	4
	Make and evaluate a final impression for 3 or less implants	4
	Manage the patient's anxiolytic state peri-operatively	3
	Maintenance and augmentation of the patient's ridge	4
	Customize peri-operative protocols (hygiene, diet, medications, habit control, temporization, nightguard, occlusal control, etc.)	3
	Design, fabricate, and place a screw retained fixed prosthesis	2
	Utilize digital technology for treatment (CBCT, printed models, printed surgical guides, impressions, restorations, etc.)	2
	Perform a one or two stage implant surgery	3
	Assess primary and secondary implant stability	3
	Design and fabricate a single tooth transitional prosthesis for soft tissue contour	2
	Perform soft tissue grafting procedures	3
	Evaluate different radiographic modalities throughout treatment	2
	Design, fabricate, and place a removable overdenture	3
	Design, fabricate and place a screw retained fixed prosthesis	3
	Design, fabricate, and place a cement retained fixed prosthesis	2
	Use guided tissue regenerative procedures	3
	Manage the patient's soft tissue	4
	Perform pre-prosthetic surgery, including hard and soft tissue	2
	Augment the patient's sinus	3
	Evaluate the degree of healing and patient compliance	4
	Place implants in a healed ridge for a full arch with or without immediate functional load	2
	Perform immediate implant placement for a full arch with or without immediate functional load	1
	Perform immediate implant placement for a single tooth with or without a provisional	1
	Place implant in a healed ridge for a single tooth with immediate provisionalization	1
	Design and fabricate surgical guides	1

<b>Domain</b>	<b>Task</b>	<b>N Test Items</b>	
Maintain- ing the Effective- ness of the Dental Implant Treatment N items = 16	Place short implants (< 7 mm)	1	
	Perform flapless procedures	0	
	Place mini implant(s) including temporary anchorage devices	0	
	Assess comfort, occlusion, function, and esthetics	4	
	Perform periodic radiographic evaluation	3	
	Evaluate the patient's implant treatment outcome periodically and refine as needed	2	
	Customize maintenance protocols	2	
	Evaluate the significance of changes in the patient's physical and psychological health	2	
	Identify and address changes in the patient's temporomandibular status and parafunctional habits	2	
	Identify changes in the patient's lifestyle (social habits, vocational, employment, marital, and/or financial)	1	
	Preven- tion and Manage- ment of Complica- tions N items = 30	Prevent and manage medical emergencies	4
		Prevent and manage post-operative surgical complications	4
		Prevent and manage intra-operative surgical complications	4
		Prevent and manage prosthetic complications	3
		Prevent and manage esthetic complications	3
		Prevent and manage neurosensory disturbances	3
Identify and manage peri-implantitis		3	
Treat a failing implant		3	
Treat an ailing implant	3		