



## American Board of Operative Dentistry, Inc. Certification Program

### Examination Instructions and Procedural Guide for the Certification Process

#### Introduction

The American Board of Operative Dentistry, Inc. was created in 1980 by the Academy of Operative Dentistry for the purpose of elevating the science and practice of Operative Dentistry, by conducting examinations to determine the qualifications and competence of dentists who voluntarily apply to the Board for Certification.

The Board Certification process has three examinations, or phases. A candidate who fulfills the eligibility requirements is considered **board qualified** and may elect to pursue the certification program by submitting a completed application to the Secretary of the board. The Secretary will transmit the application and related documents to the board's Committee on Candidate Eligibility and Credentials for evaluation. When the application is approved by that committee, the candidate becomes **board eligible** and the Secretary will inform the candidate of his/her status and the procedures to pursue the first phase of the examination process.

Board Eligible status begins on the date the application is approved and expires March 1<sup>st</sup> following the third anniversary of the approval. The candidate has until the expiration date to successfully complete the written examination, and an additional two (2) years (total of 5) to complete all phases of the examination.

Upon successfully completing all phases of the examination required by the certification process, the candidate achieves the status of **board certified**. This status is maintained so long as he/she remains in good standing as a member of the American Board of Operative Dentistry, Inc. (ABOD). A certificate will be issued by the board designating the successful attainment of the board-certified status.

## Examination Information

The examination leading to certification will test the candidate's knowledge of operative dentistry and those allied supporting disciplines that make it possible to practice and/or teach operative dentistry with a high level of proficiency. The examination has been designed in three phases: written, clinical, and oral. *Successful completion of the written phase is a prerequisite to the clinical and oral phases unless permission is granted by the examination committee Chair.*

### Phase I - Written Examination

#### **General Information**

The written examination is given at least annually in Chicago in February and/or at other regional sites and times of the year as demand dictates. Specific sites and dates for all examinations will be furnished to all board-eligible candidates by the Chairperson of the Examination and Certification Committee. The written examination contains 300 multiple choice questions. The examination is given on one day with six hours allocated to its completion.

#### **Composition of the Written Examination**

The written examination questions are based on operative dentistry knowledge, skills, and procedures that an operative dentist should know. The areas listed below are included in the examination and the percentage of questions from each area is:

|  |     |
|--|-----|
| Operative Dentistry Procedures (Including approximately 3-5% historical in nature) | 40% |
| Dental Materials   | 15% |
| Examination, Diagnosis, and Treatment Planning                                     | 10% |
| Esthetics  | 5%  |
| Occlusion/TMD  | 5%  |
| Oral Pathology/Oral Medicine   | 5%  |
| Oral Microbiology  | 5%  |
| Oral Physiology  | 5%  |
| Periodontics   | 5%  |
| Pharmacology   | 3%  |
| Gross and Microscopic Anatomy  | 2%  |

#### **Scoring the Written Examination**

Each question is of equal value and there is no penalty for incorrect answers. The examination is graded on a pass or fail basis. To achieve a pass grade, 70% of the questions must be answered correctly. A candidate's specific score is not revealed.

#### **Fees**

The fee for the written examination is \$250.00 and is non-refundable. This fee must be paid directly to the Treasurer of the ABOD no later than 30 days prior to the date of the examination.

## **Re-examination**

A candidate may take the written examination a maximum of two times. A non-refundable re-examination fee of \$150.00 is required for each re-examination. If a candidate fails to pass the written examination twice, a formal request must be presented to the Secretary of the ABOD before subsequent attempts will be allowed.

## **Phase II - Clinical Examination**

## **General Information**

The clinical examination will be offered at least annually and more often as required. The exam will be performed in a clinical setting designated by the board and will be evaluated by a minimum of two (2) examiners although three (3) are usually in attendance. The examination will be three days in length and may also include the oral examination if the candidate wishes. The oral examination may be taken only after/or in conjunction with the clinical examination. Clinical photographs will be taken of all clinical procedures and candidates must obtain informed consent for the photos from their patients. These photographs become the property of the American Board of Operative Dentistry, Inc.

## **Procedures to be Performed**

Candidates must perform each of the following operative dentistry restorations and associated laboratory procedures.

1. Amalgam or resin conservative restoration. Class II (two- or three-surface). At least one proximal surface must radiographically demonstrate a virgin carious lesion. The tooth to be treated must be in occlusion and have at least one proximal contact.
2. Amalgam extensive restoration involving cusp replacement and utilizing auxiliary retention techniques. This procedure must be treated as the final restoration for this tooth even though the tooth may eventually receive a crown type restoration. The tooth to be treated must be in occlusion and have at least one proximal contact.
3. Cast gold restoration involving occlusal coverage, restoring at least one cusp, but less than a full crown. The tooth to be treated must be in occlusion and have at least one proximal contact.
4. Porcelain restoration – inlay or full crown. The porcelain inlay must be performed on a patient, the full crown, however, may be performed on a patient or manikin (dentoform). If you will be performing the porcelain exercise on a manikin (dentoform), you must bring to the test site an anterior PFM crown which has these characteristics; shade Vita A-1, over-contoured at least 0.5 mm on the facial surface, over-contoured interproximally so that tight interproximal contacts will not allow the crown to seat on the prepared manikin tooth without adjustment, and the porcelain must

be in the biscuit bake. You will be asked at the examination to adjust the contour, modify shade, add characterization, and glaze as directed by the examiners. The final result should be a crown which is of such quality that could be readily cemented in a patient's mouth. You must bring the manikin (dentoform), the prepared tooth, and PFM with you to the examination. You should bring your own stain and glaze kit; a glazing oven will be available at the site.

And, either:

5. Direct compacted gold restoration - Class II, III, IV, or V; or,
6. Polychromatic resin restoration – Class IV. The restoration must re-establish proximal contact and appropriate occlusal contact. It should match the contra-lateral or adjacent teeth and provide an optimal esthetic result.

### **Patient Procurement and Management**

All procedures must be performed on patients except as noted above. Candidates must procure their own patients for this examination. The testing site personnel cannot be responsible for securing patients for candidates. Procurement also includes all expenses related to the transportation, feeding and housing of the patients. Candidates are responsible for the post-operative welfare of the patient including but not limited to; completion of procedures, correction of unacceptable procedures, and continuation of care.

All patients treated must have suitable diagnostic radiographs, medical and dental history, patient chart, a treatment plan signed by the patient, and supportive documentation as needed (such as study models).

### **Professional Liability Insurance**

Candidates must secure and show proof of professional liability insurance covering themselves at the place and time of the examination prior to participating the clinical examination. Such evidence must be provided to the Secretary of the American Board of Operative Dentistry and the Chair of the Examination Committee. Failure to provide such evidence will prevent participation in the examination.

### **Infection Control Compliance**

All candidates must comply with the most current CDC infection control recommendations and guidelines. However, in all cases, the Infection Control Policies of the testing site will take precedence over the CDC if their guidelines exceed those of the CDC. The Infection Control Policy of the testing site will be provided to each candidate.

### **Instruments, Equipment and Materials**

Candidates must furnish all instruments, equipment and materials needed to perform the required procedures. Prior to the examination, the candidate will be provided with a list of the major equipment available at the testing site. Candidates may also contact the examination site host to inquire as to the specific nature of the equipment.

### **Dental Assistants**

Dental Assistants may be used throughout the examination. However, it is the responsibility of the candidate to obtain dental assistants and to provide for their welfare. The testing site cannot obtain dental assistants for the candidate; however, the testing site host may be able to assist the candidate in finding a dental assistant. All expenses related to the hiring of an assistant are the responsibility of the candidate.

### **Laboratory Procedures**

All laboratory procedures associated with the required operative dentistry restorations *must be performed by the candidate*. The porcelain crown manikin exercise may have the “pre-modified” PFM completed by a laboratory technician. All modifications prescribed by the examiners must be done by the candidate at the exam site.

### **Evaluation Criteria and Scoring**

All procedures will be evaluated according to predetermined criteria written by the board, which will be provided to the candidate prior to the examination. Since this is an examination for candidates to demonstrate superior operative dentistry skills, each will be expected to perform the procedures at an above average level in order to pass. Each candidate must pass all components of the examination in order to pass the clinical examination phase of the certification program. The evaluation of each component the clinical examination will be recorded by the examiners as pass or fail. No numerical scores will be made or available. Candidates will be notified of their results as soon as possible after the examination.

### **Fees**

The minimum fee for the clinical examination is \$500.00 and is non-refundable. The fee may be adjusted due to specific examination circumstances and costs. This fee must be paid directly to the Treasurer of the ABOD no later than 30 days prior to the date of the examination.

### **Re-examination**

Candidates who fail any portion of this clinical examination may be required to repeat that portion of the examination or the entire clinical examination, as determined by the examiners. There is no limit as to the number of times the exam can be retaken as long as it is successfully completed within the board eligible time window. Candidates wishing to retake the examination should notify the Treasurer of the ABOD. A re-examination fee determined by the Examination and Certification Committee is required and is non-refundable.

## Phase III - Oral Examination

### **General Information**

The oral examination is based on cases presented to the board. The questions will be related to the cases and such supporting information as deemed reasonable by the examiners. The candidate should be familiar with the current textbooks and refereed journals related to operative dentistry and supporting disciplines. The examination will be conducted and evaluated by a minimum of two (2) examiners although three (3) are usually in attendance, all of whom will have reviewed the cases and accompanying documentation. The oral examination will be recorded for future reference and the recording becomes the property of the American Board of Operative Dentistry, Inc. The completed case documentation will be returned immediately to the candidate on completion of the examination but should be retained by the candidate for future reference. The oral examination may be scheduled during the three day clinical examination in such a manner so as not to interfere with the clinical examination. Or, the oral examination may be taken at another site and time other than during the clinical examination at the convenience of the candidate. However, in all cases, the oral examination must be successfully completed during the board eligible time window. The oral examination will not exceed one hour in length.

### **General Requirements**

All submitted cases must conform to the following general requirements:

1. Only one of the submitted cases may have had the diagnosis and treatment initiated during any formal residency, advanced education, or postgraduate program ever enrolled in by the candidate.
2. All restorative work must have been performed by the candidate individually and independently. Supporting laboratory work may be performed by a technician.
3. All documentation required by the Board must be submitted as outlined below.
4. It is preferred that each case submitted have had at least a six month post-treatment follow-up. Exemptions to this requirement may be petitioned in writing to the Chair of the Examination and Certification Committee.

### **Cases**

The cases submitted to the Board shall meet certain requirements. At least two cases must be submitted although more may be submitted by the candidate as needed to demonstrate the desired level of proficiency. The following requirements for each case shall apply:

1. Each case should be primarily single tooth restorations, although, each case may include fixed and removable prosthesis involving natural teeth and/or implant fixtures.
2. Each case should restore at least 12 teeth not including pontics and artificial replacement thereof.
3. One case should be restored primarily with gold castings of any design and esthetic restorations involving occlusion.
4. One case should be primarily amalgam restorations and minor esthetic restorations.

5. Included in either case should be an appropriate **demonstration** of the use of direct compacted gold as a restoration.

### **Submission of Cases**

In order to be eligible for the oral examination, candidates must submit all cases to the Chair of the Examination and Certification Committee by a date prior to the examination that is mutually agreeable to the candidate and Chair of the Examination and Certification Committee. Special care (i.e., bubble pack) in packing models prior to mailing is essential.

### **Documentation of Cases**

**All patient personal identification information in any documents submitted to the Board must be either removed or made illegible.** The Board expects that documentation of the cases will be presented in a professional, organized, neat, and complete fashion, with all pages secured in a binder. The Board does not wish to dictate the exact forms to use or the style of presentation. It does, however, expect that at a minimum the following will be included in each presentation.

1. Cover Page
  - A. Candidate name and date submitted
  - B. List of restorations (by tooth number) placed by the candidate
2. Medical History
  - A. Health questionnaire or narrative
  - B. Interpretation of the findings
3. Dental History
  - A. Questionnaire or narrative of the personal and family history.
  - B. Chief complaint
  - C. Outline of previous treatment
4. Charting - pre and post treatment as appropriate
  - A. Missing teeth and existing restorations
  - B. Diseases and abnormalities
  - C. Complete periodontal charting
5. Diagnosis - including but not limited to the following
  - A. Occlusal analysis
  - B. Periodontal diagnosis
  - C. Missing teeth
  - D. Malocclusion
  - E. Caries
  - F. Abrasions
  - G. Inadequate restorations
  - H. Hypocalcifications
  - I. Esthetic concerns
  - J. Radiographic Interpretation
  - K. Treatment Plan - candidate's plan for treatment
  - L. Sequence of treatment - candidate's order of treatment
  - M. Clinical Photographs
    - Pre and post-treatment
    - Color prints 4" x 6" or 5" x 7"

- A minimum of 5 views are required which include  
Front in occlusion, right in occlusion, left in occlusion  
Full maxillary occlusal, and full mandibular occlusal.
6. Radiographs - duplicates are acceptable if their quality is sufficient to depict the information recorded
    - A. Pre-treatment - complete radiographic survey
    - B. Post-treatment - if made in the course of routine post-treatment care. Complete radiographic survey or fewer films are acceptable.
  7. Diagnostic Casts – with mounting rings to enable mounting on the candidate's articulator, which should be brought to the oral examination. These should be of high quality, cleanly finished, and carefully articulated. At a minimum, they should be free of bubbles and blebs and correctly trimmed.
    - A. Pre-treatment
    - B. Diagnostic wax-up if indicated
    - C. Post-treatment
  8. Prognosis and Maintenance Plan - six month post-treatment follow-up
  9. A 10 to 15 minute oral presentation of the cases in any format the candidate chooses will begin the oral defense of the cases. Excessive length of this presentation will result in penalties applied to the final score for the examination.

### **Acceptance of Cases**

The submitted cases will be evaluated by the Chair of the Examination and Certification Committee for completeness and compliance with the requirements of the Board. Cases may be found to be "acceptable" in which no changes are required; "conditionally acceptable" in which additional information or corrections will need to be made or provided by the candidate before it is acceptable; or "unacceptable" in which case the candidate will have to submit a new case for the oral examination. There is no practical limit to the number of cases which may be submitted for this examination.

### **Evaluation Criteria and Scoring**

The oral examination will consist of a brief presentation of the cases by the candidate followed by questions related to the background and treatment of the patients presented in the required clinical cases; including factors such as clinical procedures, occlusion, materials, and techniques. In addition, the candidate may be tested upon any discipline related to operative dentistry that arise during the course of the oral examination. Candidates should demonstrate, through their responses to the inquiries of the examiners, a comprehensive understanding of operative dentistry and related disciplines. The evaluation of the oral examination will be recorded by the examiners as pass or fail. No numerical scores will be made or available. Candidates will be notified of their results as soon as possible after the examination.

### **Fees**

The minimum fee for the oral examination is \$250.00 and is non-refundable. The fee may be adjusted due to specific examination circumstances and costs. This fee must be paid directly to the Treasurer of the ABOD when the cases are submitted to the Chair of the Examination and Certification Committee, but no later than 30 days prior to the date of the examination.

## **Re-examination**

Candidates who do not pass this oral examination may have to repeat this phase of the examination. There is no limit as to the number of times this phase can be retaken as long as it is successfully completed within the board eligible time window. However, candidates must submit entirely new cases for reexamination of this oral phase. Candidates wishing to retake this phase of the examination should notify the Chair of the Examination and Certification Committee. A minimum re-examination fee of \$250.00 is required and is non-refundable.

## **Examination Correspondence**

All correspondence related to payment of examination fees and general inquiries should be addressed to:  
The American Board of Operative Dentistry Treasurer:

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| Dr. Kim Diefenderfer<br>1053 Wren's Gate<br>Mundelein, IL 60060-1272 | Phone: (847) 837-9382 (H)<br>Fax: (847) 688-6259 (F)<br>Work: (847) 688-3331 (W)<br><a href="mailto:k-diefen@comcast.net">k-diefen@comcast.net</a><br><a href="mailto:kim.diefenderfer@med.navy.mil">kim.diefenderfer@med.navy.mil</a> |
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Questions relating directly to the examination process or for scheduling exams should be addressed to the American Board of Operative Dentistry Chair of the Examination and Certification Committee:

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| Dr. Gordon K. Jones<br>1541 McKinley Road<br>Lake Forest, IL 60045-1377 | Phone: (847) 234-9074<br>Fax: (847) 688-4406<br>Work: (847) 688-4560, x. 3783<br><a href="mailto:gjones1541@sbcglobal.net">gjones1541@sbcglobal.net</a><br><a href="mailto:gordon.jones@med.navy.mil">gordon.jones@med.navy.mil</a> |
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