

Candidate's Guide to Board Certification

Oral Examination

Oral Examination Candidate Guide

Periodontology is one of twelve dental specialties recognized by the American Dental Association. The American Board of Periodontology (ABP) was organized by The American Academy of Periodontology (AAP) in 1939. The ABP conforms to resolutions adopted by the National Commission on Recognition of Dental Specialties and Certifying Boards.

The mission of the American Board of Periodontology is to certify the achievement of in-depth knowledge and proficiency in the full scope of periodontology and dental implant surgery through examination and continuous certification. The vision of the American Board of Periodontology is that all periodontists achieve Board certification and that diplomates of the Board are universally recognized by the public, the dental profession, the medical community, and third-party payers as the preferred providers of periodontal dental implant surgical care.

The pathway to certification is a two-part exam process consisting of a Qualifying Exam (QE) and an Oral Examination (OE). Successful completion of the QE is required prior to challenging the OE.

Candidates who successfully completed the ABP Qualifying Examination are eligible to challenge the ABP Oral Examination.

Oral Examination Application Process

The Oral Examination application is available to all eligible candidates through the Diplomat portal, which is accessed via the ABP website: www.abperio.org.

Candidates must submit:

- A complete online application and attestation form.
- Evidence of completion of a Commission on Dental Accreditation (CODA) accredited program in Periodontics.
 - Evidence consists of a copy of the candidate's certificate or an official letter signed by **both** the program director and the Dean (or equivalent administrative officer) that affirms the candidate's successful completion of an educational program in Periodontology, which is accredited by CODA.
- A passport style photo of candidate.
- A non-refundable application fee of \$2,100.

Applications for the Oral Examination will not be approved if a candidate has not submitted evidence of completion of an ADA accredited program in Periodontics.

Candidates will be required to complete an attestation form as part of the online examination application.

Additional Application Information

Candidates who request to withdraw from the Oral Examination must submit their request in writing to the ABP Office.

Candidates who withdraw and whose eligibility has not expired may transfer their Oral Examination fee to a subsequent examination for a reapplication fee of \$600.

Candidates withdrawing for special circumstances (i.e. significant, doctor-confirmed illness; national disaster) may submit a written request to the Board that the Oral Examination reapplication fee be waived. The decision will be at the sole discretion of the Board and candidates will be notified in writing of the Board's decision.

Candidates who fail to attend the mandatory Orientation Session prior to the Oral Examination (given on the day of a candidate's Oral Examination); or who fail to show for the Oral Examination, must restart the application process by submitting a new completed application, attestation, and credential forms and a fee of \$2,100 to the Board office. **Oral Examination fees are non-refundable.**

Exam Dates and Location

The Oral Examination is given each year at a time and place determined by the ABP Board of Directors. Current exam dates can be found on the ABP website.

Oral Examination – Examination Day

Registration

Candidates are required to show a government-issued photo ID and complete registration sign-in forms at registration on exam day. Registration is held at the designated candidate hotel.

Transportation

Candidates must arrive and depart the testing center via shuttle transportation provided by the ABP. Candidates will be picked up by shuttle at the designated candidate hotel and taken to the testing center. Candidates will return to the designated hotel via shuttle transportation provided by the Board after the exam session is completed.

Orientation

A mandatory candidate orientation session will be held at the testing center prior to the start of a candidate's exam on the day of a candidate's scheduled examination.

Examiner Conflict

If, before the exam begins, a candidate recognizes one of their examiners as their program director, residency faculty, or a person with whom they have a relationship, the Examiner will

contact the Director of Examinations to consider the issue and make appropriate modifications, if necessary.

Issues During the Examination

If, during the examination a candidate becomes ill or unable to answer questions, the examiners may, based on their judgement, terminate the exam and request the Board reschedule the exam for the candidate.

If, during the examination, a candidate becomes hostile toward an examiner or accuses an examiner of bias or inappropriate conduct, the examiners may terminate the exam.

Incident reports are available to examiners and candidates and should be completed at the time of the exam. Reports of incidents are referred to the Director of Examinations. Ultimately, rescheduling a terminated exam is at the sole discretion of the Board.

Scoring and Reporting Results

Candidates will be graded in each of the six skills: Diagnosis, Etiology, Prognosis, Treatment Plan, Therapy, and Evaluation of Therapy and Maintenance. In the vignette portion of the exam, candidates are graded on two skills: Diagnosis and Therapy.

Candidates are scored independently by each member of the examiner teams (two examiners per session; two sessions per exam). Each skill is graded as:

- 4 = Outstanding
- 3 = Satisfactory
- 2 = Marginal
- 1 = Unsatisfactory

Final scores will be computed statistically.

Candidates will be notified of the results within six-to-eight weeks following completion of the exam.

The Board's Executive Director will send exam results in writing to the candidate by US postal mail. Candidates are solely responsible for notifying the Board office of any change in mailing address to ensure the timely delivery of results. The Board office will not provide exam results by phone, email, or facsimile.

Confidentiality

Oral Examination candidates are required to comply with and agree to the following confidentiality statement:

I understand that the Board wishes to keep all test questions confidential so that they will not become available to future examinees, who may thereby obtain an unfair advantage.

Accordingly, I agree that I shall not retain any information about the examination, including all questions, and I agree that I shall not discuss the questions or answers with anyone other than those who have taken this examination with me. I further understand that this examination is a copyrighted work of the American Board of Periodontology and that copying any questions in any form constitutes an infringement of the Board's copyright.

Unsuccessful Candidates

Candidates who do not pass the Oral Examination and whose eligibility period has not expired may apply to repeat the examination within the eligibility period by submitting a completed application and the reapplication fee of \$2,100. The reapplication fee must be received by the Board on or before October 31 of the year prior to the year in which the Oral Exam is to be repeated. No application fees will be refunded for failing the Oral Examination. Placement of candidates retaking the examination in a particular session is on a first come/first served basis and ultimately at the sole discretion of the Board.

Successful Candidates

Certificates

The Board shall issue each candidate who successfully completes the ABP Qualifying Examination and Oral Examination a certificate. Duplicate certificates shall not be issued. All successful candidates will be awarded a time-limited certificate of six (6) years.

Use of Terms

The Board endorses the use of "Diplomate of the American Board of Periodontology" and "Practice Limited to Periodontology and Dental Implant Surgery" in professional letterheads and advertisements.

The Board also endorses the statement "The American Board of Periodontology is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as the national certifying board for the dental specialty of Periodontics."

The Board endorses the use of a stamp for insurance forms that states, "Practice limited to Periodontics and Dental Implant Surgery, Diplomate of the American Board of Periodontology."

The ABP provides a downloadable seal for use by Diplomates. The seal may be requested from the ABP office.

Maintenance of Certification

All Diplomates must participate in the maintenance of certification requirements as directed by the ABP. The certification cycle is six years.

Oral Examination Protocol Content Outline

The Oral Exam follows a presentation, interview, and discussion format to evaluate the candidate's diagnostic and therapeutic skills. Candidates may request information from the Examiners to answer questions.

Protocols developed by the Board form the basis of the testing process. Three protocols will be presented at each of two, 1 ½ hour sequential sessions (back-to-back) on the same day, for a total of six protocols. Each session will be conducted by a team of two Examiners, for a total of four Examiners. ABP Directors and Examiners serve as Examiner teams.

Five of the six protocols will consist of a single case or procedure. Each will be graded in six skills: Diagnosis, Etiology, Prognosis, Treatment Plan, Therapy, and Evaluation of Therapy and Maintenance.

The sixth protocol will consist of three ten-minute vignette protocols. These may include such topics as medical management, medical emergencies, periodontal and oral medicine, perio-pathology, post-op complications and management of failures.

Each ten-minute vignette protocol will be graded on only two skills: Diagnosis and Therapy. This sixth protocol will therefore have six grades from each Examiner, which is the same number of grades as the other five protocols. (Since the six grades for the vignette protocols are only in the Diagnosis and Therapy categories, these two categories will be slightly more weighted than the other four grading categories for the overall score.)

Protocols have been prepared to examine the candidate's knowledge in the following areas:

1. Non-surgical Therapy

- Plaque control/behavior modification
- Scaling, root planing/debridement
- Pharmacotherapeutics/irrigation
- Stress reduction/sedation
- Occlusal therapy/splints/TMJ
- Interdisciplinary therapy, e.g. orthodontics, endodontics, restorative dentistry

2. Surgical Therapy

- Crown lengthening for:
 - Restorative dentistry
 - Cosmetic reasons
- Gingival attachment procedures, e.g. Modified Widman, open flap debridement, ENAP
- Regeneration or replacement of periodontal supporting structures
 - Bone replacement grafting
 - Barrier therapy, e.g. GTR
 - Combination graft and barrier

- Root surface conditioning
 - Growth factors
- Resective
 - Soft tissue
 - Hard tissue
 - Root resection
 - Periodontal plastic surgery
 - Soft tissue grafts
 - Pedicle flaps
 - Combination pedicle flaps, connective tissue
 - Connective tissue grafts
 - Barriers
- Dental Implants
 - Placement
 - Repair/removal
- Site preparation, e.g. sinus elevation, GBR
- Post-op complications and management of failed therapy

3. Oral/Systemic Interrelationships

- Oral medicine
- Oral pathology
- Perio/Medicine/Systemic

American Board of Periodontology Sample Oral Exam Protocol

The following hypothetical protocol is provided as an example of what one protocol may include. Actual protocols may be more or less comprehensive than the following example:

The patient is a 41-year-old Caucasian male who presented with a chief complaint of a recently developed space between his front teeth. He reports that his general health is good, but premedicates with clindamycin for a prosthetic heart valve. He states that he is allergic to penicillin. His gums bleed occasionally with brushing.

Candidate will receive charting of localized area.

Digitized photographic slides to be used throughout the questioning period for this protocol include:

1. Maxillary anterior photograph demonstrating anterior open bite, and open contact #7-8.
2. Preoperative radiograph #6-11
3. Occlusal view demonstrating excessive occlusal wear
4. Surgical site #6-11
5. One-year post-op radiographs
6. One-year post-op photographs #6-11

Diagnosis

Describe how you would proceed in order to generate an accurate periodontal diagnosis including any intra-oral and extra-oral pathoses. Candidates should consider the following factors in making the diagnoses of Periodontitis, localized, stage 3, grade B:

- Medical history
- Occlusion – anterior open bite, centric pre-maturities
- Plaque/calculus
- Recession
- Attachment levels/pocket depths
- Bone loss
- Mobility

Etiology

What etiologic factors are pertinent in this patient? Candidates should consider the following factors:

- Space between #7 & 8

- Open contacts
- Food impaction
- Occlusal trauma
- Plaque and calculus
- Anterior open bite
- Centric prematurity
- Habits
- Genetics

Prognosis

What would you consider the prognosis to be for individual teeth and for the overall dentition both short and long term in this patient? Candidates should be able to discuss:

- Short/long term prognosis of #6-11, and how derived?
- Will prognosis change after treatment?
- Will prognosis change with different treatment modalities? Why? How?

Treatment Planning

Please proceed with your treatment plan for this patient. You may request to review any information that you believe important to this task. Candidate should be able to discuss:

- Which options are best for this patient and why
- Order of treatment
- Rationale for each treatment
- What is the expected outcome for each treatment?

Selected Therapy

Discuss the rationale for the selected therapy. Possible questions:

1. Since you chose to extract #7, 8, please provide your rationale.
2. If you chose to retain #7, 8, what therapy(ies) would you consider?
3. Please provide in detail your technique for grafting #7, 8 and why you chose this technique.
4. Describe the specific techniques you would use for the treatment of #7 & 8 and how you would perform them.
5. Discuss implant placement in this region.

Candidate should be prepared to discuss:

- GTR – flap design, materials, surgical technique
- Root treatment – how (manual, sonic, ultrasonic, rotary), why?
- Root conditioning

- Graft – choices
- Barrier – choices
- Suture
- Dressing placement?
- Antibiotics – localized – systemic
- Post-op management

Evaluation of Therapy and Maintenance

What factors would you consider when evaluating results of therapy? Candidate should be prepared to discuss:

- What were goals
- How to measure results
- When to measure results – why?
- What is success?
- What is failure?

What factors would you consider in developing a maintenance schedule for this patient? Candidate should be prepared to discuss:

- How to maintain 0-3 mm probing depths
- How to maintain 3-5 mm pockets
- How to maintain 5-7 mm pockets
- When to retreat – why?
- Reasons not to retreat

American Board of Periodontology

Sample Oral Exam Vignette

This example represents one ten-minute vignette, which is one third of the Vignette Protocol. Two additional vignettes, consisting of unrelated topics, would also be included in the 30-minute Vignette Protocol.

The patient is a 63-year-old Caucasian female for whom you placed an implant to replace tooth #5. The implant was placed 18 months ago and restored four months following placement. The patient has not been back to your practice since the implant was restored. Her general dentist referred her back to you because of swelling and soreness around the implant.

Candidate will be able to view photograph and radiographs of the area as well as charting completed when the patient arrived.

Charting demonstrated a 10mm pocket over the facial of the implant with 5mm pockets in the palatal and interproximal areas.

A periapical radiograph demonstrated a radiolucency over the coronal 1/3 of the implant. The clinical photo demonstrates edema and erythema #5 area,

Diagnosis: Describe how you would determine a diagnosis for the #5 area.

Candidate should be able to describe the clinical appearance, findings and history that would lead to the diagnosis of ailing implant.

1. History
2. Clinical findings
3. Radiographic picture
4. Symptoms

Therapy: Candidate should be able to describe his/her approach to treating this ailing implant and provide a rationale for treatment.

1. Surgical vs non-surgical treatment
2. Disinfection of site
3. Flap design & debridement
4. Regenerative procedures including:
 - Grafting materials
 - Barriers
 - Suturing & post-op instructions
 - Post-surgical meds
 - Post-op management and maintenance

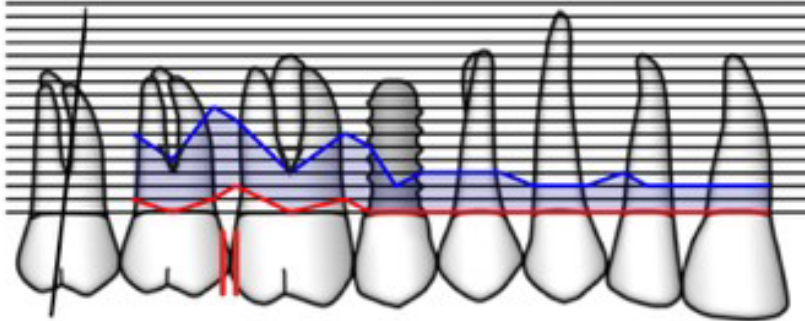
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Sample Case Charting

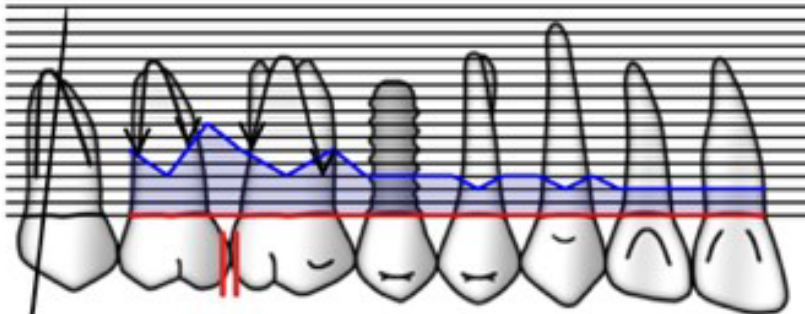
September 1, 2024

	1	2	3	4	5	6	7	8
Mobility (Miller Scale)		1	1	0	0	0	0	0
Implant				■				
Furcation (Hamp Scale)		▽	▽					
Bleeding on Probing		■ ■ ■ ■ ■ ■						
Plaque		■ ■ ■ ■ ■ ■						
Clinical Attachment Level		6 4 8	7 3 6	5 2 3	3 3 3	2 2 2	3 2 2	2 2 2
Probing Depth		5 4 7	5 3 5	5 2 3	3 3 3	2 2 2	3 2 2	2 2 2
Gingival Margin		1 0 1	2 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0

Facial



Palatal



Gingival Margin		0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Probing Depth		5 3 7	5 3 5	3 3 3	3 2 3	3 2 3	2 2 2	2 2 2
Clinical Attachment Level		5 3 7	5 3 5	3 3 3	3 2 3	3 2 3	2 2 2	2 2 2
Plaque		■ ■ ■ ■ ■ ■						
Bleeding on Probing		■ ■ ■ ■ ■ ■						
Furcation (Hamp Scale)		▽ ▽	▽ ▽					
Interdental Gap			■					

**American Board of Periodontology
Protocol Evaluation Rating Scale Definitions**

	Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)
Diagnosis (intra-and extra-oral pathosis and Periodontal Dx) (1)	Dx is incorrect or incomplete and potentially harmful	Dx is incomplete but safe	Dx is correct but not outstanding	Dx is correct and is thoroughly and impressively reasoned
Etiology (2)	Etiology that is incorrect or incomplete and potentially harmful	Etiology is incomplete but safe	Etiology is correct but not outstanding	Etiology is correct and is thoroughly and impressively reasoned
Prognosis (3)	Prognosis that is incorrect or incomplete and potentially harmful	Prognosis is incomplete but safe	Prognosis is correct but not outstanding	Prognosis is correct and is thoroughly and impressively reasoned
Treatment Planning (4)	Tx plan is incorrect or incomplete and potentially harmful	Tx plan is incomplete but safe	Tx plan is correct but not outstanding	Tx plan is correct and is thoroughly and impressively reasoned
Selected Therapy (5)	Selected therapy is incorrect or incomplete and potentially harmful	Selected therapy is incomplete but safe	Selected therapy is correct but not outstanding	Selected therapy is correct and is thoroughly and impressively reasoned
Evaluation of Therapy and Maintenance (6)	Evaluation of therapy and maintenance are incorrect or incomplete and potentially harmful	Evaluation of therapy and maintenance are incorrect or incomplete but safe	Evaluation of therapy and maintenance are correct but not outstanding	Evaluation of therapy and maintenance are correct and are thoroughly and impressively reasoned

IMPORTANT POLICIES

SPECIAL ACCOMMODATIONS

Upon timely request, the American Board of Periodontology will make reasonable accommodations to its examination procedures to accommodate candidates with a documented disability. An accommodation will be considered reasonable only if it (1) does not pose an undue financial burden on the Board and (2) does not substantially interfere with assessment of the knowledge or skills that the examination is intended to measure.

PROCEDURES FOR REQUESTING ACCOMMODATIONS

Any request for accommodation arising out of a disability must be made in writing at the time of submission of the application for the Qualifying or Oral Examination unless the candidate demonstrates that the disability occurred after submission of the application. Failure to make a timely request for accommodation waives any right to an accommodation.

A request for accommodation must include a brief description of the disability, a description of the accommodation sought, an explanation of why the accommodation is necessary to address the disability and supporting documentation of the disability from a licensed physician or other health care provider. The Board reserves the right to have the candidate examined, or the candidate's medical records reviewed, at the Board's expense, by a licensed physician designated by the Board.

A separate request for accommodation **MUST** be submitted with each application. If a request was made with respect to the Qualifying Examination, a new request must be submitted with respect to the Oral Examination.

The Executive Director will review any request, follow-up with the candidate if necessary, and make a recommendation to the Americans with Disabilities Act Committee. The committee will determine what, if any, accommodation to provide. It will notify the candidate of its decision within ten (10) days after the decision is made.

The candidate will have ten (10) days to appeal the decision to the Appeals Committee. The candidate may appeal by writing a letter to the Executive Director explaining why the accommodation offered by the committee is inadequate. Unless the Appeals Committee decides otherwise, no presentation will be permitted other than such letter. The Committee will consider the appeal in a specially convened conference call. It will notify the candidate within ten (10) days after the decision is made. Any questions about this policy should be addressed to the Board Office.

SEXUAL HARASSMENT POLICY

It is the policy of The American Board of Periodontology that all Directors, Consultants, Examiners, and Employees are responsible for assuring that the workplace and examination process is free from sexual harassment.

Because of the American Board of Periodontology's strong disapproval of offensive or inappropriate sexual behavior, all Board members, consultants, examiners, and employees must avoid any action or conduct that could reasonably be viewed as sexual harassment, including: (1) unwelcome sexual advances, (2) requests for sexual acts or favors or (3) other communications or physical conduct of a sexually harassing nature.

Any complaint of sexual harassment shall be made to the Executive Director except that if the complaint is directed against the Executive Director, it shall be made to the President. All complaints will be addressed promptly and with sensitivity to the privacy interests of both the complainant and the accused individual. If it is deemed appropriate, legal counsel will be consulted.

The American Board of Periodontology will take appropriate corrective action, including disciplinary measures when justified, to remedy all violations of this policy.

STANDARD OF CONDUCT

The ABP may establish, enforce, and update from time to time, as determined by the Board of Directors, a Standard of Conduct for Candidate Certification and Diplomate Recertification. This Standard of Conduct shall set forth the ethical standards required of candidates and Diplomates participating in the certification and recertification process, the violation of which may result in disciplinary action by the ABP.

EXAMINER DISQUALIFICATION DISCLOSURE

Prior to the examination, Directors and Examiners will review the names of candidates. They will disqualify themselves from examining any candidate with whom they may have a conflict of interest (i.e. former student, a very close friend, or professional associate). Knowing a candidate or having met a candidate is not reason for disqualification.

NON-DISCRIMINATION CLAUSE

It is the policy of the American Board of Periodontology to evaluate every candidate solely on the merits of the candidate's application and performance. The Board and its examiners and employees shall not discriminate on the basis of race, religion, national origin, gender, sexual orientation, age, or disability.

ENGLISH AS THE OFFICIAL LANGUAGE

The official language of the American Board of Periodontology is English. Both the Qualifying and Oral Examination are conducted in English. Inability to speak or understand English will not be considered a disability for testing purposes.

CE CREDITS

The American Board of Periodontology will, upon request, grant six continuing education credits for taking and passing the Qualifying Examination, 12 continuing education credits for taking and passing the Oral Examination, and two continuing education credits for completion of the Self Study Recertification Program.

WITHDRAWAL

Candidates who withdraw prior to the Oral Examination and whose eligibility has not expired may transfer their Oral Examination fee to a subsequent examination within their eligibility period for a reapplication fee set by the Board of Directors. Notification of withdrawal must be submitted in writing to the Board office. Candidates withdrawing for special circumstances (i.e., illness, pregnancy, family death, national disaster) may submit a written request to the Board that the Oral Examination reapplication fee be waived. The Board will review the request and determine if fee should be waived.

Assignment of candidates to a session will be at the sole discretion of the Board.

NO SHOW

A candidate who fails to appear for the Oral Examination as scheduled, without prior notification to the Executive Director, will be required to pay the entire examination fee to reschedule the examination. Consideration to waive the fee for candidates who have special circumstances such as illness, death in the family, will be considered by the Board.

EXAM CANCELLATION

The American Board of Periodontology will make every attempt to administer the Qualifying and Oral Examinations as scheduled. Should the ABP, in its sole discretion, cancel all or part of an examination, or as a result of events beyond its control be unable to administer an examination to its completion at the appointed date, time and location, the ABP is not responsible for any expense the candidate may have incurred in connection with the canceled examination, nor for any expense the candidate may incur for any substitute examination.

HANDLING COMPLAINTS ABOUT CANDIDATES FOR CERTIFICATION

The Board will not certify a candidate if it has substantial questions about the ability of the candidate to practice dentistry in a competent manner and with due regard for the interests of patients. When materials that question the competence of a candidate have been brought to the attention of the Board, these materials should be investigated by staff and referred to the

Credentials Committee. If after reasonable investigation the Credentials Committee has substantial doubt about the ability of the candidate to practice in the best interest of patients, that candidate will not be certified.

The Board has the right not to certify a candidate if the candidate (a) has had a license to practice dentistry revoked, inactivated, or restricted in any jurisdiction, b) has been convicted of or pled nolo contendere to any felony or (c) has a physical or psychological condition, including but not limited to substance abuse, that may interfere with the practice of dentistry.

The Board will require each candidate for certification and recertification to complete a statement attesting to the candidate's credentials and providing such additional information and attestations as the Board may request that may bear on the decision to certify or recertify.

APPEAL OF QUALIFYING EXAMINATION FAILURE

A candidate who has failed the Qualifying Examination may appeal the adverse decision based on equipment failure or technical difficulties at the testing facility. Disagreement with the correctness of an answer to a question on the Qualifying Examination is not grounds for appeal.

APPEAL OF ORAL EXAMINATION FAILURE

A candidate who has failed the Oral Examination may file an appeal with the Director of Examinations. To be valid the appeal must be received by the Director of Examinations within thirty (30) days after receipt by the candidate of notice of the adverse decision.

An appeal must contain a statement of the specific reason or reasons that the candidate believes that the decision was improper. It must also include any supporting documentation that the candidate wishes to have considered. Failure to provide a specific reason or reasons as to why the candidate believes the adverse decision was improper may be grounds for refusal to hear the appeal.

Disagreement with the judgment of the Examiners is not a valid reason for an appeal. Rather, the candidate must present facts tending to suggest that the conduct of the examination was improper or flawed or that some other event occurred that biased the result. Absent improper conduct of the examination or a biasing event, the Appeals Committee will not substitute its judgment for the judgment of the Examiners and will not re-grade any examination.

PROCEDURES FOR SUBMITTING AN APPEAL

A candidate or Diplomate who has received an adverse decision affecting certification or recertification may appeal the adverse decision by filing a written appeal with the Director of Examinations. An "adverse decision affecting certification or recertification" may consist of:

1. Rejection of credentials for eligibility to sit for the Qualifying Examination or the Oral Examination;
2. Receipt of a failing grade on the Qualifying Examination or the Oral Examination;
3. Denial of a request for extension of the eligibility period; or
4. Denial or revocation of certification or recertification – or placement on inactive status for reasons other than non-payment of the annual registration fee.

To be valid, the appeal must be received by the Director of Examinations within thirty (30) days after receipt by the candidate or Diplomate of notice of the adverse decision. It must be accompanied by the appeals fee set by the Board payable to the American Board of Periodontology. This fee is designed to defray the Board's administrative and legal costs in considering the appeal.

An appeal must contain a statement of the specific reason or reasons that the candidate or Diplomate believes that the decision was improper. It must also include any supporting documentation that the candidate or Diplomate wishes to have considered. Failure to provide a specific reason or reasons as to why the candidate or Diplomate believes the adverse decision was improper may be grounds for refusal to hear the appeal.

All appeals will be subject to preliminary review by the Director of Examinations. Unless the Director of Examinations determines that an appeal is frivolous or fails to meet applicable procedural requirements, a properly filed appeal will be considered by an Appeals Committee consisting of three individuals who did not participate in the adverse decision. The Appeals Committee shall be appointed by the Director of Examinations and shall include at least two current Directors of the Board. If possible, the Committee shall not include any periodontist who might reasonably be regarded as being in competition with the candidate or Diplomate, who was involved in training the candidate or Diplomate, or who is a family member or associate of the candidate or Diplomate.

The Appeals Committee will review the specific grounds for appeal set forth by the candidate or Diplomate. If the Appeals Committee determines that there is no reason to alter the adverse decision, it shall affirm that decision. If the Appeals Committee determines that the adverse decision was improper, it shall reverse or modify the decision. If the Appeals Committee believes that it requires additional information from the candidate or Diplomate, it may request that information either formally or informally.

The Appeals Committee shall notify the candidate or Diplomate in writing of its decision, including the reasons therefore, within thirty (30) days after reaching the decision. The Committee shall endeavor to reach its decision within sixty (60) days after receiving a properly filed appeal – unless it has requested additional information from the candidate or Diplomate. The decision of the Appeals Committee shall be provided to the full Board as information. The

decision of the Appeals Committee shall constitute the final decision of the American Board of Periodontology unless the Board determines to reconsider the decision of the Committee.

This information is published by the American Board of Periodontology to inform prospective candidates about Board policies, requirements, and procedures for the examination process, certification, and maintenance of certification. Prices, dates, and deadlines are subject to change without notice.

Applications for Board examinations may be completed online at www.abperio.org

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