



# CANDIDATE'S GUIDE TO BOARD CERTIFICATION QUALIFYING EXAM



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.

To begin the certification process, you must have successfully completed a CODA-accredited program in Periodontics. However, residents who are in their final year of training may register for the Qualifying Exam (QE) upon approval of their Program Director.

## QUALIFYING EXAMINATION

The Qualifying Examination is a multiple choice, computer-based test that covers a broad range of information related to the science and practice of periodontics and dental implant surgery. Subject areas include but are not limited to basic science, Oral Medicine/Oral Pathology, Periodontal Histology/Periodontal Pathology, Epidemiology/Statistics, Diagnosis, Etiology, Prognosis, Dental Implants, Periodontal Therapy and evidence-based clinical practice. For a complete outline of subject areas, refer to the attachment at the end of this document.

### EXAM DATES AND LOCATION

The Qualifying Examination is conducted annually at PearsonVue Testing Centers. The examination is offered over a two-to-five-day period. Information as to exact dates can be found at: <https://www.abperio.org/candidates/pathway-certification>.

If you do not have a PearsonVue account, the first step is to create one. To do that, schedule an exam, or find the nearest test location check the Pearson Vue ABP page at <https://home.pearsonvue.com/abp/contact>. Be aware that testing slots are given on a first come, first serve basis.

### EXAM APPLICATION PROCESS

Candidates must submit a completed application packet, which includes:

- ABP Qualifying Examination Application Form
- ABP Qualifying Examination Attestation Form
- ABP Qualifying Examination Credentials Form
- **Non-refundable** application fee of \$850
- Evidence of completion of a CODA-accredited program in Periodontics or a signed letter from your Program Director stating the following:

“It is anticipated that Dr. \_\_\_\_\_ will satisfy all requirements and successfully complete the advanced education program in Periodontics in [month, year]. Permission is hereby granted to register for the [year] ABP Qualifying Examination.”

If you have completed your program but do not yet have your certificate, the ABP will accept an official letter signed by the Program Director AND Dean (or equivalent administrative official) that specifies “successful completion of an educational program in Periodontology, which is accredited by the Commission on Dental Accreditation.”

Details on the application process and forms can be found at:

<https://www.abperio.org/candidates/qualifying-examination>

Exam registration typically closes in the third week of November each year. Please check the ABP website for current application information.

Once an application is approved, the candidate will receive a letter from the ABP with information on PearsonVue registration. Candidates will be notified when PearsonVue registration is open for the ABP Qualifying Examination.

### **CONFIDENTIALITY**

Exam candidates are required to agree to the following confidentiality agreement and will be held to the confidentiality requirements:

“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 not to retain the examination and not to discuss the questions or answers with anyone. I further understand that this examination is a copyrighted work of the Board and that copying of any questions in any form constitutes infringements of the Board’s copyright.”

### **SCORING AND REPORTING OF RESULTS**

Evaluation of performance is criterion based and done in consultation with psychometricians. Examination results will be sent in writing to the candidate by postal mail approximately eight weeks following the close of the exam session.

***Only notification of success or failure is provided to candidates;*** no specific grades are reported.

Candidates are solely responsible for notifying the Board office of any change in mailing address. To ensure the timely delivery of results, please provide any address updates immediately.

Please note, examination results will not be provided over the phone, by facsimile, or email. Candidates who do not pass the exam may discuss results with the Director of Examinations by appointment.

Exam questions are not released, and all questions are copyrighted by The American Board of Periodontology.

## **FREQUENTLY ASKED QUESTIONS**

### **WHAT IF I AM UNSUCCESSFUL ON THE QUALIFYING EXAM?**

Candidates who are not successful in passing the Qualifying Exam may reapply by submitting a new, complete application and the reapplication fee of \$850 by the published deadline for the next exam administration. No application fees will be refunded if you do not pass the Qualifying Exam.

## **I PASSED THE QUALIFYING EXAM. WHEN AM I FIRST ELIGIBLE TO TAKE THE ORAL EXAM?**

Candidates who pass the Qualifying Exam are eligible to take the Oral Examination scheduled for May of the year following the Qualifying Examination.

## **I PASSED THE QUALIFYING EXAM. WHAT IS THE DEADLINE TO CHALLENGE THE ORAL EXAM?**

Candidates who pass the Qualifying Exam must complete the Oral Exam within two (2) years from the year the Qualifying Exam was successfully completed unless an extension is granted. For example, if you successfully complete the Qualifying Exam in January 2023 you have until May 2025 to challenge the Oral Exam.

## **I WOULD LIKE TO REQUEST AN EXTENSION OF ELIGIBILITY. HOW DO I DO THAT?**

A request for a one-year extension to complete the Oral Exam may be made in writing to the Board office and must be received by October 31 of the year prior to eligibility expiration. The Director of Examinations reviews the specific request, and can approve, disapprove, or ask for a vote of the ABP Board of Directors on the request.

Requests will be granted only when in the Board's judgment the candidate was prevented from taking the Oral Exam due to extreme extenuating circumstances. A maximum of one request will be considered by the Board.

## **QUALIFYING EXAM BLUEPRINT**

### **Domain A: Foundational Knowledge**

- A.I.1. Biomedical Science, Anatomy (e.g., gross surgical anatomy, microanatomy, structural anatomy, growth and pathology)
- A.I.2. Biomedical Science, Physiology of Body Systems (e.g., cardiovascular, endocrine, neural, respiratory, etc.)
- A.I.3. Biomedical Science, Pathology
- A.I.4. Biomedical Science, Biochemistry and Molecular Biology (e.g., connective tissue, cell biology)
- A.I.5. Biomedical Science, Immunology (e.g., understanding of A&P of immune system, cell mediated, immune deficiencies)
- A.I.6. Biomedical Science, Microbiology (e.g., biology of microorganisms, pathogenic mechanisms, biofilm)
- A.I.7. Biomedical Science, Pharmacology (e.g., antimicrobials, opioids, analgesics, emergency meds, drug interactions, cardiovascular, respiratory meds, antibacterials, alternative medicine, local anesthetic, sedatives)
- A.I.8. Biomedical Science, Genetics
- A.I.9. Biomedical Science, Pathophysiology of Inflammation
- A.I.10. Biomedical Science, Radiology
- A.I.11. Biomedical Science, Wound Healing

- A.II.1. Material Science, Autografts
- A.II.2. Material Science, Allografts/Xenografts
- A.II.3. Material Science, Biologics (e.g., stem cell therapies, EMD, growth factors)
- A.II.4. Material Science, Barrier Membranes
- A.II.5. Material Science, Alloplasts/Synthetics
- A.II.6. Material Science, Hemostatic Agents
- A.II.7. Material Science, Suture
- A.II.8. Material Science, Periodontal Dressings
- A.II.9. Material Science, 3D Printing
- A.II.10. Material Science, Implant and Restorative Materials (e.g., surface characteristics, micro/macro geometry, thread design)
- A.III.1. Statistics and Epidemiology, Understand basic statistical principles and hierarchy of evidence for evaluation and interpretation of scientific and clinical literature
- A.III.2. Statistics and Epidemiology, Interpret and apply evidence regarding established and emerging therapeutic modalities
- A.III.3. Statistics and Epidemiology, use epidemiology data to guide and evaluate treatment options

### **Domain B: Diagnosis**

- B.1. Medical and dental history
- B.2. Vital Signs
- B.3. Additional medical assessments (e.g., lab values, medical consultations, etc.)
- B.4. Extra-oral and intra-oral examination of tissues and structures (e.g., oral cancer screening, TMD analysis)
- B.5. Radiographic Evaluation (2-dimensional)
- B.6. Radiographic Evaluation (3-dimensional)
- B.7. Assess and evaluate teeth and their existing restorations and replacements (e.g., implants)
- B.7. Oral hygiene assessment (e.g., plaque/biofilm, stain, calculus)
- B.8. Occlusal evaluation and diagnostic casts (e.g., malocclusion, primary/secondary occlusal trauma)
- B.9. Additional periodontal assessments (e.g., microbial assessments, biological assays)
- B.10. Comprehensive dental and periodontal assessment to include probing depths, attachment levels, bleeding on probing, mobility, furcations, keratinized mucosa dimension, mucogingival conditions/deformities including esthetic assessment, tooth-related factors, implant-related factors
- B.11. Edentulous ridge dimension and restorative space using appropriate laboratory and imaging techniques
- B.12. Risk assessment analysis or tool
- B.13. Caries risk assessment pulp vitality assessment
- B.14. Using an accepted classification system of Periodontal and Peri-Implant diseases and conditions to diagnose all relevant clinical conditions

### **Domain C: Etiology of Periodontal and Peri-Implant Diseases and Conditions**

- C.1. Determine etiological and contributing factors for susceptibility to periodontal diseases
- C.2. Determine etiological and contributing factors for susceptibility to peri-implant diseases

### **Domain D: Prognosis**

- D.1. Determine short- and long-term tooth, implant, and overall dentition prognosis using tooth and patient related factors (e.g., Kwok and Caton, McGuire and Nunn, other classification system)
- D.2. Guide treatment plan formulation

### **Domain E: Treatment Planning and Patient Management**

- E.1. Develop a problem focused treatment plan (e.g., limited treatment case/prescription surgery)
- E.2. Develop a patient-centered treatment plan (e.g., needs, wants, financial aspects), considering ethical and professional dilemmas
- E.3. Develop a comprehensive (preventative, functional, aesthetic, and supportive maintenance phases within comprehensive care) sequential treatment plan, which may include medical and dental consultations and referrals, and dental implant therapy (develop digital workflow, fabrication of a radiographic and/or surgical guide).
- E.4. Understand and apply stress reduction options (e.g., anxiolysis)
- E.5. Obtain proper informed consent for treatment (e.g., risk, benefits, alternative treatments, costs)
- E.6. Understand behavioral modification techniques, such as behavior modification (tobacco/vaping cessation, dental hygiene, recreational drug use, nutritional analysis, etc.), behavior modification for TMD and myofascial pain treatment, non-pharmacological stress management techniques during therapy (e.g., voice inflection, quiet room, sound therapy, aroma therapy, hypnosis, etc.), and motivational interviewing (e.g., use open-ended questions, patient feedback)
- E.7. Management of medically compromised patients
- E.8. Management of patients with special needs (physical and mental)

### **Domain F: Therapy: Non-Surgical, Surgical, and Maintenance**

- F.I.1. Non-surgical therapy, modification of patient oral hygiene
- F.I.2. Non-surgical therapy, scaling and root planing
- F.I.3. Non-surgical therapy, occlusal therapy
- F.I.4. Non-surgical therapy, local antimicrobial therapy
- F.I.5. Non-surgical therapy, systemic antimicrobial therapy
- F.I.6. Non-surgical therapy, alternative therapy (e.g., probiotics, photodynamic, herbal medicine, ozone therapy, oil pulling)
- F.I.7. Non-surgical therapy, host modulation
- F.I.8. Non-surgical therapy, laser therapy

- F.I.9. Non-surgical therapy, subgingival irrigation
- F.I.10. Non-surgical therapy, limited orthodontic therapy
- F.I.11. Non-surgical therapy, re-evaluation of non-surgical therapy
- F.I.12. Non-surgical therapy, management of peri-implant diseases
- F.II.1. Surgical therapy, enteral moderate sedation
- F.II.2. Surgical therapy, inhalation sedation
- F.II.3. Surgical therapy, parenteral moderate sedation
- F.II.4. Surgical therapy, gingivectomy and gingivoplasty
- F.II.5. Surgical therapy, Periodontal flap procedures
- F.II.6. Surgical therapy, Ostectomy and osteoplasty for treatment of periodontitis
- F.II.7. Surgical therapy, root resection/hemisection/bicuspidization
- F.II.8. Surgical therapy, regenerative procedures around teeth
- F.II.9. Surgical therapy, guided tissue regeneration (with membrane)
- F.II.10. Surgical therapy, osseous grafting around teeth
- F.II.11. Surgical therapy, functional crown lengthening
- F.II.12. Surgical therapy, esthetic crown lengthening
- F.II.13. Surgical therapy, root coverage procedures using materials (e.g., biologics, dermal matrices, etc.)
- F.II.14. Surgical therapy, root coverage procedures without using materials
- F.II.15. Surgical therapy, gingival augmentations using materials (e.g., biologics, dermal matrices, etc.)
- F.II.16. Surgical therapy, gingival augmentations without using materials
- F.II.17. Surgical therapy, lip repositioning
- F.II.18. Surgical therapy, tooth extraction
- F.II.19. Surgical therapy, biopsy
- F.II.20. Surgical therapy, surgical exposure of unerupted teeth
- F.II.21. Surgical therapy, frenectomy
- F.II.22. Surgical therapy, periodontally accelerated osteogenic orthodontics (PAOO)
- F.II.23. Surgical therapy, laser surgical therapy
- F.II.24. Surgical therapy, apicoectomy
- F.II.25. Surgical therapy, pre-prosthetic hard and soft tissue surgery
- F.II.26. Pain management and post-op instructions
- F.III.1. Implant site development, ridge preservation
- F.III.2. Implant site development, hard and soft tissue augmentation of edentulous ridges
- F.III.3. Implant site development, Sinus augmentation: crestal/transalveolar
- F.III.4. Implant site development, sinus augmentation: lateral
- F.III.5. Implant site development, osseodensification
- F.IV.1. Dental implant surgery, immediate placement (within 24 hours)
- F.IV.2. Dental implant surgery, early placement with soft tissue healing (4-8 weeks)
- F.IV.3. Dental implant surgery, early placement with partial bone healing (12-16 weeks)
- F.IV.4. Dental implant surgery, late placement (>6 months)
- F.IV.5. Dental implant surgery, management of peri-operative/post-operative complications

- F.IV.6. Dental implant surgery, evaluation of implant stability at placement (torque/stability value)
- F.IV.7. Dental implant surgery, management of peri-implant diseases
- F.IV.8. Dental implant surgery, management of peri-implant soft and hard tissue deficiencies
- F.V.1. Evaluation/Maintenance, establish maintenance intervals and procedures, including periodic periodontal exams
- F.V.2. Evaluation/Maintenance, assess post-surgical outcomes
- F.V.3. Evaluation/Maintenance, management of post-operative surgical and prosthetic complications, and recurrent disease

### **Domain G: Oral Pathology and Oral Medicine**

- G.1. Develop differential diagnosis of hard and soft tissue lesions
- G.2. Determine definitive diagnosis based on histology, laboratory reports, pathologic consultations
- G.3. Describe how to treat hard and soft tissue lesions
- G.4. Recognize when to refer hard and soft tissue lesions
- G.5. Recognize the oral manifestations of systemic and infectious diseases

### **Domain H: Implant Restorations**

- H.1. Loading protocols (immediate, delayed)
- H.2. Implant provisionalization (single, multiple, full arch), including aesthetic considerations, type of restorations (screw-retained vs. cemented, material selection)
- H.3. Definitive restoration (single, multiple, full arch), including aesthetic considerations, type of restorations (screw-retained vs. cemented, material selection)
- H.4. Treat peri-implant diseases and conditions

### **Domain I: Systemic Implications**

- I.1. Knowledge of stress and anxiety as it relates to treatment and treatment outcomes, and its effect on disease entities
- I.2. Use knowledge of periodontal manifestations as it relates to systemic diseases and conditions
- I.3. Knowledge of periodontal conditions as it is implicated in systemic health