The American Board of Periodontology

Certifying in Periodontology and Dental Implant Surgery

CANDIDATE'S GUIDE TO BOARD CERTIFICATION

QUALIFYING EXAM

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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 applications 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 2027

Domain/Objective
Domain A. Foundational Knowledge
1. Biomedical Science
a. Anatomy and physiology (e.g., gross surgical anatomy, dental anatomy, microanatomy, structural anatomy, growth, cardiovascular, endocrine, neural, respiratory systems)
b. Biochemistry and molecular biology (e.g., connective tissue, cell biology)
c. Health and disease processes of immunology (e.g., innate and adaptive immunity, immune deficiencies) pathology, and genetics and epigenetics
d. Microbiology and pathophysiology of inflammation (e.g., biofilm, pathogenic mechanisms, host mediated responses)
e. Pharmacology (e.g., antimicrobials, opioids, analgesics, emergency meds, drug interactions, cardiovascular, respiratory meds, antibacterials, alternative medicine, local anesthetics, sedative and reversal agents, MRONJ)
f. Radiologic and imaging sciences
g. Wound healing (e.g., stages, non-surgical and surgical)
2. Material Science
a. Autografts
b. Allografts
c. Xenografts
d. Alloplasts/synthetics
e. Biologics (e.g., ABPs, EMD, rhPDGF-BB, rhBMP-2)
f. Barrier membranes
g. Hemostatic agents
h. Sutures
i. Periodontal dressings
j. Implant materials (e.g., surface characteristics, micro/macro geometry, thread design)
k. Restorative materials (e.g., dental and implant, cements)
l. Laboratory materials (e.g., additive/subtractive techniques, 3D printing, milling, removable and fixed prosthesis)
3. Statistics and Epidemiology
a. Understand basic statistical principles and hierarchy of evidence for evaluation and interpretation of scientific and clinical literature (e.g., systematic reviews)
b. Interpret and apply evidence regarding established and emerging therapeutic modalities
c. Use epidemiology data to guide and evaluate treatment options (e.g., NHANES findings)

Domain/Objective	
Domain B. Diagnosis	
1. Interpret relevant medical, dental and social history	
2. Interpret vital signs	
3. Interpret additional medical assessments (e.g., lab values, medical consultations, etc.)	
4. Interpret extra-oral and intra-oral examination of tissues and structures (e.g., oral cancer screening, TMD analysis)	
5. Interpret 2-dimensional radiographs	
6. Interpret 3-dimensional imaging	
7. Assess and evaluate teeth and their existing restorations and replacements (e.g., implants)	
8. Interpret oral hygiene parameters (e.g., plaque/biofilm, stain, calculus)	
9. Interpret occlusal findings and diagnostic casts (e.g., malocclusion, primary/secondary occlusal trauma)	
10. Evaluate comprehensive dental and periodontal findings to include probing depths, attachment levels, bleeding on probing, mobility, furcations, keratinized mucosa dimension, tissue phenotypes, esthetic assessment, mucogingival conditions/deformities including tooth-related factors, implant-related factors	
11. Understand the indications and limitations of periodontal assessments (e.g., microbial assessments, biological assays)	
12. Determine edentulous ridge dimension and restorative space utilizing appropriate laboratory and imaging techniques	
13. Utilize and employ risk assessment analysis or tool	
14. Evaluate caries risk and pulp vitality	
15. Diagnose all relevant clinical conditions and findings, using referenced classification systems of periodontal and peri-implant diseases and conditions	
Domain C. Etiology of Periodontal and Peri-implant Diseases and Conditions	
1. Recognize the etiological and contributing factors for periodontal diseases	
2. Recognize the etiological and contributing factors for peri-implant diseases	
3. Recognize the etiological and contributing factors for developmental and acquired conditions	
Domain D. Prognosis	
1. Determine short- and long-term individual tooth and overall therapeutic prognosis (periodontal and mucogingival) using tooth and patient related factors	
2. Determine short- and long-term implant therapeutic prognosis (pre- and post-placement) using site and patient related factors	

Domain/Objective	
3. Apply the prognosis to support the development of a comprehensive treatment plan	
Domain E. Treatment Planning and Patient Management	
1. Develop a problem focused treatment plan (e.g., limited treatment case/prescription surgery)	
2. Develop a comprehensive and sequential treatment plan (preventive, functional, aesthetic, and supportive maintenance phases within comprehensive care), which may include medical/dental consultations and referrals	
3. Develop a treatment plan that considers ethical and professional dilemmas (e.g., patient needs, wants, financial aspects)	
4. Use appropriate stress reduction options:	
a. Inhalation	
b. Enteral	
c. Parenteral	
d. Iatrosedation (e.g. voice inflection, quiet room, sound therapy, aroma therapy, hypnosis)	
5. Describe behavioral modification techniques for habits (e.g., tobacco/vaping cessation, oral hygiene, recreational drug use, nutrition) and TMD/myofascial pain treatment.	
6. Identify applicable strategies for the management of medically compromised patients	
7. Identify appropriate management of patients with special needs	
8. Identify elements of proper informed consent for treatment (e.g., risk, benefits, alternative treatments, costs)	
9. Incorporate implant placement and prosthetic planning considerations (e.g., analog or digital workflows) into comprehensive and sequential treatment planning	
10. Recognize and treat/manage emergency medical issues	
Domain F. Periodontal Therapy: Non-Surgical & Surgical	
1. Understand principles of non-surgical therapies, including rationale for use and expected outcomes	
a. Modification of patient oral hygiene, scaling and root planing, occlusal therapy, and re-evaluation of non-surgical therapy outcomes	
b. Adjunctive therapies: Local or systemic antimicrobial therapy, host modulation, alternative therapy (e.g., probiotics, LASER/photodynamic)	
c. Modification of restorative and anatomic etiologic factors (open contacts, overhanging restorations, CEPs)	
d. Orthodontic therapy in support of periodontal treatment	
2. Understand principles of periodontal surgical therapy (excluding implants), including techniques, materials, rationale for use, and expected outcomes	

Domain/Objective	
a. Gingivectomy and gingivoplasty, periodontal flap procedures, resective surgical procedures (osseous surgery, functional/esthetic crown lengthening), periodontal regeneration (GTR, biologics, bone grafts), root resection/hemisection/bicuspidization	
b. Mucogingival surgical procedures: Root coverage (autogenous/non-autogenous), gingival augmentation (autogenous/non-autogenous)	
c. Vestibular depth modification (lip repositioning, vestibuloplasty, frenectomy)	
d. Tooth extraction (extraction socket healing, intentional replantation, transplantation, ridge preservation) and pre-prosthetic hard and soft tissue surgery (tori removal, pontic site development, alveoloplasty)	
e. Periodontal surgery for orthodontic therapy: Periodontally accelerated osteogenic orthodontics (PAOO/SFOT, surgical exposure of unerupted teeth, temporary anchorage devices)	
f. LASER surgical therapy (LASER assisted periodontal therapies)	
g. Pain and post-operative management and complications	
Domain G. Implant-Related Therapy	
1. Understand implant site development, including rationale for use and expected outcomes	
a. Alveolar ridge preservation following extraction	
b. Hard and soft tissue augmentation of edentulous ridges	
c. Sinus augmentation: Crestal/transalveolar	
d. Sinus augmentation: Lateral window	
e. Osseodensification	
2. Understand dental implant surgery, including rationale for use and expected outcomes	
a. Osseointegration and evaluation of implant stability at placement (torque/stability value)	
b. Implant placement (immediate, early, delayed)	
c. Management of peri-operative/post-operative complications	
d. Management of peri-implant diseases (i.e., Non-surgical [mechanical, chemotherapy, restorative, LASER], Surgical [resective, regenerative, implantoplasty, debridement/disinfection, soft tissue augmentation])	
e. Management of peri-implant soft and hard tissue deficiencies (during or after implant placement)	
Domain H. Periodontal and Peri-implant Evaluation/Maintenance	
1. Establish maintenance intervals and procedures, including periodic periodontal exams (e.g., Periodontal, Peri-implant)	
2. Assess post-surgical outcomes (e.g., Periodontal, Peri-implant)	
3. Management of post-operative surgical and prosthetic complications, and recurrent disease (e.g., Periodontal, Peri-implant)	
Domain I. Oral Pathology and Oral Medicine	
1. Develop differential diagnosis of hard and soft tissue lesions	
2. Identify appropriate biopsy technique	

Domain/Objective
3. Determine definitive diagnosis based on histology, laboratory reports, pathologic consultations
4. Describe how to treat hard and soft tissue lesions
5. Recognize when to refer hard and soft tissue lesions
6. Recognize the oral manifestations of systemic and infectious diseases
Domain J. Implant Restorations
1. Demonstrate in-depth knowledge, rationale for use, and expected outcomes for loading protocols (immediate, early, and delayed)
2. Demonstrate in-depth knowledge, rationale for use, and expected outcomes for implant provisionalization (single, multiple, full arch), including aesthetic considerations, type of restorations (screw retained vs. cemented, material selection)
3. Demonstrate in-depth knowledge, rationale for use, and expected outcomes for definitive restoration (single, multiple, full arch), including aesthetic considerations, type of restorations (screw-retained vs. cemented, material selection)
4. Demonstrate in-depth knowledge and expected outcomes for restorations as a risk factor/indicator for peri-implant diseases and conditions
Domain K. Periodontal and Systemic Relationships
1. Knowledge of the manifestations of systemic diseases and conditions that affect the periodontium
2. Knowledge of the effect of periodontal diseases on systemic health