

**THE AMERICAN BOARD OF PERIODONTOLOGY**  
A Corporation organized under the State of Illinois  
**ALTERNATE PATHWAY (REVISED LANGUAGE CERTIFICATE) APPLICATION**  
**FOR DIPLOMATES CERTIFIED PRIOR TO 2003**



Mail to:  
The American Board of Periodontology  
877 Baltimore Annapolis Blvd, Suite 111  
Severna Park, MD 21146

Office: 410-647-1324  
Fax: 410-647-1260  
E-mail: staff@abperio.org  
Website: www.abperio.org

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Please complete the application and return to the Board office along application components.

- (1) Surgical Case Log.** Surgical cases must be relevant to dental implant surgery. Applicant must have been the lead or the supervising periodontist on each surgical case. Include the date of service and description of the case. DO NOT include any patient identifiers.
- (2) Lectures Presented.** Lectures must be relevant to dental implant surgery and presented in a CODA accredited dental of advance specialty dental education program or comply with an approved CE granting authority. **1 point** will be issued for each lecture. A **maximum of 25 points** may be awarded for presentation of lectures, workshops or seminars. If you do not have the specific date of the presentation, list the 1st of the month and year given (e.g., if the lecture was presented in May 2012, enter 05/01/2012).
- (3) Publications.** Publications must be relevant to dental implant surgery and published in peer reviewed, citable dental implant surgery literature (i.e. articles, textbook contributions, workshop and consensus conference publications). 1 point will be awarded for contributing author, and 5 points for primary author. A maximum of 25 points may awarded for publication.
- (4) Continuing Education. Continuing education units** earned from a CE granting authority (either state dental boards or ADA CERP) **1 point per credit hour granted.** A maximum 25 points may be awarded for continuing education.

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Certificate Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate up to THREE degrees/credentials that you would like to appear on your certificate:**

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**PAYMENT INFORMATION**

Check (# \_\_\_\_\_)       American Express    Discover    MasterCard    Visa

Account Number: \_\_\_\_\_

CCV: \_\_\_\_\_ Exp: (MM/YY) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Signature: \_\_\_\_\_



**THE AMERICAN BOARD OF PERIODONTOLOGY**  
**REVISED LANGUAGE CERTIFICATE**  
**ALTERNATE PATHWAY APPLICATION**  
**SURGICAL CASE LOG REPORTING FORM**

Surgical cases must be relevant to dental implant surgery. Applicant must have been the lead or the supervising periodontist on each surgical case. Include the date of service, description of the case and location. **DO NOT include any patient identifiers.**

Surgical logs in dental implant surgery submitted to the board must be current within 5 years of the date of submission by the applicant.

You must enter **50 more surgical cases** in order to receive the full 25 points.

Diplomate Name:	Certification No.
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	Date	Procedure	Tooth No(s).
<i>EX.</i>	<i>04/27/2015</i>	<i>Extraction/Bone Graft</i>	<i>#15</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

ADDITIONAL PAGE: ALTERNATE PATHWAY – SURGICAL CASE LOG

Diplomate Name:	Certification No.
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	Date	Procedure	Tooth No(s).
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
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41.			
42.			
43.			
44.			





**THE AMERICAN BOARD OF PERIODONTOLOGY**  
**REVISED LANGUAGE CERTIFICATE**  
**ALTERNATE PATHWAY APPLICATION**  
**PUBLICATIONS REPORTING FORM**

*Diplomates requesting points toward the Alternate Pathway using  
**LECTURES must use this form to report.***

Lectures must be relevant to dental implant surgery and presented in a CODA accredited dental of advance specialty dental education program or comply with an approved CE granting authority. **1 point** will be issued for each lecture. A **maximum of 25 points** may be awarded for presentation of lectures, workshops or seminars. If you do not have the specific date of the presentation, list the 1st of the month and year given (e.g., if the lecture was presented in May 2012, enter 05/01/2012).

You must include the **date**, **location** or **sponsor** (e.g., university or organization), and **location** of the lecture.

**Lecture presentations submitted to the board as supporting qualifications must be current within 15 years of the date of submission**

Diplomate Name:	Certification No.
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Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:
Lecture Title:	

ADDITIONAL PAGE: ALTERNATE PATHWAY – LECTURES PRESENTED

Sponsoring Organization:		
City:	State/Province:	Country:
Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:

Date:	Hours Requested:	
Lecture Title:		
Sponsoring Organization:		
City:	State/Province:	Country:





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REVISED LANGUAGE CERTIFICATE  
ALTERNATE PATHWAY APPLICATION  
PUBLICATIONS REPORTING FORM**

*Diplomates requesting points toward the Alternate Pathway using  
PUBLICATIONS must use this form to report.*

Publications must be relevant to dental implant surgery and published in peer reviewed, citable dental implant surgery literature (i.e. articles, textbook contributions, workshop and consensus conference publications). 1 point will be awarded for contributing author, and 5 points for primary author. A maximum of 25 points may awarded for publication.

Citations must include title, authors name(s), journal name, volume, page numbers, and publication date. Please indicate whether you were the primary or contributing author. **Publication citations submitted as supporting qualifications must be current within 15 years of submission**

Diplomate Name:	Certification No.
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Date:	Author      Co-Author	Hours Requested:
Article Title:		
Authors		
Journal:		
Volume:	Issue:	Page(s):

Date:	Author      Co-Author	Hours Requested:
Article Title:		
Authors		
Journal:		
Volume:	Issue:	Page(s):

Date:	Author      Co-Author	Hours Requested:
Article Title:		
Authors		
Journal:		
Volume:	Issue:	Page(s):



ADDITIONAL PAGE: ALTERNATE PATHWAY – PUBLICATIONS

Date:	Author	Co-Author	Hours Requested:
Article Title:			
Authors			
Journal:			
Volume:	Issue:	Page(s):	

Date:	Author	Co-Author	Hours Requested:
Article Title:			
Authors			
Journal:			
Volume:	Issue:	Page(s):	

Date:	Author	Co-Author	Hours Requested:
Article Title:			
Authors			
Journal:			
Volume:	Issue:	Page(s):	

Date:	Author	Co-Author	Hours Requested:
Article Title:			
Authors			
Journal:			
Volume:	Issue:	Page(s):	

Date:	Author	Co-Author	Hours Requested:
Article Title:			
Authors			
Journal:			
Volume:	Issue:	Page(s):	





THE AMERICAN BOARD OF PERIODONTOLOGY  
REVISED LANGUAGE CERTIFICATE  
ALTERNATE PATHWAY APPLICATION  
CONTINUING EDUCATION REPORTING FORM

*Diplomates requesting points toward the Alternate Pathway using  
CONTINUING EDUCATION must use this form to report.*

Continuing education units earned from a CE granting authority (either state dental boards or ADA CERP)  
**1 point per credit hour granted.** A maximum 25 points may be awarded for continuing education.

Continuing education units reported must include **course title, registration number** and **date.**

CE units in dental implant surgery submitted to the board must be current within 5 years of the date of s  
submission by the applicant.

Diplomate Name:	Certification No.
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Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

**NOTE:** *Registration or Provider Numbers can be found on the certificate of completion.*

ADDITIONAL PAGE: ALTERNATE PATHWAY – CONTINUING EDUCATION

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

Date:	Hours Requested:
Course Title:	
Course Sponsor:	
Registration/Provider Number:	

**NOTE:** Registration or Provider Numbers can be found on the certificate of completion.