

American Board of Orofacial Pain™

2027 CERTIFICATION EXAMINATION BULLETIN OF INFORMATION

Written and Oral Examinations

Application Deadline: January 31, 2027

American Board of Orofacial Pain (ABOP)

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ABOP has adopted an On-Line format for the written and oral examinations.

The American Board of Orofacial Pain (ABOP) was founded in 1994 in response to the need for a valid certification process for dentists practicing in the field of Orofacial Pain. The ABOP is a registered non-profit organization which administers annual certification examinations to dentists who meet the eligibility requirements.

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Contents

Board of Directors	5
Certification.....	6
The Purpose of Certification	6
The Goals of the ABOP Certification are:	6
The Scope of Certification:	7
The Advantages of Certification	7
Application for the Certification Examinations	8
Eligibility requirements for the Written and Oral Examinations and Certification	8
Examination Fees	8
Written and Oral Examination Application Documents:	8
Application Deadline	9
Mailing address for application	9
Application Inquiries	9
Policies on Testing Individuals with Disabilities	10
Policies on Testing Individuals of Diverse Linguistic Backgrounds	10
Registration Acceptance Process– The Admission Letter from PTC to register with Prometric	10
About the Written Examination	10
About the Oral Examination:	11
Examination Irregularities	12
Cancellation of the examination	13
Nondiscrimination Policy	13
Examination Construction, Scoring and Reporting	13
Cancellation of Scores	14
Voluntary Withdraw of Scores:	14
Appeals Provisions	14
Written Examination Appeals:	14
Oral Examination Appeals	15
Certification Appeals:	15
Retaking the Examinations	15
Becoming Certified and Maintaining Certification	15
Statement of Confidentiality	16
Examination Preparation	16
Examination topics	16
Suggested Study Aids	19

Recommended Textbooks:	19
Recommended Journals:	20
Online Resources:	20
CODA-Accredited Programs	21
Candidate Information	22
Mailing Address	23
Information on Advanced Education	24
Candidate Agreement	25
Verification for Written Examination Eligibility	26
Verification for Oral Examination Eligibility	27
Code of Conduct	28
Applicant Confidentiality Agreement	31
Submission of Fees	32
Candidate Checklists	33
Policies on Fairness in Testing and Test Use	33
Test Use	34
Appeal of exam results	34
Policies on the Rights and Responsibilities of Test Takers	35
Rights of candidates	35
Responsibilities of candidates	35

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Oral Examination Chair

Brad Rindal, DDS

The American Board of Orofacial Pain, an autonomous and separately incorporated Board, owns and controls the use of the certification examination in Orofacial Pain and has sole authority over policy and financial decisions related to the national certification program. The certification examination evolves with the scientific advancement in the field of Orofacial Pain and therefore, the examination format and other policies are subject to change at the discretion of the Board of Directors.

Certification

The Purpose of Certification

The mission of the American Board of Orofacial Pain (ABOP) is to enhance the quality of care and service provided to the public through certification of dentists in the field of Orofacial Pain.

The American Dental Association now recognizes Orofacial Pain as a specialty in dentistry and, through the Commission on Dental Accreditation (CODA), has designated Orofacial Pain as an advanced area of dental education and developed educational standards in Orofacial Pain. The scope of knowledge necessary for the practice of Orofacial Pain is determined by national practice surveys of clinicians, academicians and researchers engaged in this field. The original survey, first performed in 1998, is continually refined by nationally recognized experts reflecting the most current clinical practice parameters. Working with CODA standards, a Core Curriculum in Orofacial Pain was accepted as the basis for advanced Orofacial Pain Programs throughout the United States.

The Goals of the ABOP Certification are:

- To determine the level of knowledge required for minimum competency in Orofacial Pain as defined by CODA, and to assess this level of knowledge employing psychometric standards.
- To formally acknowledge individuals who achieve the level of knowledge set by the CODA Standards.
- To enhance the quality of Orofacial Pain clinical care.
- To advocate for professional excellence in the management of Orofacial Pain.

To achieve these goals, the ABOP administers both a Written and Oral Examination annually, to eligible candidates as outlined in the eligibility criteria below. Upon completion of a two-year CODA-accredited program in orofacial pain, eligible candidates who successfully pass this two-part examination will earn the designation of Diplomate of the American Board of Orofacial Pain with all the rights and privileges that come with that distinction.

Part 1 of the certification examination is a written multiple-choice test consisting of two hundred (200) questions, administered over a four (4) hour period.

Part 2 of the examination process is an oral examination designed to determine how well a candidate's didactic knowledge is integrated into patient care. Passing both Parts 1 and 2 is required toward attaining Diplomate status. Diplomate status is not conferred upon any individual who does not successfully pass both examinations and completes a two-year CODA-accredited program.

The Scope of Certification:

The ABOP Certification Examination is based on the prevailing standards of Orofacial Pain management as defined by practice surveys and CODA Standards. The ABOP Board of Directors and Examination Council routinely collaborate with experts in relevant subject areas to formulate a certification process that will accurately reflect acceptable levels of evidence based, scientific, and clinical expertise in Orofacial Pain consistent with accepted legal and ethical principles recognized by the Board and CODA.

The ultimate goal of the certification process is excellence in patient care. ABOP endeavors to assure that the examination process maintains pace with the rapid changes and advances in science, dental and medical knowledge. The ABOP is receptive to comments and constructive suggestions from the profession and the public at large.

The ABOP certification process is designed to conform to the joint technical standards on testing set forth by the American Psychological Association. Accordingly, both the Written and the Oral Examination are psychometrically validated yearly, by external testing agencies.

The Advantages of Certification:

Independent testing is acknowledged as the most accepted format for validation of a doctor's knowledge, proficiency, and capability. Successful completion of the ABOP certification examination will provide the clinician with the following:

- Documentation of clinical and academic competence in the diagnosis and management of Orofacial Pain.
- Improved recognition by insurance company administrators as a provider of Orofacial Pain services.
- Consistency with managed care's view that Orofacial Pain is a specialty area of general healthcare.
- Exceptional personal achievement.

All ABOP Diplomates are subject to recertification based on guidelines established by the ABOP. **In addition to annual renewal fees, a recertification fee may be assessed every 5 years** at which time Diplomates must present documentation of 100 hours of continuing education activity specific to the field of Orofacial Pain. These credits must be accumulated during the previous 5 years. (The fees quoted in this bulletin are subject to change.)

Application for the Certification Examinations:

Eligibility requirements for the Written and Oral Examinations and Certification:

- Eligibility for the **Written Examination** requires:
 - Candidate must be a dentist.
 - Candidates must be currently enrolled in the second year of a two-year CODA accredited program, or have successfully completed such a program.
- Eligibility for the **Oral Examination** requires:
 - Candidate must be a dentist.
 - Candidate must have completed a two-year CODA accredited hospital based full time residency program in Orofacial Pain.
 - Candidate must have successfully passed the written examination.
- Eligibility for ABOP **Certification** as a Diplomate requires:
 - Candidates must have successfully challenged both the Written and Oral Examinations.
 - Candidates must have completed and graduated from a two-year CODA-accredited program.
- A Diplomate Certificate shall be appropriately executed and issued to the successful candidate, thus conferring Diplomate status. The Certificate shall remain the property of the American Board of Orofacial Pain.
- Limitations on the use of the Certificate. A Certificate issued by the Board may have limitations on its use as may be determined by the Board.
- Use of the designation "Diplomate of the American Board of Orofacial Pain" may only be used by a Diplomate in good standing.

Examination Fees:

- The written examination fee is \$1300.
- The oral examination fee is \$1300.
- The fees quoted in this Bulletin of Information are current and subject to change.
- The fee for both the written and oral examination must be paid by check or money order in U.S. dollars payable to the American Board of Orofacial Pain, or via Visa, MasterCard, American Express, or Discover Card. Payment can also be made via the Online Application. The application fee includes a \$300 non-refundable administrative fee.

Written and Oral Examination Application Documents:

All applications for the examinations must include the following:

1. A completed application form and payment of the examination fee in US dollars via check,

- money order or credit card as noted above (returned checks will incur a fee).
2. A recent passport sized color photograph attached or in the case of an online application, uploaded with the application.
 3. A copy of a current dental license or documentation of graduation from a dental school.
 4. An attestation by the CODA-accredited Program Director certifying the candidate's examination eligibility, or a transcript or certificate indicating completion of a two-year CODA-accredited program.
(Forms of verification of eligibility to challenge the exams found in Bulletin, pages 27 and 28)
 5. A signed copy of the ABOP Code of Conduct.
 6. A signed copy of the ABOP Confidentiality Agreement.
 7. For candidates retaking an examination, a completed online application form including items 1 through 6 above is required.

Additional Documentation Required for the Oral Examination

1. Verification of having passed the Written Examination.

Application Deadline:

Paper or Online applications must be submitted and postmarked on or before January 31, 2025. Submission of the application via FAX will not be accepted. A completed application includes all the required and completed forms, candidate's color photograph, fees, and supporting documents as specified. Applicants will be notified upon the receipt of individual applications.

Applications will be reviewed for completeness and eligibility. Qualified applicants will be notified via email with further information including the date, time, and location of the examination.

Mailing address for paper application (online applications preferred)

American Board of Orofacial Pain
1258 Berans Road
Owings Mills, MD 21117

Application Inquiries:

Inquiries concerning the application procedures can be submitted to the ABOP by:

Email to: abopmanagement@gmail.com

Telephone at (410) 560-3620 between the hours of 9:00 AM and 5:00 PM USA Eastern Time,

Monday through Friday;

- Regular USPS mail to: 1258 Berans Road, Owings Mills, MD 21117

Policies on Testing Individuals with Disabilities:

ABOP accommodates those with disabilities within the guidelines of the Americans with Disabilities Act. The ABOP will make reasonable efforts to accommodate eligible candidates who provide documented evidence of a particular disability requiring special accommodation at the time of examination. Such special arrangements should not present as an undue burden to the Board. The presence of a particular disability does not alter the level of the knowledge that the exam is intended to assess. Documentation must include evidence from a medical professional with expertise in the specific disability, and one with whom the candidate has consulted within the past two years. Candidates who require special arrangements must inform the Board of their needs in writing at least four weeks prior to the examination date.

Special Accommodations Policy

The American Board of Orofacial Pain (ABOP "the Board") complies with the Americans with Disabilities Act (the "ADA"). This policy aims to provide reasonable and appropriate accommodations for examinees with documented disabilities and for other examinees with qualifying medical conditions that may be temporary or are not otherwise covered by the ADA. Accommodations are provided on an individual basis and depend on the nature of the disability or medical condition, documentation provided and the requirements of the examination. The Board will make reasonable efforts to provide the necessary services to examinees with documented disabilities or qualifying medical conditions, provided that the accommodations do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test and do not result in an undue burden to the organization. The decision as to whether a medical condition that the ADA does not cover is a "qualifying medical condition" for purposes of an examination is at the organization's sole discretion. Prospective Board Exam Candidates or Candidates requesting special accommodations, must self-identify by requesting the special accommodations with specificity, from the Board, and must present documentation from an appropriate professional (Physician and or Psychologist) to the Board. This documentation must accompany each examination application submitted to the Board at abopmanagement@gmail.com, and must be submitted before the examination deadline. The report must be on the professional's letterhead and with an original signature. Documentation may be sent to the Board's office via email, USPS, UPS or FedEx. The following information must be included in the documentation of the disability in order to be considered for special accommodations:

1. A specific disability was diagnosed. The diagnosis must be current within the past one year.
2. Describe accommodations provided to the Candidate for previous similar examinations.
3. Describe functional limitations.
4. Describe in detail the specific accommodations being requested for the examination including the time.

5. This process must be completed for each examination that the Candidate is requesting special accommodations. The Candidate must submit the application and the required documentation by the application deadline. The Examination Committee will evaluate the requests and decide which accommodations are reasonable and in compliance with ADA.

Only accommodations requested during the application process and approved by ABOP in advance of the Candidate's examination date will be honored at the Written Exam test site, or during the virtually administered Oral Exam. Accommodation requests will NOT be considered or approved if initially requested at the test location. Refunds for the exam applications will not be granted because of failure to identify the disability or need(s) as required by this policy.

Policies on Testing Individuals of Diverse Linguistic Backgrounds

The official language of the ABOP Written and Oral Examinations is English. A TOEFL score of 85 is recommended; additionally, multilingual Orofacial Pain experts are members of the Written and Oral Examination committees to assure that verbiage, while remaining true to the intent of the examination, is not unnecessarily difficult for candidates for whom English is a second language.

Registration Acceptance – The Admission to the Written Exam Process:

Qualified registered applicants that were **approved by the ABOP** to challenge the Written Examination, will receive an Authorization Letter from the Psychometric Testing Company (PTC) to allow them to register for the Written Exam with a Prometric Testing Center, at least fourteen days prior to the examination date. **Upon receipt of the authorization letter from PTC,** the candidate can register with a Prometric testing center of their choice. The registration will contain the candidate's identification (ID) number, the test center location, the specific address, the test date, and the time to report to the test center.

The ID number is required at the time of reporting to the test center for the examination. A government issued ID is also required.

Please contact the ABOP Administrative Office at abopmanagement@gmail.com if the Authorization Letter from PTC is not received at least fourteen days prior to the date of the examination. Authorization Letters to register with Prometric testing centers can only be issued by PTC, after ABOP has approved the candidate's Application.

About the Written Examination:

The ABOP Written certification examination is administered over a four-hour period and is

composed of two hundred (200) multiple-choice questions. Each multiple-choice question consists of a stem with four possible choices for the correct answer. The content of the questions and the composition of the examination are based upon the Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain of the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) and ABOP surveys.

An overview of the diagnostic categories and associated knowledge areas are outlined later in this bulletin. The questions are chosen from a pool of carefully reviewed and vetted questions solicited from experienced and expert clinicians, researchers, and academicians in related areas. The ABOP updates the question pool annually to incorporate additions reflecting contemporary science and research. Following each examination, the responses to all questions are analyzed. Based upon this evaluation, individual questions may be modified or deleted from final scoring.

About the Oral Examination:

The purpose of the Oral Examination is to determine how well a candidate's knowledgebase is integrated into patient care and tests the candidate's competence in the area of clinical sciences as mandated by Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain of the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA). The oral certification examination duration is approximately 90 minutes. Two examiners are assigned to each candidate.

The examiners will assess the candidate's ability to perform an adequate history and physical examination, formulate a differential diagnosis, order appropriate and cost-effective testing, determine the most likely diagnosis or diagnoses, and formulate an adequate treatment plan. The five knowledge areas that are specifically tested and scored are data gathering, physical examination, diagnostic testing, differential diagnosis, and management.

The candidate will be presented with three hypothetical clinical cases and is expected to demonstrate his/her thought processes regarding history taking and gathering the information necessary to complete an examination as if it were being done in a live clinical situation. The examiners may question each step of this process to determine whether or not the candidate fully understands the significance and accuracy in obtaining the information being requested.

Once the candidate has assembled all their requested information, they will be expected to present a list of differential diagnoses and support why each potential disorder or disease should or should not be included in the final diagnosis/diagnoses. If additional information in the form of imaging or diagnostic testing is required, the candidate may request such information and must support the rationale of such requests. Candidates must consider and justify the risks versus benefits, including cost effectiveness of various tests, and their impact on treatment planning.

Candidates are expected to outline a treatment strategy pertaining to the diagnosis/diagnoses. This includes accurate description of treatment procedures and pharmacotherapeutics, including dosages, risks, benefits, and alternatives.

Test Center Requirements (Written Examinations):

1. Candidates must present an admission document or an authorization letter, and one other form of photo identification (e.g., driver's license, passport) at the test center to take the examination. No exceptions will be entertained.
2. Candidates must sign and submit the Code of Conduct statement with their application.
3. Candidates must sign and submit the Confidentiality Agreement with their application.
4. Candidates must arrive at least 30 minutes before the testing time for the Written examination and at least 10 minutes before the testing time for the Oral Examination. Candidates arriving late will not be permitted to enter the Prometric testing center or the virtual Oral Examination room.
5. Books, paper, notes, or electronic devices with recording, memory, or internet connection capabilities of any description are not permitted in the testing center(s).
6. Unauthorized individuals are not allowed at the testing center.
7. Food and beverages are not allowed in the testing center.
8. During the examination, candidates who need to use the bathroom will be escorted by a test proctor.
9. The Board encourages all candidates to dress comfortably and maintain a professional appearance.

Examination Irregularities:

Security is maintained throughout the formulation and administration of both the Written and Oral Examinations. Trained proctors will supervise the administration of the Written examination to ensure strict security throughout the testing period and will advise the Board of any observed or suspected irregularities. Termination of a candidate's participation in the Written examination may be precipitated by the creation of any disturbance during the examination, by giving or receiving unauthorized information or aid to or from other candidates, or by attempting to remove test materials or notes from the testing site. Suspicion of any irregularity or cheating during or following the examination, as determined by statistical assessment of the examination materials, may cause the Board to invalidate or cancel an individual's scores.

To provide random oversight of the Oral Examination process, a third examiner may be present but will not participate in the administration and scoring of the examination. The ABOP reserves the right to investigate each incident of potential misconduct or irregularity. Such incidences will be reported to the Board of Directors of the ABOP for the final responsibility of score invalidation or cancellation.

Cancellation of the examination:

For cancellation 60 days or more before the exam, the candidate may request refund of the examination fee (minus the \$300 non-refundable administrative fee). For cancellation requested 31 to 60 days prior to the exam, the candidate may request refund of the examination fee (minus a \$450 penalty). ABOP will not issue a refund for cancellations 30 days or less before the exam.

Cancellation of the examination (due to medical or personal emergency). In the event of an unexpected medical or personal emergency causing the candidate to cancel his/her Written or Oral Examination, the candidate must provide either written documentation from a medical practitioner as to the nature of the medical emergency and/or appropriate written documentation of the personal emergency. Each request for cancellation will be reviewed by the Board. **The application fee of \$300 is non-refundable.**

If the cancellation of an exam is **Board approved** due to a documented medical emergency, the timelines and cancellation fees are invoked as identified in the paragraph above.

Requests for Examination(s) deferrals will NOT be approved, and there will be no exceptions to this policy.

Nondiscrimination Policy:

The ABOP does not discriminate against any applicant based on age, gender, sexual orientation, race, religion, national origin, medical condition, physical disability, or marital status.

Examination Construction, Scoring and Reporting:

The Board of Directors shall contract with consultants, who shall be established, recognized psychometric testing agencies to supervise all phases of the Written and oral certification examinations.

Examination results are available approximately 4-8 weeks following the examination. The ABOP works in coordination with professional testing agencies to ensure that the Written and Oral Examinations meet the highest standards and quality. Rigorous scrutiny is applied to ensure that best practices in testing are followed. Each examination has its own passing score and is determined after psychometric processes are completed to ensure that the exam is fair and validated.

The Written Examination is graded based on a Normative-Referenced Standard. Candidates pass or fail following an extensive pre- and post-examination analysis performed by the psychometrics-testing agency and the Board.

The Oral Examination is analyzed by a psychometric testing agency. The agency calibrates the candidate's ability, the examiner's grading severity, the protocol difficulty, and the difficulty of the five knowledge areas tested. All examiners complete a rigorous preparation and calibration program to assure that candidates are examined according to pre-determined standards.

Both psychometric testing agencies operate according to industry standards with equal attention to detail. To maintain the psychometric validity of both examinations, the psychometric data for each exam provides a pass point which is unalterable.

Cancellation of Scores:

For the Written Examination, the Board conducts various statistical analyses to ensure that all questions are fair and without irregularities. The goal is to maintain the integrity of the examination and to ensure that the scores accurately reflect the performance of each candidate. The Board reserves the right to cancel any score it believes was obtained in an undesirable manner or if there is a violation of the confidentiality agreement. In the event of a score cancellation, the affected candidate may appeal by supplying additional information based on the guidelines and procedures adopted by the Board. The specific procedures for appealing cancellation of a score are outlined below.

Voluntary Withdraw of Scores:

To request a voluntary cancellation of the test score, the candidate must:

1. Inform the test proctor to cancel his/her score, and complete and sign a score cancellation form before leaving the test center, or
2. Send a signed letter within 5 days of the examination requesting cancellation of his/her test score to the ABOP Administrative Office.

No refund of the examination fee will be granted to candidates who request cancellation of their scores. Subsequent applications for retaking the examination must be made with a new application, required documents, and fee.

Appeals Provisions

A diplomate in good standing may, upon written request, obtain a copy of the annual examination technical reports of the certifying board.

Written Examination Appeals:

Any challenge of the Written Examination results must be submitted in writing to the ABOP by the candidate within thirty (30) days of receiving notice of the examination score. A certified check or money order in the amount of \$100 payable to the *American Board of Orofacial Pain* must accompany the request. This appeal must be sent via postal mail to the ABOP Executive Director at 1258 Berans Road, Owings Mills, MD 21117. Upon receipt of the appeal, the

Written Examination will be hand scored and the results of that scoring will be considered the final score.

Oral Examination Appeals:

Any challenge of the Oral Examination results must be submitted in writing to the ABOP by the applicant within thirty (30) days of receiving notice of the examination score. A letter indicating the basis of the challenge must accompany the appeal. A certified check or money order in the amount of \$100 payable to the *American Board of Orofacial Pain* must accompany the request. This appeal must be sent via postal mail to the ABOP Executive Director at 1258 Berans Road, Owings Mills, MD 21117. Results of the appeal proceedings are considered final.

Please note that an appeal of either exam will consist of an internal review and a check of the scoring for errors. The scoring process and the passing score are not subject to appeal.

Certification Appeals:

The ABOP will only grant Diplomate status to candidates who meet the eligibility criteria and pass both the Written and the Oral Examinations. Certification may be denied or revoked in the event of falsification or misrepresentation, violation of the testing procedures, violation of the ABOP Code of Conduct, violation of the Confidentiality Agreement, loss of an applicable professional license, criminal conviction, or action deemed detrimental to the ABOP. Failure to recertify or maintain certification due to non-payment of annual dues or due to not meeting the continuing education requirements will also result in the loss of ABOP Diplomate status. To appeal a revocation of certification, please submit in writing a letter detailing the situation, along with a processing fee of \$200 payable to the *American Board of Orofacial Pain*, at 1258 Berans Road, Owings Mills, MD 21117.

Retaking the Examinations:

Candidates must complete and submit a new application to retake the Written Examination following the requirements as stated above.

Candidates may submit applications to retake the Oral Examination within five years of passing the Written Examination. Diplomate status is not conferred upon any individual who does not successfully pass BOTH the Written and Oral Examinations. **However, candidates who do not pass the Oral Examination within five years of passing the Written examination require Board approval to retake the Oral Examination.**

Becoming Certified and Maintaining Certification

A. Eligibility for ABOP certification as a Diplomate requires:

- a. Candidates must have successfully challenged both the Written and Oral Examinations.
- b. Candidates must have successfully completed a two-year CODA-accredited program.
- B. A Diplomate Certificate shall be appropriately executed and issued to the successful candidate, thus conferring Diplomate status. The Certificate shall remain the property of the American Board of Orofacial Pain.
- C. Limitations on the use of the Certificate. A Certificate issued by the Board may have limitations on its use as may be determined by the Board.
- D. Use of the designation "Diplomate of the American Board of Orofacial Pain" may only be used by a Diplomate in good standing.
- E. Maintenance of Certification requires **annual renewal of the Active Diplomate status, AND** documentation of 100 hours of concentrated continuing education credits in orofacial pain, which can be audited **every five years**.

Statement of Confidentiality:

A copy of the ABOP Statement of Confidentiality is included in the appendix. This must be signed by the candidate and submitted with the rest of the application material.

Examination Preparation:

Examination topics:

The certification examination offered by the ABOP consists of Part 1, the Written Examination, which evaluates the candidate's proficiency in didactic material, and Part 2, the Oral Examination, which assesses the candidate's proficiency in applying the didactic information to a clinical setting.

The following are the diagnostic categories tested:

Neurovascular Disorders

- Migraine and migraine variants
- Trigeminal autonomic cephalalgias and their variants
- Giant cell arteritis
- Tension-type headache and its variants
- Miscellaneous headaches

Neuropathic Disorders

- Paroxysmal and continuous neuralgias including complex regional pain syndromes

types 1 and 2

Musculoskeletal Disorders (Masticatory and cervical)

- Muscle pain disorders, myofascial pain; TM joint pain and dysfunction, cervical dysfunction

Behavioral Sciences

- Psychological disorders (anxiety, depression, somatization)
- Pain behavior and secondary gain Systemic Disorders (intra-cranial, extra-cranial)

Pathoses, Sleep Disorders and Pain

- Sleep physiology and dysfunction
- Therapeutic options
- Oromotor Disorder
- Dystonias, dyskinesias and bruxism

The following are the specific knowledge areas tested:

- Anatomy, Development, Normal and Abnormal Function of the Head and Neck Region
- Embryology, anatomy, neuroanatomy, functional anatomy, physiology and pathophysiology of the head and neck as it relates to pain, neurobiology of pain and referred pain, epidemiology.

Assessment Procedures

History Taking

- A comprehensive pain history including medical, dental, psychological and behavioral factors.

Physical Examination

- Head and neck inspection, oral and soft tissue exam, posture evaluation.
- Cervical spine and TM joint evaluation range of motion, and joint sounds.
- Palpation of the head and neck muscles, especially for myofascial trigger points.
- Cranial nerve and neurologic screening exam.
- Mental status exam.

Diagnostic Testing and Imaging

- Indications for and interpretation of blood studies and other diagnostic studies

- (e.g., EEG, ECG, polysomnogram).
- Plain radiographs of the head, jaw, TMJ and cervical spine.
- Corrected serial tomography.
- Computerized tomography.
- Magnetic resonance imaging.
- Psychometric testing.

Diagnostic Procedures

- Neural blockade in the head and neck.
- Spray and stretch, and trigger point injections.
- Cervical plexus and cervical facet joint blockade.
- TMJ injections.

Psychological Assessments

- Impact of Orofacial Pain on occupational, family, and social planning.
- Use and interpretation of psychometric testing.
- Psychiatric / psychological factors and/or diagnoses requiring referral to a mental health professional.

Management of Orofacial and Related Head and Neck Pain

- Conservative Management.
- Physical medicine procedures, orthotic and sleep disorder appliances, dental procedures.

Invasive and Surgical Procedures

- Types of surgical interventions and indications.

Pharmacotherapeutic Treatments

- Principles of medication management.
- Systemic and topical medications.
- Analgesics, including opioids.
- Corticosteroids.
- Nonsteroidal anti-inflammatories.
- Muscle relaxants.
- Antidepressants.
- Anxiolytics
- Sedative-hypnotics.
- Anticonvulsants.
- Migraine abortive and prophylactic medications.

- Other medications.
- Diagnostic and therapeutic injections.

Behavioral Sciences

- Cognitive behavioral therapy.
- Stress Management.
- Biofeedback.
- Relaxation training.
- Psychotherapy.

Suggested Study Aids:

The following references are suggested as a guide for reviewing the overall knowledge base in Orofacial Pain. The ABOP does not intend for the list to imply endorsement of these specific references, nor does it suggest that these are the only references for the examination. Examination questions are not taken directly from any of these references.

Recommended Textbooks:

- American Academy of Orofacial Pain, 6th edition. Reny de Leeuw, Gary Klasser editors: Orofacial Pain: Guidelines for Assessment, Diagnosis, and Management. Quintessence Publishing Company, Chicago, 2018
- Okeson JP: Management of Temporomandibular Disorders and Occlusion. 8th edition, Elsevier Publisher, St Louis, 2019
- Wright EF. Manual of Temporomandibular Disorders, 3rd edition, Blackwell Publishing, Ames, IA, 2014
- Okeson JP. Bell's Oral and Facial Pains, 7th edition. Chicago; Quintessence Publishing Co, Inc. 2014
- Laskin, DM; Greene, CS, and Hylander, Wm L. Temporomandibular Disorders; An evidence- Based Approach to Diagnosis and Treatment. Hanover Park, IL: Quintessence Publishing Co, Inc; 2006
- McMahon SB, Koltzenburg M, Tracey I, Turk DC. Wall and Melzack's Textbook of Pain, 6th edition, Churchill Livingstone, 2013
- Sessle BJ, Lavigne GJ, Lund JP, Dubner R. Orofacial Pain: from basic science to clinical management, 2nd edition, Quintessence Publishing Co, Inc, 2008
- Benoliel R, and Sharav Y, Orofacial Pain and Headache, 2nd edition, Quintessence Books, 2015
- Olesen J, Goadsby PJ, Ramadan NM, Tfelt-Hansen P, Welch, K.M.A. (Eds) The Headaches, 3rd edition, Philadelphia: Lippincott Williams & Wilkins; 2006
- Classification and Diagnostic Criteria for Headache Disorders, Cranial Neuralgias, and Facial Pain. Cephalalgia, 2018
- Saper, JR, Silberstein, SD, Gordon, CD, Hamel, RL, and Swidan, S. Handbook of Headache Management - A practical guide to diagnosis and treatment of head, neck

- and facial pain, 2nd edition, Philadelphia: Lippincott Williams & Wilkins; 1999
- Janetta PJ (Ed) Trigeminal Neuralgia. Oxford University Press, Inc. 2011
- Mense S, Simons DG, Russell, IJ. Muscle Pain: understanding its nature, diagnosis and treatment. Lippincott Williams & Wilkins, 2001
- Donnelly JM et al. Travell, Simons & Simons' Myofascial Pain and Dysfunction The Trigger Point Manual. 3rd Edition, Williams and Wilkins, Baltimore, 1999
- Clark GT, Dionne RA. Orofacial Pain: A Guide to Medications and Management. Wiley Blackwell, 2012
- Dowd FJ, Johnson B, Mariotti A. Pharmacology and Therapeutics for Dentistry, 7th edition, St. Louis, Elsevier Mosby, 2016
- Kryger MH, Roth TR, Dement WC. Principles and Practice of Sleep Medicine, 7th edition, Elsevier Inc, 2017
- Attanasio RD, Dennis R. Bailey Sleep Medicine and Dentistry, An Issue of Dental Clinics, Saunders 2012
- Any anatomy text for basic review.

Recommended Journals:

- Journal of Oral and Facial Pain & Headache
- Journal of Oral and Maxillofacial Surgery
- Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology
- Journal of Oral Rehabilitation
- Headache
- Cephalalgia
- PAIN
- The Clinical Journal of Pain
- Journal of Pain
- Pain Medicine
- Sleep
- Sleep and Breathing
- Sleep Medicine

Online Resources:

- [Rutgers University School of Dental Medicine](#)
- [University of Southern California School of Dentistry](#)

CODA- ACCREDITED OFP RESIDENCY PROGRAMS

University of California at Los Angeles School of Dentistry

<http://www.dent.ucla.edu>

Program Director: Dr. Sherwin A. Arman

Herman Ostrow School of Dentistry of USC

<https://dentistry.usc.edu/>

Program Director: Dr. Glenn T. Clark

University of Kentucky College of Dentistry

<http://www.mc.uky.edu/Dentistry>

Program Director: Dr. Isabel Moreno Hay

Naval Medical Leader and Professional Development Command Attention:

Director of Dental Education

Program Director: LCDR James M. Hawkins

Tufts University School of Dental Medicine <http://www.tufts.edu/dental>

Program Director: Dr. Leopoldo Correa

Massachusetts General Hospital

Program Director: Dr. Jeffry Rowland Shaefer

University of Michigan Health Systems

<https://medicine.umich.edu/dept/surgery/surgical-specialties/oral-maxillofacial-surgery-hospital-den>

Program Director: Dr. Lawrence Ashman

University of Minnesota School of Dentistry

<http://www.dentistry.umn.edu/>

Program Director: Dr. Shanti Kaimal

Rutgers School of Dental Medicine <http://sdm.rutgers.edu/>

Program Director: Dr. Gary M. Heir

University of Buffalo School of Dental Medicine

<http://www.sdm.buffalo.edu>

Program Director: Dr. Yoly M. Gonzalez-Stucker

University of Rochester Eastman Institute for Oral Health <http://www.urmc.rochester.edu/dentistry/>

Program Director: Dr. Junad Khan

Thomas Jefferson University, Philadelphia, PA

Program Director: Dr. Marlind A. Stiles

AMERICAN BOARD OF OROFACIAL PAIN

Candidate Information

Please print or type all information

First Name: _____ Middle Name: _____

Last/Sur Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male__Female__Transgender_____Decline to identify _____

Name of University or Private Practice _____

Designations: _____

Do you have any type of disability that would require special arrangements in order to facilitate your taking the exam? (You will be contacted by our staff to arrange special accommodations)

Yes _____ No _____

Professional Address

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

AMERICAN BOARD OF OROFACIAL PAIN

Mailing Address

Alternate Mailing Address:

Address _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Which mailing address would you prefer official ABOP Communication to be sent?

Professional _____ Alternate _____

Preferred Email (Where all ABOP Communication will be sent): _____

Note: ABOP is not responsible for emails not received due to failure of candidates to notify the Board of email change of address.

Alternate Email: _____

Phone: _____

Mobile _____ Home _____ Office _____

Is this your first attempt at the examination? YES / NO

If you answered NO, please complete below:

Written Exam Year(s) Taken: _____

Oral Exam Year(s) Taken: _____

AMERICAN BOARD OF OROFACIAL PAIN

Information on Advanced Education

Please provide information on your Advanced Education in Orofacial Pain:

College/University: _____

Location: _____

Start Date: _____ End Date _____

Program Name: _____

Degree Obtained: _____

College/University: _____

Location: _____

Start Date: _____ End Date _____

Program Name: _____

Degree Obtained: _____

AMERICAN BOARD OF OROFACIAL PAIN

Candidate Agreement

I hereby apply for certification offered by the American Board of Orofacial Pain (ABOP) in accordance with and subject to its rules. I understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certificate program. I further understand that the information for my certification records will be treated confidentially. To the best of my knowledge, the information contained in this application is true, correct and is made in good faith. I understand that the ABOP reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my certification, or other disciplinary action.

I, the undersigned applicant, recognize the Directors of the American Board of Orofacial Pain as the sole and only judge of my qualifications to receive and to retain a certificate issued by the Board and to have my name included in any list or directory in which the names of Diplomates of specialty examinations are published. I further agree to hold harmless individually and collectively the officers, directors, and appointed examiners of the American Board of Orofacial Pain for any decision or action in pursuance to their duties in connection with this application, the examination, the score or scores given with respect to any examination or for the failure of said Board to issue me a certificate. I understand and agree that in the consideration of my application, my moral, ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of such persons as the Board deems appropriate with respect to my moral, ethical, and professional standing; that if information is received that would adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of the individuals who have furnished adverse information concerning me; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf. I also pledge myself to the highest ethical standards in the practice of Orofacial Pain.

Name: _____

Signature: _____ Date: _____ -

AMERICAN BOARD OF OROFACIAL PAIN

Verification for Written Examination Eligibility

This form must be completed by any candidate registering for the Written Examination.

Candidate Name: _____

Training Institution : _____

Name of Program: _____

Start Date: _____ End Date: _____ Total Months: _____

I certify, to the best of my knowledge, that this information is correct and accurate.

Candidate Signature: _____ Date: _____

Program Information

Name of Program: _____

Director: _____

Signature: _____ Date: _____

Position: _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____

Phone: _____ Email: _____

AMERICAN BOARD OF OROFACIAL PAIN

Verification for Oral Examination Eligibility

This form must be completed by any candidate registering for the Oral Examination. You must have already passed the Written Exam when applying for the Oral exam.

Candidate Name: _____

Training Institution : _____

Name of Program: _____

Start Date: _____ End Date: _____ Total Months: _____

I certify, to the best of my knowledge, that this information is correct and accurate. I understand that my eligibility for the examination is dependent upon passing the written examination.

Candidate Signature: _____ Date: _____

Program Information

Name of Program: _____

Director: _____

Signature: _____ Date: _____

Position: _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____

Phone: _____ Email: _____

AMERICAN BOARD OF OROFACIAL PAIN

Code of Conduct

(Must be signed and included with application)

The Code of Conduct of the American Board of Orofacial Pain is designed to encourage professionalism among the Diplomates of the Board and service to the profession and the patient. Diplomates of the Board:

1. May describe their status only as: "Diplomate, American Board of Orofacial Pain."
2. Shall not use the official Diplomate title in contributing to or participating in proprietary enterprises relating to journalism or commerce. ABOP Diplomates are expected to promote and endorse well-designed research, education, and evidence-based healthcare.
3. Shall have their Diplomate status revoked:
 - a. Upon being judged in violation of the Principles of Ethics by the governing body of the American Dental Association or an equivalent professional organization.
 - b. Upon conviction of a crime, which brings discredit to the Board or the profession.
 - c. For failure to fulfill those, other obligations of a Diplomate as are herein required or as may be henceforth determined by the Board.
 - d. For disseminating or causing to be disseminated any form of public communication containing false, fraudulent, misleading, or deceptive statements or claims for the purpose of inducing directly or indirectly, the rendering of the professional services for which the Diplomate is licensed.
 - e. For engaging in conduct, which violates the fundamental objectives of the Board and which, if allowed, would thwart those objectives or bring the Board into disrepute.
 - f. For failure to renew their Diplomate status on an annual basis, or for failure to participate in continuing education in the field as required by the Board.

I, _____, acknowledge that I have read and understand the Code of Conduct of the American Board of Orofacial Pain. I pledge that if I become a Diplomate of the American Board of Orofacial Pain, I will attempt to conduct myself according to the Code of Conduct of the American Board of Orofacial Pain.

I agree to refrain from exercising all privileges accorded me through Diplomate status should that status be suspended and/or revoked by the Board of Directors of the American Board of Orofacial Pain.

Name: _____

Signature: _____ Date: _____

AMERICAN BOARD OF OROFACIAL PAIN

Applicant Confidentiality Agreement

I, _____, the undersigned applicant, residing at _____, have made application for an ABOP Examination toward admittance into ABOP in connection with both a written and oral examination, I will be presented with proprietary and confidential examination materials and vignettes. I acknowledge that such information is to be held, at all times before, during, and after examination, in the strictest of confidence. I further acknowledge that a breach of this confidentiality agreement will have serious and permanent consequences.

_____(initial here) Confidential and Proprietary Information: ALL information provided to me in connection with this application is deemed confidential and proprietary. The scope of what I understand to be subject to this Agreement is specifically to include, but without limitation, all examination questions, content, format, and subject matter. All of the vignettes presented to me during my examination are acknowledged to be confidential and proprietary, including facts, questions, and scenarios presented.

_____(initial here) Duty to Protect Confidentiality: I acknowledge that the examination process is only effective if each applicant's abilities are fairly and equally evaluated. If any applicant has prior access to examination materials, formatting, factual or historic background, questions, or proposed responses, then the examination process is compromised. I therefore AGREE that I will NEVER disclose any element deemed to be confidential or proprietary which, as per the above definition, covers virtually every element of the examination process, to ANYONE. I acknowledge that this Agreement specifically precludes me from discussing any confidential or proprietary information with other applicants, even if I know that such applicants have already taken the same examination, even at the same time.

_____(initial here) Further duties: I acknowledge and agree that if I become aware of ANYONE, whether another applicant or otherwise, discussing, disseminating, or breaching the foregoing Agreement, that I have a duty to immediately inform (insert name of organization here) of such a breach, giving precise details of the breach, including the name of the party or parties involved, date, location, subject matter. This further Agreement carries the same consequences as if I were the party actively engaged in the disclosure or dissemination of the Confidential and Proprietary information, meaning that my failure to disclose the breach of this Agreement by another party would be the same as if it were I who breached this Agreement.

_____(initial here) Consequences of Breach of Agreement: I specifically acknowledge that the above Agreement carries significant and PERMANENT consequences

in the event that I breach the Agreement by disclosing ANY element deemed Confidential or Proprietary to ANYONE. I understand that if it is determined that I have disclosed or discussed with ANYONE any element deemed Confidential and/or Proprietary, I will face the following consequences:

1. If I have taken the examination and have not yet received the results of the same, I will be deemed to have FAILED the examination; and
2. In addition to failing the examination, I will be PERMANENTLY BARRED from ever taking the examination again and, further, that I will be PERMANENTLY BARRED from ever seeking admittance to the ABOP.
3. If I have taken the examination and have received the results of the same, to the effect that I had passed the examination, my results will be deemed cancelled, I will be deemed to have failed the examination and will, in addition, be PERMANENTLY BARRED from ever taking the examination again and, further that I will be PERMANENTLY BARRED from ever seeking admission to the ABOP.

_____(initial here)

The ONLY exception to this Agreement is in the event that, at some point in time, having successfully taken the examination and been offered admittance to the ABOP I would participate in the examination process on behalf of the organization, whether in the creation, preparation, proctoring, or grading of the same.

I have fully read this Agreement and have specifically initialed each relevant section to further demonstrate that I have read and understand each of its provisions. I agree that I will be bound by the terms of this Agreement at all times. I understand that there are NO EXCEPTIONS to this Agreement other than as set forth above and that my initials above and my signature below constitute my Agreement to the terms and my acknowledgement and understanding of the permanent consequences to me in the event that I breach any element of this Agreement.

I have signed this Agreement on this _____ day of _____, 20

Print Name: _____

Signature: _____ Date: _____

AMERICAN BOARD OF OROFACIAL PAIN

Submission of Fees

_____ Written Examination –\$1,300

_____ Oral Examination – \$1,300

Payment Information

_____ Visa _____ MasterCard _____ American Express _____ Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date (MM/YYYY): _____

CVV Security Code: _____

Billing Address:

By signing this application, you attest that the information provided is true and accurate to the best of your knowledge. Providing false information can and will result in ineligibility for the ABOP Examination.

Signature: _____ Date: _____

Candidate Checklists

Checklist for Written Examination Applicants & Reexamination

The following is a list of items that should be included with this application. Please use this checklist as a guide for forwarding all components of your application.

- Complete the Exam Registration Option Form, Providing Payment of \$1,300 USD
- Complete the Candidate Information Form
- Complete the Professional Information Form
- A copy of a dental license or documentation of graduation from a dental school
- Provide one recent passport sized photograph
- A letter from the Program Director certifying the candidate's Board eligibility status
- Complete Advanced Education in Orofacial Pain
- Sign and Date the Candidate Agreement
- Form Sign the Code of Conduct Form
- Initial and Sign the Applicant Confidentiality Agreement Form

Checklist for Oral Examination Applicants & Reexamination

The following is a list of items that should be included with the application for taking the Oral Examination. Please use this checklist as a guide for forwarding all components of your application.

- Verification of successful challenge of the written examination
- Complete the Exam Registration Option Form, Providing Payment of \$1,300 USD
- Complete the Candidate Information Form
- Complete the Professional Information Form
- A copy of a dental license or documentation of graduation from a dental school
- Provide one recent passport sized photograph
- A letter from the Program Director certifying the candidate's Board eligibility status
- Complete Advanced Education in Orofacial Pain
- Sign the Code Conduct Form
- Sign and Date the Candidate Agreement Form
- Initial and Sign the Applicant Confidentiality Agreement Form

Policies on Fairness in Testing and Test Use

Rigorous scrutiny is applied to ensure that best practices in testing are followed as demonstrated in the policies below (ABOP adheres to the recommendations of the Code of Fair Testing Practices in Education of the Joint Committee on Testing Practices, Science Directorate, American Psychological Association):

Policies on Fairness in Testing and Test Use

In an effort to ensure that the testing process is fair to all test takers regardless of age, race, ethnicity, gender, sexual orientation or national background, the American Board of Orofacial Pain recruits members for the examination committee based on their expertise in the field as well as being representative of diverse backgrounds.

The American Board of Orofacial Pain also adheres to the following:

1. Each individual test item (question), as well as the complete examination is rigorously vetted and evaluated by reviewers trained for fairness and for consideration of age, race, ethnicity, gender, sexual orientation or national background. Any item not in conformance with a high level of scrutiny is eliminated.
2. Test items undergo continual psychometric and statistical analyses. During every examination cycle, test items (questions) are drawn from a bank of items which have been previously evaluated and approved by the examination committee, and reviewed for current content, validity, fairness, and sensitivity. The psychometric testing agency gives final approval after an additional review. New test items added annually undergo the same process.
3. Test results are evaluated through the same extensive psychometric and statistical analyses for performance. These analyses identify discrepancies between sets of test takers despite equivalent academic and clinical training, and aid in identifying problematic items. At the instruction of the psychometric testing agency, in order to maintain statistical integrity, problematic items are credited as correct responses for all test takers.

Test Use

The items, data and results related to examinations of the American Board of Orofacial Pain are privileged, protected and the sole intellectual property of the ABOP. Personal information gathered during the application and test taking process remains confidential to the extent allowed by law.

Advice to programs on use of American Board of Orofacial Pain scores

ABOP administers psychometrically validated and standardized examinations. Test data, redacted of personal information, is made available to all university programs for assessment of candidates' performance and to facilitate comparison within and across similar programs. Test results document the candidates' didactic and clinical knowledge. The examination is based on the mandated topics for Advanced Education in Orofacial Pain as delineated by the Commission on Dental Accreditation, as well as the guidelines published by the American Academy of Orofacial Pain.

Appeal of exam results

Candidates are made aware of an appeal procedure, noted in the Bulletin, during the application process and again upon notification of scores.

Appeals may be submitted to the American Board of Orofacial Pain for the purpose of investigating a grievance. Candidates are offered ample opportunity to justify their appeal.

Candidates agree that all members of the appeals committee or any persons testifying before it, or furnishing evidence to it, have absolute civil immunity to damages for any acts, information, or recommendations, so long as made in good faith.

Appeals must be filed within 30 days of notification of scores

Policies on the Rights and Responsibilities of Test Takers

(ABOP adheres to the recommendations for the Rights and responsibilities of test takers: Guidelines and expectations, American Psychological Association, <https://www.apa.org/science/programs/testing/rights>)

Rights of candidates:

Candidates can expect to:

1. be treated with courtesy, respect, and impartiality, regardless of age, disability, ethnicity, gender, national origin, religion, sexual orientation or other personal characteristics.
2. be tested with measures that meet professional standards.
3. receive a brief oral or written explanation prior to testing about the purpose and format of the exam.
4. receive and have the right to inquire regarding testing accommodations in case of disability.
5. receive information regarding the level of English comprehension required and to be informed that English is the official language of the examination.
6. know in advance examination fee, administration dates and when to expect test results.
7. be confident that the administration of the examination is in compliance with best practices of psychometric testing.
8. be confident that the scoring and analysis are performed by professional psychometricians who follow professional codes of ethics and psychometric standards.
9. receive written test results within a reasonable amount of time after testing, typically six (6) to eight (8) weeks.
10. understand that test results are confidential to the extent allowed by law.
11. have the right to present concerns regarding the testing process or testing environment at the time of the examination.
12. receive information about the appeal procedure.

Responsibilities of candidates:

Candidates are expected to:

1. treat others with courtesy and respect during the testing process.
2. read and listen carefully to the test instructions and become familiar with the testing format.
3. request testing accommodation (see Appendix 5), in advance when submitting the examination application.
4. know when and where the test will be given and arrive at the testing center on time and with proper identification.

5. remit all exam fees and understand refund policies.
6. know the consequences of failure to attend or complete the examination
7. be familiar with the American Board of Orofacial Pain policy for policies on fairness in testing and test use
8. know the policies for taking the examination and consequences of being found in violation.

Revisions: 5/25/2014, 9/11/2014, 7/7/2015, 8/5/2016, 10/11/2017, 09/04/2018,
08/25/2019, 05/20/2020, 11/5/2020, 12/28/2020, 09/23/2022, 07/06/2023, 9/18/2024