

# Certification Guidelines

## **PREREQUISITES FOR DIPLOMATE APPLICANTS**

When evaluating your prerequisites, please determine whether you meet all of the requirements and, if you do not, please do not submit an application. Applications and prerequisites will be reviewed by the ABDASM. The ABDASM will send notification of application/prerequisite approval to applicants by March 1, 2010. If such notification has not been received by March 1, 2010, please contact the ABDASM office immediately. All of the following prerequisites must be submitted in addition to a completed application and examination fee by **January 15, 2010**.

### **Attendance at an Annual Meeting**

Applicants must attend two AADSM Annual Meetings within three years of sitting for the ABDASM certification exam. Attendance at the meeting during which the exam is taken will count as one of the two meetings. The applicant must attend the AADSM annual meeting in the year they sit for the exam. Proof of attendance / registration for the two AADSM annual meetings must be provided.

### **Documented Time in a Sleep Center/Laboratory**

Each applicant must spend no less than ten (10) hours at an accredited sleep center/laboratory, documented in writing by a board-certified sleep physician (M.D., D.O. or Ph.D.) associated with that particular accredited sleep center or laboratory. The intention of this requirement is to document that the applicant has experienced direct observation of the operations of a sleep-medicine clinic. This time may include some or all of the following: direct patient interaction, observation of polysomnography- preparation, data acquisition, scoring and interpretation- clinical interaction, therapeutic intervention, and assessment of results of therapeutic intervention.

### **Copy of Dental License with Expiration Date**

Each applicant must provide a copy of their current dental license with expiration date. If the dental license expires before the examination 2010 date, a renewed copy of the dental license is required and must be submitted to ABDASM by January 15, 2010 along with all application materials.

### **Letters of Recommendation**

Each applicant must provide letters of recommendation from two (2) board-certified sleep physicians (M.D., D.O. or Ph.D.).

### **Case Studies**

#### ***Oral Appliance Track***

Each applicant must submit a list of 20 documented oral appliance cases, distributed as follows: 15 distinct cases must be listed on a spreadsheet, and contain the following information: patient age, patient gender, pretreatment overall RDI or AHI, post-treatment RDI or AHI, and oral appliance utilized as well as documented presence of OSA by full overnight PSG and follow-up full overnight PSG (The follow-up PSG can be a documented

home study.) All home studies must be read and results verified by a certified sleep physician. A pulse oximetry is NOT acceptable as a follow-up testing. Home studies for the detailed 5 case studies will NOT be accepted. ABDSM reserves the right to obtain additional documentation for the cases, if needed.

In addition to the above, each applicant must submit five (5) detailed written obstructive sleep apnea (OSA) case studies treated by the applicant using oral appliance therapy (OAT). Each case study must adhere to the following criteria:

- Document presence of OSA, by full overnight diagnostic polysomnography (PSG) and full follow-up PSG. Both PSGs must be performed at an accredited sleep center or laboratory and interpreted by a board-certified sleep physician.
- Document that patient has, at minimum, a pre-treatment OVERALL Apnea Hypopnea Index (AHI) or respiratory disturbance index (RDI) greater than 10; or Apnea Index (AI) greater than 5, and LSAT less than 90%. Document that a post-treatment overall AHI or RDI is less than 10.
- Include a typed synopsis stating the patient's chief complaint, history of present illness, pertinent past medical history, clinical and radiographic examination, diagnosis, treatment, results, and disposition. Reasoning for use of the chosen appliance must be included (please note: appliances being utilized in each case MUST be FDA-approved for treatment of OSA, or have their formal FDA-approval status pending)
- Document at least three (3) follow-up appointments, the third appointment being at least three (3) months post OAT insertion.
- Contain the following sets of pre- and post-insertion supporting documentation, the post-insertion documents obtained no earlier than three (3) months after OAT delivery:
  1. Full overnight diagnostic PSG report of OSA. PSG must be performed at an accredited sleep center or laboratory and interpreted by a board-certified sleep physician.
  2. Radiographs, either panoramic and/or full mouth series.
  3. Three photographs consisting of the frontal, right lateral and left lateral views of the dentition in occlusion are required pre-insertion. One frontal photograph of the dentition in occlusion with the appliance in-place is required post-insertion.
  4. Photos of study models submitted as either black and white, OR color images. **Each Photo should be no smaller than 4 x 6 inches in size.**  
Photos of study models are required to be submitted in the following manner:  
Individual Cast Views (1 photo):  
With full occlusal view of casts sitting back-to-back on the benchtop (1 photo)

Articulated model views: (6 photos)

- a) Anterior, right and left views of casts articulated in centric occlusion on the benchtop. (3 photos)
- b) Anterior, right and left views of casts articulated with the protrusion bite registration in place (ie: the patient's initial treatment position) (3 photos)

**Study models themselves will not be accepted and will not be returned if submitted. Submission of stone models will delay the application process or render the application incomplete.**

Photos wherein objects cannot be clearly identified will not be accepted rendering the application incomplete.

### ***Surgery Track***

A maximum of three (3) upper airway surgical cases may be substituted for no more than three (3) of the five OAT cases. Surgical procedures utilized must be well-documented in the OSA literature (peer reviewed journals and/or textbooks). All of the above OAT case specifications are required, including pre and post-operative supporting documentation, with the following modifications:

- A typed Operative Report, which must include the date and site of the procedure, the applicant listed as the primary surgeon, the specific procedures performed, indications for the operation (i.e., OSA data and other failed therapies, as applicable), and a detailed description of the operation.
- A concise rationale for the surgical procedure(s) (i.e., how it/they address the patient's site(s) of upper airway obstruction) included in either the case synopsis and/or the Operative Report.
- The results of at least one (1) appropriate published imaging modality such as lateral cephalometry (obtained at end-tidal volume, with cephalometric analysis to include measurements of SNA, SNB, PNS-P, PAS, MP-H and Go-Pog), nasopharyngolaryngoscopy, MRI, CT scans and acoustic reflection, to document upper airway changes pre- and post-operatively.
- Panoramic radiographs, study models, and full dentition photographs (only for skeletal advancement surgery).
- Full facial photographs (only if there is a significant change in facial appearance).

The supporting documents described above should be duplicate copies and will remain in the ABDSM archives for a limited period of time. All supporting documents become property of ABDSM. The ABDSM will dispose of these supporting documents at a later date, to be determined by the ABDSM. Applicants are instructed to keep all original documents in their patients' records.

### **PREREQUISITES FOR INTERNATIONAL CERTIFICANT APPLICANTS**

The International Certificate status has been created to allow applicants who are not permanent residents of the United States (contiguous states and territories) and Canada an opportunity to demonstrate competence in the dental sleep medicine.