

***AMERICAN BOARD OF OROFACIAL PAIN***  
**2018 CERTIFICATION EXAMINATION**  
**BULLETIN OF INFORMATION**

Written and Oral Examinations

**25 April 2018**

The Palmer House Hilton

17 E Monroe St,

Chicago, IL 60603

Application Deadline: January 30, 2018

American Board of Orofacial Pain (ABOP)

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

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# AMERICAN BOARD OF OROFACIAL PAIN

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Brad Rindal, DDS  
HealthPartners Institute

The American Board of Orofacial Pain is an autonomous and separately incorporated board that 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.

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## Contents

Board of Directors.....	2
About Certification .....	4
The Purpose of Certification.....	4
Application for the Examination.....	6
Eligibility Requirements.....	6
Examination Fees: .....	7
Written Examination Application Documents .....	7
Oral Examination Application Documents .....	8
Application Deadline.....	9
About the Written Examination .....	10
About the Oral Examination .....	11
Examination Irregularities .....	11
Examination Results & Appeals .....	13
Appeals Provisions .....	14
Becoming Certified.....	15
Code of Conduct .....	15
Statement of Confidentiality .....	16
Examination Preparation.....	16
Recommended Textbooks:.....	18
Recommended Journals: .....	20
Board Exam Application Form.....	24
Candidate Agreement.....	32
Continuing Education Ledger.....	33
Verification of Completed Training Form.....	36
Certification of Training in Progress .....	37
Candidate Checklists.....	38

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## **Notice:**

This notice serves as a formal announcement that the ABOP will no longer accept applications for Board certification as a Diplomate of the American Board of Orofacial Pain after 2019 unless the requirements specified below are met.

The American Board of Dental Specialties has recognized the ABOP as the specialty board for orofacial pain. In order to meet specialty requirements, the ABOP must restrict our examination to only those individuals who have completed a two year, CODA approved post graduate program. Foreign dentists applying for the examination must document completion of an equivalent program. Applications will be reviewed on an individual basis.

All applications and fees from **non-program graduates** must be submitted prior to 2019. If a non-program graduate candidate is accepted for the examination, they may postpone their examination up to two times, each time for one year. Postponement may result in a small additional fee if the cost of the exam increases. Questions may be directed to the ABOP office; contact information is at the beginning of this Bulletin.

## **About 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 scope of knowledge necessary for the practice of Orofacial Pain was initially determined by a national practice survey of clinicians, academicians and researchers engaged in this field. In 1998, the original survey was refined by nationally recognized experts and reflected the most current clinical practice parameters. The American Dental Association, through the Commission on Dental Accreditation (CODA), has designated Orofacial Pain as an advanced area of dental education and has developed educational standards for Advanced General Dentistry Education Programs in Orofacial Pain. 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 purposes of the ABOP Certification Program are:**

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- 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 professional excellence in the management of Orofacial Pain.

To achieve these goals, the ABOP administers both a written and oral examination annually. 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 honor.

Part 1 of the certification examination is a written multiple choice test consisting of two hundred questions that is administered over a four (4) hour period. Part 2 of the examination is an oral examination designed to determine how well a candidate's knowledge base is integrated into patient care. Both examinations take place prior to the annual meeting of the American Academy of Orofacial Pain. Passing both Parts 1 and 2 is required to attain Diplomate status.

All ABOP Diplomates are subject to recertification based on guidelines established by the ABOP. In addition to annual dues, a recertification fee is assessed every 5 years at which time Diplomates must present documentation of 100 hours of continuing education activity in the field of Orofacial Pain. These credits must be accumulated during the previous 5 years. The full recertification guidelines are available online: <http://www.abop.net/?page=Recertification>. The fees quoted in this bulletin are current and subject to change.

## **The Scope of Certification**

The ABOP Certification examination is based on the prevailing standards of Orofacial Pain management as defined by practice surveys and by 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.

While the ultimate goal is excellence in patient care, no certification program can guarantee the competence of its Diplomates or treatment success. Due to rapid changes and advances in science, and medical and dental knowledge, the ABOP cannot certify that the examination will, at all times, represent the most current state of the art

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information in the field. 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 by external testing agencies.

## **The Advantages of Certification**

Independent testing is acknowledged to be 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 "subspecialty" area of general healthcare.
- Exceptional personal achievement.

## **Application for the Examination**

### **Eligibility Requirements**

The following are the eligibility requirements for the certification examination:

1. Candidates must have an unrestricted license to practice dentistry in at least one of the states of the United States of America, its Commonwealths or Territories, or have a full-time dental school faculty member exemption. Foreign applicants who do not practice in the United States must have an unrestricted and valid dental license in their country of residence. All dental licenses must be current through the date of the examination. This is required for both the written and the oral examination.
2. One of the following criteria must be met:
  - a. Accumulation of at least 400 documented hours of continuing education credits focused specifically on Orofacial Pain AND have practiced Orofacial Pain full time for at least two years or part time for at least five years; or
  - b. Completion of a one or two-year full time residency, preceptorship or fellowship in a university or hospital based Orofacial Pain training program; or

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- c. Completion of an online and/or hybrid Orofacial Pain program with at least 400 hours of continuing education credit focused specifically on Orofacial Pain AND have practiced Orofacial Pain full time for at least two years or part time for at least five years.

Completion or participation in a post-graduate program other than a program specifically teaching Orofacial Pain does not qualify (i.e. no other ADA recognized specialty or non-specialty program qualify). Foreign (non-USA) applicants are subject to the same eligibility requirements. Orofacial Pain related lectures in other (non-orofacial pain) graduate programs may be credited towards the continuing education credit requirements. Documentation of the topics and lecture duration has to be submitted to the Board for review of eligibility.

Candidates who have completed a one or two-year full time Orofacial Pain program must submit a letter from their program directors indicating their board eligibility status.

## **Examination Fees:**

The written examination fee is \$1250.

The oral examination fee is \$1250.

The fees quoted in this bulletin are current and subject to change.

The fee for both the written and the oral examination must be paid by certified 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](#).

A non-refundable administrative fee of \$300 is included in the application fee for both the written and the oral examinations, and is effective immediately upon the receipt of the application by the ABOP.

## **Written Examination Application Documents**

All applications for the written examination must include the following:

1. A completed application form (may also be submitted online [here](#))
2. Payment of the examination fee in US Dollars via check or credit card
3. Two recent passport sized photographs with the applicant's signature in ink on the bottom front of each photograph and with the applicant's name printed legibly in ink on the back of each photograph
4. A certified (notarized) copy of the current unrestricted dental license valid through the date of the examination or an official exemption

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5. For candidates who have completed a one or two-year full time university or hospital based Orofacial Pain residency, preceptorship or fellowship program, a letter from the program director stating the candidate's board eligibility status is required
6. For candidates who have not completed a full time Orofacial Pain program, the following must be submitted:
  - a) Documentation of at least 400 hours of continuing education credits focused specifically on Orofacial Pain; and
  - b) A notarized statement verifying at least two years of full time Orofacial Pain clinical practice or five years of part time Orofacial Pain clinical practice; and
  - c) Two letters of reference from practicing dentists or physicians documenting the candidate's ethical and professional standards, duration of practice of Orofacial Pain (i.e. part time or full time), and competency in the field of Orofacial Pain
7. A signed copy of the ABOP Code of Conduct
8. A signed copy of the ABOP Confidentiality Agreement
9. Foreign (non-USA) candidates must provide notarized translations into English of all documents which are not in the English language, especially those pertaining to licensure. If the foreign state or country of residence does not require periodic renewal of the dental license, documentation (in English) verifying this policy must be provided.
10. For candidates retaking the written examination, a new completed application form and two new photographs (see #3 above) must be submitted. Please complete only pages 21-31 on the application. Information regarding continuing education and completed training need not be resubmitted.

## **Oral Examination Application Documents**

1. A completed application form (may also be submitted online [here](#)).
2. Payment of the examination fee in US Dollars via check or credit card
3. Two recent passport sized photographs with the applicant's signature in ink on the bottom front of each photograph and with the applicant's name printed legibly in ink on the back of each photograph
4. A certified (notarized) copy of the current unrestricted dental license valid through the date of the examination or an official exemption.
5. A signed copy of the ABOP Confidentiality Agreement
6. Verification of having passed the written examination
7. Foreign (non-USA) candidates must provide notarized translations into English of all documents which are not in the English language, especially those pertaining to licensure. If the foreign state or country of residence does not require periodic renewal of the dental license, documentation (in English) verifying this policy must be provided.

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8. For candidates retaking the oral examination, a new application and two new photographs (see #3 above) must be submitted. Please complete only pages 21-31 on the application.

## **Application Deadline**

Both paper and online applications must be submitted and postmarked on or before January 30, 2018. Submission of the application via FAX will not be accepted. A completed application includes all the required and completed forms, candidate photographs, fees, and supporting documents. 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. Oral examination candidates will be notified of the room number and approximate examination time 7 days prior to the examination date. Flexibility in travel arrangements is encouraged to accommodate schedule changes.

## **Mailed applications must be sent to:**

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1258 Berans Road  
Owings Mills, MD 21117

## **Application Inquiries**

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

- Telephone at (410) 560-3620 between the hours of 10:00AM and 8:00PM USA Eastern Standard Time, Monday through Friday;
- FAX to (410) 630-5144;
- Email to [info@abop.net](mailto:info@abop.net); or
- Mail to 1258 Berans Road Owings Mills, MD 21117

## **Candidates with Disabilities**

The ABOP will make reasonable efforts to accommodate eligible candidates who provide documented evidence of a particular disability requiring special accommodation at the examination. Such special arrangements should not present an undue burden to the Board. The presence of a particular disability should not alter the level of the knowledge that the assessment program is intended to test. Documented evidence must include documentation from a medical professional with expertise in the specific disability and 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.

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## **Registration Acceptance – The Admission Packet**

Qualified applicants will receive an Admission Packet approximately fourteen days prior to the examination date. The Admission Packet 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 needed at the time of reporting to the test center for the examination. The ID number is also required for inquiries about the test score.

Please contact the ABOP Administrative Office if the Admission Packet is not received at least fourteen days prior to the date of the Examination, or if the candidate loses his/her Admission Packet.

## **Examination Language**

The official language of the ABOP oral and written examination is English. To participate in the examination, candidates who speak English as a second language should have an English proficiency level equivalent to a TOEFL score of at least 85. Accommodations will not be made for candidates whose native language is not English or who cannot properly interpret the questions on the examination.

## **About the Written Examination**

The ABOP written certification examination is administered over a four-hour period and is composed of 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.

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## **About the Oral Examination**

The purpose of the oral examination is to determine how well a candidate's knowledge base 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 oral examination 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 in order 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 of their requested information, he/she will be expected to present a differential diagnosis and support why each potential disorder or disease should or should not be included in the final diagnosis. 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.

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

## **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 insure 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

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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.

In order to provide random oversight of the oral examination process, a third examiner may be present in the room 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.

## **Test Center Regulations**

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 in order to take the examination. No exceptions will be entertained.
2. Candidates must sign and submit the Code of Conduct statement with their application, and again prior to taking the examination at the test center.
3. Candidates must sign and submit the Confidentiality Agreement with their application, and again prior to taking the examination at the test center.
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 testing center.
5. Books, paper, notes, or electronic devices with recording, memory, or internet connection capabilities of any description are not permitted in the testing center.
6. Unauthorized individuals are not allowed at the testing center. Observers may be present upon express permission by the ABOP.
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.

## **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 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 candidate may request refund of the

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examination fee (minus the \$300 non-refundable administrative fee), or request that the fee (minus the \$300 non-refundable administrative fee) be applied to the next year's examination with no refund. For the latter option, the candidate is responsible for the payment of the difference in application fee between this and next year.

## **Nondiscrimination Policy**

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

## **Examination Results & Appeals**

### **Examination Scoring and Reporting**

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 Test. Candidates pass or fail following an extensive pre- and post-examination analysis performed by the Examination Council and the psychometrics testing agency.

The oral examination is analyzed using the many-facet Rasch model. The Rasch analysis calibrates the candidate's ability, the examiner grading severity, the protocol difficulty, and the difficulty of the five knowledge areas tested.

Both psychometric testing agencies operate according to industry standards with equal attention to detail. In order 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.

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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 may be obtained by contacting the Administrative Office of the ABOP.

## **Voluntary Withdraw of Scores**

To request for 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 Administrative Office of the ABOP.

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

## **Appeals Provisions**

### **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 be limited to an internal review and a check of the scoring for errors. The scoring process and the passing score are not subject to appeal.

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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 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 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*, to the ABOP at 1258 Berans Road Owings Mills, MD 21117.

## **Retaking the Examinations**

### **Re-Taking the Written Examination**

Candidates may submit applications to retake the written examination. A new application form, examination fee, and proof of current licensure is required. However, following three failed attempts, proof of remedial course attendance pertaining to deficient areas of knowledge is required prior to further test admittance.

### **Re-Taking the Oral Examination**

Candidates may submit applications to retake the oral examination within five years of passing the written examination. A new application form, examination fee, and proof of current licensure is required. However, candidates who fail to pass the oral examination within five years of passing the written examination are required to retake the written examination.

## **Becoming Certified**

Candidates who pass both the written and oral examinations will receive a certificate and may designate themselves a “Diplomate of the American Board of Orofacial Pain”. A maintenance fee will be assessed annually. Re-certification will be required every five years after successfully completing the certification process. The recertification fee is \$100. The fees quoted in this bulletin are current and subject to change.

## **Code of Conduct**

A copy of the ABOP Code of Conduct is included in the appendix. This must be signed by the candidate and submitted with the rest of the application material. A copy of the procedures adopted by the Board which governs complaints about a Diplomate’s conduct may be obtained from the Administrative Office of the ABOP.

American Board of Orofacial Pain (ABOP)  
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# **AMERICAN BOARD OF OROFACIAL PAIN**

## **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**

### **Subject Matter**

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
  - Cluster headache & chronic paroxysmal hemicrania and their variants
  - Giant cell arteritis
  - Tension-type headache and its variants
  - Miscellaneous headaches not due to structural disorders
- 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 Head and Neck Pathoses
- Sleep Disorders and Pain
  - Sleep physiology and dysfunction
  - Therapeutic options
- Oromotor Disorders
  - Dystonias, dyskinesias and bruxism

The following are specific knowledge areas tested:

Anatomy, Development, Normal and Abnormal Function of the Head and Neck Region

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- 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 (eg. 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

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## **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.

As the oral examination is interactive, in addition to the suggested texts and journals, candidates are encouraged to seek continuing education programs at CODA approved Orofacial Pain programs where clinical skills and the application of didactic knowledge is demonstrated. A list of current programs and contact information may be found at [http://www.aaop.org/content.aspx?page\\_id=22&club\\_id=508439&module\\_id=107337](http://www.aaop.org/content.aspx?page_id=22&club_id=508439&module_id=107337)

## **Recommended Textbooks:**

American Academy of Orofacial Pain, Fifth edition. Reny de Leeuw, Gary Klasser editors: Orofacial Pain: Guidelines for Assessment, Diagnosis, and Management. Quintessence Publishing Company, Chicago, 2013

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# **AMERICAN BOARD OF OROFACIAL PAIN**

Okeson JP: Management of Temporomandibular Disorders and Occlusion. 7<sup>th</sup> edition, Elsevier Publisher, St Louis, 2013

Wright EF. Manual of Temporomandibular Disorders. 3<sup>rd</sup> 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. 6<sup>th</sup> edition Churchill Livingstone, 2013

Sessle BJ, Lavigne GJ, Lund JP, Dubner R. Orofacial Pain: from basic science to clinical management. 2<sup>nd</sup> edition Quintessence Publishing Co, Inc, 2008

Benoliel R, and Sharav Y, Orofacial Pain and Headache. Second edition. Quintessence Books, 2015

Olesen J, Goadsby PJ, Ramadan NM, Tfelt-Hansen P, Welch, K.M.A. (Eds) The Headaches. 3<sup>rd</sup> edition, Philadelphia: Lippincott Williams & Wilkins; 2006

Classification and Diagnostic Criteria for Headache Disorders, Cranial Neuralgias, and Facial Pain. Cephalalgia, 2013

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. Second ed. 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

Travell J, Simons DG: Myofascial Pain and Dysfunction: The Trigger Point Manual. Volume 1- Upper Half of Body, **Second** Edition, Williams and Wilkins, Baltimore, 1999

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# **AMERICAN BOARD OF OROFACIAL PAIN**

Clark GT, Dionne RA. Orofacial Pain: A Guide to Medications and Management. Wiley Blackwell, 2012

Yagiela J, Dowd FJ, Johnson B, Mariotti A, Neidle EA, Pharmacology and Therapeutics for Dentistry. 6<sup>th</sup> edition, St. Louis, Elsevier Mosby, 2011

Kryger MH, Roth TR, Dement WC. Principles and Practice of Sleep Medicine, 5<sup>th</sup> edition Elsevier Inc, 2011

Attanasio RD, Dennis R. Bailey Sleep Medicine and Dentistry, An Issue of Dental Clinics, Saunders 2012

Any anatomy text for basic review.

## **Recommended Journals:**

1. Journal of Oral and Facial Pain & Headache (formally the Journal of Orofacial Pain)
2. Journal of Oral and Maxillofacial Surgery
3. Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology
4. Journal of Oral Rehabilitation
5. Headache
6. Cephalalgia
7. PAIN
8. The Clinical Journal of Pain
9. Journal of Pain
10. Pain Medicine
11. Sleep
12. Sleep and Breathing
13. Sleep Medicine

## **Online Resources:**

1. [Rutgers University School of Dental Medicine](#)
2. [University of Southern California School of Dentistry](#)

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# AMERICAN BOARD OF OROFACIAL PAIN

## Code of Conduct

The Code of Conduct of the American Board of Orofacial Pain is designed to encourage professionalism among the members 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 membership 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: \_\_\_\_\_

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# AMERICAN BOARD OF OROFACIAL PAIN

## The 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:

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# **AMERICAN BOARD OF OROFACIAL PAIN**

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: \_\_\_\_\_

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# AMERICAN BOARD OF OROFACIAL PAIN

## Board Exam Application Form

### Please Note the Following:

This notice serves as a formal announcement that the ABOP will no longer accept applications for Board certification as a Diplomate of the American Board of Orofacial Pain after 2019 unless the requirements specified below are met.

The movement towards a specialty in orofacial pain has become reality. The American Board of Dental Specialities (ADBS) recognizes the ABOP as a specialty Board. In order to maintain specialty requirements, the ABOP must restrict our examination to only those individuals who have completed a two year, CODA approved post graduate program. Foreign dentists applying for the examination must document completion of an equivalent program. Applications will be reviewed on an individual basis.

**All applications and fees from non-program graduates must be submitted prior to 2019. If a non-program graduate candidate is accepted for the examination, they may postpone their examination up to two times, each time for one year.** Postponement may result in a small additional fee if the cost of the exam increases. Questions may be directed to the ABOP office; contact information is at the beginning of this Bulletin.

*Please type or print all information clearly*

This application must be received by the central office of the ABOP by January 30, 2018.

Mail completed application to:

### American Board of Orofacial Pain

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Fax: (410) 630-5144  
Email: [info@abop.net](mailto:info@abop.net)

### Candidate Information:

\_\_\_\_\_ Oral Examination                      \_\_\_\_\_ Written Examination

Are you retaking this examination? \_\_\_\_\_ Yes    \_\_\_\_\_ No

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# AMERICAN BOARD OF OROFACIAL PAIN

Please print or type all information.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last/Sur Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender:  Male  Female  Transgender

Current Company/Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

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: \_\_\_\_\_

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# AMERICAN BOARD OF OROFACIAL PAIN

**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):

\_\_\_\_\_

Alternate Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_ Office

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## Exam Registration Options (Select 1):

Written Examination –\$1,250

Oral Examination – \$1,250

## Payment Information:

Visa  MasterCard  American Express  Discover

Check/Money Order (Must be drawn on US Dollars)

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

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_

CVV Security Code: \_\_\_\_\_

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: \_\_\_\_\_

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# AMERICAN BOARD OF OROFACIAL PAIN

## Professional Information:

My professional setting is:

\_\_\_\_\_ Dental School/Medical School (School):

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\_\_\_\_\_ Private Practice, Solo

\_\_\_\_\_ Private Practice, Group

\_\_\_\_\_ Specialized or limited practices, predominantly in pain

\_\_\_\_\_ Specialized or limited practices, predominantly in:

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\_\_\_\_\_ Other:

---

What state or Country do you hold a valid, unrestricted license to practice Dentistry?

---

If you are exempt from having a valid dental license because you are full time academic faculty, please provide a letter from your Department Chair or Dean

Institution Name: \_\_\_\_\_

Location of Institution: \_\_\_\_\_

Name and Email of Department Chair or Dean:

---

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# **AMERICAN BOARD OF OROFACIAL PAIN**

How many years have you practiced clinical Orofacial Pain Practice since the completion of your Dental Degree?

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

## **Please provide information on your Dental or Medical Education**

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

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# **AMERICAN BOARD OF OROFACIAL PAIN**

**Please provide information on Post-Doctoral and Advanced Education (Including Graduate School, Masters, PhD):**

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

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# **AMERICAN BOARD OF OROFACIAL PAIN**

**Please provide information on your Advanced Education in Orofacial Pain:**

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Instructor or Program Head: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Instructor or Program Head: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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# 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.*

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

Date: \_\_\_\_\_

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# AMERICAN BOARD OF OROFACIAL PAIN

## Continuing Education Ledger

Please complete this form with information regarding your continuing education. This form should be completed if you are applying for the written examination for the first time. You may attach a separate transcript of hours with this form.

Candidate Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

Program Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

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# **AMERICAN BOARD OF OROFACIAL PAIN**

Program Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

Program Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

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Program Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

Total Hours Listed Above: \_\_\_\_\_

The above hours must be more than or equal to 400 hours. You may attach a list of hours as well.

\_\_\_\_\_ I certify that my submission of continuing education credits is correct and accurate.

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

Date: \_\_\_\_\_

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## Verification of Completed Training Form

This form should be completed by any candidate registering for the Written Examination for the first time. If you have previously taken the Written Exam or are applying for the Oral exam, please skip this page. This form is to verify training that has been completed. If you are still enrolled in a program, please use the next form.

Candidate Name: \_\_\_\_\_

Institution Training Occurred: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Months: \_\_\_\_\_

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

\_\_\_\_ I certify that this training has been completed.

### Instructor Information

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

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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# AMERICAN BOARD OF OROFACIAL PAIN

## Certification of Training in Progress

This form should be used by candidates registering for the Written Examination for the first time. This form should only be completed if you have not completed a 2-year post-doctoral program. If you have completed the full program, please use the previous form.

Candidate Name: \_\_\_\_\_

Institution Training Occurred: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ Scheduled End Date: \_\_\_\_\_ Total Months: \_\_\_\_\_

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

\_\_\_\_ I certify that this candidate is still enrolled in this program on a full time basis.

### Instructor Information

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

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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# ***AMERICAN BOARD OF OROFACIAL PAIN***

## **Candidate Checklists**

### **Checklist for First Time Written Examination Applicants**

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.

- Sign the Code of Conduct Form (Page 21)
- Initial and Sign The Applicant Confidentiality Agreement Form (Pages 22-23)
- Complete the Candidate Information Form (Pages 24-26)
- Complete the Exam Registration Option Form, Providing Payment of \$1,250 USD (Page 27)
- Complete the Professional Information Form (Pages 28-31)
- Sign and Date the Candidate Agreement Form (Page 32)
- Complete the Continuing Education Ledger OR Submit a Ledger of CE detailing 400 hours of CE (Page 33-35)
- Complete the Verification of Completed Training (Page 36)
- Provide two recent color, passport sized photographs with your signature and name printed on the back.
- Provide a copy of your dental license, valid through the date of the examination.
- Provide two (2) letters of reference from practicing dentists or physicians documenting your ethical and professional standards, how long you have practiced orofacial pain either part-time or full-time, and detailing your competency in the field of Orofacial Pain.

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## **Checklist for Applicants Retaking the Written Examination**

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

- Sign the Code of Conduct Form (Page 21)
- Initial and Sign the Applicant Confidentiality Agreement Form (Pages 22-23)
- Complete the Candidate Information Form (Pages 24-26)
- Complete the Exam Registration Option Form, Providing Payment of \$1250 USD (Page 27)
- Complete the Professional Information Form (Pages 28-31)
- Sign and Date the Candidate Agreement Form (Page 32)
- Provide two recent color, passport sized photographs with your signature and name printed on the back.
- Provide a copy of your dental license, valid through the date of the examination.

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## **Checklist for Applicants Taking the Oral Examination & 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.

- Sign the Code of Conduct Form (Page 21)
- Initial and Sign the Applicant Confidentiality Agreement Form (Pages 22-23)
- Complete the Candidate Information Form (Pages 24-26)
- Complete the Exam Registration Option Form, Providing Payment of \$1250 USD (Page 27)
- Complete the Professional Information Form (Pages 28-31)
- Provide two recent color, passport sized photographs with your signature and name printed on the back.
- Provide a copy of your dental license, valid through the date of the examination.

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5/25/2014

9/11/2014

7/7/2015

8/5/2016

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