

# The American Board of Oral and Maxillofacial Pathology

Incorporated in the District of Columbia - 1948

One Urban Center, Suite 690  
4830 West Kennedy Boulevard  
Tampa, Florida 33609 - 2571

## FOR OFFICE USE ONLY

APPLICANT'S NAME	REFERENCES
DATE APPLICATION/FEE RECEIVED	SENT ALL RECEIVED DATE CERTIFICATE SENT

## APPLICATION FOR CERTIFICATION

Please type all information into this form, print, sign, and return to the Board office.

### PERSONAL

1. NAME	LAST	FIRST	MIDDLE
2. PRIMARY MAILING ADDRESS	IF HOSPITAL OR MEDICAL CENTER, INCLUDE NAME OF INSTITUTION		
	STREET		
	CITY	STATE	ZIP CODE COUNTRY (IF NOT USA)
	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
3. SECONDARY MAILING ADDRESS	IF HOSPITAL OR MEDICAL CENTER, INCLUDE NAME OF INSTITUTION		
	STREET		
	CITY	STATE	ZIP CODE COUNTRY (IF NOT USA)
	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
4. GENDER	MALE	FEMALE	5. DATE OF BIRTH
6. COUNTRY OF BIRTH		7. COUNTRY OF CITIZENSHIP	MM DD YYYY

Please list complete address and telephone number for both home and office

8. Dental and graduate education other than oral pathology.

Degree	Institution	Inclusive years In Attendance

9. Internship, residency training other than oral pathology.

Institution (hospital, dispensary, etc.)	Department	Inclusive Years In Attendance

10. Advanced training in oral pathology.

Institution	Program Director	Degree/ Certificate	Exact Inclusive Dates

11. Chronologic list of hospital and other staff appointments in oral pathology. Attach separate sheets if needed.

Institution or Location	Title	Inclusive Dates

12. Academic and administrative appointments (past and present).

Institution	Title	Inclusive Dates

13. Length and percentage of time devoted to practice of oral pathology.

Institution or Location	Nature of Practice (diagnosis, teaching, research, etc.)	Percentage of Time	Inclusive Dates

14. Research activities (past and present).


15. Publications (author, co-author, title, journal, volume, page, and year). Attach separate sheets if needed.


**16. Chronologic history of all professional and academic activities since graduation from dental school. If in private practice, note nature of practice and whether full or part time. If in teaching, note whether full or part time and percent of time.**

Inclusive Dates	Activity	Percentage of Time

**17. Professional societies in which membership is held and length of time of membership.**

Society	Inclusive years

18. List the name and complete mailing addresses of your Program Director, to serve as a reference.

**In order to prevent any delay in the processing of your application, please request your Program Director to promptly complete and return the ABOMP reference form that will be sent from the Board office. The Program Director must respond before this application will be reviewed by the Credentials Committee.**

NAME

INSTITUTION

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

## Instructions to Applicants

1. Return this application to the office of The American Board of Oral and Maxillofacial Pathology, accompanied by the application/examination fee (in U.S. funds). Make checks payable to The American Board of Oral and Maxillofacial Pathology.
2. The final filing dates for receipt of applications and registrations for initial examination applicants, repeat examination participants, or initial examination participants who were previously declared qualified is May 15. Under extreme or unusual circumstances, applications may be accepted until June 1 although an additional late fee (to be determined by the Secretary Treasurer) will be assessed.
3. Two recent, unmounted, autographed, passport-size photographs must be included with this application.
4. A copy of official documentation of issuance of satisfactory completion of training. If your Program does not issue a certificate, your Program Director may send us a letter. If you have not yet finished your program when you submit your application, this documentation must be received the year you apply, and prior to sitting for the examination, but no later than September 1st.
5. A curriculum vitae must accompany this application.

### Americans with Disabilities Act

The American Board of Oral and Maxillofacial Pathology supports the intent of the Americans with Disabilities Act. The Board will endeavor to provide qualified Board candidates, who have documented disabilities, necessary auxiliary aids and services providing they do not fundamentally alter the measurement of the skills or knowledge the Board examination is intended to test or result in an undue burden.

Do you have a disability that you believe may require special accommodation for the Board examination?

Yes

No

If "Yes is checked:

Board candidates requesting an accommodation due to a disability must provide documentation to the Board of the disability, at the candidate's expense, and must identify the type of accommodation requested. Accommodations that fundamentally alter the measurement of skills or knowledge that the examination is intended to test, will not be offered.

# Instructions to Applicants (continued)

I understand that I am entering into a binding, legal contract with the ABOMP and that to complete my application, I must affirmatively indicate my agreement to comply with the following terms. By signing, I acknowledge that I have read, understand, and agree to be bound by the contract terms. I understand that if I do not agree to these terms, I will not be allowed to register.

I understand and agree that as an applicant:

I have the responsibility for supplying to the ABOMP information adequate for a proper evaluation of my credentials.

I have the responsibility to update any information required in connection with my application, including providing the ABOMP complete information relating to any restrictions on, or the suspension or revocation of, my professional license(s) within 60 days of any such restriction, suspension, or revocation.

I may be disqualified from sitting for an examination or from issuance of a certificate in the event that any of the statements hereinafter made on this application, or hereafter supplied by me to the ABOMP, are false or if I have failed to provide material information or in the event that any of the rules governing such examination are violated by me.

I request and authorize the evaluation and validation of my credentials in accordance with, and subject to, the rules and regulations of the ABOMP.

ABOMP may release the results of my examination(s) to the director of my oral pathology training program.

ABOMP may provide information to appropriate parties concerning my status as Board certified or not certified, dates and bases for action(s) related to my certification, and/or other appropriate information; all disclosures will be in compliance with the law.

All decisions as to my credentials and qualification for admission to the examination and for certification rest solely and exclusively in the ABOMP, that its decision is final, and my exclusive appeal from any adverse decision is pursuant to the ABOMP's rules and procedures.

I hereby release, discharge, covenant not to sue, and hold harmless the ABOMP, its directors, officers, members, examiners, representatives, agents, and any person who supplies information regarding my credentials from any actions, suits, claims, demands, or damages arising out of, or in connection with any action taken by any of them regarding this application, the gathering, collecting, and use of information about my practice or education, the results given with respect to any examination, the failure of the ABOMP to certify me, or the revocation of any certificate.

I understand and agree that in order to maintain a fair and secure testing process that:

The examination and all test questions are the exclusive property of the ABOMP and are protected by copyright law. Because of the confidential and proprietary nature of these copyrighted materials, I agree not to retain, copy, disclose, discuss, share, reveal, distribute, or use for exam preparation any part of these examination materials, including memorized, reconstructed, and recalled items.

The following actions may be sufficient cause for ABOMP, in its sole discretion, to terminate my participation in an examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, to bar me from future examination, or to take other appropriate action.

The giving or receiving of aid in an examination, as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination, including, but not limited to:

Referring to books, notes, or other devices at any time after the start of the examination, including breaks. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.

Any transfer of information or signals between candidates during the administration of the examination, including breaks.

Any appearance of looking at the computer screen of another candidate during the examination.

Allowing another candidate to view one's answers or otherwise assisting another candidate in the examination.

Recording, replicating, recalling, or discussing examination questions, and taking any information on examination questions, such as notes or diagrams outside the examination room.

The unauthorized possession, reproduction, disclosure, discussion, or distribution of any examination materials, including, but not limited to, examination questions, answers, reconstructed and recalled items at any time before, during, or after the examination.

The offering of any benefit to any agent of the ABOMP in return for any right, privilege, or benefit which is not usually granted by the ABOMP to other similarly situated candidates or persons.

The ABOMP may require me to retake one or more portions of an examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such compromise.

I understand and agree that:

If I meet all of the qualifications for certification, my certificate will be valid for 10 years contingent upon my timely satisfaction of all requirements of the American Board of Oral and Maxillofacial Pathology Certification Maintenance program.

I understand that the ABOMP will release the results of my examination anonymously, in a quartile comparison, to the director of my oral and maxillofacial pathology residency training program. Further, I understand that the ABOMP will reply to requests concerning my diplomate status as either Board certified, or not Board certified. All disclosures will be in compliance with the law

I agree to be legally bound by the foregoing.

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Signature	Date



**TO BE COMPLETED BY OFFICERS OF THE BOARD**

Report of the Committee on Requirements and Credentials

Action	Comment	Signature	Date

Action of the Board of Directors

Action	Date	Signature