

## American Board of Oral and Maxillofacial Pathology

### APPLICATION PROCESS AND INFORMATION

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#### Instructions and Information to Candidates for the Certifying Examination:

This information was prepared by the staff of the American Board of Oral and Maxillofacial Pathology in order to provide candidates with a better understanding of the application process and how the examination is conducted. It does not list the prerequisites and requirements necessary to qualify for the examination, the dates for receipt of applications, or the dates and location of the examination. This and related policy information are available in the Board's Bylaws. In general, however, 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 of \$250 will be assessed.

#### Processing of the Application:

The processing of an application takes approximately six to eight weeks. The procedure for processing applications includes the following steps:

1. A review of the application is made to determine that all required information is complete, the necessary documents are included, and the \$1,000 fee is enclosed. If the application is not complete, it will be returned to the candidate. An incomplete application will not be processed until a complete application has been received.
2. If the application is complete, a letter will be sent to the candidate acknowledging receipt of the application and examination fee, indicating that the application will be processed.
3. An evaluation form is sent to the candidate's most recent or principal training director. In order to prevent any delay in the processing of the application, the candidate is asked to request that the director promptly completes and returns the form.

4. After the reference form has been returned to the Board office, the application is reviewed by the Credentials Committee, which determines if the training requirements have been fulfilled. A candidate may not challenge an examination unless declared eligible by the Credentials Committee.

5. The candidate is notified by letter regarding Board eligibility. For those declared Board eligible, the period of time during which the candidate may challenge the examination is five years, starting with the year in which they are declared eligible. When a Board eligible candidate desires to challenge an examination, he or she must declare their intention to do so by submitting an Examination Registration Form.

6. An application may be approved “pending receipt of issuance of satisfactory completion of the training program”. If you have not yet finished your program when you submit your application, the certificate of completion must be received the year you apply, and prior to sitting for the examination, but no later than September 1<sup>st</sup>.

### Information Sent to Candidates:

If a candidate is declared eligible and has applied to challenge an examination, the following materials will be forwarded approximately six weeks prior to the examination:

1. A schedule of the examination giving dates and times of the various sections of the examination.
2. Information for making hotel reservations at the hotel adjacent to the examination center. Because of time schedules, it is suggested that candidates stay there, unless the candidate lives in that city. Although a discounted rate has been negotiated for our candidates, less expensive rates may be found online.
3. Behavioral guidelines.

### Travel and Hotel Accommodations:

All candidates are responsible for their own travel and hotel accommodation arrangements and all their expenses. The Board will ask the hotel to make an adequate number of rooms available for candidates, but does not make individual arrangements. Candidates are responsible for reporting to the examination site at the time stated on the examination schedule form.

### Preparations for the Examination:

In preparing for the examination, the candidate should do the following:

1. Become familiar with the formats of the questions used.
2. Nikon Alphaphot 2 microscopes with 10X widefield oculars, 4X, 10X, 40X, 100X oil immersion objectives, mechanical stages, abbe condensers, and built-in light sources are provided in the examination center, but candidates may bring their own if they wish. If so, include an extra bulb. Ancillary microscopic tools (e.g. polarizing lenses) will not be supplied. Candidates should bring any and all ancillary tools that they believe they may need whether or not they bring their own microscope. The slide holder on the microscope stage is not removable. If the candidate prefers not to use it, it may be moved to the back and far left of the stage. Telephone books are available at the front of the examination center to raise microscopes if needed, and the seats are adjustable with a lever under the right side of the seat.
3. It is very difficult to keep the temperature in the examination center at a level that is satisfactory to all. Frequently, some find it too warm and others too cool. It is strongly suggested that those persons sensitive to cooler temperatures bring a sweater or jacket to the examination center.

## Examination Scoring and Candidate Anonymity:

The candidate will receive a coded candidate number at the beginning of the examination that will be used to identify each candidate on all four parts of the examination. The Directors will not “break” the code that identifies the individual until after scoring of the examination is complete. The candidate should help ensure their anonymity during the examination by keeping any reference to their candidate number concealed.

## Description of Examinations and Question Formats:

<b>Categories</b>	<b>Written 3 hours 150-OP questions 50-GenP questions</b>	<b>Clinical/Image 2 ½ hours 50 questions</b>	<b>Surgical/Microscopic 2, 4-hour exams of 35 questions 70 questions total</b>
Oral & Maxillofacial Lesions/Conditions (inflammatory and immunologic disorders, microbial diseases, mucosal lesions, salivary gland disorders, soft tissue tumors, bone lesions, hematologic/lymphoid disorders, odontogenic cysts and tumors, facial pain, etc.)	40-50%	55-65%	65-75%
Developmental Disorders, Dental Abnormalities, Syndromes	5-7%	15-20%	3-5%
Dermatologic/Cutaneous Lesions	3-5%	10-12%	7-10%
Other Head and Neck Lesions	2-3%	0-5%	0-5%
Systemic Diseases/Neuromuscular/ Psychogenic	5-7%	1-5%	1-5%
General Pathology (including normal structure & function)	25%	0-2%	14%

Head & Neck Anatomy/Development	1-2%	0-2%	0-5%
Misc.: Forensics, Laboratory Techniques, Molecular Genetics, History, Cytology, Imaging, Nonsurgical Therapeutics	5-7%	0-2%	1-5%
<b>Totals</b>	100% (200 Qs)	100% (50 Qs)	100% (70 Qs)

**SURGICAL:**

Microscope set up: On the first examination day, candidates who elect not to use one of the microscopes provided should go to the examination site 15 minutes prior to the scheduled examination starting time and set up their microscope at their assigned station. After confirming the microscope is in good working order, the candidate may leave the room, but should remain nearby until the scheduled start time.

The surgical pathology portion of the examination is administered in two parts, with a time limit of four hours for each part. Each part may include one or two cytologic preparations. The oral and maxillofacial pathology cases will cover all categories of disease and a microscopic diagnosis is expected for each case. On the first day, the Surgical-I examination consists of 35 oral and maxillofacial pathology microscopic cases. On the second day, the Surgical-II examination consists of 25 additional oral and maxillofacial pathology microscopic cases as well as 10 general pathology microscopic cases. They are not mixed together. The 10 general pathology questions stay together at the end of the exam as questions 26 - 35. If the number of candidates necessitates the sharing of slide boxes, there will be 5 general pathology questions at the end of each box of the Surgical-II examination.

Depending on the number of candidates who sit for the examination, it may be necessary to split the microscopic slides between two boxes that candidates will share. Half of the room will begin with box "A", and half with box "B". Once finished with a box, candidates will come to the front of the room and exchange it for their second box. All candidates must have their second box by the 2-hour mark, so that all candidates have equal time with both boxes. Candidates may not return to their initial box once exchanged for their second box. Time will be announced approximately half an hour before slide boxes must be switched. There is a countdown clock on the upper right hand corner of the computer screen to keep track of time.

The surgical pathology question number will match the slide (case) number. The candidate will record the most likely and specific diagnosis possible in a free text box. The computer will not autocorrect spelling. The diagnosis line must be filled in for each case. If a diagnosis box is left blank, in addition to being marked incorrect, the question will be assessed the penalty of a critical error of additional lost points. If the slide shows an ameloblastoma, listing the diagnosis of "ameloblastoma" is sufficient and appropriate. If the diagnosis is uncertain, a comment may be added to describe limiting factors or the microscopic differential diagnosis. If special stains or other procedures could help establish a more definitive diagnosis, these may be included in the comment section along with alternative diagnostic considerations. A rationale should be provided for the listed stains. For example:

Diagnosis: malignant spindle cell neoplasm suggestive of spindle cell carcinoma.

Comment: Although the clinical and histologic features are most suggestive of spindle cell carcinoma, the differential diagnosis includes melanoma and leiomyosarcoma. Immunohistochemical stains for cytokeratin, S100 protein, HMB-45, smooth muscle actin, and desmin could support this interpretation while excluding other entities.

If the diagnosis is straightforward, leave the comment section blank. Everything entered will be assessed as part of the scoring process. Inappropriate or inaccurate comments can negatively impact the score for that case. Critical errors, such as diagnosing a benign lesion as malignant or a malignant lesion as benign, are assessed an additional penalty of lost points.

For each of the general pathology cases, the candidate will list the specific organ or tissue and provide the microscopic diagnosis of any pathologic process(es) present. Critical errors are not assessed in this portion of the examination.

Summary:

- A. Review each case thoroughly.
- B. Type your diagnosis in the space provided. There is a limit of 8000 characters per text field.
- C. If you choose to explain or justify your diagnosis, do so concisely and as accurately as possible. If a diagnosis is clearly evident on the basis of the material supplied, lengthy differential diagnoses and requests for unnecessary special stains may count against your score for that case.
- D. Remember that everything you enter will be graded in the context of that specific case.

WRITTEN:

The written examination consists of 200 multiple-choice questions viewed on a computer monitor, and has a time limit of three hours. There are 50 general pathology questions on the written exam. All 200 questions are mixed together. It includes theoretic, interpretive, and statistical aspects of pathology. Certain questions test the candidate's recognition of the similarity or dissimilarity of pathologic processes. Other questions evaluate the candidate's judgment as to cause and effect, the lack of causal relationships, or the clinical implications. The candidate controls the amount of time spent on each question, and may return to previously viewed questions at any time.

Multiple-Choice

Directions: each of the following questions or incomplete statements is followed by three to five suggested answers. Select the one answer that is best in each case. If you want to change your answer, you may do so by clicking a different radio button.

The oral manifestations of Peutz-Jeghers syndrome include:

- A) multiple papillomas.
- B) gingival hyperplasia.
- C) sebaceous glands in the oral mucosa.
- D) silver pigmentation of the oral mucosa.
- E) multiple pigmented macules.

ANSWER: E.

The candidate will click on the radio button in front of "E" to select the correct answer. There is no penalty for incorrect answers so it is in the candidate's best interest to answer all questions.

#### CLINICAL:

The clinical examination is a single examination and consists of 50 cases. The examination has a time limit of 2 1/2 hours. For each case, one to six images will appear on the candidate's computer monitor, together with a brief clinical history and/or a question. All answers are fill-in-the-blank format, requiring either a single diagnosis or a brief differential diagnosis. The candidate will record the most likely and specific diagnosis possible in a free text box. The computer will not autocorrect spelling. The candidate may view each case for as long as he or she desires and can return to previously viewed cases. Images may be enlarged by clicking on them and then clicking the "close" tab to return to the question screen. This section focuses on the clinical aspects of disease, but may include correlation with immunofluorescence or other clinical laboratory studies.

#### Completion:

This type of question is used on the clinical examination and will ask for a single diagnosis or several differential diagnoses. For example; a clinical photo of a lobular midline mass of the palate appears along with a radiograph showing dense bone. The question may read:

What is the most likely diagnosis for this 2 cm palatal mass?

or

List three differential diagnoses for this 2 cm palatal mass.

The candidate should only list as many differential diagnoses as requested, not more or less, and they should be listed in the order of probability. Providing more than the requested number of responses only increases the risk, as any incorrect answer may be counted against the candidate. For example, if four answers are provided for a question that requests only three responses and one of the four answers provided is incorrect, points may be deducted for the wrong answer even though three correct answers were provided as requested.

#### Source of Questions:

All ABOMP Directors submit questions to the Board. Only questions evaluated by the Test Committee and found to be appropriate and unambiguous are accepted as valid test questions. A formula/matrix is used to ensure that all aspects of oral and maxillofacial pathology are tested and no single subject receives undue emphasis.

#### Conduct of the Examination:

1. *Assigned seats and name cards:* In the examination center, candidates should sit at their assigned seat. The name card at their seat should not be removed. Times listed on the schedule are the actual starting times of the examination. The candidate is expected to be at his/her seat and ready to take the examination at the designated time. Candidates will not be given additional time if they are late for an examination. Their computer will be logged on for them and the time clock will start if they are not seated when an examination begins.

2. *Personal items in the examination room:* The only personal items permitted in the examination room are jackets or sweaters, eyeglasses, and microscopes. Specifically excluded are all calculators (a calculator is available on the computer), personal organizers, books, notes, and any other papers. Pagers, cell phones, and other communication devices are not allowed in the examination center.

3. *Note taking*: No notes of any kind may be made during or between examinations while in the examination center. A candidate may be subject to disciplinary action should this occur. Examination scratch paper may be used for calculations, etc. All examination scratch paper must be returned intact at the completion of the examination.
4. *Examination scratch paper and scoring*: Each candidate will be given an examination scratch paper with examination instructions for each portion of the exam. The candidate should follow instructions for each specific examination.
5. *Computer usage*: Before the start of the examinations there will be a practice test so that candidates can become familiar with the computer testing process. The items contained in the practice test will not be scored. All questions will be displayed on the computer screen; candidates will enter their answers by selecting one of the radio buttons. There will be a help screen, if needed. Computer skills are not needed to take this examination.
6. *Microscopic slides*: For the surgical pathology examinations, the number of the question will correspond with the number of the appropriate slide. Thus, slide #25 will correspond with question #25 on the computer examination. The slides should be kept in the original order.
7. *Examination conclusion*: Answers for all four sections of the examinations will be submitted on the computer. There is a countdown clock on the upper right of the computer screen to keep track of time. If a candidate finishes before the allotted time for the examination, they are free to leave once they have "quit" the examination. A pop-up box will give the candidate warning when there are 15, 5, and 1 minute remaining before the computer will end the examination session.
8. *Queries during examinations*: In spite of the great care exercised in the proofreading of examinations, typographical errors may occasionally occur. In practically all instances, these are simple spelling or typing errors and the meaning is readily apparent. Out of fairness to all candidates taking the examination, examiners and proctors are instructed not to answer individual questions, make judgments, or interpret a possible error. Candidates should exercise their own judgment. Nonetheless, if a candidate feels that an error exists, the candidate should bring the concern to the attention of a Proctor during or immediately following that section of the examination. The Board reviews the examination prior to scoring. If the Board determines that an error is critical to correctly answering a question, that question will be eliminated from the final scoring of the examination.
9. *Smoking and beverages*: Food (including candy and gum) and drinks are not permitted at workstations. However, drinks, candy, and medications may be stored in the storage area, and access to this area is available with proctor notification. A water fountain will be available just outside the room. Smoking is not permitted in the building.
10. *Restroom breaks*: The restrooms are located on either side of the elevator lobby. Only one male and one female candidate at a time are permitted to leave the examination center for a brief restroom break. The candidate should check in with the proctor before leaving the room. Nothing in the storage area, including cell phones or any other electronic device, may be taken to the restroom. Candidates may not leave the examination center except to use the restroom. Candidates may not leave the examination floor until that section of the examination is completed. While away from their workstation, the examination scratch paper should be turned over.
11. *Communication between candidates*: Communication between candidates during an examination is absolutely prohibited.

12. *Sounds, scents, and civility*: In consideration of other candidates, please avoid wearing strong fragrances, making unnecessary noise, and other actions that may be disruptive to others. Earplugs are available at the front of the examination center.

### Irregularities:

The examination will be supervised by Board Directors to ensure that the examination is properly conducted in accordance with the rules of the Board. Candidates are expected to maintain professional conduct during the examination. Any conduct that is considered inappropriate will be documented by the proctors and reviewed by the Directors to determine appropriate action. Inappropriate behavior includes cheating, suspicion of cheating, aggressive behavior towards proctors or other candidates, disregarding examination rules, and any other behavior determined to be detrimental to the administration of the examination.

In the interest of protecting the integrity of the ABOMP and its certification examinations, the following irregular behaviors may be sufficient to bar a person from future examinations, to terminate one's participation in the examination, to invalidate the results of one's examination, to cause the withholding or revocation of one's scores or certificate, or to merit other appropriate action by the Board.

1. The giving or receiving of aid in the examination as evidenced by observation.
2. The unauthorized possession, reproduction, or disclosure of any ABOMP examination-related materials, including, but not limited to, examination questions or answers, before, during, or after the examination.
3. The offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons.

In addition, the Board may withhold a candidate's scores and require that the candidate retake the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of the candidate's personal involvement in such activities.

### Retaking the Examination:

The fee to retake the examination is \$1,000. The fee and [Examination Registration Form](#) must be postmarked by May 15. Under extreme or unusual circumstances, applications may be accepted until June 1 although an additional late fee of \$250 will be assessed.

### ABOMP Application for Certification:

Download our [Application form](#). Only the form itself needs to be sent back to the ABOMP office; not these first eight informational pages.