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BYLAWS

THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

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Revised (Addition of Section #4, Article X and revised Addendum#1) May 20, 2023

BYLAWS OF
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

ARTICLE I.
NAME

The name of this corporation shall be
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

ARTICLE II.
PURPOSE

The Corporation is organized exclusively to elevate the art and science of Operative Dentistry, by encouraging its study and improving its practice. It will conduct yearly examinations to determine the competence of dentists who voluntarily apply to the Board for certification.

ARTICLE III.
MEMBERSHIP

Section 1. Classification. The Active Members of the American Board of Operative Dentistry, Inc., shall be as follows:

- A. Founding Members
- B. Certified Members
- C. Life Members

Section 2. Qualifications of Active Members.

A. *Founding Members* of the American Board of Operative Dentistry, Inc. are qualified as Active Members of the Board by virtue of their appointment by the Academy of Operative Dentistry on February 13, 1980.

B. *Certified Members* automatically become qualified as Active Members of the Board upon successful completion of the certification process

C. Certified or Founding Members may become *Life Members* by action of the Executive Council, upon request of that member after reaching the age of 65 years, providing that he/she has retired from practice and/or teaching.

Section 3. Maintenance of Active Membership. To remain a Board Member, each Founding, Certified and Life Member must:

- A. Fulfill his/her financial obligation to the Board, and
- B. Maintain membership in the Academy of Operative Dentistry
- C. Certified members must meet all “Renewal of Certification” requirements in Article III, Section 4.

Section 4. Renewal of Certification.

- A. Initial certification will expire seven (7) calendar years after the first day of March following the original date that the board certification process was completed.
- B. Renewed certifications will expire seven (7) calendar years after the first day of March following the date that all renewal requirements have been met [as verified by the Secretary].
- C. Renewal certification requirements include:
 - i. All annual ABOD dues for the current/expiring term have been paid in full to the treasurer.
 - ii. Membership in good standing with the Academy of Operative Dentistry (paid prior years dues).
 - iii. Attendance, during the current/expiring term, of a minimum of two (2) annual meetings of the Academy of Operative Dentistry. Copies of continuing education certificates will be required for renewal.
 - iv. Alternatively, a certified member may substitute one of the required Academy of Operative Dentistry meetings with the following: accumulation of twelve (12) continuing education credits through participation in an ABOD-approved study club, OR accumulation of twelve (12) continuing education credits while serving as a manuscript reviewer for the Operative Dentistry journal. Copies of continuing education certificates will be required for renewal.
 - v. Renewal applications will be reviewed by the eligibility and credentials committee.

Section 5. Loss of membership and reinstatement.

- A. A member whose financial obligation to the Board has not been paid by March 31 of the calendar year, or who has failed to maintain membership in the Academy of Operative Dentistry by that date, shall cease to be a member of the Board, and shall not be listed in the Directory.
- B. A member who has lost membership for non-payment of his/her financial obligation may be reinstated upon payment of delinquent fees and dues. If membership has been lost because of failure to maintain membership in the Academy of Operative Dentistry, he/she must resume membership in good standing in that Academy in order to be reinstated as a member of the Board. If a Certified Member has lost membership because of failure to attend the annual meeting of the Academy of Operative Dentistry, as directed in Article III, Section 4, he/she must attend two (2) consecutive meetings of the Academy of Operative Dentistry OR attend one (1) annual meeting and fulfill the continuing education requirement as outlined in Article III, Section 4, Paragraph C (iv).
- C. A member who does not comply with the Bylaws and rules and regulations adopted by the Board may be subject to loss of membership or other disciplinary action.
- D. The responsibility for decision under this Section shall rest solely upon the Executive Council.

ARTICLE IV.
GOVERNMENT

Section 1. The Governing and Policy-making body of this Corporation shall be the Active Members of the Board.

Section 2. The powers of the Active Membership are:

- A. They shall constitute the ultimate legislative body of the Board.
- B. They shall determine the rules and policies that shall govern the actions of the Board.
- C. They shall have the power to adopt, amend, and repeal the Bylaws of the Board.
- D. They shall have the power to create committees of the Board.
- E. They shall have the power to elect the members of the Executive Council.

Section 3. Duties – It shall be the duty of the Active Members, assembled at an Annual Meeting, to receive and to act as necessary upon the reports and recommendations of the Executive Council and to instruct the Council as to future policy of the Board.

Section 4. Annual Meeting. The Board shall meet annually in the month of February.

Section 5. Special Meeting. A special meeting of the Board may be called by action of the Executive Council, as provided in Article V, Section 8-B and 8-C of these Bylaws, or by the President, as provided in Article VI, Section 2-B of these Bylaws.

Section 6. Quorum. A quorum for the transaction of business at any Annual or Special Meeting shall consist of six (6) members of the Executive Council, plus any other members of the Board who wish to attend.

ARTICLE V. EXECUTIVE COUNCIL

Section 1. The business of the Corporation shall be managed by a Board of Directors, referred to in these Bylaws as the Executive Council. The majority of this Council shall be Certified Members.

Section 2. Composition of the Council. The Executive Council shall consist of nine (9), ten (10), or eleven (11) members. Beginning in 1988, and biennially thereafter, three members will be elected to serve for a term of six (6) years, accounting for nine of the members. If the Secretary and/or Treasurer have completed their Council term(s) of six (6) years but are elected to serve additional two (2)-year terms as Secretary or Treasurer, they will continue to serve on the Executive Council as the additional 10th and/or 11th member until their term(s) are completed.

Section 3. The manner of election of members of the Executive Council shall be as follows:

The President shall appoint the nominating committee during the Annual Meeting during odd years. This committee, consisting of active board members, shall build a slate of nominees that will be sent to all membership by 1 October of the odd year with a request for additional nominations. By 1 November of the same year, an electronic ballot will be sent to all board members, and voting will close by 7 days prior to the annual meeting. Incoming officers and council members will be announced at the Annual Meeting.

Section 4. Quorum. A quorum for the transaction of business shall be six (6) members of the Council.

Section 5. A requirement of election to the Executive Council shall be a minimum of two (2) years of consecutive membership in the Academy of Operative Dentistry immediately preceding that election. Such membership must be maintained during the term of office on the Council.

Section 6. Officers.

A. The Executive Council shall elect from among their number, at each biennial meeting after the election of new members to the Council, a President, a Vice-President, a Secretary, and a Treasurer. These officers shall serve as officers of the Board as well as of the Council. Only Certified Members may be elected officers. The President and Vice-President shall

have a term of office of two years, with reelection possible for a second consecutive term of two years, providing they are also within their term(s) on Executive Council. The Secretary and Treasurer shall have a term of office of two years, with reelection possible for multiple consecutive terms of two years. Following their initial 6-year terms on the Executive Council, the Secretary and Treasurer may continue in those offices via reelection every two years. In these cases, the Secretary and/ or Treasurer will also continue to serve as voting members of the Executive Council.

B. If an officer resigns or is unable to carry out the duties of the office, the remaining Council members shall choose from among themselves a replacement for that officer, to fill out the remainder of his/her term. This action may be carried out at a meeting of the Council, or if more convenient, by a mail ballot, as follows:

C. The remaining officers will ask a member of the Council who is not desirous of becoming an officer to consult by phone with the Council members as to their wishes. If only one name is suggested, that person shall be asked to fill the vacancy. If more than one name is offered, all suggested names will be presented to the entire Council as nominations, and the candidate receiving the majority of votes shall be declared elected. If the first ballot does not yield a majority for one candidate, there shall be a run-off ballot between the two candidates receiving the highest number of votes.

Section 7. Powers.

A. The Executive Council shall be the administrative body of the Board, vested with full power to conduct and to manage all business of the Corporation in accordance with these Bylaws.

B. It shall have the power to establish rules and regulations consistent with these Bylaws.

C. It shall have the power to set the dues and other fees of the members of the Board, and of applicants for Certification.

Section 8. Duties. It shall be the duty of the Executive Council to:

A. Provide for the safety and maintenance of all records and property of the Board.

B. Determine the time and place for the Annual meeting and special meetings of the Board and of the Executive Council.

C. Call special meetings of the Board and Executive Council.

D. Report to the membership each year, at the Annual Meeting, all actions of the Council during the year, including financial accounting.

E. Provide for the yearly publication of a Directory of Active members that will be posted on the AOD web page.

F. Report each year to the Academy of Operative Dentistry on the activities of the Board.

G. Submit to the Board, at least forty-five (45) days prior to the Annual Meeting of February, 1988, and biennially thereafter, a list of nominations for the Executive Council.

H. Individual members of the Council must attend the annual meeting of the Executive Council at a minimum of every other year. If a member misses two (2) consecutive meetings of the Executive Council, the President shall appoint a replacement to fulfill the remainder of his/her term. Likewise, if an Executive Council member resigns or is unable to carry out his/her duties, the President of the Council shall appoint a replacement from the board to complete the remainder of his/her term.

ARTICLE VI. DUTIES OF THE OFFICERS

Section 1. The officers of the Executive Council shall serve also as the officers of this Corporation, and shall be a Name and number; President, a Vice-President, a Secretary and a Treasurer.

Section 2. President. It shall be the duty of the President to:

- A. Act as the presiding officer both of the Board and of the Executive Council.
- B. Serve as Chairman of all meetings of the Board and of the Executive Council and shall call all regular and special meetings.
- C. Appoint the Chairman and members of each committee.
- D. Sign all contracts authorized by the Council.
- E. Perform such other duties as may be prescribed by these Bylaws, and that are customary for his/her office.

Section 3. Vice-President. It shall be the duty of the Vice-President to:

- A. Assist the President as required.
- B. Preside in the absence of the President.
- C. Assume all other duties of the President if he is absent or incapacitated.

Section 4. Secretary. It shall be the duty of the Secretary to:

- A. Record the proceedings of all meetings, prepare the minutes of each meeting, and distribute those minutes to each member of the Executive Council.

- B. Send notices of all meetings.
- C. Maintain records of membership and prepare annually, a directory of members.
- D. Maintain records as to candidate status, and report to the candidates as needed, and annually and as requested to the Board.

Section 5. Treasurer. It shall be the duty of the Treasurer to:

- A. Serve as custodian of all monies and properties of the Board, open and close all bank accounts and make deposits and withdrawals therein.
- B. Collect all dues and fees from Board members and from applicants for certification.
- C. Disburse funds as directed by the Executive Council.
- D. Provide the Executive Council with a financial report at each of its meetings.

ARTICLE VII. COMMITTEES

Section 1. Number and Name. The Committees of the Board shall include the following:

- A. Examination and Certification.
- B. Candidate Eligibility and Credentials.
- C. Bylaws.
- D. Budget and Finance.
- E. Ad Hoc committees: Nominations, Ethics, Publicity as deemed necessary.

Section 2. Membership. The members of each committee and its chairperson shall be appointed by the President.

Section 3. Duties.

A. *Examination and Certification*. Subject to approval by the Council, this committee shall develop the examinations used to evaluate the candidates, shall arrange facilities for the examinations, and shall determine the schedules and rules for the examinations. It shall report the results of the examinations to the Executive Council. Decision as to the success or failure of a candidate shall be the responsibility of this committee. Renewals of certification will be processed by the ABOD Secretary.

B. *Candidate Eligibility and Credentials.* This committee shall set up the rules for candidate eligibility, shall investigate and review the credentials of applicants, and shall advise the Council of its findings. The decision as to the acceptance or rejection of a candidate for the examinations is the responsibility of this committee.

C. *Bylaws.* This committee shall develop the Bylaws of the Board, and shall modify them as directed by the Council.

D. *Budget and Finance.* This committee shall develop a yearly budget for the Board, and shall concern itself with the ways and means by which income may be obtained to support the budget. Its report shall be made available to Council Members at least thirty (30) days prior to the date of the Annual Meeting.

ARTICLE VIII. MEETINGS

Section 1. The Annual Meeting of the Board and of the Executive Council shall be held in February.

Section 2. Other Council meetings shall be held as needed, and at the times and places determined by the President.

Section 3. In the absence of the President and Vice-President, at a Council meeting, the members of the Council may elect from among themselves a Chairman *pro-tem*.

ARTICLE IX. ORDER OF BUSINESS

Section 1. The order of business shall be:

- A. Call to order and confirmation of quorum.
- B. Consideration of the minutes of the previous meeting and Secretary's report.
- C. Report of the President.
- D. Report of the Treasurer.
- E. Reports of the committees.
- F. Unfinished business.
- G. New business.
- H. Adjournment.

ARTICLE X. EXAMINATION AND CERTIFICATION

Section 1. The rules governing the eligibility and the acceptance of candidates shall be developed by the Committee on Eligibility and Credentials and, upon approval by the Council, shall become the policy of the Board.

Section 2. The rules governing the examination and the certification of candidates shall be developed by the Committee on Examination and Certification and, upon approval by the Council, shall become the policy of the Board.

Section 3. All rules and regulations having to do with examination, certification, and eligibility shall be recorded in addenda to these Bylaws. Amendments to these addenda may be made by a simple majority vote of the Executive Council at any of its meetings, with no prior notification required.

Section 4. The Examination Instructions and Procedural Guide for the Certification Process as amended from time to time via vote of the Executive Council is expressly incorporated.

ARTICLE XI. INDEMNIFICATION

Section 1. Any person who is made or was a party or is threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he/she is or was a council member or officer or committee member, or in any other elective or appointive capacity of the Corporation as a director, trustee, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise, shall be indemnified against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by him/her in connection with such action, suit, or proceeding, if he/she acted in good faith and in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Corporation and, with respect to any criminal action or proceeding, had no reason to believe that his/her conduct was unlawful. In any action or suit by or in the right of this organization to procure a judgment against such a person, no indemnification shall be made in respect of any claim, issue, or matter as to which he/she shall have been adjudged to be liable for negligence or misconduct in the performance of his/her duty to the Corporation unless and only to the extent that the court shall determine upon application that, despite an adjudication of liability, he/she is fairly and reasonably entitled to indemnity for such expenses which such court shall deem proper. On request of such a person who is made or is threatened to be made a party to any such suit, this Corporation shall enter into an agreement confirming the foregoing indemnity subject to the limitations as provided by law in such instances. The indemnification herein provided for shall continue as to a person who has ceased to be a Council member or officer of this Corporation, shall insure to the benefits of his/her heirs, executors, and administrators, and shall be in addition to rights of indemnification provided by law.

Section 2. This Corporation shall pay expenses incurred in defending a civil or criminal action, suit, or proceeding against which a person shall be entitled to indemnification under Section 1 of Article XI in advance of a final disposition of such action upon receipt of an undertaking by or on behalf of the person to repay such amount if the person is not entitled to indemnification as provided bylaw.

Section 3. This Corporation may, and shall, purchase and maintain insurance on behalf of any person who is or was a Council member, trustee, officer, employee, or agent of the Corporation, or is or was serving at the request of the Corporation as a director, trustee, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him/her and incurred by him/her in any such capacity or arising out of his/her power to indemnify him/her against such liability under law.

ARTICLE XII. CORPORATE SEAL

Section 1. The Corporate Seal of the Corporation shall be a circular seal, whose inscription shall be decided upon by the Executive Council.

Section 2. The Corporate Seal shall be affixed to each certificate granted by this Corporation.

ARTICLE XIII. AMENDMENTS

Section 1. These Bylaws may be amended at any Annual Meeting of the Corporation by a two-thirds (2/3) affirmative vote of the membership present and voting, provided that the proposed amendment(s) has (have) been submitted to the membership in writing no less than thirty (30) days prior to the meeting at which the amendment(s) is (are) to be presented.

Section 2. These Bylaws may be amended by electronic or postal mail by a two-thirds (2/3) affirmative vote of the active membership who respond/vote on the proposed changes. For the vote to be valid at least two thirds (2/3 – 67%) of the active membership must vote/respond. The proposed amendment(s) must be submitted to the membership in writing via electronic or postal mail thirty (30) days prior to the voting deadline date. Current bylaws will be posted as a link on the American Board of Operative Dentistry page within the Academy of Operative Dentistry website.

THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.
CERTIFICATION PROGRAM

Qualification Requirements for Board Eligibility Consideration

A candidate for examination by the American Board of Operative Dentistry, Inc., must:

1. Currently be enrolled in good standing, or a graduate from a 2 or more-year graduate program in Operative or Restorative Dentistry offered by an educational institution accredited by the ADA Commission on Dental Accreditation. The program must lead to a Master's Degree or an advanced degree reviewed by the Credentialing Committee.
2. Conform to the acceptable moral and ethical standards delineated by the American Dental Association.
3. Must be a member of the Academy of Operative Dentistry.

ADOPTED - February 17, 1982
REVISED - November 7, 1982
REVISED - February 15, 1984
REVISED - February 17, 1988
REVISED - February 7, 1990
REVISED - February 12, 1992
REVISED - February 17, 1993
REVISED - February 16, 1994
REVISED - February 22, 1995
REVISED - November 20, 1997
REVISED- February 25, 2009
REVISED- January 15, 2014
REVISED- February 24, 2016
REVISED- February 21, 2018
REVISED- May 20, 2023



American Board of Operative Dentistry, Inc. Certification Program

Examination Instructions and Procedural Guide for the Certification Process

Introduction

The American Board of Operative Dentistry, Inc. was created in 1980 by the Academy of Operative Dentistry to elevate the science and practice of Operative Dentistry by conducting examinations to determine the proficiency of dentists who voluntarily apply to the Board for Certification.

A candidate who desires to pursue board certification may submit an application to the Secretary of the board. Current membership in the Academy of Operative Dentistry (AOD) is a prerequisite for application for board eligibility. The Secretary will transmit the application and related documents to the board's Committee on Candidate Eligibility and Credentials for evaluation. When the application is approved, the candidate becomes **board eligible** and the Secretary will inform the candidate of his/her status.

Board Eligible status begins on the date the application is approved and expires March 1st following the third anniversary of the approval. The candidate has until this expiration date to successfully complete the written examination, and an additional two (2) years (total of five [5] years) to complete all phases of the certification.

The Board Certification process consists of three examinations, or phases. Upon successfully completing all phases, the candidate achieves the status of **board certified**. This status is valid for seven (7) years, and will be maintained for subsequent seven-year periods so long as he/she remains in good standing as a member of the American Board of Operative Dentistry, Inc. (ABOD) and the Academy of Operative Dentistry (AOD), as outlined in the ABOD by-laws. ABOD will issue a dated certificate designating the successful attainment of board certification, as well as subsequent recertifications.

Examination Information

The examination leading to certification will test the candidate's knowledge of operative dentistry and those allied supporting disciplines that make it possible to practice and teach operative dentistry with a high level of proficiency. The examination consists of three phases: written, clinical, and oral. *Successful completion of the written phase is a prerequisite to the clinical and oral phases.*

Phase I - Written Examination

General Information

The written examination is given annually in conjunction with the Academy of Operative Dentistry Annual Meeting in Chicago each February. Other regional sites and times of the year may be considered as candidates' needs warrant and examiners' schedules permit. The Chair of the Examination and Certification Committee will inform all board eligible candidates of the specific sites and dates for all examinations. The written examination contains 400 – 450 multiple-choice and short answer questions. The examination is given on one day with six hours (two three-hour sessions) allocated to its completion.

Composition of the Written Examination

The written examination questions are based on operative dentistry knowledge, skills, and procedures that an operative dentist should know. The areas listed below are included in the examination; the approximate percentage of questions from each area is:

Operative Dentistry Procedures (Including approximately 3% - 5% historical in nature)	40%
Dental Materials	15%
Examination, Diagnosis, and Treatment Planning	15%
Caries Risk Assessment and Management	10%
Esthetics	10%
Other Disciplines Occlusion/TMD; Oral Pathology; Oral Medicine; Periodontics; Oral Microbiology; Oral Physiology; Pharmacology; Anatomy	10%

Scoring the Written Examination

The examination is graded on a pass or fail basis. Each question is of equal value and there is no added penalty for incorrect answers. To achieve a passing grade, candidates must answer 70% of the questions correctly. ABOD does not reveal candidates' specific scores.

Fees

The fee for the written examination is \$750.00 and is non-refundable. This fee must be paid directly to the Treasurer of the ABOD at least 30 days prior to the date of the examination.

Re-examination

A candidate may take the written examination a maximum of two times. A non-refundable re-examination fee of \$750.00 is required for each re-examination. If a candidate fails to pass the written examination twice, a formal request must be presented to the Chair of the Examination Committee and approved by the President of the ABOD before a third attempt will be considered. In no case will more than three attempts be permitted.

Phase II - Clinical Examination

General Information

Demonstration of clinical excellence has always been the cornerstone of the American Board of Operative Dentistry. To achieve board certification, candidates must demonstrate the ability to consistently perform clinical procedures at a level significantly above that which is typically required to establish “competency” for dental school graduation or state licensure.

The clinical examination is offered periodically throughout the year, based on candidate request and examiner availability. The examination is performed in a clinical setting designated by the Board and evaluated by a minimum of two (2) examiners, although three (3) are usually in attendance. The examination will be three days in length. Clinical photographs will be taken of all clinical procedures; candidates must obtain informed consent for the photos from their patients. These photographs become the property of the American Board of Operative Dentistry, Inc.

Procedures to be Performed

Candidates must perform each of the following operative dentistry restorations *and associated laboratory procedures*.

1. Conservative amalgam or posterior resin composite restoration. Class II (two- or three-surface). At least one proximal surface must radiographically demonstrate a virgin caries lesion. The tooth to be treated must be in occlusion and all restored proximal surfaces must demonstrate proper proximal contacts.
2. Extensive amalgam restoration involving cusp replacement and utilizing auxiliary retention techniques. This procedure must be treated as the final restoration for this tooth even though the tooth may eventually receive an indirect extracoronal (crown or onlay) restoration. The tooth to be treated must be in occlusion and the restoration must include at least one proximal contact.
3. Cast gold restoration involving occlusal coverage, restoring at least two cusps, but less than a full crown. The tooth to be treated must be in occlusion and the restoration must include at least one proximal contact.

4. Porcelain restoration – posterior all-ceramic onlay or maxillary anterior (#8 or #9) all-ceramic or porcelain-to-metal crown. The porcelain onlay must be performed on a patient; the full crown, however, may be performed on a patient or dentof orm. CAD/CAM-fabricated restorations are permissible.

Requirements for the ceramic onlay are the same as for the cast gold restoration: the restoration must involve occlusal coverage, restoring at least one cusp; the tooth to be treated must be in occlusion, and the restoration must include at least one proximal contact. The entire procedure (preparation, impression, and restoration delivery) must be completed during the examination. If the restoration is CAD/CAM-fabricated, the candidate must perform all design and fabrication steps without assistance. If the ceramic is pressed, a commercial laboratory may be used.

For a laboratory-fabricated anterior crown (on either a patient or dentof orm), the preparation should be completed prior to the examination; the preparation will be evaluated as a component of the examination. The candidate must bring to the test site the casts, dentof orm (or patient), and an all-ceramic or PFM crown with these characteristics: (1) shade Vita A-1; (2) over-contoured at least 0.5 mm on the facial surface; (3) over-contoured interproximally so that the interproximal contacts will not allow the crown to seat on the prepared tooth without adjustment; and (4) the porcelain must be in the bisque bake (unglazed). The candidate will be asked to adjust the contours, modify shade, add characterization, and glaze as directed by the examiners. The final result should be a crown of such quality that it could be readily delivered to the patient. If the procedure is performed on a patient, characterization will match the surrounding dentition; final cementation is expected. Candidates should bring their own stain and glaze kits; a glazing oven will be available at the site.

If the anterior crown is CAD/CAM-fabricated, the entire procedure (tooth preparation, impression/scan, and restoration delivery) must be completed during the examination. The same contouring and characterization steps will be accomplished as outlined above. The candidate must perform all CAD/CAM design and fabrication steps without assistance.

And, either:

5. Direct compacted gold restoration – Class II, III, IV, or V; or,
6. Polychromatic resin composite restoration – Class IV. The restoration must involve at least 1/2 of the incisal edge and at least one proximal surface, and must re-establish appropriate proximal and occlusal contacts. It should match the contra-lateral or adjacent teeth and provide an optimal esthetic result.

Patient Procurement and Management

All procedures must be performed on patients except as noted above. Candidates must procure their own patients for this examination.

Neither ABOD nor the testing site personnel will be responsible for securing patients for candidates. Procurement also includes all expenses related to the transportation, feeding and housing of the patients. Candidates are responsible for the post-operative welfare of the patient, including, but not limited to completion of procedures, correction of unacceptable procedures, and continuation of care.

All patients treated must have suitable diagnostic radiographs, medical and dental history, patient chart, a treatment plan signed by the patient, and supporting documentation as needed (such as study casts and appropriate medical consultations).

Professional Liability Insurance

Candidates must secure and show proof of professional liability insurance covering themselves at the place and time of the examination prior to participating the clinical examination. Such evidence must be provided to the Secretary of the American Board of Operative Dentistry and the Chair of the Examination Committee. Failure to provide such evidence will prevent participation in the examination.

Infection Control Compliance

All candidates must comply with the most current CDC infection control recommendations and guidelines. However, in all cases, the Infection Control Policies of the testing site will take precedence over the CDC if their guidelines exceed those of the CDC. The Infection Control Policy of the testing site will be provided to each candidate.

Instruments, Equipment and Materials

Candidates must furnish all instruments, equipment and materials needed to perform the required procedures. Prior to the examination, the candidate will be provided with a list of the major equipment available at the testing site. Candidates may also contact the examination site host to inquire as to the specific nature of the equipment.

Dental Assistants

Dental assistants may be used throughout the examination. However, it is the responsibility of the candidate to obtain dental assistants and to provide for their welfare. The testing site cannot obtain dental assistants for the candidate; however, the testing site host may be able to assist the candidate in finding a dental assistant. All expenses related to the hiring of an assistant are the responsibility of the candidate.

Pre-doctoral and graduate dental students who have not previously challenged the clinical examination may serve as dental assistants for the clinical examination. However, graduate students who have previously challenged the clinical examination may not serve as assistants (even if they did not pass the examination). Further, any sign or suspicion of collaboration or coaching between the candidate and assistant during the examination will result in immediate failure of the examination.

Laboratory Procedures

All laboratory procedures associated with the required operative dentistry restorations *must be performed by the candidate*. The porcelain crown dentoform exercise may have the “pre-modified” PFM or all-ceramic crown completed by a laboratory technician. All modifications prescribed by the examiners must be performed by the candidate at the exam site.

Evaluation Criteria and Scoring

All procedures will be evaluated according to predetermined criteria written by the board, which will be provided to the candidate prior to the examination. Since this is an examination to demonstrate exceptional operative dentistry skills, candidates will be expected to perform the procedures at a superior level in order to pass. Each candidate must pass all components of the examination in order to pass the clinical examination phase of the certification program. The evaluation of each component of the clinical examination will be recorded by the examiners as pass or fail. No numerical scores will be made or available. Candidates will be notified of their results as soon as possible after the examination.

Fees

The minimum fee for the clinical examination is \$1,000.00 and is non-refundable. The fee may be adjusted due to specific examination circumstances and costs. This fee must be paid directly to the ABOD Treasurer at least 30 days prior to the examination.

Re-examination

Candidates who fail any portion of the clinical examination may be required to repeat that portion, or the entire clinical examination, as determined by the examiners. There is no limit as to the number of times the exam can be retaken, as long as it is successfully completed within the board eligible time window. However, due to scheduling constraints, candidates must typically wait for at least six (6) months before re-examination will be considered. Moreover, if a candidate fails any procedure on the second attempt, he/she will be required to retake the entire clinical examination on all subsequent attempts. Candidates wishing to retake the clinical examination should notify the Chair of the Examination Committee. A re-examination fee determined by the Examination and Certification Committee is required and is non-refundable.

Phase II – Portfolio Examination Alternative (Pilot Program)

General Information

ABOD is currently offering a Portfolio Examination as a possible alternative to the three- day Clinical Examination. This is a Pilot Program through 31 August 2024. There is NO GUARANTEE that the Portfolio Examination will be a permanent substitute for the Clinical Examination. Further, there is NO GUARANTEE that submitted cases will be accepted. During this trial period, candidates will be permitted to re-submit cases (one re- submission for each required procedure) at no additional fee. It is likely that the Examination Committee will require an Oral or Written Examination component in

conjunction with the Portfolio Examination. This examination will be separate from the Oral Examination required for the Part III Case Presentation Examination.

Procedures to be Performed*

Candidates must perform each of the following operative dentistry restorations *and associated laboratory procedures*. Further details are provided in a separate document, available to eligible candidates upon request. Candidates are expected to complete all procedures independently without guidance or supervision (except as required by their University's patient care parameters), just as they would for an in-person Clinical Examination.

- 1. Cast Gold MODBL Onlay or $\frac{3}{4}$ Crown Preparation and Wax Pattern**
 - This exercise should be completed on a dentoform.
 - Cavity preparation will involve two proximal contacts and all four major cusps.
 - Specific tooth and preparation parameters will be determined by the Examination Committee and provided to individual candidates.
 - Wax-up must demonstrate restoration of appropriate proximal and occlusal contacts, contours, and anatomy.
 - Wax pattern must be sprued appropriately and mounted in a casting sprue former.
- 2. Conservative Class II Resin Composite**
 - At least one proximal surface must radiographically demonstrate a virgin caries lesion.
 - Tooth must be in occlusion prior to restoration.
 - All restored proximal surfaces must demonstrate proper proximal contours and contacts.
- 3. Cuspal Coverage Amalgam**
 - Tooth to be restored must have occlusal contact (not with a denture).
 - Restoration must restore at least one proximal contact and at least two cusps.
 - All restored proximal surfaces must demonstrate proper proximal contours and contacts.
 - Final restoration must exhibit appropriate occlusal contact and function.
- 4. Cuspal Coverage Indirect Restoration**
 - Tooth to be restored must have occlusal contact (not with a denture).
 - Restoration must restore at least one proximal contact and at least two cusps.
 - All restored proximal surfaces must demonstrate proper proximal contours and contacts.
 - Final restoration must exhibit appropriate occlusal contact and function.
 - Restorative material may be gold or ceramic.

5. Implant Restoration

- Restoration must restore at least one proximal contact and appropriate occlusal contacts with opposing teeth.
- Candidate is not required to place the implant, but must restore from implant level (i.e., implant abutment and final restoration).

6. Class IV Polychromatic Resin Composite – Maxillary Incisor

- Restoration must restore proximal and occlusal contacts and include at least ½ of the mesial-distal dimension of the incisal edge.
- Any bleaching or restoration of adjacent teeth must be completed prior to restoration.
- At least three shades, tints, and/or color modifiers must be used.
- Candidate must submit a color map diagramming all shades and tints used.

* Please keep in mind that because this is a **PILOT** Program, as case submissions are evaluated, the ABOD Examination Committee may request additional information or documentation (including photographs and radiographs), and may modify the procedural requirements as deemed appropriate to better assess candidate proficiency.

Submission and Evaluation of Procedures

Candidates should notify the ABOD Examination Committee Chair when they are ready to submit their completed procedures for evaluation. All six procedures must be submitted together. Portfolios will be evaluated as expediently as possible. However, candidates should anticipate a minimum of three to six months, depending on availability of examiners, as well as the quality of their submissions.

Fees

The fee for the portfolio examination is \$1,000.00 and is non-refundable. This fee must be paid directly to the ABOD Treasurer prior to submission of the case documentation. During the PILOT phase of the Portfolio Examination, the Examination Committee Chair, at his discretion, may defer the examination fee until the cases have been reviewed by the Examination Committee.

<p>Phase III - Oral Examination</p>
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General Information

The oral examination is based on cases presented to the Board. The questions will be related to the cases and any supporting information, as well as any operative dentistry- related topics deemed reasonable by the examiners. The candidate should be familiar with the current textbooks and refereed journals related to operative dentistry and supporting disciplines. The examination will be conducted and evaluated by a minimum of two (2) examiners, although three (3) are usually in attendance, all of whom will have reviewed the cases and accompanying documentation. The oral examination may be recorded for future reference; the recording becomes the property of the American Board of Operative Dentistry, Inc. The completed case documentation will be returned

immediately to the candidate upon completion of the examination, but should be retained by the candidate for future reference. The oral examination may be scheduled during the three-day clinical examination in such a manner so as not to interfere with the clinical examination. Or, the oral examination may be taken at another site and time at the convenience of the candidate and examiners. Most commonly, the oral examination will be administered during the Academy of Operative Dentistry Annual Meeting in February of each year. In all cases, the oral examination must be successfully completed during the five-year board eligible time window. The oral examination will not exceed two hours in length.

General Requirements

In general, candidates must submit at least three cases. All submitted cases must conform to the following requirements:

1. Only two of the submitted cases may have been initiated or completed during any formal residency or postgraduate program in which the candidate was ever enrolled. The third case must be initiated and completed entirely after completion of the candidate's residency or postgraduate program(s).
2. All restorative treatment must be performed by the candidate individually and independently. Supporting laboratory work may be performed by a technician.
3. All documentation required by the Board must be submitted as outlined below.
4. Each case submitted should have at least a 12-month post-treatment follow-up examination, including charting, radiographs, and photographs. Exemptions to this requirement may be petitioned in writing to the Chair of the Examination and Certification Committee, but are rarely granted.

Cases

The cases submitted to the Board shall meet certain requirements. At least three cases must be submitted, although more may be required to demonstrate the desired level of proficiency. ABOD expects candidates to demonstrate expertise and **exceptional** clinical performance across the broad range of materials and techniques currently available. The following requirements for each case shall apply:

1. Each case should be primarily single tooth restorations, although each case may include fixed and removable prostheses involving natural teeth and/or implant fixtures.
2. Each of the first two cases should restore at least 12 teeth, not including pontics. Implant restorations will be considered, if completed by the candidate as part of the overall treatment plan.
3. One case should be restored primarily with indirect restorations (gold castings and ceramic restorations of any design), and should involve restoration of occlusion and/or anterior aesthetics.
4. One case should be restored primarily with direct restorations (amalgam and resin composite) and minor aesthetic restorations. Demonstration of multi-surface procedures, including restoration of appropriate proximal contacts, as well as cuspal coverage, is expected.
5. The third case should restore maxillary anterior aesthetics (at least six teeth) using direct or indirect restorations, depending upon the composition of the two major cases. Candidates should consult with the Examination Committee Chair before embarking on the third case, as there is some latitude with its requirements. For

example, if the two primary cases adequately demonstrate anterior aesthetics with both direct and indirect restorations, but lack a demonstration of cast gold, we may ask for a case with a number of cast gold restorations. Composition of the third case will be determined jointly by the candidate and the Examination Committee Chair. Failure to consult with the Examination Committee Chair may result in rejection of the third case.

Submission of Cases

To be eligible for the oral examination, candidates must submit all cases by a date prior to the examination that is mutually agreeable to the candidate and Chair of the Examination and Certification Committee (commonly, at least 10 – 12 weeks).

Documentation of Cases

All patient personal identification information in any documents submitted to the Board must be either removed or made illegible. The Board expects that documentation of the cases will be presented in a professional, organized, neat, and complete fashion, with all pages secured in a binder. The Board does not wish to dictate the exact forms to use or the style of presentation. It does, however, expect that, at a minimum, the following will be included in each presentation.

1. Cover Page
 - A. Candidate name and date submitted
 - B. List of restorations (by tooth number) placed by the candidate
2. Medical History
 - A. Health questionnaire or narrative
 - B. Interpretation of the findings
3. Dental History
 - A. Questionnaire or narrative of the personal and family history.
 - B. Chief complaint
 - C. Outline of previous treatment
4. Charting – pre- and post-treatment as appropriate
 - A. Missing teeth and existing restorations
 - B. Diseases and abnormalities
 - C. Complete periodontal charting
5. Diagnosis - including but not limited to the following
 - A. Occlusal analysis
 - B. Periodontal diagnosis
 - C. Missing teeth
 - D. Malocclusion
 - E. Dental caries
 - F. Abrasions
 - G. Inadequate restorations
 - H. Hypomineralizations
 - I. Esthetic concerns
 - J. Radiographic Interpretation
6. Treatment Plan - candidate's plan for treatment
 - A. Sequence of treatment - candidate's order of treatment
7. Clinical Photographs
 - A. Pre- and post-treatment color prints 4" x 6" or 5" x 7"

- B. A minimum of five (5) views are required, which include:
 - 1) Front in occlusion, right in occlusion, left in occlusion
 - 2) Full maxillary occlusal, and full mandibular occlusal.
- 8. Radiographs - duplicates are acceptable if their quality is sufficient to depict the information recorded
 - A. Pre-treatment - complete radiographic survey
 - B. Post-treatment - complete radiographic survey, or bitewing and selected periapical radiographs, as needed to demonstrate restoration completion
- 9. Diagnostic Casts – with mounting rings to enable mounting on the candidate's articulator, which should be brought to the oral examination. These should be of high quality, cleanly finished, correctly trimmed, and carefully articulated.
 - A. Pre-treatment
 - B. Diagnostic wax-up if indicated
 - C. Post-treatment
- 10. Prognosis and Maintenance Plan – 12-month post-treatment follow-up
- 11. A 10- to 15-minute oral presentation of the cases in any format the candidate chooses will begin the oral defense of the cases. Excessive length of this presentation will result in penalties applied to the final score for the examination.

Acceptance of Cases

The Chair of the Examination and Certification Committee and at least one other ABOD member will evaluate the submitted cases for completeness and compliance with the requirements of the Board. Cases may be found to be "acceptable," in which no changes are required; "conditionally acceptable," in which additional information or corrections will need to be made or provided by the candidate before it is acceptable; or "unacceptable," in which case the candidate will have to submit a new case for the oral examination. There is no practical limit to the number of cases that may be submitted for this examination.

Evaluation Criteria and Scoring

The oral examination will consist of a brief presentation of the cases by the candidate, followed by questions related to the background and treatment of the patients presented in the required clinical cases, including factors such as clinical procedures, occlusion, materials, and techniques. In addition, the candidate may be tested upon any disciplines related to operative dentistry that arise during the course of the oral examination. Candidates should demonstrate, through their responses to the inquiries of the examiners, a comprehensive understanding of operative dentistry and related disciplines. The oral examination will be scored as pass or fail. No numerical scores will be made or available. Candidates will be notified of their results as soon as possible after the examination.

Fees

The minimum fee for the oral examination is \$1,000.00 and is non-refundable. The fee may be adjusted due to specific examination circumstances and costs. This fee must be paid directly to the Treasurer of the ABOD when the cases are submitted to the Chair of the Examination and Certification Committee, but no later than 30 days prior to the date of the examination.

Re-examination

Candidates who do not pass the oral examination must repeat this phase of the examination. There is no limit as to the number of times this phase can be retaken, as long as it is successfully completed within the board eligible time window. However, candidates may be required to submit entirely new cases for re-examination of this phase. Candidates wishing to retake the oral examination should notify the Chair of the Examination and Certification Committee. A minimum re-examination fee of \$1,000.00 is required and is non-refundable.

Examination Correspondence

All correspondence related to payment of examination fees and general inquiries should be addressed to: The American Board of Operative Dentistry Treasurer:

Dr. Kim E.
Diefenderfer [k-
diefen@comcast.net](mailto:k-diefen@comcast.net)

Dr. Diefenderfer also serves as Chair of the Examination and Certification Committee for the American Board of Operative Dentistry. Questions relating directly to the examination process should be sent to him at the e-mail address listed above.

BYLAWS
ADDENDUM #3

CODE OF ETHICS
FOR MEMBERS OF
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

The members of the American Board of Operative Dentistry, Inc. shall be in compliance with the Code of Ethics of the American Dental Association.

Members may announce their Board status on a one-time-only basis in their local newspaper(s), and to their patients in a professionally correct manner. Board status may not be used in any form of marketing endeavor.

[ADOPTED – February 11, 1987]

It is within ethical practice to use the ABOD designation and/or insignia on letterheads, signs and business cards as long as the member is in good standing with the ABOD.

[ADOPTED – February 18, 2004]