AMERICAN BOARD OF ORAL MEDICINE

Official Certifying Board for the Specialty of Oral Medicine

2027 CANDIDATE GUIDE

Qualifying Examination (QE)

&

Oral Clinical Cases Examination (OCCE)

Policies, Procedures & Requirements for Certification Candidates

Effective January 1, 2027

This Guide supersedes and replaces all prior editions of the ABOM Candidate Guide.

The ABOM website (www.abomed.org) is the authoritative source for any policy updates issued after publication.

American Board of Oral Medicine, Inc. — Founded 1955

TABLE OF CONTENTS

1. WELCOME & INTRODUCTION

The American Board of Oral Medicine (ABOM) promotes and maintains the highest standards of teaching, research, and patient care in the specialty of Oral Medicine for the benefit of the public. In 2020, Oral Medicine was recognized by the American Dental Association as the eleventh dental specialty in the United States, with ABOM serving as its official certifying board recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

Achieving Diplomate status is a significant professional milestone that signifies advanced knowledge, clinical judgment, and a commitment to the highest standards of patient care in Oral Medicine.

This Guide is the single authoritative reference for the 2027 certification cycle. It describes the certification pathway, eligibility requirements, examination formats, candidate expectations, and all associated policies governing the Qualifying Examination (QE) and the Oral Clinical Cases Examination (OCCE).

Candidate Responsibility

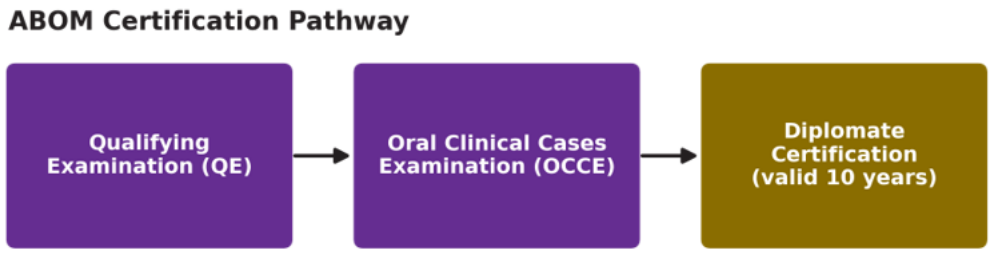
It is each candidate's individual responsibility to read this Guide in full, to comply with all stated deadlines and requirements, and to regularly review www.abomed.org for policy updates issued after the date of this publication. Participation in the certification process constitutes acceptance of the policies described in this Guide.

Throughout this Guide, "ABOM" or "the Board" refers to the American Board of Oral Medicine, and "Candidate" refers to any individual who has applied for, or is eligible to apply for, ABOM certification.

2. CERTIFICATION PATHWAY OVERVIEW

ABOM specialty certification consists of three sequential components. Candidates must complete each component in order, within the eligibility periods described in Section 3.

1. **Qualifying Examination (QE)** — a foundational knowledge assessment of the biomedical and clinical sciences underlying Oral Medicine.
2. **Oral Clinical Cases Examination (OCCE)** — a clinical knowledge and judgment assessment administered through standardized case scenarios.
3. **Diplomate Certification & Maintenance** — a recertification examination required 10 years after obtaining diplomate credential, and every 10 years thereafter, to fulfil Maintenance of Certification (MOC).



A Candidate must pass the QE before attempting the OCCE. Both examinations must be successfully completed within the eligibility window described in Section 3.3 in order to achieve Diplomate status.

3. ELIGIBILITY REQUIREMENTS

3.1 Qualifying Examination (QE) Eligibility

To be eligible to apply for the QE, a Candidate must satisfy all of the following:

- Graduation from, or current enrollment in, at least the second year of a CODA-accredited advanced education program in Oral Medicine.
- Current membership in an appropriate Oral Medicine professional organization (e.g., the American Academy of Oral Medicine).
- Submission of a completed QE application by the published deadline (Section 4.3).
- Payment of all required fees (Section 5).

3.2 Oral Clinical Cases Examination (OCCE) Eligibility

To be eligible to apply for the OCCE, a Candidate must satisfy all of the following:

- Graduation from a CODA-accredited Oral Medicine program.
- Successful completion of the QE.
- A minimum of eighteen (18) months of specialty clinical practice following completion of training, verified in writing by a supervisor, program director, or professional colleague.
- Current membership in an appropriate Oral Medicine professional organization.
- Submission of a completed OCCE application by the published deadline (Section 4.3).
- Payment of all required fees (Section 5).

3.3 Eligibility Duration (Five-Year Rule)

> **Five-Year Certification Completion Requirement**
>
> A Candidate must successfully complete all certification requirements — including both the QE and the OCCE — within five (5) years of the date of the Candidate's first QE attempt.
>
> A Candidate who does not complete certification within this five-year period loses eligibility under the current application, and no examination results obtained during the expired eligibility period remain valid.

A Candidate who loses eligibility under this section may regain eligibility only by satisfying the Standard Reapplication Requirements described in Section 8.5. This five-year rule applies regardless of examination outcome and is referenced throughout this Guide as the "Five-Year Rule."

4. APPLICATION PROCESS

4.1 How to Apply

All applications are submitted online through the ABOM candidate portal at www.abomed.org. Application deadlines are posted on the ABOM website and are also summarized in Section 4.3.

> **Deadlines Are the Candidate's Responsibility**
> It is the Candidate's sole responsibility to be aware of, and to meet, all published application deadlines. ABOM does not send individualized deadline reminders, and late applications will not be accepted. See abomed.org for more information.

4.2 Required Documentation

A complete application includes the following:

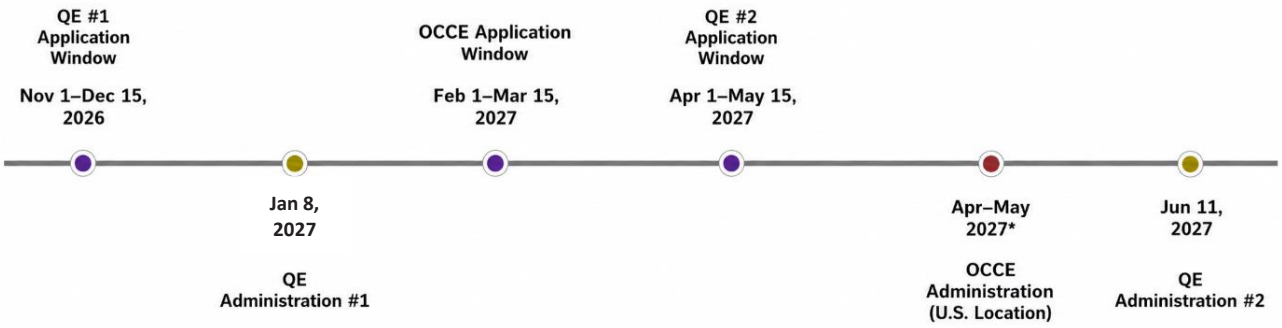
- A completed application form.
- One current, passport-style photograph (2" × 2").
- Proof of active membership in an appropriate Oral Medicine organization.
- For QE applicants: written verification of current program enrollment. For OCCE applicants: written proof of qualifying practice experience (e.g., a letter from a program director or current supervisor).

4.3 2027 Application & Examination Dates

The table below summarizes all published 2027 QE application windows and examination dates. Because the 2027 AAOM Annual Meeting is being held jointly with the European Association of Oral Medicine (EAOM) in Rhodes, Greece, the 2027 OCCE will instead be administered at a U.S. location; the final date and site of the OCCE will be announced by mid-September 2026.

Milestone	Window / Date
QE #1 Application Window	*Sunday* November 1 – *Tuesday* December 15, 2026
QE Administration #1	*Friday* January 8, 2027
QE #2 Application Window	*Thursday* April 1 – *Saturday* May 15, 2027
QE Administration #2	*Friday* June 11, 2027
OCCE Application Window	*Monday* February 1 – *Monday* March 15, 2027
OCCE Administration (U.S. location)	Anticipated April–May 2027 (final date/location announced by mid-September 2026)

2027 Key Dates at a Glance



**Final OCCE date/location announced by end of August 2026 due to the joint 2027 AAOM/EAOM meeting in Rhodes, Greece.*

5. EXAMINATION FEES

Current fees for the 2027 certification cycle are as follows. All fees are payable online through the ABOM candidate portal (https://abom.memberclicks.net/certification)

Fee	Amount USD	Notes
Application Fee	$200	Non-refundable
Qualifying Examination (QE) Fee	$1200	Due at time of application
Oral Clinical Cases Examination (OCCE) Fee	$1200	Due at time of application
Single-Case Re-Challenge Fee	$850	Due at time of application
Diplomate Maintenance / Recertification Fee	$350	Due each 10-year MOC cycle

Fee Policy

All examination fees, re-examination fees, re-challenge fees, application fees, and related administrative fees are non-refundable unless otherwise stated in a written ABOM policy. Payment of fees does not, by itself, guarantee examination eligibility, admission to examination, or certification.

6. QUALIFYING EXAMINATION (QE)

6.1 Format & Duration

- Offered twice yearly (January and June) via ExamSoft® with remote video proctoring.
- Total duration: six (6) hours.
- 300–400 questions, consisting of multiple-choice and short-answer items.
- Divided into three (3) sections, with 30-minute breaks between sections.

6.2 Content Outline

The QE assesses the following content domains:

- **Biomedical Foundations:** Anatomy, physiology, microbiology, immunology, biochemistry, neuroscience, and pathology as applied to patients with systemic and/or orofacial disease.
- **Orofacial Diseases:** Epidemiology, pathogenesis, and clinical manifestations of oral and maxillofacial conditions and disorders.
- **Molecular Biology:** Core concepts relevant to mechanisms of disease and diagnostics.
- **Internal Medicine & Pathology:** Principles necessary to recognize, diagnose, and provide contemporary treatment for orofacial diseases.
- **Pharmacology:** Contemporary pharmacology, including indications, mechanisms, interactions, and effects of prescription, over-the-counter drugs and supplements used in managing systemic conditions and orofacial diseases.
- **Nutrition:** Principles of nutrition, with emphasis on oral health and orofacial disease.
- **Research & Scholarship:** Biostatistics, research methodology, and the critical appraisal of clinical and basic science literature.
- **Behavioral Science & Communication:** Patient communication skills, psychological and behavioral assessment, behavior modification, ethical reasoning and behavioral therapies.

Representative sample questions illustrating QE format and style are located in Appendix A.

6.3 Administration & Security

- Examinations are taken on the Candidate's personal laptop or an approved tablet.
- Proctoring is conducted via ExamMonitor®, including a workspace check prior to starting the examination.
- Candidates must demonstrate that their workspace is free of unauthorized devices before the examination begins.
- The Candidate's face must remain in camera view, with eyes directed at the monitor, throughout the examination.

- Leaving the camera frame, looking away for extended periods, or appearing to converse with another person may be flagged as suspicious activity.
- All flagged behavior is reviewed by ABOM. Persistent violations may be treated as a breach of examination procedures or of the Honor Code (Section 12.1) and may result in examination failure.

Examination Validity

QE examinations are designed, validated, and psychometrically reviewed to ensure fairness and accuracy. Scoring is determined using the Angoff method. All candidates must sign, and adhere to, the ABOM Certifying Examination Honor Code (Section 12.1).

6.4 Candidate Timeline

Two Weeks Before the Examination

- Deadline to pay the examination fee. If you have not received an invoice, contact info@abomed.org.
- Review the ExamSoft test-taker guidance (support.examsoft.com) well in advance. Please review this information well before your scheduled test date.

One Week Before the Examination

- Download the ExamSoft/ExamMonitor application and complete the required mock examination to confirm the software functions correctly on your device.
- Confirm your government-issued photo ID and prepare a private, distraction-free workspace that meets the workspace requirements described in Section 6.3.
- Verify that your device meets ExamSoft's system requirements and that you have a reliable power source and internet connection.
- Watch for the final instructions email from the ABOM Secretary (abom.secretary@gmail.com) regarding conduct during the examination.

Examination Day

- Password and restart code are emailed at approximately 7:55 AM ET on examination day.
- The examination window opens at 8:00 AM ET. Candidates have six (6) hours to complete the examination, and the examination will close at 2:00 PM ET.
- Ensure stable power and internet connectivity for authentication and syncing, and disable automatic system updates for the duration of the examination window.

6.5 Qualifying Exam Results

- Results are released to each Candidate within one (1) month of the examination.
- Results are reported as Pass/Fail only; numerical scores are not provided.

Please Do Not Inquire About Results in Advance:

Significant time is devoted to examination calibration and score verification prior to releasing results. ABOM cannot expedite or preview results for individual candidates.

7. ORAL CLINICAL CASES EXAMINATION (OCCE)

7.1 Format & Duration

- Administered annually, typically at the AAOM Annual Meeting.
- Total duration: approximately 120 minutes.
- Three (3) standardized clinical case scenarios, approximately 30 minutes each, each independently scored.

7.2 2027 Administration Notice

> **2027 OCCE Location Change**
>
> Because the 2027 AAOM Annual Meeting is being held jointly with the European Association of Oral Medicine (EAOM) in Rhodes, Greece, the 2027 in-person OCCE will be administered at a U.S. location rather than at the Annual Meeting. The examination is anticipated to take place in April or May 2027; the final date and location will be announced by the end of August 2026. Candidates' patience is appreciated while these arrangements are finalized.

7.3 Content Domains & Candidate Competencies

The three (3) clinical cases cover the following domains:

- Oral mucosal and salivary gland disorders.
- Management of medically complex patients in a dental/oral medicine clinical setting.
- Craniofacial pain and orofacial neurosensory disorders.

Candidates must demonstrate the knowledge, judgment, skills and professionalism necessary to function as specialists in Oral Medicine, specifically the ability to:

- **Assess & Diagnose:** detect and diagnose complex medical problems affecting systemic and/or orofacial regions using clinical findings and appropriate diagnostic tests.
- **Manage:** employ appropriate preventive and management strategies, including pharmacotherapeutics, for oral manifestations of medical conditions and orofacial problems.
- **Critically Appraise:** evaluate scientific literature, update their knowledge base, being up to date with new advances and assess emerging scientific, medical, and technological developments.
- **Evaluate Risk:** perform comprehensive physical evaluations and diagnostic risk assessment, including risk assessment in medically complex patients, and recommend modifications to dental and orofacial treatment plans.
- **Select Diagnostics:** recommend appropriate diagnostic procedures (e.g., laboratory studies, cytology, cultures, biopsy, imaging) to confirm or rule out disease.

- **Formulate Diagnoses & Plans:** establish differential diagnoses, working diagnoses, prognoses, and management plans for oral mucosal disorders, medically complex patients, salivary gland disorders, and acute/chronic orofacial pain and neurosensory disorders.
- **Evaluate Treatment:** critically assess treatment results, potential adverse effects and evolving clinical scenarios
- **Mitigate Adverse Effects:** manage potential disease-related complications , adverse effects related to prescription and over-the-counter medications, over-the -counter supplements, illicit drug use, and medical/dental therapies.
- **Communicate:** effectively communicate with patients and other healthcare professionals regarding treatment rationale, risks, benefits, alternatives, priorities.
- **Integrate Care:** interpret and document advice from other healthcare professionals and incorporate it into comprehensive treatment planning.
- **Demonstrate ethics and professionalism:** Communicate with empathy, respect patient autonomy and concerns
- **Develop Programs:** organize, implement, and evaluate disease-control and recall programs for patients.

Representative sample case topics illustrating OCCE format and style located in Appendix B.

7.4 Administration, Conduct & Late Arrival

- Candidates must check in thirty (30) minutes prior to their scheduled examination time and present a government-issued photo ID.
- Personal electronic devices are prohibited in the examination room.
- Two (2) examiners assess each candidate using standardized questions; supplemental clarifying questions may be asked.

Professional Conduct

Candidates are expected to demonstrate professionalism, clear communication, and evidence-based reasoning throughout the OCCE. Examiners assess not only knowledge, but also clinical judgment, decision-making, and the ability to translate evidence into patient-centered care.

Late Arrival Policy

A Candidate arriving more than fifteen (15) minutes late will not be permitted to take the examination unless ABOM has granted prior permission. A Candidate arriving less than fifteen (15) minutes late will be permitted to test, but the allotted time will be based on the original start time and will not be extended.

7.5 Oral Clinical Cases Examination Results

- Results are released within one (1) month of the examination.
- Results are reported as Pass/Fail only, at both the case level and the overall examination level; numerical scores are not provided.
- Significant time is devoted to review of rubrics and examiner calibration during OCCE development as well as score verification prior to releasing results. Candidates should not inquire about results in advance.
-

Please Do Not Inquire About Results in Advance

Significant time is devoted to examination calibration and score verification prior to releasing results. ABOM cannot expedite or preview results for individual candidates.

8. EXAMINATION OUTCOMES & ATTEMPT POLICIES

8.1 Successful Completion

- Upon successful completion of both the QE and the OCCE, ABOM awards a Diplomate certificate, valid for ten (10) years.
- Recertification is required every ten (10) years through the Maintenance of Certification (MOC) process described in Section 13.

Diplomates in good standing may use the following designations:

- "Diplomate of the American Board of Oral Medicine"
- "DABOM"
- "Oral Medicine Specialist"
- Oral Medicinist

8.2 Qualifying Examination Failure

- A Candidate who scores below the passing standard established by ABOM on the QE is deemed to have failed the examination.
- A failed QE attempt counts as one (1) examination attempt toward the maximum permitted attempts described in Section 8.4.

8.3 Oral Clinical Cases Examination Failure

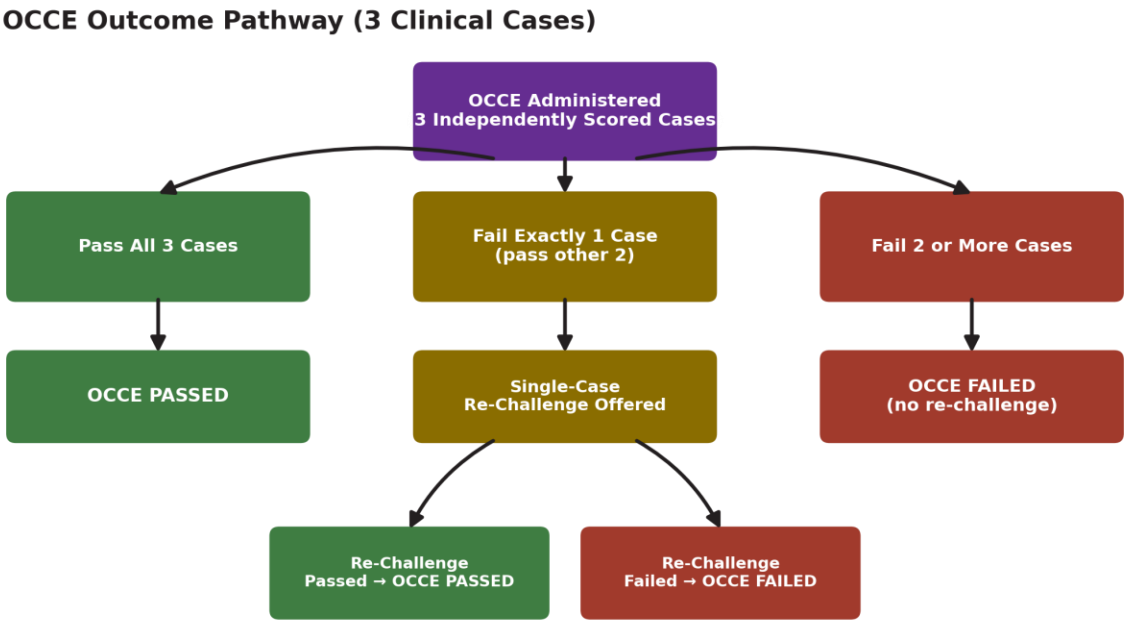
The OCCE consists of three (3) independently scored clinical cases.

Failure of One Case Only

- A Candidate who fails exactly one (1) case, while passing the other two (2), is eligible for a single re-challenge examination limited to the failed case.
- The re-challenge is administered remotely by videoconference, at a date, time, and format determined solely by ABOM, and is subject to a separate re-challenge fee (Section 5).
- The re-challenge is a continuation of the same OCCE attempt; it does not constitute an additional full OCCE attempt.
- A Candidate who fails the case re-challenge is deemed to have failed the entire OCCE.

Failure of Two or More Cases

- A Candidate who fails two (2) or more cases in a single OCCE administration is deemed to have failed the entire OCCE and is not eligible for a case re-challenge.
- A Candidate who fails the entire OCCE must reapply and successfully complete the full OCCE at a future administration, subject to the attempt limits in Section 8.4.



8.4 Examination Attempt Limits

Maximum Attempts

A Candidate is permitted a maximum of three (3) attempts to successfully complete the QE, and a maximum of three (3) attempts to successfully complete the OCCE.

An "attempt" means participation in any scheduled administration of the QE or of the full OCCE. A single-case re-challenge under Section 8.3 does not itself constitute a separate OCCE attempt.

A Candidate who fails either the QE or the OCCE after three (3) examination attempts is no longer eligible to continue in the certification process under the existing application. Upon exhaustion of attempts, any previously passing examination result is void and does not carry forward to a subsequent application cycle.

8.5 Reapplication Following Failure or Expired Eligibility

A Candidate who exhausts the permitted examination attempts (Section 8.4), or whose eligibility expires under the Five-Year Rule (Section 3.3), may regain eligibility only by satisfying all of the following Standard Reapplication Requirements:

a. Submit a new application;

b. Satisfy all eligibility requirements in effect at the time of reapplication;

Pay all applicable fees. Candidates seeking re-examination following a failed attempt must also submit a new examination application and pay all applicable examination fees for that attempt. ABOM reserves the right to require additional documentation, training, education, remediation, or mentorship before approving a subsequent examination application. Failure to satisfy any Board-mandated remediation requirement may result in denial of eligibility for further examination attempts.

8.6 Fees Related to Re-Examination

All examination fees, re-examination fees, re-challenge fees, application fees, and related administrative fees are non-refundable unless otherwise specified in a written ABOM policy. Payment of fees does not guarantee examination eligibility, admission to an examination, or certification.

8.7 Board Authority

Final and Binding Authority

ABOM retains sole and exclusive authority to: establish and modify examination formats, delivery methods, dates, locations, and scoring standards; determine examination eligibility; interpret and apply certification policies; determine whether remediation or additional training is required; and make final decisions regarding certification, examination administration, and candidate status.

All Board decisions regarding examination eligibility, scoring, certification status, and policy interpretation are final and binding.

9. FAIRNESS, LANGUAGE & ACCOMMODATIONS

9.1 Fairness in Examination Development

- All ABOM examinations are reviewed by a psychometrician to minimize bias.
- Examiners with a prior training, work-related supervisory, or personal relationship with a candidate must recuse themselves from evaluating that candidate during the OCCE
- All candidates must sign an Honor Code affirming honesty and confidentiality (Section 12).

9.2 Language Policy

English-Only Administration

All ABOM examinations are conducted in English. Lack of English proficiency is not considered a disability under this policy, and no language-based accommodations are available.

9.3 Accommodations for Candidates with Disabilities

ABOM provides reasonable accommodations for candidates with documented disabilities, provided the accommodation does not impose an undue financial burden on the Board and does not interfere with valid assessment of the required competencies.

Requesting an Accommodation

- Requests must be submitted in writing at least three (3) months in advance of the examination, together with the examination application (unless the disability arises after the application is submitted).

Each request must include:

- A brief description of the disability;
- The specific accommodation requested and the rationale for it; and
- Supporting documentation from a licensed healthcare provider.
-

Requests for Accommodation

A new accommodation request is required for **each** examination; approved accommodations do not automatically carry over to future administration. ABOM may, at its own expense seek an independent evaluation of any accommodation request.

10. APPEALS

- Appeals must be submitted in writing to the President of ABOM within thirty (30) days of receiving examination results.
- An appeal must state the specific grounds for the appeal and include all supporting documentation.

Scope of Appeals

Only claims of improper conduct, flawed examination administration, or mitigating circumstances will be considered. Appeals based solely on disagreement with examiner judgment or with examination content are not valid grounds for appeal, and the Appeals Committee will not re-grade examinations.

11. WITHDRAWALS & CANCELLATIONS

11.1 Candidate Withdrawal

- A withdrawal request must be submitted in writing to the ABOM President and Executive Director at least fourteen (14) days before the scheduled examination.
- Fees for a timely withdrawal may be transferred for use within two (2) years, unless the Candidate is in the final year of their eligibility window (Section 3.3).
- A withdrawal submitted with less than fourteen (14) days' notice, or a failure to appear for a scheduled examination, requires the Candidate to submit a new application and pay all applicable fees to test again.

11.2 Examination Cancellation by ABOM

- If ABOM must cancel or reschedule an examination due to unforeseen circumstances, an alternate testing opportunity will be provided as soon as reasonably possible.
- ABOM is not responsible for any candidate expenses arising from a canceled or rescheduled examination.

12. HONOR CODE & PROFESSIONAL/ETHICAL STANDARDS

12.1 Honor Code (Examination Conduct)

All candidates must sign, and strictly adhere to, the ABOM Certifying Examination Honor Code, which prohibits:

- Receiving or providing unauthorized assistance during an examination;
- Recording, distributing, or discussing examination content with any person;
- Use of unauthorized electronic devices during an examination; and
- Any conduct inconsistent with independent, honest participation.

Consequences of Honor Code Violations

Violations of the Honor Code may result in examination failure, forfeiture of certification eligibility, and referral to applicable state dental licensing boards.

12.2 Moral & Ethical Standards

Certification or recertification may be denied where ABOM has substantial concerns about a Candidate's competence, professional conduct, ethical behavior, or ability to practice safely. Grounds for denial include, without limitation:

- A revoked, restricted, or inactive dental license;
- A felony conviction or a plea of no contest to a felony; or
- A physical or psychological condition, including a substance use disorder, that impairs safe practice.

Candidates must attest to the accuracy of their credentials and must provide any additional information requested by the Board in connection with this review.

13. DIPLOMATE CERTIFICATION & MAINTENANCE

Diplomate certification is valid for ten (10) years from the date it is awarded.

To maintain certification, Diplomates must complete all Maintenance of Certification (MOC) requirements prior to expiration, consisting of:

- Ongoing continuing education;
- Successful completion of the recertification examination; and
- Payment of the recertification fee (Section 5).

Diplomates who do not complete MOC requirements prior to expiration are no longer entitled to represent themselves as a current ABOM Diplomate and must contact ABOM regarding options for reinstatement.

14. FREQUENTLY ASKED QUESTIONS

Q: What is the difference between the QE and the OCCE?

A: The Qualifying Examination (QE) is a written assessment of foundational biomedical and clinical knowledge. The Oral Clinical Cases Examination (OCCE) is a clinical assessment of judgment and decision-making through standardized case scenarios. The QE must be passed before a Candidate may attempt the OCCE (Section 2).

Q: How many times can I attempt each examination?

A: A Candidate may attempt each of the QE and the OCCE a maximum of three (3) times. A single-case OCCE re-challenge does not count as a separate attempt (Section 8.4).

Q: What happens if I fail one case on the OCCE but pass the other two?

A: You are eligible for a single re-challenge examination limited to the failed case, administered remotely by videoconference. Failing two or more cases results in failure of the entire OCCE, with no case re-challenge available (Section 8.3).

Q: How long do I have to complete the entire certification process?

A: All certification requirements, including both the QE and the OCCE, must be completed within five (5) years of your first QE attempt. This is the Five-Year Rule described in Section 3.3.

Q: What happens if my eligibility expires or I exhaust my examination attempts?

A: You must satisfy the Standard Reapplication Requirements in Section 8.5: submit a new application, satisfy all current eligibility requirements, and pay all applicable fees. No prior passing results carry forward.

Q: Can I request accommodations for a disability?

A: Yes. Reasonable accommodations are available for documented disabilities, provided the request is submitted in writing at least three (3) months before the examination and includes supporting documentation from a licensed healthcare provider (Section 9.3). A new request is required for each examination.

Q: Are ABOM examinations offered in a language other than English?

A: No. All ABOM examinations are conducted in English, and lack of English proficiency is not treated as a disability under ABOM policy (Section 9.2).

Q: Can I appeal my examination result if I disagree with the result?

A: Appeals are limited to claims of improper conduct, flawed administration, or mitigating circumstances, and must be submitted in writing to the ABOM President within thirty (30) days of receiving results. Disagreement with examiner judgment or exam content is not a valid basis for appeal, and results are not re-graded (Section 10).

Q: Can I withdraw from an examination after I have registered?

A: Yes, if you submit a written withdrawal request at least fourteen (14) days before the examination; fees may generally be transferred for use within two years. Withdrawing with less than 14 days' notice, or failing to appear, requires a new application and fees (Section 11.1).

Q: What happens if ABOM has to cancel or reschedule an examination?

A: ABOM will provide an alternate testing opportunity as soon as reasonably possible. ABOM is not responsible for any candidate expenses related to the cancellation or rescheduling (Section 11.2).

Q: How do I maintain my Diplomate certification once I am certified?

A: Diplomate certification is valid for ten (10) years. To maintain it, you must complete continuing education, pass the recertification examination, and pay the recertification fee before your certification expires (Section 13).

Q: What credentials can I use after I become a Diplomate?

A: You may use "Diplomate of the American Board of Oral Medicine," "DABOM," or "Oral Medicine Specialist" (Section 8.1).

Q: Where can I find current fees, dates, and sample exam questions?

A: The ABOM website, www.abomed.org, is the authoritative and most current source for fees, application deadlines, examination dates, and representative sample questions. This Guide reflects information published as of its effective date.

Q: Who has final authority over exam scoring, eligibility, and certification decisions?

A: ABOM retains sole and exclusive authority over all aspects of examination administration, scoring, eligibility determinations, and certification decisions. All Board decisions are final and binding (Section 8.7).

15. CONTACT INFORMATION & RESOURCES

For the most up-to-date information on eligibility, fees, deadlines, and examination administration, visit:

www.abomed.org

Questions regarding the certification process may be directed to:

American Board of Oral Medicine — Administrative Office
info@abomed.org

ABOM Secretary — Examination Conduct Instructions: abom.secretary@gmail.com

16. APPENDIX A: Example QE Questions

1. Radionuclide Imaging for Osteomyelitis

The use of scintigraphy (e.g., radionuclide imaging with Technetium-99m) in the diagnosis of osteomyelitis of the jaws has which of the following as its **major limitation**?

A. High spatial resolution
B. High sensitivity
✓ C. Low specificity
D. Low radiation dose

2. Medication-Related Osteonecrosis of the Jaw (MRONJ)

The risk of osteonecrosis following tooth extraction is greatest in a patient receiving:

A. Alendronate (Fosamax®) > Pamidronate (Aredia®)
B. Pamidronate (Aredia®) > Zoledronic acid (Reclast®)
C. Zoledronic acid (Reclast®) > Zoledronic acid (Zometa®)
✓ D. Zoledronic acid (Zometa®) > Zoledronic acid (Reclast®)

---

3. Severe Neutropenia

A patient is considered **severely neutropenic** when the absolute neutrophil count (ANC) is:

✓ A. <500 cells/mm³
B. <1,000 cells/mm³
C. <1,500 cells/mm³
D. <2,000 cells/mm³

---

4. Elevated Indirect Bilirubin and Aphthous Stomatitis

A patient presents with an elevated indirect bilirubin level and severe aphthous stomatitis. Which of the following conditions should be suspected?

A. Cholestasis
✓ B. Hemolytic anemia
C. Kidney disease
D. Hepatitis infection

---

5. Oral Lymphoid Cysts

Which **two cysts** are characterized by a cystic cavity lined by stratified squamous epithelium and containing germinal centers within the cyst wall?

A. Nasopalatine duct cyst
B. Nasolabial cyst
✓ C. Oral lymphoepithelial cyst
✓ D. Branchial cleft cyst
E. Thyroglossal duct cyst

---

6. Drug-Induced Oral Pigmentation

Which of the following medications may cause oral mucosal pigmentation?

A. Etanercept
✓ B. Imatinib
C. Infliximab
D. Sunitinib

---

7. Desmoglein 3 Autoantibodies

An elevated serum level of autoantibodies directed against **desmoglein 3** is most strongly associated with:

A. Discoid lupus erythematosus
✓ B. Pemphigus vulgaris
C. Recurrent aphthous stomatitis
D. Mucous membrane pemphigoid

---

8. Malignant Transformation of Oral Leukoplakia

The annual rate of malignant transformation of oral leukoplakia is approximately:

A. >20% per year
B. 10% per year
C. 5% per year
✓ D. <2% per year

---

9. Oral Exfoliative Cytology

Which of the following conditions may be detected using an oral exfoliative cytology smear?

✓ A. Candidiasis
B. Allergic stomatitis
C. Psoriasis
D. Lichen planus

---

10. Elevated Alkaline Phosphatase

Markedly elevated serum alkaline phosphatase levels are most characteristic of:

A. Systemic sclerosis
✓ B. Paget disease of bone
C. Fibrous dysplasia
D. Cherubism

17. APPENDIX B: Example OCCE Questions

OCCE Sample Questions and Rubric

The following questions are sample questions from the Oral Clinical Cases Examination. They *are not* intended to give a complete description of the *content* required to successfully complete the examination. They are presented here as a sample of the *format* of questions used during the examination.

Case 1

Question 1. Now that you have read through the case, what additional information would you like to ask the patient regarding their complaint? Candidate should take a complete history of the patient's chief concern.

Answer 1. Responses (1 point each): Onset, Duration, Quantification of Pain, Alleviating factors, Aggravating factors, Associated factors. If insufficient response given - "Anything else?" (Total maximum - 6 points). Note that acceptable responses to Question 1 relate specifically to the patient's history to date and do not include questions related to current clinical findings or future diagnostic testing which are assessed in subsequent questions.

Question 5. What specific medical information may be pertinent to ask about in relation to the patient's review of systems, past medical history, and surgical history?

Answer 5. Responses (1 point each): Metabolic status, Diabetes Mellitus, Thyroid condition, Anemias, Nutritional deficiency. Follow-up question if candidate makes general comment about metabolic status "Can you tell us which kinds of metabolic disorders you are thinking about?" (Total maximum - 2 points)

Case2

Question 2. Describe the clinical findings.

Answer 2. Responses (1 point for each): Multifocal ulcerations/erosions resembling desquamative gingivitis affecting marginal and attached gingiva in both arches; Ulcers of varying sizes and shapes at the junction of hard and soft palate. (Total maximum – 2 points)

Question 17. What do you know about dapsone, specifically its pharmacological Classification & mechanism of action of dapsone?

Answer 17. Responses (1 point each) : It is a sulfonamide antimicrobial agent; It also has anti-inflammatory and immune modulatory effect by lowering production of reactive oxygen species (ROS) & inhibiting neutrophil myeloperoxidase activity (Total 2 points).

Case 3

Note - Review of systems, vital signs and physical exam information provided.

Question 7. What are some findings on Review of Systems and physical exam that can indicate severe hypertension?

Answer 7. Responses (1 point for each of the following): Peripheral Edema, shortness of breath, headache, nose bleeds, blurred vision, dizziness, heart palpitations, chest pain or radiating chest pain. (Total maximum - 3 points).

Question 14. What is the most likely etiology of the abnormal findings seen on the patient's liver function tests?

Answer 14. Response (1 point): Moderate alcoholic liver disease (Total maximum - 1 point)