



ABDSM Application Outline *(2017 Applicants)*

Applicants must submit their applications in the following order.

Important: All patient information, with the exception of the patient's date of birth (which must be circled), is confidential and must be redacted and protected from view prior to submission.

ORAL APPLIANCE THERAPY CASES *submit between October 3, 2016-May 14, 2018*

The following case documentation **must be submitted in a digital format on a USB flash drive** mailed to the ABDSM via traceable carrier. Applicants must organize the files on the USB as follows:

Detailed Cases

Include the Detailed Cases Summary Template in either a PDF or Excel file format on the USB. The template can be found at https://www.abdsm.org/case_resources.php.

Create an electronic folder for each detailed case and label them by case number (i.e. Detailed Case 1, Detailed Case 2, etc.). Within each folder, include the following items in one fluid PDF file format for each detailed case. Divider pages can be found at https://www.abdsm.org/case_resources.php.

- Typed synopsis
- Copy of pre-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Copy of post-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Documentation confirming management of OSA with an oral appliance (use template located at https://www.abdsm.org/case_resources.php)
- Documentation of at least 3 face-to-face follow-up appointments

Within each detailed case folder, include the following items as PDF files (minimum resolution of 1024x768).

- Radiograph (dated)
- Photographs (dated)

Spreadsheet Cases

Include the Spreadsheet Cases Summary Template in either a PDF or Excel file format on the USB. The template can be found at https://www.abdsm.org/case_resources.php.

Include the following items in one fluid PDF file format for each spreadsheet case. Divider pages can be found at https://www.abdsm.org/case_resources.php. Documentation for all ten spreadsheet cases can be combined into one fluid PDF file or separated by case.

- Copy of pre-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Copy of post-treatment sleep study report (circle patient's date of birth, date of sleep study, AHI, RDI or REI and SaO₂ nadir)
- Documentation confirming management of OSA with an oral appliance (use template located at https://www.abdsm.org/case_resources.php)