



## American Board of Dental Sleep Medicine Rules and Guidelines

**Notice: A signed copy of this document is required to be returned to the ABDSM for your status to be activated.**

### **Designation:**

A licensed dentist that has received written confirmation of successful completion of the certification requirements established by the American Board of Dental Sleep Medicine (ABDSM) is deemed credentialed by the ABDSM. This in no way implies specialty status or specialty recognition. The designation must be used in conformation with the *Principles of Ethics and Code of Professional Conduct* of the American Dental Association, the Code of Ethics that pertains to your country, as well as the Dental Practice acts of your local state, province or municipality. In accordance with this designation, the ABDSM does not assume any liability arising from the inappropriate use of the term Diplomate, Credentialed, Certification, or Certified as it may pertain to oral appliance therapy associated with treatment of sleep disorders.

### **Maintenance of Certification:**

To maintain Diplomate (or International Certificant) status, you must meet the following criteria:

1. Maintain twenty-five (25) hours of ADA CERP recognized or AGD PACE approved credits in dental sleep medicine or sleep medicine provided by a non-profit organization, commercial provider, or accredited dental school every two (2) years. These credits can be earned through in-person or online/self-mediated delivery. Although Diplomates are encouraged to satisfy this requirement by attending the AADSM Annual Meeting, they may choose to earn their credits from other educational providers. Up to twenty (20) credits may be AMA PRA Category 1 Credits in sleep medicine.
2. Payment of an annual administrative fee to ABDSM totaling \$200.00. By paying the annual administrative fee, you are attesting that you hold a current, active professional dental license at the time of payment.

### **Revocation of Certification:**

The ABDSM shall have the sole authority to revoke an individual's certification if:

1. Your license to practice dentistry has been revoked or suspended by your licensing board.
2. You commit a crime that results in the revocation of your dental license.
3. You misrepresent yourself to the ABDSM or to the public.
4. You inappropriately use the designation of Diplomate, credentialed or certified.
5. You fail to meet the maintenance requirements as outlined.
6. You are found cheating on the certification exam or sharing exam questions with others.
7. You fail to pay maintenance dues within 30 days of date of invoice.

If you are found to be in violation of these rules and guidelines, you will be notified by certified mail that your certification status has been revoked. You will be asked to return the certificate so designating your ABDSM certification, and all references to such will be deleted from the records of the ABDSM. Any protest of this action must be made to the ABDSM in writing within 60 days of receipt of said notice. All decisions upon such action by the ABDSM will be final.

**Initials:** \_\_\_\_\_

**Jurisdiction of the Board:**

The ABDSM holds jurisdiction over the certification process, the examination, rules, and guidelines as well as all actions pertaining to this designation. In addition, any changes to said rules, guidelines or the exam are at the discretion of the ABDSM. All actions taken by the ABDSM are final.

**Statement of Nondisclosure:**

By acceptance of the designation Diplomate of the American Board of Dental Sleep Medicine, you agree not to disclose to any individual, company, society or association the contents of the exam. You further agree not to discuss in general or in specifics any of the questions that were on the exam. Evidence of such disclosure may result in revocation of the certification.

**Announcement of Certification Status:**

The ABDSM shall maintain a listing of all individuals who have achieved certification within the ABDSM. Forms of acknowledgement by the ABDSM will be at the discretion of the Board of Directors of the ABDSM.

**Acknowledgement of the Rules and Guidelines:**

By signing this communication, you acknowledge full understanding and agreement to these rules and guidelines.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return a signed and initialed copy of these rules and guidelines to the ABDSM by visiting:**

[www.ABDSM.org](http://www.ABDSM.org)

**Select the “New Diplomates/International Certificants Portal” button on the home page.**