Application for Certifying Board Recognition American Certifying Board of Oral and Maxillofacial Radiology

Applicant Certifying Board Information

Certifying Board Name: American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR)

Address: 4248 Park Glen Road

City: Minneapolis

State: MN

Zip Code: 55416

Certifying Board Website: https://acbomr.org/

Name of Certifying Board President: Dr. Peggy Lee

Executive Director Name: Not Applicable

Executive Director Email Address: Not applicable

Contact Information of Individual Completing the Application for Recognition

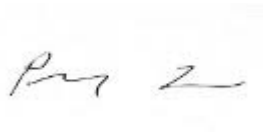
Name: Dr. Peggy Lee

Phone number: 206 947 2098

Email Address: plee@uw.edu

Verification Statement

I verify that prior to the submission of this application for recognition, the applicant certifying board leadership has reviewed and fully agrees to adhere to the National Commission Policy related to the Application Process for Recognition of a Dental Specialty Certifying Board and the National Commission's Policy on Integrity. I also verify that the submitted application for recognition is complete, factual, contains all of the required documentation and that the applicant certifying board has not purposely withheld pertinent information nor has it removed documentation from another applicant's application for recognition in an attempt to submit a completed application. Further, I understand that the submission of additional/supplemental documentation during the review process is not permitted unless requested by the National Commission.

Applicant Certifying Board President Signature: 

Organization of Boards: Requirements 1-4

Application for Recognition of

American Certifying Board of Oral and Maxillofacial Radiology

Submitted to:

National Commission on Recognition of Dental Specialties and Certifying Boards

Requirement 1

An applicant and a recognized certifying board must have no less than five (5) and no more than twelve (12) voting directors/officers designated on a rotation basis in accordance with a method approved by the National Commission. Although the National Commission does not recommend a single method for selecting directors/officers of boards, directors/officers may not serve for more than a total of nine (9) years. All voting directors/officers must be diplomates of that specific certifying board and the certifying boards may establish additional criteria/qualifications if they so desire.

1. **Name and Founding Date of the Recognized Sponsoring Organization**

American Academy of Oral and Maxillofacial Radiology (AAOMR)

The American Academy of Dental Roentgenologists was established in 1949. The name was changed to the American Academy of Oral and Maxillofacial Radiology (AAOMR) at the Honolulu Annual Session in 1989. In 1999 Oral and Maxillofacial Radiology was recognized as a dental specialty on October 13th at the American Dental Association House of Delegates annual meeting.

2. **Certifying Board Founding Date and Historic Development**

The American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) was incorporated on July 29, 2025, (Appendix 2- Articles of Incorporation) following the withdrawal of the American Board of Oral and Maxillofacial Radiology's (ABOMR) recognition by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) in March 2025 and after an unsuccessful appeal in May 2025. This transition marked a strategic reorganization to establish a certifying board that fully meets Requirements for Recognition of National Certifying Boards for Dental Specialists and strengthen the close working relationship with the American Academy of Oral and Maxillofacial Radiology (AAOMR).

AAOMR Executive Council initiated the formation of ACBOMR, through strategic planning to establish the organizational infrastructure for a new certifying board. This plan underwent public review and was approved by AAOMR membership on May 30, 2025. The Short-term AAOMR Strategic Plan (Appendix 3 - AAOMR Strategic

Plan 2025-2030) includes short-term objectives to establish the new certifying board through four specialized ad hoc committees with defined deliverables and timelines aligned with National Commission standards.

A membership poll launched on June 10, 2025, selected the name "American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR)" and appointed the inaugural/interim directors Dr. Aditya Tadinada (President), Dr. Heidi Kohltfarber (Vice President) and Dr. Aniket Jadhav (Secretary/Treasurer). The ACBOMR was formally incorporated on July 29, 2025.

Bylaws governing the organization were adopted on January 8, 2026, establishing rules, certifying processes and governance structure (Appendix 4. ACBOMR Bylaws). A process for the transition of ABOMR diplomates to ACBOMR diplomate membership was established. Election of the Board of Directors according to the ACBOMR bylaws was held with a voting period from April 23, 2026 to June 1, 2026.

ACBOMR is now a fully established certifying board with validated governance, certification authority, examination process and a strengthened close working relationship with the AAOMR.

3. Directors

ACBOMR has established a comprehensive governance structure ensuring qualified diplomate leadership. The Bylaws of ACBOMR, Appendix 4-Article IV, Section 4.01 establishes a Board of Directors composed of seven (7) voting directors, all of whom must be dentists who are diplomates in good standing. Appendix 5 presents the list of current Board of directors including terms and offices held.

Appendix 4-Article IV, Section 4.03 establishes three-year terms with a maximum of two consecutive terms and a lifetime maximum of nine (9) years total service. Once two consecutive terms have been served, directors are required to take at least one (1) year off before reappointment. Directors are elected on a staggered rotation basis, ensuring institutional continuity while introducing additional perspectives. Appendix 6, describes the process utilized to develop the staggered terms.

In Appendix 4 -Article V, Section 5.01 of the Bylaws it specifies that all Board Director candidates must be dentists and diplomates in oral and maxillofacial radiology practice or hold an academic appointment in the discipline. Appendix 4- Article IV, Section 4.01 of the Bylaws establishes additional qualifications to ensure diverse career representation on the Board of Directors, that include at least one diplomate teaching at the postdoctoral advanced education level, one teaching at the predoctoral level, one practicing primarily in the private sector, and one recently certified diplomate with at least five years of experience.

Appendix 4- Article V, Section 5.03 and Appendix 4- Article V, Section 5.04 of the Bylaws establish three nomination pathways which includes nomination from the ACBOMR, the sponsoring organization, and self-nomination.

Elections are conducted by electronic ballot of all active diplomates, with each office filled by plurality vote.

4. Certification and Examination Data

The certification through examination data in the application is derived from the Annual Surveys that were submitted to the National Commission by the previously recognized certifying board, American Board of Oral and Maxillofacial Radiology (ABOMR). This data continues to be relevant to the ACBOMR because it is historical data.

a) Total number certified without examination from founding date through current date

12 diplomates have been certified without examination from the founding date, based on information provided in the 1999 Application for Specialty Certifying Board Recognition that was submitted to the American Dental Association House of Delegates.

b) Total number certified by examination through current date.

A total of 229 diplomates certified by examination, based on the 2025 Annual Survey that was submitted by the ABOMR to the National Commission, as of December 2024. In September 2024, the National Commission placed the ABOMR in a period of non-testing.

c) Total certified through current date.

Total of 241 diplomates, based on the 2025 Annual Survey that was submitted by the ABOMR to the National Commission, as of December 2024.

d) Total number of active diplomates as of current date.

Currently, with the transition of diplomates from ABOMR to ACBOMR, there are 151 ACBOMR diplomates.

ACBOMR Transition Process: A list of ABOMR members who had provided consent for their information to be shared with AAOMR/ACBOMR was received from ABOMR. All those members were contacted and asked to fill out the ACBOMR application, submit proof of residency and an ABOMR diplomate certificate. When all documents were in order, the transition was approved. In cases where not all documents were received, a request for missing/incomplete documentation was sent. Once the application was verified and approved a letter informing of their application's approval and a link to complete the payment of dues for AAOMR and ACBOMR was sent.

Retired/Life members who submitted an application were accommodated as outlined in the Bylaws of the ACBOMR without fees. Appendix 7 presents the list of current ACBOMR Diplomates.

e) Total number of candidates that have taken the examination including the number of candidates that have failed the examination for the past five (5) years.

Year Certification Exam administered	Total Number of candidates who challenged the exam	Number of candidates who Failed the exam
2021	21	3
2022	45.5*	13
2023	40.5*	5
2024	14.5*	1
2025	No Examination administered	No Examination administered
*The data provided by ABOMR in the Annual Survey submitted to the National Commission. *The 0.5 is based on a candidate with ADA Accommodations*		

f) List the sections of the examination and the total number that have passed and failed in each section for the past five (5) years.

Year Certification Exam administered	Part I Examination		Part II Examination	
	Number Passed	Number Failed	Number Passed	Number Failed
2021	16	3	2	0
2022	20.5*	7	12	6
2023	17.5*	3	18	2
2024	Invalidated by NCRDSCB		13.5*	1
2025	No Examination administered			
*The data provided by ABOMR in the Annual Survey submitted to the National Commission. *The 0.5 is based on a candidate with ADA Accommodations*				

Appendix 10 provides pass/fail rates of ABOMR

5. **Is the applicant aware of any other relevant organization(s) that may have an interest in the application for recognition? If the answer is yes, please provide the name of the organization(s).**

To the knowledge of the ACBOMR there are no other organizations that may have an interest.

Requirement 2

An applicant and a recognized certifying board must have a certification program that is comprehensive in scope and meets the needs of the diplomate practitioners in the recognized specialty and the profession and protects the public. Further, the certifying board must provide evidence of a close working relationship with a recognized specialty sponsoring organization that meets all of the Requirements for Recognition of Dental Specialties.

ACBOMR has established a certification program to meet the needs of diplomates, the specialty, and the public. Candidates must complete CODA accredited specialty training and satisfy established eligibility requirements before challenging the certification examination. Examination content reflects the full scope of contemporary oral and maxillofacial radiology practice and is periodically reviewed to ensure continued relevance to advances in the specialty and the needs of the profession (Appendix 9 – Certification Examination). Through rigorous assessment of the candidates, the Board promotes specialty competence and supports protection of the public.

ACBOMR maintains a close and formally defined working relationship with AAOMR, the recognized specialty sponsoring organization. This relationship is established in the Bylaws, which recognize AAOMR as the sponsoring organization for ACBOMR and, reciprocally, acknowledge ACBOMR as the sole certifying board for the specialty (Appendix 4- Article I, Section 1.01-1.02). ACBOMR retains full authority over certification while operating in coordination with AAOMR.

The close working relationship is demonstrated through multiple formal mechanisms. The Bylaws establish one non-voting member of the AAOMR to serve as liaison between the ACBOMR and AAOMR. The liaison is not an officer of the Board (Appendix 4- Article IV, Section 4.01). Additional mechanisms include collaboration on continuing education courses for certification and recertification (Appendix 4- Article IV, Section 4.04), required communication meetings and annual reporting of all ACBOMR activities (Appendix 4- Article IV, Sections 4.05-4.06), and structured AAOMR participation in governance through nomination pathways. Further alignment includes nominations from AAOMR EC and an Oversight Committee that includes one AAOMR Executive Council liaison (Appendix 4- Article V, Section 5.03; Appendix 4 -Article VII, Section 7.02), the use of CODA based educational standards in the Test Construction Committee (Appendix 4 -Article VII, Section 7.02) and required submission of governance, certification (Appendix 4 -Article X, Section 10.02) and financial reports (Article XI, Section 11.06 - 11.07) to ACBOMR Diplomates and AAOMR on an annual and as-requested basis.

Requirement 3

An applicant and a recognized certifying board must provide evidence of adequate financial viability to conduct its certification program.

ACBOMR has established financial management practices and maintains adequate financial viability to support its certification program operations. As a newly established certifying board of AAOMR, ACBOMR demonstrates fiscal responsibility through defined governance structures and financial management processes.

The Secretary/Treasurer is responsible for financial oversight including overseeing financial policies, reviewing the annual budget, assisting with audits, and ensuring timely tax filings (Appendix 4- Article VI, Section 6.05).

The Board maintains financial viability through multiple revenue streams including annual diplomate membership fees, examination application, administrative and reactivation fees for lapsed diplomates, and grants or donations when appropriate (Appendix 4- Article XI, Sections 11.01-11.08). This revenue model ensures sustainable funding for certification program operations and reduces dependence on any single income source.

Comprehensive financial management controls ensure fiscal accountability and transparency. All Board funds are deposited in Board-designated financial institutions (Appendix 4- Article XI, Section 11.03), and all contracts and payments require signatures from authorized officers per Board resolution (Appendix 4- Article XI, Sections 11.04). The Board approves an annual budget that is presented to both the diplomate membership and the AAOMR Executive Council (Appendix 4-Article XI, Sections 11.06), ensuring transparency and stakeholder awareness. Summary financial reports are prepared at least annually for review by the Board, the National Commission, and the AAOMR Executive Council (Appendix 4- Article XI, Section 11.07).

To support long-term financial sustainability, the Board maintains investment authority to place funds in appropriate property, stocks, bonds, or securities as determined prudent (Appendix 4- Article XI, Section 11.08), allowing for responsible financial growth while maintaining adequate reserves for ongoing operations.

Appendix 8- Current Financial Statement/Audit Report presents the current financial statement for ACBOMR.

APPLICATION, REGISTRATION PROCEDURES, AND FEES

Application Fee	$250.00
Administrative Fee	$25.00
Qualifying Exam Application Fee, if applicable	$0.00
Qualifying Exam Fee, if applicable	$ 0.00
Qualifying Exam Re-examination Fee, if applicable	$ 0.00
Qualifying Exam Reschedule Fee, if applicable	$ 0.00
Oral Exam Application Fee, if applicable	$ 0.00
Oral Exam Fee, if applicable	$ 0.00
Oral Exam Re-examination Fee, if applicable	$ 0.00
Oral Exam Reschedule Fee, if applicable	$ 0.00

Written Exam Fee, if applicable	$3000.00
Clinical Exam Fee, if applicable	$0.00
Annual Registration Fee, if applicable	$0.00
Late Registration Fee, if applicable	$100.00
Reactivation Fee, if applicable	$100.00
Recertification Fee, if applicable	$ 0.00
Total Fee to Become Diplomate	$3250.00
Number of Years Application is Valid	5 years
Re-examination Fee	$3000.00
Eligibility Determined By: **Board= BD** **Board Committee=BC** **Executive Director =ED**	BD
Candidates Notified of Results Within Number of Weeks	6-8 weeks
Annual Fee for Diplomates	$500.00

Requirement 4

An applicant and a recognized certifying board may outsource administrative duties to suitable external consultants and/or external agencies to assist in daily operations and/or examination functions. If the certifying board does outsource administrative and/or examination functions, the certifying board must submit documentation describing the process. External and internal consultants who participate in the development and/or administration of certification examinations must be diplomates in the specialty that is being examined.

The Board manages the administration (scoring, reporting of results to candidates, granting of diplomate status) of the ACBOMR certification examination. The Test Construction Committee, made up of active diplomates in good standing, oversees test development.

All multiple-choice responses are scored automatically using an answer key developed by the Test Construction committee. Examination performance is evaluated using criterion-referenced methods and statistical analyses conducted in consultation with an independent third-party psychometrician.

The responses to written case reports are anonymized, randomized, and graded independently by two (2) members of the Board of Directors by comparison to a content response rubric, developed by the test construction committee.

Following completion of the certification examinations, the Board of Directors will convene to review each candidate's performance and determine eligibility for certification.

ACBOMR administrator, employed by the board manages registration for examination, providing testing centers with candidate names and ID numbers for identification purposes and providing the ACBOMR Directors with only candidate ID numbers during assessment and grading procedures.

ACBOMR bylaws Section 6.07-administrative assistant or other staff

Operation of Boards: Requirements 1-7

Requirement 1

An applicant and a recognized certifying board must only certify qualified dentists as diplomates in the specialty recognized by the National Commission. No more than one (1) certifying board will be recognized by the National Commission for the certification of diplomates in a recognized specialty area of practice.

The mission of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) is to protect the public and advance the specialty by certifying oral and maxillofacial radiologists who demonstrate excellence in diagnostic imaging knowledge, clinical judgement, and professional conduct. Certification is achieved through a rigorous peer-driven examination process and maintained through ongoing professional development and ethical practice (Appendix 4 –Article I, Section 1.01)

The American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) certifies only dentists who have successfully completed a CODA accredited advanced education program in Oral and Maxillofacial Radiology. Eligibility criteria, certification pathways, and requirements for Diplomate status are defined in the ACBOMR Bylaws, Appendix 4 –Article I, Section 1.01 and Appendix 4 – Article III, as well as in the ACBOMR Policy and Procedures Manual, including Appendix 9 – Eligibility Requirements and Appendix 9 –Granting of Certification.

Certification authority rests solely with the Board of Directors, which oversees the evaluation of candidate qualifications, the development of examinations and examination content, and the issuance of certification in accordance with Appendix 4 – Article IV, Section 4.04 of the Bylaws. Professional and ethical expectations for candidates and Diplomates are further detailed in the Policy and Procedures Manual, including Appendix 9 –

Exhibit 6: Rights and Responsibilities of the Candidate, the Appendix 9 – Code of Professional Conduct for Diplomates, and Appendix 9 – Code of Professional Conduct for Directors of the ACBOMR.

ACBOMR is the only certifying board for the specialty, as formally recognized by its sponsoring organization, the American Academy of Oral and Maxillofacial Radiology (AAOMR), under Appendix 4 –Article I, Section 1.02 of the Bylaws.

Requirement 2

An applicant and a recognized certifying board must give at least one (1) examination in each calendar year and must announce examination details at least six (6) months in advance of the examination. In extraordinary circumstances, recognized certifying boards may request a conditional waiver of exception from the National Commission.

The ACBOMR administers a comprehensive certification examination at least once per calendar year. Exam dates, application deadlines, requirements, fees, and testing locations are publicly posted and communicated to candidates not less than six months in advance, consistent with Appendix 4 –Article IV, Section 4.04 of the Bylaws and the ACBOMR Policy and Procedures Manual.

Examinations are conducted at independent third-party testing centers and follow established procedures documented in the Policy and Procedures Manual, including Appendix 9 – Certification Examination, Appendix 9 –Registration Process, Appendix 9 –Test Administration, and the Appendix 9 – Exam Cancellation Policy. Candidate obligations and examination-related policies—including confidentiality, conduct, rights, and responsibilities—are outlined in the Appendix 9 – Exhibit 6: Rights and Responsibilities of the Candidate and the Appendix 9 – Candidate Confidentiality Agreement.

Requirement 3

An applicant and a recognized certifying board must maintain a current list of diplomates

The ACBOMR maintains an accurate, continuously updated registry of all Board-Certified Oral and Maxillofacial Radiologists (Diplomates). This responsibility is assigned to the Board of Directors under Appendix 4 – Article IV, Section 4.04 of the Bylaws, which requires the Board to keep a current official record of all certified diplomates.

This registry is used for certification verification, reporting to the National Commission and AAOMR, and ensuring public accountability. A current list of Diplomates is included as Appendix 7 – Current Diplomates List of this application.

Requirement 4

An applicant and a recognized certifying board submit to the National Commission data relative to financial viability and operations, written examination procedures, candidate examination guidelines and procedures, certification and recertification examination content, test construction and evaluation and the reporting of results. Examination procedures and results should follow the Standards for Educational and Psychological Testing, including validity and reliability evidence. A diplomate in good standing may, upon written request, obtain a copy of the annual examination technical and financial reports of the certifying board. The recognized certifying board will submit the required documentation on a cycle established by the National Commission.

ACBOMR maintains policies, procedures and documentation that demonstrate financial accountability, examination integrity, and compliance with recognized testing standards. Documentation supporting this requirement is provided in the Appendices/Exhibits listed below.

Required Documentation

- Copy of policy and/or public statements demonstrating the ability of diplomates in good standing, upon written request, to obtain information of the certifying boards financial viability and examination technical reports.
  - Appendix 4 – Article X, Section 10.03 (Accountability to Active Diplomates)
  - Appendix 4 – Article XI (Finance)

1. Written Examination Procedures
   - Appendix 9 – Certification Examination Administration Plan
   - Appendix 9 – Test Construction and Operating Policies
   - Appendix 9 –Test Administration, Scoring, and Reporting Process

- Candidates Guidelines and Procedure for Certification Examination
  - Appendix 9 – Certification Examination Administration Plan
  - Appendix 9 – Exhibit 6: Rights and Responsibilities of the Candidate
  - Appendix 9 – Exhibit 4: Candidate Confidentiality Agreement
  - Appendix 9 – Exhibit 4: Candidate Code of Ethical Conduct
  - Appendix 9 – Exhibit 4: ADA Verification and Accommodations Form
  - Appendix 9 – Maintenance of Certification and Board Governance Policies

- Appendix 1 Statistical Form (PERMISSION TO PUBLISH APPLICATION FOR RECOGNITION AS A DENTAL SPECIALTY CERTIFYING BOARD)
  - NCRDSCB Appendix 1 Statistical Form (Completed and Attached)

2. Certification and Recertification Examination Content
   - Appendix 9 – Exhibit 1: Blueprint for Foundational and Clinical Sciences,
   - Appendix 9 – Exhibit 3: Sample Questions
   - Appendix 9 – Maintenance of Certification and Board Governance Policies.

3. Documentation Related to Test Construction and Evaluation

- Validity and Reliability evidence provided by a psychometrician/statistician who has included an introductory letter to accompany documents provided in support of this requirement:
  Annual psychometric analyses will be performed by an independent psychometrician to ensure examination validity, reliability, and consistency
- Examination Technical Report: NA
- Test Development and Revision Process: Appendix 9 – Test Construction and Operating Policies
- Test Administration, Scoring and Reporting:
  Appendix 9 –Test Administration, Scoring, and Reporting Process
- Policies on Fairness in Testing and Test Use:
  Appendix 9 – Fairness in Testing Policy
  Appendix 9 - Exhibit 5. Code of Fair Testing Practices in Education
- Policies on the Rights and Responsibilities of Test Takers
  Appendix 9 – Exhibit 6: Rights and Responsibilities of the Candidate
- Policies on Testing Individuals of Diverse Linguistic Backgrounds
  Appendix 9 - ACBOMR policy stating that examinations are administered in English
- Policies on Testing Individuals with Disabilities
  Appendix 9 – Exhibit 4: ADA Verification and Accommodations Form

Requirement 5

An applicant and a recognized certifying board must require diplomates to engage in lifelong learning and shall encourage continuous quality improvement.

Summary of Recertification maintenance:

ACBOMR requires all active Diplomates to engage in ongoing educational and professional activities to maintain and enhance knowledge and skills in oral and maxillofacial radiology (OMR) and is a requirement for good standing: bylaws (Appendix 4- Article III, Section 3.02). Continuing education unit (CEU) guidelines are provided in the policy and procedures manual (Appendix 9 – Maintenance of Certification and Board Governance Policies). CEUs are earned through primary educational activities and secondary activities designed to maintain competent skill levels for practitioners, promote lifelong learning, and contribute to growth of the specialty through research. Each year, 5% of active Diplomates will be randomly selected for an audit and will need to provide evidence of CEU completion. Failure to meet CEU requirements will result in probation for one year, during which an appeal may be submitted. Noncompliance at the end of the probationary period may result in revocation of Diplomate status. Continuing certification requirements are provided in the policies and procedures manual (Appendix 9 – Maintenance of Certification and Board Governance Policies).

Summary of scope of practice for Oral and Maxillofacial Radiology:

The practice of Oral and Maxillofacial radiology may be primarily clinically based, academically based, or a combination of the two. The mode of practice does not affect the level of rigor in the recertification maintenance requirements or required continuing education. Less CEU's are provided for secondary activities

(ex. teaching and clinical practice) for part-time practitioners. (Appendix 9 – Maintenance of Certification and Board Governance Policies).

Summary of Required Continuing education practices:

Diplomates must complete a minimum of 50 Continuing Education Units (CEUs) over a three (3)-year period for recertification of which 20% is to be achieved through AAOMR sponsored meetings or OMR nationally/internationally recognized CE meetings. CEUs may be earned through teaching (must be related to oral and maxillofacial radiology), research publications, clinical practice, and attending continuing education lectures. Continuing certification requirements are provided in the policies and procedures manual (Appendix 9 – Maintenance of Certification and Board Governance Policies).

The Board retains the authority to suspend or revoke a Diplomate's certification for various grounds, including failure to meet ongoing certification requirements, such as completing continuing education requirements, paying dues, or complying with other Board requirements. Appendix 4- Article III, Section 3.04

Requirement 6

An applicant and a recognized certifying board must provide to the National Commission evidence of examination and certification of a significant number of additional dentists in order to warrant approval of and continued recognition by the National Commission. The recognized certifying boards will submit the required documentation on a cycle established by the National Commission.

The American Certifying Board of Oral and Maxillofacial Radiology has yet to administer a certifying examination. Under the National Commission's policy for **Initial Recognition of a Certifying Board When Recognition has been Withdrawn from a Previously Recognized Certifying Board,** ACBOMR is required to administer the certifying examination within one year.

Historical data provided by the former American Board of Oral and Maxillofacial Radiology (ABOMR) demonstrated an average of 36 candidates presented for the Board Certification Examination each year during the 2017–2019 and 2021–2023 examination cycles (Appendix 10-Data of Pass/Fail Rates). Based on these historical data and the number of graduates in each of the CODA-accredited OMFR residency programs (Tables 1 – 3), an estimated backlog of up to 100 candidates are awaiting the opportunity to challenge the certifying examination.

The ACBOMR will administer a single certifying exam annually. Eligibility to challenge the examination requires successful completion of a CODA accredited Oral and Maxillofacial residency program and satisfaction of all established eligibility requirements. The examination will assess the full scope of knowledge and competencies historically evaluated in the specialty certification process. Administration of a single examination is aimed at maintaining examination integrity while providing sufficient capacity to accommodate both current candidates and anticipated backlog of candidates.

The certification examination will be administered in two parts: a one-day multiple-choice question (MCQ) examination, followed by a case interpretation written examination. Applicants will no longer be required to wait until the following year to take the second part of the examination.

Because of the anticipated backlog of candidates due to a period of non-testing, ACBOMR expects approximately 100 candidates to participate in the initial examination cycle. Under Section 7.02 of the Bylaws (Special/Ad Hoc Committee), the Board of Directors has the authority to establish ad hoc committees, which operate under the oversight and direction of the Board. For this examination cycle, the Board will establish an ad hoc committee to assist with examination grading, comprising Board-certified diplomates in good standing serving as examination graders. This ad hoc committee will report to, and remain under the oversight of, the Board of Directors throughout the grading process. All examination graders will undergo calibration and training, overseen by the Board, to ensure consistent scoring standards and evaluation criteria. Examination will be conducted at a center that can accommodate the large number of backlog candidates while maintaining examination security and standardized testing conditions.

The process for administering the board exam is outlined in the Policy and Procedure Manual and includes methods to accommodate the initial backlog of candidates; Appendix 9 – Certification Examination)

Table 1. CODA accredited Oral and Maxillofacial Residency programs

Name of Program	Approximate Number of Graduating Residents
Stony Brook School of Dental Medicine	2
University of North Carolina at Chapel Hill	1-3
Texas A&M University College of Dentistry Dallas	3
University of Connecticut	3
University of Florida, Gainesville	Up to 4
University of Iowa	1-2
University of California, Los Angeles	3
University of Toronto*	2-3
University of Washington	2
University of Texas Health Science Center at San Antonio	4

*By reciprocal agreement, predoctoral dental education, level II dental assisting, dental hygiene, and advanced dental education programs in dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics that are accredited by the Commission on Dental Accreditation Canada are recognized by the Commission on Dental Accreditation.

Table 2. Number of candidates that challenged the ABOMR (past 5 years)

Year Certification Exam administered	Location	Total Number of candidates who challenged the exam	Number of candidates who Failed the exam
March 25, 26,27, 2021 September 2021	Testing Center, University of Texas at San Antonio	21	3
September 23, 24, 2022	Testing Center, University of Texas at San Antonio	45.5*	13
September 15, 16 and October 5, 6, 2023	Part 1: Prometric Proctor Remote Examination Part 2:The AIME Center, Raleigh, North Carolina	40.5*	5
August 29, 30 and September 26 and 27, 2024	Part 1: Prometric Proctor Remote Examination Part 2:The AIME Center, Raleigh, North Carolina	14.5*	1
2025	No Examination administered	No Examination administered	No Examination administered
The data was provided by ABOMR in the Annual Survey submitted to the National Commission. **The 0.5 is based on a candidate with ADA Accommodations*			

Table 3. Number of ineligible applicants that challenged the ABOMR, past 5 years

Applicants Declared Ineligible for last Board Examination(s)	2021	2022	2023	2024	2025
Educational program inadequate in length	0	0	0	0	Non-testing year
Educational program not accredited by Commission on Dental Accreditation	0	0	0	0	Non-testing year
Insufficient practice experience	0	0	0	0	Non-testing year
Insufficient data provided by candidate	0	0	0	0	Non-testing year
Other (please specify)	0	0	0	0	Non-testing year

The data was provided by ABOMR in the Annual Survey submitted to the National Commission.

Requirement 7

An applicant and a recognized certifying board must bear sole authority and responsibility for conducting certification programs, the evaluation of the qualifications and competence of those certified as diplomates, and the issuance of certificates.

Bylaws (Appendix 4- Article I, Section 1.01-1.02) states that ACBOMR bears full authority over the certification processes, including evaluation of qualifications and competence of those certified as diplomates, examination content, and maintenance of certification requirements.

Bylaws (Appendix 4- Article IV, Section 4.04) describes the duties of the board of directors which are designed to accomplish a board certification process that confirms candidates' competence and expertise in oral and maxillofacial radiology and issuance of certificates upon successful completion of the certifying board exam.

Appendix 4- Article VIII Exams, Appeals of Examinations establishes the ACBOMR as the sole authority for conducting certification examinations and for evaluating the qualifications and competence of Diplomates. Diplomate status is awarded upon successful completion of the certification examination administered by the Board of Directors, in accordance with criteria published in the Policy and Procedure manual. All examinations are conducted in English.

Certification Requirements: Requirements 1-3

Requirement 1

An applicant and a recognized certifying board must require, for eligibility for certification as a diplomate, the successful completion of an advanced education program that is two (2) or more academic years in length accredited by the Commission on Dental Accreditation.

Although full-time, continual attendance is a Commission on Dental Accreditation accredited advanced education program is desirable, the period of advanced education need not be continuous, nor completed within successive calendar years. An advanced educational program equivalent to two (2) or more academic years in length, successfully completed on a part-time basis over an extended period of time as a graduated sequence of educational experience not exceeding four (4) calendar years, may be considered acceptable in satisfying this requirement. Short continuation, refresher courses (educational experiences only obtained through continuing education) and teaching experience in a specialty department in a dental education facility will not be accepted in meeting any portion of this requirement.

A certifying board may establish an exception (alternative pathway) to the qualification requirement of completion of an advanced education program that is two (2) or more academic years in length accredited by the Commission on Dental Accreditation for the unique candidate who can demonstrate comparable educational and/or training requirements to the satisfaction of the certifying board. A certifying board must submit a separate petition to the National Commission for permission to establish and/or revise a policy on alternative pathways.

Does the recognized specialty allow part-time attendance, provide a summary of how the curriculum is comparable to that of a full-time program? If not, then put a statement that there are no part-time programs. If there are part-time programs then explain how the part-time program is equivalent to the full-time program.

ACBOMR Policy and Procedure Manual, establishes that the eligibility Appendix 9- Eligibility Requirements to challenge the ACBOMR Board examination is determined solely by the Board of Directors, whose decisions are final and binding. Based on the authority granted to the Board of Directors, appeals may be considered; however, applicants must agree to accept the Board's determinations upon submission of an application. To be eligible to challenge the certifying examination, candidates must hold a certificate of completion from a CODA accredited advanced education program in Oral and Maxillofacial Radiology.

The ACBOMR does not recognize alternative pathways to certification and there are no part-time attendance programs. The Table below presents the certification pathways and applications data since 2021.

CERTIFICATION PATHWAYS AND APPLICATIONS DATA

	2021	2022	2023	2024	2025
Number Certified through traditional (CODA graduate) pathway over the past five (5) years	2	12	18	13.5*	No Examination administered
Number certified through alternative pathway over the past five (5) years	N/A	N/A	N/A	N/A	N/A
Number of Applications Received over the past five years	21	18	20	22	N/A
Number of Unacceptable Applications Received over the past five (5) years	0	0	0	0	N/A

	2021	2022	2023	2024	2025
Number Recertified/Certification Maintenance over the past five (5) years	0	15*	9	11	N/A

In 2020 and 2021, there was no recertification maintenance that occurred. In the year 2022, there was an audit to compensate for these years. The data provided by ABOMR in the Annual Survey submitted to the National Commission. **The 0.5 is based on a candidate with ADA Accommodations*.

Number certified through traditional CODA graduate pathway represents those individuals who have successfully completed Part 2, thereby fulfilling all examination requirements for certification. Therefore, the number reported here corresponds to the number of candidates who successfully completed Part 2, as reported under Appendix 10.

Requirement 2

An applicant and a recognized certifying board must establish its minimum requirements for years of practice in the area for which certificates are granted. The years of advanced education in the discipline specific specialty may be accepted toward fulfillment of this requirement.

Appendix 9- Eligibility Requirements establishes, compliance with the eligibility requirements described above necessitates the completion of a 24-month CODA accredited advanced education program. ACBOMR does not require additional practice experience beyond completion of an accredited advanced education program for eligibility for certification.

MINIMUM REQUIREMENTS FOR ELIGIBILITY TO CHALLENGE THE EXAMINATION

Education	
Years of Advanced Education* in Addition to DDS or DMD Degree	2
Experience	
Total Years of Specialty Experience Including Advanced Education*	2
Other	
Citizenship	N/A

State Licensure	N/A
Certification Pathway for Graduates of non ADA CODA- Accredited Advanced Education Programs	N/A

*Written documentation related to the establishment of minimum requirements for certification

Requirement 3

An applicant and a recognized certifying board in cooperation with their recognized specialty sponsoring organization, must prepare and publicize joint recommendations on the Commission on Dental accreditation educational standards for the advanced education programs for that specialty.

Appendix 4- Article IV, Section 4.04: Duties of the Board of Directors establishes that ACBOMR will meet at least annually with AAOMR to develop and deliver continuing education. AAOMR executive council member who is the councilor of educational affairs will act as the liaison to the Board of Directors to ensure that whenever there is need for proposing or updating accreditation standards we have a path to work together to ensure enhancement of the specialty.

An organizational structure to ensure the collaborative functioning of ACBOMR with AAOMR, includes one non-voting member appointed by the sponsoring organization to serve as a liaison between the ACBOMR and the AAOMR, whose attendance at the annual meeting is required. Appendix 4- Article IV, Section 4.01

AAOMR Executive Council and ACBOMR have held joint weekly meetings since January 2026. The inaugural Directors/President of ACBOMR and AAOMR have been collaborating on a regular basis, and formally through weekly meetings to plan the formation of the new certifying board, drafting Bylaws and other pertinent policies and procedures. Minutes of these meetings are attached as Appendix 11.

APPENDICES

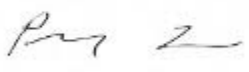
Appendix 1: Permission to Publish Application for Recognition as a Dental Specialty Certifying Board

The National Commission on Recognition of Dental Specialties and Certifying Boards has sole responsibility related to the recognition of special areas of dental practice and certifying boards and in that capacity obtains applications for recognition including exhibits and supplemental material (the "Specialty Certifying Board Application"). The undersigned hereby grants its full permission and authorization to the National Commission to republish, post and otherwise use or make available the Application in various ADA publications, including but not limited to the National Commission's website. Furthermore, the undersigned consents to the reproduction, display, transmission and use of the Application by National Commission on a perpetual basis, worldwide, without charge, in any media now existing or hereafter created, including without limitation brochures, periodicals, Internet, Intranet, and websites, and to receive or otherwise use the Specialty Certifying Board Application in electronic format as well as print or any other media.

The undersigned, for itself and all its agents, assigns and successors, hereby waives all rights to any consideration, whether by payment of money or otherwise, for time and expenses, and for the reproduction, display, transmission and use of the Application. Further, the undersigned, for itself and all its agents, assigns and successors, hereby releases and forever discharges National Commission and its permittees, their respective subsidiaries, affiliates, officers, trustees, directors, employees, agents, insurance carriers, predecessors, successors, heirs and assigns, and any others acting with their permission or under their authority from: (1) any and all claims arising out of the foregoing, including but not limited to any claims for blurring or distortion or for failure to exercise such right to use the Specialty Application; and (2) any and all past and present claims, demands and causes of action of any nature whatsoever that we had, have or may hereafter claim to have, whether directly or indirectly, whether based on statute, tort, contract or otherwise, whether known or unknown, suspected or unsuspected, foreseen or unforeseen, liquidated or unliquidated, asserted or unasserted, arising in connection with the activities described above.

IN WITNESS WHEREOF, the undersigned, through its duly authorized representative, has executed this Agreement on this 13th day of July, 2026.

American Certifying Board of Oral and Maxillofacial Radiology
Name of Applicant Certifying Board



Signature

President of American Certifying Board of Oral and Maxillofacial Radiology
Title

Appendix 2: ACBOMR Articles of Incorporation

WRITING OF THE INCORPORATOR
OF
AMERICAN CERTIFYING BOARD OF ORAL AND MAXILLOFACIAL RADIOLOGY
(ACBOMR)

The undersigned, being the Incorporator of American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) (the "Corporation"), a Minnesota nonprofit corporation, acting pursuant to the Minnesota Nonprofit Corporation Act, does hereby adopt the following resolutions effective as of July 29, 2025.

Resolution No. 1

RESOLVED, that a copy of the filed Articles of Incorporation be maintained with the permanent corporate records of the Corporation.

Resolution No. 2

RESOLVED, that the following persons are hereby appointed to serve as Directors and Officers of this Corporation, with such rights and for such term as provided in the Bylaws of this Corporation and thereafter until their successors are elected and qualified:

Directors:

Dr. Aniket Jadhav, Director
Dr. Heidi Kolhtfarber, Director
Dr. Aditya Tadinada, Director

Officers:

Dr. Aniket Jadhav, Treasurer
Dr. Heidi Kolhtfarber, Vice President
Dr. Aditya Tadinada, President

Resolution No. 3

RESOLVED, that by signing below, the Incorporator hereby resigns the position of Incorporator of the Corporation.

This action was taken in Minneapolis, Minnesota effective as of the date first written above.

Dated: 8/2/2025

DocuSigned by:
Aditya Tadinada
5F9521B45A93479...
Dr. Aditya Tadinada, Incorporator

4898-4844-1432.1

Appendix 3: AAOMR Strategic Plan 2025-2030 to Develop New Certification Board

AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL RADIOLOGY (AAOMR) STRATEGIC PLAN 2025-2030

Vision

The American Academy of Oral and Maxillofacial Radiology (AAOMR) is the recognized leader in oral and maxillofacial radiology serving patients and the health professions.

Mission

- Foster research to advance the science and practice of Oral and Maxillofacial Radiology
- Foster and support specialty training in Oral and Maxillofacial Radiology
- Improve access to high quality Oral and Maxillofacial Radiology services
- Positively influence the socioeconomics of the practice of Oral and Maxillofacial Radiology
- Improve quality of patient care by providing the highest quality continuing education for Oral and Maxillofacial Radiologists, other dental, allied dental and health professionals
- Maintain the preeminence of the Academy meetings as scientific and educational forums
- Pursue excellence in publications
- Improve access to Oral and Maxillofacial Radiology services by expanding the educational base of Oral and Maxillofacial Radiology into dental and medical specialties

PART I: SHORT-TERM STRATEGIC PLAN (1-2 YEARS)

Establishment of New American Board of Oral and Maxillofacial Radiology (ABOMR)

To establish a credible, recognized certifying board for Oral and Maxillofacial Radiology that upholds rigorous professional standards, ensures competent specialists who are knowledgeable on clinically relevant subjects/topics and imaging technologies, assessed by valid testing methods and maintains integrity in certification processes.

Timeline Overview

- Phase 1: May- June 2025 - Formation of Ad Hoc Committees
- Phase 2: May - July 2025 - Committee Work and Standards Development
- Phase 3: August - December 2025 - Review and Application Drafting
- Phase 4: January 2026 - Final Review and Submission

Phase 1: April- May 2025 - Formation of Ad Hoc Committees

Objectives:

1. Establish the organizational framework for the creation of the new board
2. Identify and appoint qualified members to serve on specialized ad hoc committees

Action Items:

1. Form the following ad hoc committees:
    - Certifying Board Standards Review Committee
    - Test Construction Committee
    - Oversight Committee
    - Exam/certification advisory committee
2. Identify and recruit committee members/chairperson with appropriate expertise and representation
3. Define scope, responsibilities, and reporting structure for each committee
4. Schedule initial committee meetings and establish communication channels

Responsible Parties:

- AAOMR Executive Committee and external consultants

Deliverables:

- Committee charters with clearly defined roles and responsibilities
- Roster of committee members with contact information
- Create folders for each group to share working documents & track progress

- Initial meeting schedule and agenda templates
- Communication plan for inter-committee collaboration

Phase 2: May - July 2025 - Committee Work and Standards Development

A. **Certifying Board Standards Review Committee** *Objectives:*

1. Ensure compliance with NCRDSCB and associated relevant standards as required by the NCRDSCB
2. Establish clear governance structures and policies

Action Items:

1. Review current NCRDSCB standards and requirements in detail
2. Map existing board policies, procedures, SOPs, and bylaws to NCRDSCB standards and requirements
3. Establish clear communication protocols between the new board and AAOMR, board and diplomates, and board and candidates
4. Identify gaps in current policies and develop recommendations to address them
5. Document findings and prepare a comprehensive recommendations summary

Deliverables:

- Gap analysis document comparing current standards to NCRDSCB requirements
- Draft governance framework and policies
- Communication protocol between ABOMR and AAOMR; ABOMR & Diplomates
- Recommendations summary report for AAOMR EC

B. **Test Construction Committee** *Objectives:*

1. Review existing process and design a rigorous, fair, and comprehensive examination process
2. Ensure the examination evaluates candidate competency appropriately

Action Items:

1. Review/revise exam administration policies
2. Establish or review grading policies and methodologies
3. Identify potential areas for omission and additional topics for inclusion
4. Review the existing information including question bank for contents, quality, relevance, and

accuracy

5. Evaluate current examination format for effectiveness in attaining competency
6. Identify gaps based on recognition requirements
7. Prepare summary recommendations

Deliverables:

- Grading policy document
- Examination content outline & specific details to ensure well-rounded topic assessment
- Question bank assessment report to ensure knowledge relevant to current clinical practice
- Format evaluation and recommendations
- Summary report with recommendations for AAOMR EC

C. **Oversight Committee** *Objectives:*

1. Ensure proper governance and transparency
2. Establish clear lines of accountability
3. Maintain timely communication with stakeholders

Action Items:

1. Establish clear reporting mechanisms to AAOMR EC
2. Determine appropriate number of board directors
3. Establish criteria for eligibility to serve on board
4. Establish guidelines to maintain transparency and fairness in the selection of board directors
5. Draft robust conflict of interest policies for board directors
6. Develop guidelines for collaborations between board directors and test construction members
7. Prepare recommendation summary with drafted policies

Deliverables:

1. Reporting structure document
2. Board composition recommendation
3. Conflict of interest policy document

4. Collaboration guidelines
5. Summary recommendations report with drafted policies for AAOMR EC

D. **Exam/Certification Advisory Committee** *Objectives:*

1. Serve as liaison between ABOMR and residents/candidates
2. Plan for Transitioning current diplomates into the new board system
3. Provide feedback on examination structure from resident perspective
4. Ensure examination process is fair and transparent for candidates

Action Items:

1. Identify areas of concern in current certification process
2. Review proposed examination changes for impact on candidates
3. Develop resources to help candidates prepare for certification
4. Create clear communication channels between board and examinees
5. Propose improvements to make certification process more accessible

Deliverables:

1. Candidate feedback summary report
2. Examination preparation guide for candidates
3. Communication protocol recommendations
4. Accessibility and fairness assessment
5. Candidate resource materials

Phase 3: August - December 2025 - Review and Application Drafting

Objectives:

1. Synthesize committee recommendations into formal application materials
2. Establish the leadership structure for the new board

Action Items:

1. AAOMR EC to review all ad hoc committee recommendations

2. Conduct nomination/election process for new board of directors
3. Certifying Board Standards Review Committee and AAOMR EC to draft application for new ABOMR
4. Seek guidance for application from NCRDSCB
5. Make necessary revisions based on NCRDSCB feedback

Responsible Parties:

- Certifying Board Standards Review Committee
- AAOMR Executive Committee

Deliverables:

- Comprehensive draft application for NCRDSCB recognition
- Elected board of directors
- Application guidance document incorporating NCRDSCB feedback
- Revision of application materials as needed

Phase 4: January 2026 - Final Review and Submission

Objectives:

1. Finalize and submit application for recognition of the new ABOMR
2. Ensure compliance with all requirements for board certification

Action Items:

1. Conduct final review of all application materials
2. Make any necessary final revisions
3. Submit formal application for recognition to NCRDSCB
4. Prepare for any follow-up questions or requests from NCRDSCB
5. Develop contingency plan for addressing potential concerns

Responsible Parties:

- New ABOMR Board of Directors
- Certifying Board Standards Review Committee
- AAOMR Executive Committee

Deliverables:

- Final application submitted to NCRDSCB
- Response protocol for NCRDSCB inquiries
- Contingency plans for addressing potential issues

Key Performance Indicators:

1. Committee formation completed on schedule
2. All committee deliverables submitted on time
3. Gap analysis completed with actionable recommendations
4. Board of directors elected with full representation
5. Application submitted by January 2026 deadline
6. Successful recognition by NCRDSCB

Communication Plan:

1. Monthly/biweekly progress reports from committee chairs to AAOMR EC
2. Quarterly updates to the broader AAOMR/ABOMR member community
3. Dedicated secure online platform for document sharing and collaboration
4. Regular virtual meetings for committees with recorded minutes
5. Clear escalation pathways for issues requiring immediate attention

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- Develop and implement an effective engagement plan to retain and recruit members

IMPLEMENTATION AND REVIEW

This strategic plan will be implemented under the direction of the AAOMR Executive Committee with regular review and updates:

Appendix 4: ACBOMR Bylaws

The American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) BYLAWS

Approved by AAOMR EC and ACBOMR Directors

May 28, 2026

Contents

Article I. Name and Purposes

Section 1.01. Name and purposes.

This instrument constitutes the Bylaws of the *American Certifying Board of Oral and Maxillofacial Radiology Inc.* (hereinafter referred to as "*ACBOMR*"), a Minnesota nonprofit corporation, adopted for the purpose of regulating and managing the internal affairs of the corporation. The ACBOMR is an independent entity and bears sole authority and responsibility for evaluating the competence of those individuals certified as diplomates. The *American Academy of Oral and Maxillofacial Radiology* (hereinafter referred to as "*Academy*" or "*AAOMR*") is the sponsoring organization for the ACBOMR.

Section 1.02. Relationship with sponsoring organization.

ACBOMR acknowledges AAOMR as the professional/recognized sponsoring body whose support is required for continued recognition by the *National Commission on Recognition of Dental Specialties and Certifying Boards (National Commission*). In turn, AAOMR recognizes ACBOMR as the sole certifying board in the specialty of oral and maxillofacial radiology.

While ACBOMR is sponsored by AAOMR, ACBOMR retains full authority over the certification process, examination content, and maintenance of certification requirements, subject to compliance with National Commission guidelines. ACBOMR is financially independent from the sponsoring organization.

Section 1.03. Notification of Substantive Changes.

ACBOMR shall notify the National Commission and AAOMR of any substantive changes to its certification process, bylaws, or governance structure, within thirty (30) days of Board approval.

Section 1.04. Dissolution of ACBOMR.

In the event that the Corporation is dissolved or is no longer recognized by the National Commission, all materials, resources and any other related documents collected or produced by ACBOMR shall be transferred to the sponsoring organization AAOMR through a convened transition committee under the legal advice which could be the oversight committee without the councilor-liaison of AAOMR.

Article II. Corporate Seal

Section 2.01. Seal.

The corporation shall have a corporate seal bearing the name "American Certifying Board of Oral and Maxillofacial Radiology", and such other design elements as the Board of Directors may determine appropriate. The seal shall be used to authenticate official documents of the Board.

The Secretary of the Board shall have custody of the official seal and shall be responsible for its safekeeping. The Board may, by resolution, designate another officer or staff member to hold and safeguard the seal.

The seal shall be affixed to all official certificates of certification, letters of verification, and other formal documents as determined by Board policy or required by law. The seal shall not be used on documents unless expressly authorized by the Board or pursuant to established administrative procedures.

A facsimile or electronic reproduction of the seal may be used on digital documents, official correspondence, or electronic certificates, provided that such use is in accordance with policies approved by the Board and ensures document authenticity and integrity.

Unauthorized use of the Board's official seal is strictly prohibited. The Board reserves the right to take legal or disciplinary action against individuals or organizations that misuse the seal or represent it in a misleading manner.

Article III. Diplomates/Members

Section 3.01. Classes of Members.

The membership of the corporation shall consist of the following class(es) of Members:

The corporation shall consist of one class of Members, the Diplomates in good standing (hereinafter referred to as Diplomates). For the purposes of these bylaws, the terms "Members" and "Diplomates" are used interchangeably to refer to individuals holding current certification from the ACBOMR. Diplomates are individuals who have successfully completed the ACBOMR certification process, and who maintain their certification in compliance with Board policies.

Diplomate status shall be valid as long as certification remains active and Diplomate is in good standing.

1. *Grandfathered Diplomates.*
   Individuals may be granted Diplomate status without examination through an established grandfathering process, provided they meet the criteria set by the Board of Directors

2. *Examination-Certified Diplomates.*

   Diplomate status is conferred upon dentists who successfully complete the certification examination administered by the Board of Directors.

   a. *Life Diplomates.*
      A Life Diplomate is one who has been a Diplomate in good standing for five years prior to application for this category, MUST be retired from active practice of OMR, and on application to the Board has been granted Life Diplomate status. A Life Diplomate shall retain all privileges of Diplomate status but need not pay the annual fee. Once Life Diplomate status is attained, an individual cannot return to active membership without providing evidence of having satisfied current recertification requirements or rechallenging the certifying examination. It is the responsibility of every Diplomate to understand the current recertification process.

   b. *Professional Standing* – The applicant must:
      i. Be in good standing with the ACBOMR at the time of application.
      ii. Have no unresolved disciplinary matters with ACBOMR

Section 3.02. Diplomates in Good Standing.

Diplomates are considered in good standing if they have:

a. active membership of both ACBOMR and AAOMR
b. met the criteria for challenging and have passed the examination conducted by the ACBOMR
c. met their annual financial obligations
d. paid all dues in the official United States currency that is in dollars
e. met recertification requirements as set by the Board of Directors
f. attended at least one AAOMR annual meeting in person in a period of three years

Note: Verified international members when unable to fulfill the AAOMR annual session in person attendance requirement should demonstrate attendance of AAOMR sponsored webinars to be considered a diplomate in good standing.

g. acknowledged the obligation to participate in the Board's maintenance of certification program and meet continuing education, and other recertification requirements as established by the Board

Section 3.03. Voting.

Diplomates in good standing shall have the right to vote on matters requiring a majority vote, including but not limited to:

1) Election of Diplomates/Members to the Board of Directors
2) Adoption of amendments to the Bylaws
3) Approval of actions such as merger, dissolution or transfer of all or substantially all the assets of the corporation.

Section 3.04. Termination of Diplomate Status.

A Diplomate shall be subject to termination of membership upon the occurrence of any of the following conditions:

1) *Failure to Maintain Certification Requirements* – Failure to meet ongoing certification maintenance requirements, including continuing education, non-payment of dues and/or other requirements as set forth by the Board.
2) *Professional Misconduct* – Engaging in unprofessional, unethical, or illegal conduct as determined by the Board or a duly authorized regulatory authority.
3) *Misrepresentation* – Falsification or misrepresentation of information on an application, renewal, examination, or continuing education documentation submitted to the Board.
4) *Conviction of a Crime* – Conviction of a felony or misdemeanor involving moral turpitude, dishonesty, or behavior inconsistent with professional standards.
5) *Violation of Board Policies* – Breach of any policy, code of conduct, or professional standards adopted by the Board as determined by the Board.

In the event of termination:

1) The Board of Directors will provide formal communication, not less than fifteen (15) days prior to the date of effect. The communication will include the reason(s) for the proposed termination.
2) Any member whose membership has been proposed to be terminated shall have the right to be heard verbally or in writing by the Board of Directors or a Committee thereof designated to hear membership termination matters, prior to the date of effect.

Section 3.05. Reinstatement of Diplomate Status.

Any member whose membership has been terminated shall have the right to appeal the decision. Appeals must be submitted in writing and will be reviewed in accordance with the procedures established by the Board of Directors.

Section 3.06. Meetings of Diplomates.

- *Annual meetings*
  An annual meeting of the voting Diplomates in good standing shall be held each year on a date and at a time determined by the Board of Directors and shall take place in conjunction with the annual session of the sponsoring organization.

All information presented at these meetings shall be made available to all Diplomates in good standing through the ACBOMR communication portal.

- *Diplomates Right to Call Special Meetings*.
  A meeting of the voting Diplomates in good standing can be called by a group composed of at a minimum of ten percent (10%) of the total number of voting Diplomates in good standing, by submitting a written request to the Board.

  Upon receipt of the said request, the Board shall, within thirty (30) days, take appropriate action to convene a regular (virtual) meeting of the voting Diplomates in good standing. This meeting must be held no later than ninety (90) days from the date of receipt of the request.

Section 3.07. Number Required for Action by Diplomates.

Except where a larger portion or number is required by law or by these Bylaws, the voting Diplomates in good standing may take action by the affirmative vote of a simple majority of the voting Diplomates in good standing via an electronic or in-person voting mechanism.

Section 3.08. Voting Rights.

- All Diplomates in good standing shall be entitled to one vote on any matter properly presented to the Diplomates.

Article IV. Board of Directors, Board's General duties

Section 4.01. Number, Composition of Board.

a. The Board shall be composed of 7 Diplomates in good standing. Members of the Board of Directors shall be elected by voting Diplomates in good standing. In addition, One(1) non-voting member from the sponsoring organization will serve as a liaison between the ACBOMR and the AAOMR. The liaison's attendance at the annual meeting is mandatory.

The Board is to be comprised of diplomates in good standing in the following categories specified below, except when the Board deems it challenging to recruit members into these specific categories for that particular cycle:

b. At least one (1) Diplomate whose primary responsibility is teaching Oral and Maxillofacial radiology at the postdoctoral Advanced educational level.
c. At least one (1) Diplomate whose primary responsibility is teaching Oral and Maxillofacial radiology at the predoctoral DMD/DDS level.
d. At least one (1) Diplomate who primarily practices Oral and Maxillofacial radiology in the private or hospital-based practices.
e. One (1) recently certified Diplomate with no less than 5 years of OMR professional experience.

Section 4.02. General Standards of Directors.

Each Director shall perform their duties in good faith, and act in a manner they believe to be in the best interests of the Board, the Specialty, and the public it serves.

In fulfilling their duties, Directors shall:

1. *Act Honestly and Ethically*: Refrain from misrepresentation, fraud, or engage in self-serving practice that are not in the best interests of the certification board and act with integrity and transparency in all board-related matters.
2. *Exercise Independent Judgment:* Make decisions objectively and independently, without undue influence from personal, professional, or financial interests.
3. *Remain Informed*: Make reasonable efforts to become and remain informed about the affairs of the Corporation, including reviewing relevant materials prior to meetings and actively participating in board discussions and decisions.
4. *Avoid Conflicts of Interest*: Disclose any actual or potential conflicts of interest in accordance with the Corporation's conflict of interest policy and abstain from voting or deliberating on matters in which such a conflict exists.
5. *Maintain Confidentiality*: Protect the confidentiality of sensitive, privileged, or proprietary information acquired through board service.
6. *Comply with Law and Policy*: Adhere to all applicable federal, state, and local laws, as well as the Corporation's Articles of Incorporation, Bylaws, and adopted policies.

Section 4.03. Terms of Directors of the Board.

Directors shall serve for a term of three (3) years each and shall be elected so that approximately one-third (1/3) of the directors are elected each year. Directors shall serve until their successors have been elected and recognized at the start of their term. All nominations must be made for a specific office of each director.

Director terms begin at the annual business meeting of the ACBOMR which is typically scheduled to coincide with the annual AAOMR meeting.

No Director shall serve more than two (2) consecutive three (3)-year terms, except when the Director has been appointed to complete one year or less of an unfilled term. A director who has reached this limit must take at least one (1) year off before being eligible to serve again. Directors shall not serve for more than a total of nine (9) consecutive years.

Director terms will be staggered to establish continuity of leadership.

Section 4.04. Duties of the Board of Directors.

The ACBOMR board of directors (BOD) shall foster engagement among qualified Oral and Maxillofacial Radiologists seeking board certification. Its authority includes, but is not limited to, the following functions:

1. The Board of Directors (BOD) shall develop and oversee the certification process that confirms a candidate's comprehensive knowledge and expertise in Oral Maxillofacial Radiology by:
    a. conducting an initial credentialing review and verifying the candidate's educational background.
    b. constructing the examination from the questions bank created by the test construction committee
    c. requiring successful completion of the certification exam.
    d. administering the examination and grading any portions not automatically scored at the designated grading centers, if such centers are utilized.
    e. officially approving the grades received from internal and third-party grading centers.
    f. communicating the results of the examination to the Candidate.
    g. implementing an annual credentialing renewal process.
2. The Board shall not have direct contact with examination candidates at any time prior to certificate issuance. All communication to the candidates shall be via staff engaged by the BOD.
3. Board directors may not participate in credentialing decisions about which they have a conflict of interest as established by the corporation's Conflicts of Interest Policy.
4. Inform candidates about the ongoing and current requirements and procedures for board certification.
5. Communicate the scheduled time and location of the certification examination(s) for candidates seeking diplomate certification per the National Commission requirements.
6. Develop and implement policies and procedures related to the examination of candidates seeking diplomate certification.
7. Grant certification and issue certificates to candidates who successfully meet the requirements established by the Board.
8. Collaborate as necessary with AAOMR to provide continuing education courses that prepare candidates for the certification examination, as well as review courses to support credentialing and re-credentialing requirements.
9. Collaborate with the sponsoring organization in the review and revision of accreditation standards for advanced education programs in Oral and Maxillofacial Radiology.
10. Unless a waiver is granted by the NCRDSCB, administer at least one examination for each required phase or component annually, and provide notice of the examination at least six (6) months in advance.
11. Keep a current record of all certified diplomates.
12. Collect required fees from diplomates and candidates challenging the boards to help financially support the ongoing programs of the Board.
13. Establish criteria for maintaining certification in alignment with the policies and guidelines of the National Commission, even to the extent of declaring the certificate null and void.
14. Work with the sponsoring organization to develop and provide continuing education courses that maintain lifelong learning, elevate the profession of Oral and Maxillofacial Radiology, provide advanced knowledge and competence in Oral and Maxillofacial Radiology, and maintain high standards of clinical performance.
15. An annual report of the corporation's activities shall be submitted to the Executive Council of the AAOMR and to the NCRDSCB. This report shall include the following information:
    a. information specifically requested by the National Commission.
    b. The report to the AAOMR EC shall include all materials submitted to the NC as well as the additional information required by the EC, including but not limited to the Board's financial activities, candidate admissions, examination procedures and outcomes, examination results and

exam data analytics, list of complaints, appeals or legal actions and any additional information requested by either organization to fulfill their responsibilities.

c. The Board maintained record of complaints, appeals received and any known legal actions involving diplomates or candidates.
d. Documentation of remediation measures, corrective actions, or resolutions
e. Such information shall be reviewed semi-annually by the Board of Directors and the Executive Council of AAOMR to ensure accountability and uphold professional standards.

Section 4.05. Accountability, Management.

The ACBOMR shall maintain transparent operations, comply with the requirements of National Commission, and remain accountable to AAOMR in matters of professional integrity, disciplinary actions, and specialty advancement. Any changes to ACBOMR governance or certification policies that affect the specialty must be communicated to AAOMR.

AAOMR as the sponsoring organization has the right, upon request to ACBOMR, to receive:

- Minutes of the meetings of the ACBOMR Board or Committees of the Board;
- Written reports of ACBOMR meetings with the NC and any significant communications (communications which change the relationship of ACBOMR with NC) between ACBOMR and the NC;
- Special meetings of the ACBOMR Board with the AAOMR Executive Council;

Note: AAOMR does not have the right to elect or ratify the election of the ACBOMR elected directors or officers.

The business and charitable affairs of the corporation shall be managed by or under the direction of the Board of Directors with communication to the sponsoring organization, AAOMR.

Section 4.06. Maintenance and Review of Books & Records:

ACBOMR shall maintain accurate and complete books of account and shall keep minutes of the proceedings of its Board of Directors and of any committees vested with the authority of the Board. Unless otherwise provided by the Operations Manual or by resolution of the Board, the following records shall be kept by ACBOMR, for the most recent six (6) years:

- Articles of Incorporation and Bylaws
- Resolutions adopted by the Board of Directors
- Minutes of meetings of the Diplomates/Members, Board and committees
- A current list of the names and addresses of Directors and Officers
- Accounting records

A Director of ACBOMR shall have the right to inspect and copy the books, records, and documents of ACBOMR as described in Minn. Stat. Section 317A.461 to the extent reasonably related to the performance of the Director's

duties. Such inspection shall not be for any other purpose or conducted in a manner that would violate any duty owed to ACBOMR.

Section 4.07. Quorum.

At all meetings of the Board of Directors a two-thirds (⅔)majority of the directors then in office shall be necessary and sufficient to constitute a quorum for the transaction of official business.

Section 4.08. Number Required for Action by Directors.

Unless otherwise required by law the Articles, or these Bylaws, any action may be approved by a simple majority vote of the directors present at a properly convened meeting, provided a quorum is present. If less than two-thirds of the Board are in attendance, a majority of those present may vote to adjourn the meeting without further notice.

Section 4.09. Written Action.

Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting if written consent to the action is distributed to all Directors and signed by at least five (5) of the seven (7) Directors.

The written action must:

- set forth the action taken or to be taken
- be signed (physically or electronically) by all parties entitled to vote on the matter
- be filed with the minutes of proceedings of the Board or membership and shall have the same force and effect as a vote taken at a duly called meeting
- be effective when signed by the required number of directors, unless a different effective date is provided in the written action

(Signatures may be collected in counterparts and by electronic transmission unless prohibited by applicable law)

Section 4.10. Periodic Meetings of the Board of Directors.

Regular meetings

The Board of Directors shall hold regular meetings at times and locations determined by resolution of the Board. Directors shall be given at least five (5) days' notice of each meeting's date, time, and location. However, if these details were announced during a prior Board meeting, additional notice is not required. No notice of regular meetings shall be required to be given to the AAOMR.

Special Meetings

The Board may hold additional meetings at times and locations determined by the President or as otherwise approved by a majority of the Board, provided that the request for such a meeting specifies the purpose or purposes for which the meeting is to be held. Upon making or receiving such a request, the President shall schedule the meeting within three (3) business days and shall provide written notice to all directors not less than five (5) days in advance. The notice shall include the date, time, place, and stated purpose(s) of the meeting.

No notice of special meetings shall be required to be given to the AAOMR.

a. *Purpose:* The purpose of the special meetings shall include, but not be limited to, reviewing Board activities, making policy decisions, approving certification and recertification matters, and conducting any other business necessary for the operation of the Board.
b. *Notice:* The notice of the special meeting shall be provided to all Board members in accordance with the notice provisions of these Bylaws.

Any ACBOMR board director may request a special meeting of the Board as needed to address any activities of the Board or concerns or comments received regarding ACBOMR.

Annual Meeting

The annual meeting of the Board shall be scheduled by resolution to coincide with the annual meeting of the American Academy of Oral and Maxillofacial Radiology (AAOMR), with the specific date, time, and location to be determined by the Board and in collaboration with AAOMR. The appointed liaison from the sponsoring organization shall be present at the annual meeting of the Board.

a. *Purpose:*
   The Board shall hold an annual meeting with its board-certified specialists (Diplomates) for the purpose of providing updates on the Board's activities, reporting on certification standards and processes, and maintaining transparency and engagement with the certified community.
b. *Location:*
   The meeting may be held in person, virtually, or in a hybrid format to ensure broad accessibility.
c. *Content of the Annual Report*
   At the annual meeting, the Board shall present a comprehensive summary of its activities from the preceding year, including but not limited to:
   - certification and recertification statistics
   - examination results and trends
   - updates to standards, procedures, or policies (CODA and *NCRDSCB*)
   - future governance, structural changes, and growth statistics
   - a financial report
   - educational resources for board candidates
   - candidate and Diplomate's feedback on certification and recertification processes
   - compliance with *NCRDSCB*'s standards and requirements
   - voter participation rates
d. *Diplomate Engagement*
   During meetings, Diplomates in good standing shall have the opportunity to ask questions, provide feedback, and raise concerns verbally.

   The Board may establish procedures to ensure the orderly and constructive conduct of the session; however, such procedures shall preserve the opportunity for verbal questions.

e. *Record of the Meeting*
Minutes or a summary of the meeting including documents presented or referred to at the Annual meeting shall be made available to all Diplomates in good standing following the session, either through electronic distribution or posting on the Board's official website.

Section 4.11. Board of Directors' Meeting Location

Board meetings may be held in person within or out of the state of Minnesota, virtually, or in a hybrid format to ensure broad accessibility.

Section 4.12. Electronic Communications.

A conference among directors conducted by any means of communication through which all participating directors may simultaneously hear and communicate with one another shall constitute a meeting of the Board of Directors, provided that the same notice is given as would be required for an in-person meeting and that the number of participating directors constitutes a quorum.

A director may participate in a meeting of the Board of Directors by any means of communication that enables the Director, all other participating Directors, and any Director physically present to hear and communicate with one another.

Participation in a meeting through such means shall be deemed equivalent to presence in person for all purposes under these Bylaws.

Section 4.13. Form of Notice.

Whenever notice to any Director is required under the provisions of these Bylaws, such notice shall be deemed sufficient if given in accordance with the methods prescribed herein, including but not limited to:

a. when certified mail to the director at the address designated by the director for such purpose, at the director's last known address, or at the address recorded in the official corporate records
    i. Notice sent by certified mail shall be deemed delivered Five/Seven (5/7) business days after being deposited in the United States mail, postage prepaid and properly addressed to the director at the address on record with the Corporation.
b. when communicated to the director orally
c. when handed to the director
d. all forms of electronic communication

Section 4.14. Waiver of Notice.

Any director may waive notice of any meeting required to be given by statute or by these Bylaws, either before, at, or after the meeting. A written waiver of notice, signed by the director and filed with the Secretary, shall be deemed the equivalent of proper notice and shall be entered into the minutes or official records of the meeting. Attendance at a meeting shall constitute a waiver of notice thereof unless the director attends solely to object to the meeting on the grounds that it was not lawfully called or convened.

Section 4.15. Compensation of Directors.

Directors shall not receive compensation for their services when performing their duties. Directors shall be reimbursed for routine and necessary expenses related to the regular business of the Board. Any non-routine expense exceeding an amount periodically determined by the Board of Directors, when incurred by a Director of ACBOMR, shall require prior authorization from both the Treasurer and the Vice President.

Article V. Election, Removal, Recall, Vacancies of Directors

Section 5.01. Candidate Eligibility Criteria for the Board of Directors.

Eligible candidates for the position of Director of the ACBOMR must be:

a. Diplomates in good standing and be actively engaged in the practice of Oral and Maxillofacial Radiology and/or hold an academic appointment in OMR.
b. able to demonstrate a sustained commitment to Oral and Maxillofacial Radiology, have a minimum of three years of post-certification experience for all board of directors' positions except for the positions of President, vice president and Secretary/ Treasurer. For the positions of President, Vice President and Secretary/ Treasurer, the eligible candidates shall have a minimum of five (5) years of post-certification experience and possess a record of professional leadership.
c. candidates who maintain active dental license(s) in good standing.
d. candidates who have no conflicts that would impair independent judgment
e. commit to attend board meetings and fulfill fiduciary duties, in accordance with the policy set by the Board of Directors.

Section 5.02. Candidate Ineligibility criteria for the Board of Directors.

The following Diplomates are ineligible to serve on the Board of Directors:

- Diplomates who have served two (2) consecutive terms shall be ineligible to run again for an additional term until a period of one (1) year has elapsed.
- Diplomates who are involved in businesses which are in competition or currently have a business relationship with ACBOMR as determined by the Board of Directors.
- Diplomates currently serving as the program directors for a CODA accredited Oral and Maxillofacial Radiology residency program or those who have served as ABOMR director since 2015.

Section 5.03. Nominations.

Nominations of persons to serve on the Board of Directors may be submitted through one of the following methods:

- nomination based on the recommendation of the ACBOMR Nomination Subcommittee.
- nomination by the AAOMR EC.

- self-nomination with letters of support sent to the administrative assistant of ACBOMR by submitting letters of support from five Diplomates in good standing.

Section 5.04. Election process.

The election of Directors or Committee members will be by electronic ballot of Diplomates in good standing. Each office shall be filled by the candidate receiving a plurality of votes cast by the Diplomates in good standing participating in the election.

Election Mechanism

- A reasonable voting period shall be determined by the Board of directors

Section 5.05. Voter eligibility.

Eligible voters include:

- ACBOMR Diplomates in good standing

Section 5.06. Resignation of Directors.

A director may resign at any time by giving written notice to the Secretary of the corporation. The resignation is effective without acceptance when the notice is given to the corporation, unless a later effective time is specified in the notice.

Section 5.07. Removal of Directors.

A director may be removed from office by the Board of Directors as described below

Removal by the Board of Directors

- A Director may be removed at any time for cause by a two-thirds (2/3) vote of the entire Board of Directors at a special meeting of the Board called for that purpose.
- Written notice of such a meeting shall be provided to each Director not less than five (5) days and not more than thirty (30) days prior to the meeting. The notice shall state that the removal of one (1) or more Directors is to be considered and shall identify by name the Director(s) proposed for removal.
- Only the Director(s) specifically named in the notice may be removed at that meeting.

Section 5.08. Installation of the Directors

Elected Officers will be installed at the Annual Business Meeting of the Board of Directors.

Article VI. Officers/Members of the Board of Directors

Section 6.01. Officers as Members of the Board of Directors.

The Officers of the Board shall consist of the President, Vice-President, Secretary /Treasurer, and four (4) other Diplomates in good standing elected to the Board of Directors by the Board, and such other ad hoc committee officers as determined by the Board of Directors.

The Board may engage any person to serve as staff to the Board. Such persons are not officers.

Section 6.02. Duties of Officers.

The duties of the officers of this corporation shall be:

Section 6.03. President.

The President shall preside at meetings of the Board of Directors and shall oversee the long-term goals and purposes of the corporation and shall have all of the powers and duties normally belonging to the President or Chief Executive Officer of a Minnesota nonprofit corporation.

He or she shall also perform such other duties as may be determined from time to time by the Board of Directors.

The president's duties shall include, but are not limited to:

- presiding over regular and special meetings of the Board of Directors
- appointing committees as necessary
- representing or appointing a designee to represent ACBOMR at meetings and conferences
- reporting to the supporting organization, the AAOMR
- signing, with the Secretary or any other Officer of ACBOMR duly authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments authorized by the Board, except where such authority is expressly delegated by the Board of Directors, these Bylaws, or statute to another Officer or agent
- Performing such other executive and administrative duties that are incident to the office of President and such other duties as may be prescribed by the Board of Directors

Section 6.04. Vice President.

The Vice-President shall perform such duties as may be determined from time to time by the Board of Directors.

The duties of the Vice President include but are not limited to:

- attending meetings of the Board of Directors
- performing duties as may be determined from time to time by the Board of Directors
- assuming the duties of the President when the President is absent, resigns, or becomes incapacitated.

- performing such other executive and administrative duties that are incident to the office of Vice President and such other duties as may be prescribed by the Board of Directors

Section 6.05. Secretary/Treasurer.

The Secretary/Treasurer shall be responsible for the administrative and financial oversight of the Corporation. From time to time, the Secretary/Treasurer shall perform other duties as may be determined by the Board of Directors. The duties of the Secretary/ Treasurer include, but are not limited to:

- attending meetings of the Board of Directors
- keeping the minutes of such meetings
- giving notices as required
- preparing any necessary certified copies of corporate records
- keeping and protecting the seal of the Corporation
- annually, or after any changes, providing the names of the ACBOMR officers to:
    - The American Academy of Oral and Maxillofacial Radiology (AAOMR)
    - The National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB)

- providing the required annual reporting to the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) as well as any additional information requested.
- forwarding a copy of the annual report required by the NCRDSCB onto the AAOMR EC
- Overseeing the financial activities of the Corporation, such as reviewing the annual budget, assisting with audits, and ensuring that appropriate tax filings are completed in a timely manner
- While retaining overall accountability for the Corporation's financial integrity, the Secretary/Treasurer may delegate day-to-day bookkeeping responsibilities as needed

Section 6.06. Filling Vacancies.

Any vacancies in an officer's position shall be filled as follows.

- *President* – If the office of President becomes vacant, the Vice President shall assume the office of President for the unexpired portion of the term.

- *Vice President* – If the office of Vice President becomes vacant, the duties of that office shall be assumed by the Secretary for the unexpired portion of the term, in addition to the Secretary's other duties.

- *Secretary /Treasurer* – If the office of Secretary becomes vacant, the vacancy shall be filled for the unexpired portion of the term by a Director nominated by the Board of Directors..

If the Diplomate selected is a past Director who has previously served two full terms, then that past Director may serve up to a maximum of one year to allow for election of a replacement prior to the ACBOMR Annual Session.

Section 6.07. Administrative assistant or other staff

The Board of Directors may appoint or employ an administrative assistant or other staff who shall serve at the pleasure of the Board. The Administrative assistant is not a member of the Board of Directors and is not an officer.

- The Administrative assistant shall serve as the administrative officer of the organization and primary point of contact for all diplomates, candidates, and external parties. The Administrative assistant shall carry out the policies and directives of the Board of Directors.

Section 6.08. Creation of Officers, Agents, and Employees; Compensation

The Board of Directors may create new officers and appoint agents or employees at any Board meeting, each of whom shall serve at the pleasure of the Board. Each officer, agent, or employee shall hold office until a successor has been duly appointed and qualified, or until the officer's death, resignation, or removal. The Board may assign titles, terms of engagement, authorities, and duties as it is necessary. The Board shall authorize reasonable compensation, if any, commensurate with the duties and responsibilities assigned.

Section 6.09. Resignation and Removal of Officers.

Any officer of the Board of Directors may be removed from office by resigning or by a vote of the two-thirds (⅔) of the Directors of the Board.

Article VII. Committees

Section 7.01. Committees.

The Board of Directors may establish one or more committees having the authority of the Board in the management of the business of the corporation to the extent determined by the Board, provided however, that no such committee shall have the authority of the Board of Directors.

a. Membership
   Members of a committee shall be Diplomates in good standing. Meetings of a committee may be called, from time to time, upon request of the Chair, the President, or any two (2) committee members.

   Notice requirements shall be the same as for special meetings of the Board of Directors, except that notice may be given orally or in writing.

   Unless otherwise specified in the resolution of the Board of Directors establishing a committee or by the President when appointing its members, each committee member shall serve a term of no more than three (3) years. A committee member's service may end earlier if the committee is terminated, or the member is removed.

b. Chair
The members of each committee shall elect a Chair from among the committee members and shall provide the name of the Chair to the Board of ACBOMR and when needed to AAOMR.

c. Vacancies of Ad hoc Committees
Vacancies in the membership of any Special/ Ad hoc committee may be filled by appointments made in the same manner as in the case of the original appointments.

d. Meetings and mode
Subject to the authority of the Board of Directors, each committee may, by majority vote, determine its own meeting schedule, location, and notice requirements.

Committees may meet by electronic means, and such meetings shall be considered valid if a quorum is present. Actions taken at virtual meetings shall have the same force and effect as those taken at in-person meetings.

e. Quorum
Unless otherwise specified by the Board of Directors or the President, a majority of the members of a committee shall constitute a quorum. Actions of the committee require a majority vote of the members present at a meeting where a quorum exists. A committee may also act by unanimous written consent without a meeting.

f. Rules
Each committee may adopt its own rules of operation, provided they do not conflict with these bylaws or with rules and policies set by the Board of Directors.

g. Removal of Committee members
A Committee member may be removed from office, when requested by the committee member, due to noncompliance with governance, lack of attendance, lack of professionalism and ethics when proved and approved by majority of the members of the committee or the Board.

Section 7.02. Standing committees.

1. *Oversight Committee:*

The Oversight Committee shall monitor fairness, process integrity, compliance, and quality assurance across all organizational functions. The oversight committee shall consist of five (5) Diplomates in good standing, appointed for three (3)-year terms by the Board of Directors. One liaison of the Executive Council of AAOMR, the Councilor for Education, will serve as a non-voting member of this Committee.

Subcommittees of the Oversight Committee:

1. ***Nomination Subcommittee*** — is a standing subcommittee comprising of all oversight committee members whose functions include recommending and vetting the candidates for ACBOMR directorship as current Board of Directors roll out through their tenure.

   The subcommittee will meet virtually, as needed at least six (6)months prior to the annual session to recommend, determine the eligibility, follow and execute the established nomination and election process. Oversight Committee can also serve as the Nomination Subcommittee. When needed the members of this group can be constituted by the President of the Board to serve as Appeals Subcommittee.

2. ***Appeals Subcommittee*** — convened as required and composed of three (3) elected oversight committee members, one of whom shall be the chair of the Oversight Committee, who shall serve as the chair of the Appeals Subcommittee. The Appeals Subcommittee adjudicates examination-related appeals in accordance with approved procedures. Up to two members of the Board of Directors may be invited to attend meetings to provide factual information related to the appeal. Board of Directors shall not participate in deliberations, voting, or drafting appeals decisions and shall withdraw from the meeting once requested factual information has been provided.

2. Test Construction Committee:

The test construction committee shall be responsible to define the standards of Oral and Maxillofacial post graduate education based on the CODA standards for OMR postgraduate education in association with the program directors. The test Construction committee shall create a question bank that reflects the standards of education of Oral and Maxillofacial post graduate education. The Test Construction Committee shall have a minimum of five (5) Diplomates in good standing, appointed for three(3)-year terms by the Board of Directors. Two additional members may be elected to serve on the Test Construction subcommittee.

3. *Special/Ad hoc Committee:*

From time to time, the Board of Directors may establish special committees as deemed necessary. The duties of such committees shall be defined in the operations manual or by the President or the Board at the time of their establishment and appointment.

Article VIII. Examinations, Appeals of Examinations

The ACBOMR is the sole authority responsible for conducting the certification boards and bears the responsibility for evaluating the qualifications of certified diplomates, and the competence of those certified as diplomates.

Section 8.01. Examination-Certified Diplomates.

Individuals may be granted Diplomate status through successful completion of the certification examination administered by the Board of Directors, All examinations shall be given in English, which is the official language of the ACBOMR.

Section 8.02. Confidentiality.

The examination materials are owned by the corporation. Any reproduction or dissemination of examination materials is strictly prohibited and may result in failure of the exam, revocation of certification, and loss of Board eligibility.

Section 8.03. Disciplinary action of Candidates for Board Certification.

The Board may terminate or suspend a Candidate in the process of achieving Board Certification if the Board, after due and thorough consideration and upon the affirmative vote of two-thirds of the Directors in the manner contemplated by Board Policy.

Section 8.04. Appeals process.

ACBOMR shall maintain a formal appeals process as described in the Board's policy.

Article IX. Standard of Care and Conflict of Interest

Section 9.01. Standard of Care.

It is the responsibility of each director of this corporation to discharge their duties as a director in good faith, in a manner the director reasonably believes to be in the best interests of this corporation, and with the care an ordinarily prudent person in a like position would exercise under similar circumstances.

Section 9.02. Disclosure of Conflict of Interest.

Directors, Officers, and employees shall disclose any actual or potential conflicts of interest to the Board of Directors annually and whenever such conflicts become subject to Board action. All disclosures shall be recorded in the official minutes.

A Director with an actual or potential conflict of interest concerning any matter before the Board shall make full disclosure of the nature of the conflict and shall abstain from voting or attempting to influence the outcome of deliberations on that matter. Such Director shall not be counted in determining the presence of a quorum for purposes of that vote. Following disclosure, the Director may, at the request of the Board, provide information or respond to questions to assist in the Board's deliberation.

Article X. Accountability, Review & Reporting

Section 10.01. Periodic Review.

ACBOMR shall undergo a comprehensive review by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) at intervals designated by the Commission.

Section 10.02. Periodic Reporting.

ACBOMR shall submit periodic reports or as requested by NCRDSCB and the AAOMR, including but not limited to updates on governance changes, certification and recertification statistics, appeals summaries, and financial audits.

Section 10.03. Accountability to Active Diplomates.

Any Diplomate in good Standing may obtain summary information on Examination Success Rates and financial summary, consistent with this Section and subject to all confidentiality and exam-security obligations established in the Bylaws.

Financial Summary Report: The board shall make all high-level financial summaries of the corporation's operations, consistent with Sections 11.06 and 11.07—for the current fiscal year available to all dues-paying, eligible diplomates. This may include revenue summaries, major expense categories, and budget utilization.

These reports may be viewed on the Board's website through each diplomate's secure login.

Article XI. Finance

Section 11.01. Dues.

Section 11.01.1. Membership period.

For purposes of membership and dues, the "membership year" shall be the twelve-month period beginning January 1 and ending December 31. New diplomates shall submit the annual dues in the year in which they become certified. The fiscal year of the corporation shall end on the last day of December of each year.

Section 11.01.2. Payment Delinquency.

Delinquency in the payment of dues will result in termination of diplomate standing if the outstanding balance is not received within sixty (60) days of the due date. Any member who remains delinquent as of March 1 shall be notified that their status is cancelled, and their consecutive-years-of-membership count will be suspended until all dues in arrears, together with any applicable reactivation fees, have been paid in full.

Section 11.01.3. Determination of Dues.

The Treasurer will recommend to the Board of Directors the amount of the annual dues, which must then be ratified by a simple majority of voting Diplomates in good standing at least Sixty (60) days prior to the dues renewal date.

Section 11.01.4. Life Memberships.

Life Diplomates will not be required to pay annual dues.

Section 11.01.5. Financial Exigency.

Any Active diplomate who is unable to pay dues as a result of financial exigency may apply to the Board of Directors for a one (1)-year waiver. During this time, the member is placed on an Inactive Status and forfeits all privileges. This option may be exercised up to two (2) consecutive years in any ten (10)-year period.

Section 11.01.6. Reinstatement After Non-Payment of Dues.

Any former Diplomate member whose membership has been forfeited according to Section 11.01.2, may reestablish membership by submitting annual dues plus reactivation fees , as established by the Board of Directors.

Section 11.01.7. Currency of Payments.

All dues must be paid in US dollars.

Section 11.02. Receipts.

Any dues, contributions, grants, bequests or gifts made to the corporation shall be accepted or collected only as authorized by the Board of Directors.

All membership dues and examination fees shall be paid in the official United States currency that is in Dollars.

Section 11.03. Deposits.

All funds of the corporation shall be deposited to the credit of the corporation under such conditions and in such banks as shall be designated by the Board of Directors.

Section 11.04. Contracts; Orders for Payment.

All contracts, checks and orders for the payment, receipt or deposit of money, and access to securities of the corporation shall be signed by such officer or officers, agent or agents of ACBOMR as may be determined by a resolution of the Board of Directors

Section 11.05. Title to Property.

Title to all property shall be held in the name of the corporation.

Section 11.06. Annual Budget.

The annual budget including estimated income, income expense and capital expense shall be approved by the Board of Directors, and shall be presented at the annual ACBOMR meeting to the Diplomates and the AAOMR EC.

Section 11.07. Summary Financial Report.

A summary report of the financial operation of the corporation shall be made by the Treasurer at least annually to the Board of Directors, National Commission, and to the Executive Council of the AAOMR. The report shall be distributed to the Diplomates at the annual meeting and provided to the entire Diplomates shortly thereafter.

Section 11.08. Investments.

The funds of ACBOMR may be held in whole or in part as cash or may be invested and reinvested from time to time in property, whether real, personal, or otherwise, including stocks, bonds, or other securities, as the Board of Directors may determine appropriate.

Article XII. Indemnification

To the fullest extent permitted by the Minnesota Nonprofit Corporation Act, as amended from time to time, or any other applicable law, the Corporation shall indemnify any individual who is or was a Member, Director, or Officer of the Corporation, or who, at the specific request of the Board of Directors, is or was serving as a Director, Officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise.

Article XIII. Amendment of bylaws

Proposed amendments to these Bylaws shall be reviewed and approved by a majority vote of the Board of Directors before being submitted to the membership for comments. Upon Board approval, the amendments shall be provided to the membership at least thirty days (30) days prior to a meeting in which all Diplomates in good standing may participate. This meeting will serve as a town hall for discussion and questions regarding the proposed changes.

Following the town hall, the amendments shall be submitted to the Diplomates in good standing entitled to vote and shall require approval by two-thirds (67%) of the votes cast for adoption. Written notice of the proposed amendment(s), along with the date of the town hall, shall be provided to all such members at least thirty (30) days prior to the vote.

--END OF BYLAWS–

Appendix 5. List of current Directors/Officers, dates of their terms of office including term length and diplomate status.

Name	Position	Inaugural Service / Staggered Terms	Diplomate Status
Peggy Lee	President	3 Years / 2026 -2029	Active Diplomate in good standing
Taraneh Maghsoodi-Zahedi	Vice President	3 Years / 2026 -2029	Active Diplomate in good standing
Bruce Howerton	Secretary/Treasurer	2 Years / 2026 -2028	Active Diplomate in good standing
Farah Masood	Director	3 Years / 2026 -2029	Active Diplomate in good standing
Allison Buchanan	Director	2 Years / 2026 -2028	Active Diplomate in good standing
Sunil Mutalik	Director	1 Years / 2026 -2027	Active Diplomate in good standing
Sung Kim	Director	1 Years / 2026 -2027	Active Diplomate in good standing

Appendix 6. Staggering of Inaugural Terms of elected ACBOMR Board of Directors

Staggering of Inaugural Terms of elected ACBOMR Board of Directors

The American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) will accept self-nominations and nominations from the AAOMR Executive Council, for all seven inaugural Director positions on its Board of Directors. The eligibility of each candidate will be confirmed based on the criteria established in the ACBOMR Bylaws. This is a historic opportunity to be part of the first elected leadership of ACBOMR and to help establish the standard of excellence for board certification in our specialty.

POSITIONS OPEN (Inaugural Election - 2026)

Seven Director positions are open for election, with staggered inaugural terms with 4 board of directors designed to ensure continuity of leadership in future cycles. Terms will begin shortly after the conclusion of elections.

In order to ensure staggering of the positions and to have continuity in leadership, once elected, the Board of Directors will determine which directors will serve in each of the 7 specific leadership positions for the inaugural board (President, Vice President, and Secretary-Treasurer, and the Directors A, B, C, D. All subsequent elections, each director is elected for a specific position.

BOARD COMPOSITION PRIORITIES

The Board is committed to representing the full breadth of our specialty. We especially encourage nominations from Diplomates in the following categories:

- Postdoctoral/advanced education faculty in OMR
- Predoctoral (DMD/DDS) faculty in OMR
- Diplomates primarily practicing in the private sector
- Recently certified Diplomates with at least 5 years of teaching or clinical experience
- Current OMFR PG Program Directors and past ABOMR Directors (since 2015) are NOT eligible to serve as Directors of ACBOMR

HOW TO SELF-NOMINATE

Please send the following to info@acbomr.org by **March 31, 2026:**

- Your name and contact information
- A brief statement of interest

- A short biographical summary highlighting your qualifications and practice setting

Questions? Please reach out to info@acbomr.org.

ACBOMR is being built from the ground up by people who care deeply about our specialty.

Appendix 7. List of current ACBOMR Diplomates

Current ACBOMR Diplomates
Abeer AlHadidi
Abrar Alamoudi
Adam Alexander
Aditya Tadinada
Adriana Creanga
Ahmed Abdelkarim
Akrivoula Soundia
Alan Lurie
Ali Syed
Allan G Farman
Allison Buchanan
Andre Mol
Andrew Pakchoian
Angela Broome
Angela Hoikka
Aniket Jadhav
Anita Gohel
Anitha Potluri
Ann Monasky
Anne Dorsey
Anthony Mecham
Anusha Vaddi
Aref Alawadhi
Aruna Ramesh
Ashok Sundar
Avni Bhula
Axel Ruprecht
Azin Parsa
Barry Pass
Benjamin Gray
Billy Phillips
Birgitta Warvarovsky
Boulos Bechara
Brian Jardina

Current ACBOMR Diplomates
Brittany Kurzweg
Byron Benson
Catherine Nolet-LÃvesque
Dale Miles
Dan Colosi
Dania Tamimi
Debra Gander
Dena Abderbwih
Didem Dagdeviren
Donald Tyndall
Doug Steffy
Eduard Doumanian
Edwin Chang
Ender Ozgul
Erik Anderson
Erika Benavides
Ernest Lam
Farah Masood
Gayle Reardon
Ghaidaa Badabaan
Gregory Ringler
Hannah Duong
Hassem Geha
Hayley Cowan
Heidi Kohltfarber
Hema Udupa
Holly Thomson
Hugo Campos
Husniye Demirturk Kocasarac
Jahanzeb Chaudhry
James Geist
James Pettigrew
Jamie Booth
Jeffery Price
Jerald Katz
Jessica Dillon

Current ACBOMR Diplomates
Jie Yang
John Guidry
John Preece
Jonathan LaPrade
Joshua Kats
Juan Castro
Justin Steinberg
Kanadasamy Rengasamy
Katya Archambault
King Chong Chan
Kristine Mosier
Laura Tsu
Laurence Gaalaas
Lina Albitar
Lisa Koenig
Madhu Nair
Manal Hamdan
Manila Shinde
Marcel Noujeim
Martin Evers
Martina Parrone
Maryam Buholayka
Mayank Pahadia
Mehrnaz Tahmasbi
Mel Kantor
Mel Mupparapu
Meredith Brownlee
Michael Kevin O Carroll
Michelle Briner
Milan Madhavji
Mina Mahdian
Mitra Sadrameli
Mohammed Husain
Mohannad Hashem
Mustafa Badi
Nicole Hinchy

Current ACBOMR Diplomates
Nikolaos Shinas
Niranzena Panneer Selvam
Olutayo Delano
Paul Russell
Peggy Lee
Peter Green
Peter Mah
Richard Monahan
Robert Timothy
Rujuta Katkar
Rumpa Ganguly
Rutvi Vyas
S. Deahl
Sajitha Kalathingal
Satoko Matsumura
Saulo Sousa Melo
Scott Ehlers
Sean Hershberger
Setareh Lavasani
Sevin Barghan
Sharon Brooks
Shawneen Gonzalez
Sindhura Anamali Reddy
Sonam Khurana
Sonya Kalim
Sotirios Tetradis
Stuart Taylor
Sung Kim
Sunil Mutalik
Susan White
Susanne Perschbacher
Taraneh Maghsoodi-Zahedi
Tarnjit Saini
Teresa Reeves
Thomas Razmus
Todd Stultz

Current ACBOMR Diplomates
Trevor Thang
Trish Lukat
Trishul Allareddy
Vandana Kumar
Wenjian Zhang
Werner Shintaku
William Boggess
William Howerton
Yiing-Shiuan Huang

Appendix 8. Current Financial Statement/Audit Report

AMERICAN CERTIFYING BOARD OF ORAL AND MAXILLOFACIAL RADIOLOGY

Financial Statement

For the Period Ended June 2026

REVENUE	
Membership Dues	$74,380.00
ACBOMR Foundation Fund	$8,650.00
Total Revenue	**$83,030.00**
EXPENSES	
Professional & Legal Services	
Attorney Fees	$1,848.00
Attorney Fees	$315.00
Attorney Fees	$1,188.00
Attorney Fees	$1,458.00
Attorney Fees	$270.00
Attorney Fees	$1,890.00
Attorney Fees	$733.50
Attorney Fees	$1,016.00
Subtotal — Professional & Legal Services	*$8,718.50*
Association Management & Administrative Support	
The Harrington Company	$772.18
The Harrington Company	$742.75
The Harrington Company	$1,462.37

The Harrington Company	$2,091.80
Administrative Support Staff	$1,350.00
Administrative Support Staff	$1,000.00
Subtotal — Association Management & Administrative Support	*$7,419.10*
Banking & Technology Fees	
US Bank Fee	$58.57
US Bank Fee	$271.84
US Bank Fee	$493.59
Secure IT	$35.41
Subtotal — Banking & Technology Fees	*$859.41*
Certification Materials & Distribution	
ACBOMR Certificates Shipping Charges	$500.00
National Commission on Recognition of Dental Specialties and Certifying National Commission (NCRDSCB) Annual Dues	$4,769.00
Subtotal — Certification Materials & Distribution	*$5,269.00*
Total Expenses	**$22,266.01**

NET SURPLUS	**$60,763.99**

Note

Additional start-up expenses—including NC application fee, examination software, testing center fees, and other implementation-related costs—will be partly supported by the sponsoring organization, the American Academy of Oral and Maxillofacial Radiology (AAOMR), and are not reflected above.

Prepared by: Office of the Treasurer, ACBOMR

Statement Date: June 2026

Appendix 9. ACBOMR Policy and Procedures Manual

THE AMERICAN CERTIFYING BOARD OF ORAL AND MAXILLOFACIAL RADIOLOGY

POLICY AND PROCEDURES MANUAL

2026 - 2027

The American Certifying Board of Oral and Maxillofacial Radiology Website: ***www.ACBOMR.org***

Email contact: ***admin@ACBOMR.org*** ***and*** ***info@ACBOMR.org***

This Policy and Procedure Manual documents the operational policies, procedures, and processes of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) as they relate to certification activities and Board administration.

The Manual serves as a practical guide for the implementation of the ACBOMR Bylaws and Board-approved policies. It provides detailed operational procedures for applicants, candidates, examinees, Diplomates, and Directors involved in the certification and governance functions of the Board.

Information relevant to applicants and candidates will be incorporated into a Candidate Handbook to be developed by the Board. Additional sections describe internal administrative and operational procedures used by the Board in carrying out its responsibilities.

This Manual is reviewed periodically and updated as necessary to ensure alignment with the ACBOMR Bylaws and evolving Board practices.

Table of Contents

ABOUT THE AMERICAN CERTIFYING BOARD OF ORAL AND MAXILLOFACIAL RADIOLOGY

Mission

The mission of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) is to protect the public and advance the specialty by certifying oral and maxillofacial radiologists who demonstrate excellence in diagnostic imaging knowledge, clinical judgment, and professional conduct. Certification is achieved through a rigorous peer-driven examination process and maintained through ongoing professional development and ethical practice.

Vision

To be the sole trusted authority in Oral and Maxillofacial Radiology (OMR) certification, recognized for upholding the highest standards of patient care, advancing the OMR specialty, and fostering lifelong learning for all diplomates in the United States.

Objectives

The objectives of the Board are to:

1. Establish and maintain fair, transparent, and psychometrically reliable and valid examinations to assess competency in oral and maxillofacial radiology.
2. Certify individuals that meet the established educational requirements for Diplomate membership status.
3. Set eligibility and recertification criteria that reflect current standards of education, ethics, and clinical practice.
4. Elevate the quality of patient care by promoting excellence in diagnostic imaging and interpretation.
5. Encourage continuing education and professional growth of diplomates through maintenance of certification programs.
6. Collaborate with the American Academy of Oral and Maxillofacial Radiology (AAOMR), other dental specialties, and related health professions to support interdisciplinary care and scientific advancement.
7. Serve the public, dental profession, and regulatory agencies by certifying practitioners that meet and maintain high standards of knowledge, competence, and professionalism.
8. Promote transparency, accountability, and ethical responsibility in all aspects of board governance and operations.

Organization

The American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) was incorporated on 29th of July 2025 in the state of Minnesota.

National Commission on Recognition of Dental Specialties and Certifying Boards

The *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*, established by the National Commission on Recognition of Dental Specialties and Certifying Boards, (NCRDSCB) outline the standards that the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) and its sponsoring organization, the American Academy of Oral and Maxillofacial Radiology (AAOMR), must satisfy to maintain recognition as a dental specialty in the United States. Accordingly, the bylaws, policy statements, and this manual are subject to periodic revision to ensure continued compliance with directives issued by the National Commission.

OVERVIEW OF THE CERTIFICATION PROCESS

Certification by ACBOMR requires successful completion of the Certifying Examination. Upon being certified by ACBOMR, the candidate will become a Diplomate of the Board and must complete Certification maintenance requirements as determined by ACBOMR.

The certification examination is comprehensive and includes the physical and biological sciences related to radiation emission, radiation biology, and the clinical practice of oral and maxillofacial radiology.

The examination consists of multiple sections that assess knowledge and competence in

- Foundational Sciences (Physical and Biological Sciences, Imaging Technology)
- Clinical Sciences (Anatomy, Pathophysiology and Radiographic Interpretation)

Glossary

Board-Eligible Oral and Maxillofacial Radiologist

An oral and maxillofacial radiologist who has completed an advanced education program in oral and maxillofacial radiology accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC) and has been issued a certificate of completion. This individual has not yet submitted, or has not yet had approved, an application for board certification. Depending on applicable state dental board regulations and practice acts, such individuals may refer to themselves as specialists in oral and maxillofacial radiology.

Eligibility
The status of having met all requirements established by the Board to apply for and challenge the certification examination.

Applicant
An individual who has submitted an application to the Board for approval to take the certification examination, but whose application has not yet been reviewed and approved by the Board.

Candidate

An individual who has completed a CODA or CDAC-accredited advanced education program in oral and maxillofacial radiology, and whose application to take the certification examination has been approved by the Board.

Examinee
A candidate who is actively participating in the certification examination and has not yet been notified of their final examination result.

Board-Certified Oral and Maxillofacial Radiologist (Diplomate)
An oral and maxillofacial radiologist who has successfully completed all requirements of the certification process and has been formally granted Diplomate status by the Board of Directors. Diplomates are authorized to use the professional designation *Dip. ACBOMR* and may refer to themselves as "Board-Certified Oral and Maxillofacial Radiologists." Diplomates must maintain certification through compliance with all continuing certification and ethical requirements set forth by the Board.

Eligibility for Grandfathering

Individuals who have already been granted Diplomate status by the ABOMR will be eligible for Diplomate recognition through a one-time grandfathering pathway. This process applies to those who demonstrate that they meet established professional standards, despite having completed their training or certification prior to the implementation of current requirements.

Eligibility may be based on one (1) or more of the following:

- Recognized Board Certification

  Individuals who hold valid certification from an accredited or nationally recognized specialty board may qualify for grandfathering when their certification demonstrates equivalent rigor to current standards.

- Life Diplomate or Retired Status

  Professionals who previously achieved Diplomate status and are now fully retired, earning no income from clinical practice, consultation, teaching, or related professional activities, may be granted Life Diplomate status.

  - Life Diplomate status acknowledges longstanding board certification and career contributions.

    No ongoing income from professional services is permitted under this category.

  - Life Diplomates retain honorary recognition but are not required to meet continuing education or active practice requirements.

<u>Verification Requirements</u>

All applicants seeking grandfathered Diplomate status must submit sufficient documentation to verify:

- Completion of specialty training or equivalent experience

- Current or historical board certification
- Professional standing and ethical conduct
- Retirement status and absence of income (for Life Diplomate applicants)

Approval Process

Applications for grandfathering will be reviewed by the credentialing or certification committee. Approval is granted when the committee determines that the applicant's training, certification, and professional history meet or exceed the standards required for Diplomate recognition.

Good Standing
A Diplomate who:

1. Is current with all annual dues and fees as provided in the Bylaws;
2. Holds an active Certificate of Board Certification;
3. Has fulfilled all continuing certification or recertification requirements, as applicable; and
4. Is not currently subject to disciplinary proceedings, sanctions, suspension, or revocation of certification.

Board Examination Eligibility Requirements

Admission to the Board examination shall be determined by the Directors of the ACBOMR. Although an appeal may be considered, applicants agree, by virtue of applying, to accept the decisions of the Board of Directors.

A person is eligible to challenge the American Certifying Board of Oral and Maxillofacial Radiology certifying examination if they hold a certificate of completion from a CODA accredited Oral and Maxillofacial Radiology advanced education program.

1. Duration of Eligibility and Examination Retakes

Certification as a Diplomate of the American Certifying Board of Oral and Maxillofacial Radiology requires successful completion of the certifying examination within the period of eligibility.

An applicant becomes eligible to challenge the examination on the date the application is approved by the Board, and the candidate has successfully completed an accredited OMR program. Eligibility to challenge the examination is extended for a total of three (3) occasions within five (5) years. If a candidate fails their second attempt, the candidate is required to skip the subsequent examination before they can apply for their third (3^{rd}) attempt. Consequently, there may be a period of up to 24 months between the second (2^{nd}) and third (3^{rd}) attempt at challenging the exam. If a candidate fails to pass the exam within the eligibility period, eligibility may be re-established by reapplying and paying examination fees for the exam.

The Board of Directors may extend the period of eligibility up to six (6) years in special circumstances. An individual may submit a written request for an extension to the Board.

CERTIFICATION EXAMINATION ADMINISTRATION PLAN

The ACBOMR examination process has been designed to be fair, secure, and as accessible and cost-effective as possible for candidates while maintaining the integrity of the certification examination.

1. Announcement

The dates of the examination will be posted on the ACBOMR website six (6) months prior to the examination date. In the event of unforeseen circumstances beyond the control of the Board, the announcement schedule may be modified.

2. Examination Components

- Part A –Multiple choice format covering the scope of knowledge required for competence in oral and maxillofacial radiology-refer to exam blueprint for subject matter tested
- Part B – Written format covering Case Interpretation

Part A consists of a one-day Multiple Choice Question (MCQ) examination

- The examination will be administered on the same date for all examinees at a Pearson Vue Professional Test Center located in the US and Canada.
- Candidates will be scheduled at a Pearson testing location that is as close as possible to the preferred location they provide to ACBOMR during registration.
- Utilizing the Pearson Professional Test Center network minimizes travel time and expense for candidates while providing a secure, standardized testing environment.

Part B consists of a two consecutive day Written Case Interpretation Examination, conducted at the AIME Center, located on the 15th floor of the Captrust Tower, 4208 Six Forks Rd, Suite 1500, Raleigh, NC 27609

- The examination will be scheduled approximately 2–4 weeks after completion of Part A, depending on AIME testing center availability.
- Each examination day consists of two testing sessions:
  Morning Session: 8:00 AM – 12:00 PM
  Afternoon Session: 12:00 PM – 4:00 PM

To ensure examination security and fairness, candidates will be randomly assigned to one of two groups.

Day 1

- One-half of the candidates will complete the examination during the morning session (8:00 AM–12:00 PM).
- The remaining candidates will complete the examination during the afternoon session (12:00 PM-4:00 PM).

To protect the confidentiality of examination content:

- Morning candidates may not leave the examination area before 12:00 PM.
- At the conclusion of the morning examination, candidates will be escorted to a separate waiting room.
- Morning candidates will be released only after the afternoon candidates have entered their individual examination rooms and the afternoon examination has begun.

Day 2

The same process will be repeated on the second day, with the examination order reversed:

- Candidates who tested in the morning on Day 1 will test in the afternoon on Day 2.
- Candidates who tested in the afternoon on Day 1 will test in the morning on Day 2.

This alternating schedule ensures that all candidates experience both morning and afternoon testing conditions.

3. Examination Content

Part A: Multiple Choice Examination

- Radiation Physics and Imaging Technology (RPIT) (20%)
- Radiation Biology, Safety and Protection (RBP)(20%)
- Anatomy (20%)
- Pathophysiology (20%)
- Interpretation (20%)

The examination includes a 2-section of multiple choice question . Section 1 includes approximately 200 content based stand-alone multiple choice questions. Section 2 includes approximately 120 questions based on integrated patient scenarios. Each multiple-choice question is scored as one (1) point. The ACBOMR uses criterion-referenced scoring for all questions.

Candidates are allotted four (4) hours for each section. Candidates who have received board approved testing accommodations will be provided the approved accommodations.

Part B: Case Interpretation

Part B consists of ten (10) written case interpretations. Candidates complete five (5) cases during their assigned examination session on each of the two examination days, for a total of ten (10) cases. Each case is worth ten (10) points.

The interpretation cases are designed to assess the candidate's ability to systematically evaluate maxillofacial imaging studies and provide appropriate radiologic interpretation and diagnosis. Cases may include normal anatomic variants, developmental conditions, inflammatory disease, trauma, benign and malignant lesions, systemic disease affecting the maxillofacial region, and incidental findings. Candidates are expected to identify pertinent imaging findings, formulate an appropriate differential diagnosis, recognize clinically significant incidental findings, and recommend appropriate patient management when indicated.

Cases are presented in a digital format and may include both two-dimensional (2D) and three-dimensional (3D) imaging. The DICOM (Digital Imaging and Communications in Medicine) viewing software provided will meet the requirements for display and interpretation for testing purposes.

The candidate is expected to complete a semi-structured, grammatically correct radiologic report and will be provided with the following outline:

1. Image Identification
    a. Type of data provided and FOV (Identification of the images, including all views provided and a description of the boundaries of the FOV and scan acquisition protocol, if appropriate)
    b. Pertinent clinical information (relevant clinical, medical, or dental history)
2. Findings:
    a. General findings (a concise summary of presenting radiographic features should be reported)
    b. Specific findings (specific, concise, and accurate description of the radiographic features of the major abnormality/abnormalities should be reported)
    c. Non-routine findings, if applicable (non-routine, incidental radiographic findings, particularly those of potential clinical significance should be reported)
3. Impression(s):
    a. Entity specific: A list of applicable disease categories should be provided consistent with the imaging findings. A complete and concise specific differential diagnosis with appropriate justifications must be included. An appropriate management plan should be described including the need for and type of follow-up imaging, additional diagnostic tests, as appropriate, to clarify, confirm, or exclude the diagnosis. Possible treatment options must be specified.
    b. Incidental (if applicable): The clinical significance of non-routine, incidental findings should be described and the need for additional examinations or referral should be provided.

A candidate must have a minimum passing score of 70% for each part to successfully Pass in the certifying examination. A candidate who scores less than 70% on either Part A or Part B will have to retake all sections of the examination.

Examination Blueprint for Professional Knowledge

Exhibit 1 provides candidates with a "roadmap" of educational domains for the different components of the exam to test candidates' applied knowledge in the foundational and clinical sciences relevant to the practice of Oral and Maxillofacial Radiology.

Examination Resources

The ACBOMR uses multiple textbooks and reference materials to develop certification examinations. Exhibit 2 provides the candidate with a list of selected resource and reference materials. This list does not include all available textbooks and materials for studying for this exam; these are simply resources provided as guidance towards establishing a knowledge base. Candidates are encouraged to prepare for the ACBOMR examinations using a broad range of study resources. It is the candidates responsibility to establish the required knowledge base for successful completion of the ACBOMR certifying examination.

Example Questions

Exhibit 3 provides the candidate with a representative sample of questions for different topics covered in the exam. An example of the narrative of a radiologic report for specific sample cases are also provided. These questions and sample cases are not intended to imply the level of difficulty of the content of the examination. It

is the candidates responsibility to establish the required knowledge base for successful completion of the ACBOMR certifying examination.

Registration Process

Application for Verification of Eligibility and registration for the certification examination is performed by ACBOMR. All required documentation for the application will be reviewed by the Board of Directors for approval. All application and registration materials must be received by the stated deadline to confirm participation in the certification examination. All fees are non-refundable and non-transferable, unless otherwise stated in this Manual.

Step 1 – Initial Application to Verify Eligibility

1. Complete the online application form.
2. List of the required documents is below.
    - Copy of dental school diploma. This document must be from a dental school accredited by CODA or CDAC or an equivalent certification of completion of general dentist training (DMD, DDS, BDS) from an overseas (non-US) dental school.
    - Notarized copy of the OMR program certificate
    - Notarized copy of the Official Transcripts from dental school and residency program.

3. Pay the non-refundable, non-transferable application fee.

Step 2 – Notification of Eligibility

After completion of the application form and submission of all documents requested in Step 1, the ACBOMR will consider the eligibility of each applicant. The application of each must be unanimously approved by the Board of Directors of the ACBOMR. If eligible, an email will be forwarded to the applicant notifying them of their change in status from applicant to candidate. Applicants who are deemed non-eligible will also be notified by email with an explanation.

Step 3- Registration for the exam

Registration forms must be completed electronically using the candidate profile on ACBOMR.org. Supporting materials must be uploaded to the registration file on the website. All registration materials will be reviewed by the ACBOMR for approval.

After confirmation of eligibility, candidates will be required to upload the following documents: (Exhibit 4: Forms to be signed by candidates)

- Letter of intent: candidates must confirm their intention to appear for the examination by notifying the Secretary/Treasurer of the Board in writing.
- Copy of the receipt of the exam fee on or before the application deadline.
- A color passport style photograph from no more than 12 months prior to the application date. Images with corporate or university names or logos or selfies will not be accepted.
- Sign and date all required forms

NOTE:

- Applicants/candidates should be prepared to submit original notarized documents by mail upon request. Failure to submit the requested official transcript will render the applicant ineligible.

Test Administration

Part A, multiple choice format

Written detailed examination instructions with recommended arrival time and time frame for each section of the exam will be provided to each candidate prior to the examination via email. Each candidate will also be provided with the examination rules and expected behavior during the exam as well as the Code of Ethical Conduct including candidate obligations regarding exam confidentiality (Exhibit 5). These documents must be signed by each candidate during the registration process.

Part B, written case interpretation format

The Certifying Examination will be held at the AIME Center, located on the 15th floor of the Captrust Tower, 4208 Six Forks Rd, Suite 1500, Raleigh, NC 27609 or another suitable testing center. Written interpretation cases may be provided digitally in JPEG, PPT, or DICOM format. The DICOM data will be accessed using a DICOM viewer software that will be installed on each computer workstation at the testing center. Candidates will receive the names of the software platforms in advance to allow sufficient time for the candidate to become familiar with the use of the software.

The Board reserves the right at any time prior to the examination to substitute these viewers with alternates if they are unstable, are associated with malware, become unavailable or unsupported by the companies. Candidates will be informed of any alternate substitute as soon as is practical prior to the examination.

TEST CONSTRUCTION AND OPERATING POLICY AND PROCEDURES

The Board of Directors is responsible for ensuring that the certification examination provides an appropriate assessment of the knowledge, skills, and training acquired through the completion of a CODA accredited advanced educational program in oral and maxillofacial radiology. The Board manages the administration (confidentiality, scoring, reporting of results to candidates) of the ACBOMR certification examination.

The Test Construction Committee oversees test development, including providing exam items to the database.

Test Construction Committee Structure

The Test Construction Committee shall have a minimum of five (5) Diplomates in good standing, appointed for three (3)-year terms by the Board of Directors. Each member shall have at least five (5) years of post-certification experience. Two additional members may be elected to serve on the Test Construction subcommittee. Members for the elected positions are chosen through self-nomination (which involves submitting a CV, a letter expressing eligibility and expertise in the subject, and five recommendations from ACBOMR members)

Responsibilities:

- Work with program directors to define, establish, and review educational standards for OMFR postgraduate programs, following CODA guidelines.
- Develop, review, and update exam questions for all areas of Oral and Maxillofacial Radiology.
- Ensure examination materials comply with CODA educational standards.
- Collaborate with psychometric experts as necessary.
- Provide reports and recommendations to the Board of Directors.

Test Development

Construction

The Certification examinations are constructed from the examination blueprint using a systematic process. The Blueprints are periodically reviewed and updated with reference to Standard 4, specifically 4-3, 4-4, 4-6, 4-8, 4-9, 4-11, 4-12, 4-14, 4-16, 4-17, 4-18, and 4-19 of the CODA Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology.

Questions for each examination are selected from a question bank to properly represent the subjects, domain areas and topics in foundational and clinical sciences as shown in the examination blueprints and are initially reviewed by the test construction committee. Item analytics to review and analyze selected questions in the examination will be done.

The entire examination is finally reviewed by the Board of Directors for stylistic uniformity, consistency, and syntax prior to inclusion in the examination. The Board of Directors provides feedback to the test construction committee regarding the overall composition, scope, question distribution based on the blueprint, level of difficulty of the exam, as well as suggestions for specific question revisions. The Board of Directors approves the final version of the exam. Finally, the examinations within the testing software are reviewed by at least two Directors and published within the respective testing software at least 1 month before the examination.

Revision

The responses to each question and the entire examination are analyzed by an independent psychometrician. The report from the psychometrician is provided to the Board of Directors who review the question performance (item analysis) using statistics including, but not limited to, the mean, median, standard deviation, difficulty Index (p value), reliability KR-20 (Kuder-Richardson Formula), and discrimination index of each section of the exam. A summary of this report will be shared with the test construction committee.

Test Administration, Scoring, and Reporting Process

Administration

General Registration Information

Registration for either examination occurs through a separate online management software, which generates a random candidate ID number. The ID number provides anonymity for each candidate and serves as identification

on all test documents. The ACBOMR administrator manages the online software, providing testing centers with candidate names and ID numbers for identification purposes and providing the ACBOMR Directors with only candidate ID numbers during assessment and grading procedures. The ACBOMR Directors have access to candidate names on only two (2) occasions: initially, to approve their eligibility, and after completion of final scoring of the examination where the candidate ID number is correlated to the candidate's name.

Confirmation of payments made by Candidates who apply, register, and make online payments to be considered for eligibility or to take the examination, will be provided via email. The confirmations will include the appropriate transaction numbers. Candidates can contact admin@acbomr.org or info@acbomr.org to get information related to registration and Examination Fee payment.

Testing Day Communications

During the examination, the Board of Directors will not have any direct communications with the candidates. All communications must be directed to the ACBOMR Administrator at admin@ACBOMR.org. If an issue arises at a testing center, candidates should direct questions to the onsite proctors assigned at the testing center.

Scoring

Examination performance is evaluated using criterion-referenced methods and statistical analyses conducted in consultation with an independent psychometrician.

Reporting of Examination Results

The ACBOMR Certification Examinations include multiple choice questions and written case reports. Written responses of each candidate are independently evaluated by at least two (2) members of the board of directors using a standardized content-response rubric developed by the test construction committee.

The Board emphasizes a systematic and consistent grading process conducted by a limited number of examiners. Accordingly, the timing of result notification may be influenced by several factors, including the number of candidates, examiner availability, the grading process, and post-examination item review with potential score adjustments. The Board strives to notify candidates of their examination results within approximately six (6) to eight (8) weeks following the examination.

Results are reported as pass or fail.

Examination answer sheets and test materials will not be released. Candidates may not request cancellation of their examination results. Candidates who do not pass the examination are required to retake all sections of the exam, including any sections previously passed. Candidates have the right to appeal through the outlined appeal process, if eligible.

Release of Examination Results

- The ACBOMR will only release examination results to the candidate with the email provided by the Candidate and present on file.
- The ACBOMR will withhold reporting results to any candidate if an appeal has been posted within the designated timeframe.

The ACBOMR does not report individual pass or fail information to other third parties, unless mandated by the law.

APPEAL PROCESS FOR EXAMINATION-RELATED DECISIONS

I. Scope

This policy applies to the following examination-related decisions:

- Grounds for Appeal
- Appeal Process
- Appeals Subcommittee Review Process

NOTE: Administrative matters such as examination scheduling, fee payment issues, or routine correspondence are NOT subject to these formal appeals process and should be addressed through ACBOMR administrative staff.

II. Grounds for Appeal

Grounds for Review: Requests for review are limited to concerns involving the administration or conduct of the examination. To be considered, a request must identify a specific procedural irregularity that may have affected the examination process. The Board does not review or consider appeals based on the Certification Examination content, the validity or wording of individual test questions, scoring methodology, passing standards, or a candidate's examination results.

II. Appeal Process

The request with an explanation of why an appeal is needed must be made in writing and received by the ACBOMR administrative staff via email or certified mail within ten (10) calendar days of the Candidate's examination.

The request for appeal must be signed and dated, appropriate proof provided including a detailed description of the alleged examination irregularity and how it adversely affected the candidate's examination performance. A nonrefundable appeal processing fee of $200 must accompany the appeal. Appeals should be sent to the ACBOMR administrative staff via the same email. A nonrefundable appeal processing fee of $200 is required to offset the administrative cost associated with the appeal review process.

The Candidate will be notified in writing of receipt of the appeal, and informed that the appeal will be reviewed and responded to within 30-60 days of the receipt of the appeal.

During the appeal process, the original examination result is generally stayed (not implemented) until the appeal process is complete.

III. Appeals Subcommittee Review Process

Appeals Subcommittee Composition

The Appeals Subcommittee consists of three (3) elected members from the Oversight Committee, one of whom shall be the chair of the Oversight Committee, who shall serve as the chair of the Appeals Subcommittee.

- Up to two members of the Board of Directors may be invited to attend meetings to provide factual information related to the appeal. Board of Directors shall not participate in deliberations, voting, or drafting appeals decisions and shall withdraw from the meeting once requested factual information has been provided.

Quorum and Voting:

- All three (3) committee members must be present
- Decisions made by majority vote

Phase 1: Initial Review of Merit (Within 30 Days)

Timeline: Within thirty (30-60) business days of receiving your written appeal, the Appeals Subcommittee will convene to: Review the written appeal submission and determine whether the requested appeal has merit. The Appeals Subcommittee will not re-grade exams. This initial review is based solely on the written submission — no testimony or oral arguments.

Outcome A — Appeal WITHOUT Merit: The Appeals Subcommittee will reject the appeal. You will be notified in writing within ten (10) business days of the Appeals Subcommittee Decision. The notification will explain the reason(s) for rejection. The original Board decision stands and is FINAL — there is no further appeal within ACBOMR.

Outcome B — Appeal WITH Merit: The Appeals Subcommittee will schedule a hearing and escalate the appeal to Phase 2.

Phase 2: Hearing Process

Step 1 — Notice of Hearing: Written notification will be sent at least five (5) business days in advance, containing the hearing date and time, format (in-person or virtual), and any specific instructions.

Step 2 — Hearing Procedures: The Appeals Subcommittee will review all relevant materials, meet with the Board member(s) who rendered the original decision, and may invite the appellant to present their case if deemed necessary.

Step 3: Appeals Subcommittee Decision Notification.

Within ten (10) business days of completing deliberations, the appellant will be notified in writing of the decision, its rationale, and any sanctions or conditions imposed. The Board of Directors, Oversight Committee, and AAOMR Executive Council will also be notified.

IV. Finality of Decisions

IMPORTANT: All decisions made by the Appeals Subcommittee are FINAL. There is no option for further appeal within ACBOMR.

V. Records and Documentation

Record Retention

All appeals and outcomes are documented per ACBOMR Bylaws Article IV, Section 4.06.

- Records must be maintained permanently.

Confidentiality

- All documentation is maintained in strict confidence
- Access limited to: Appeals Subcommittee members, Board President, and authorized administrative personnel
- Aggregate (non-identifying) information may be included in annual reports to AAOMR and NCRDSCB

Fairness in Testing

The ACBOMR attempts to ensure fairness through the design, development, administration, and scoring of the examinations. The ACBOMR makes every attempt to provide the necessary information before, during, and after the examination to candidates to ensure testing fairness. The ACBOMR provides each candidate with access to the examination Policy and Procedures Manual which includes all pertinent information about the certifying examination process.

Fairness in Testing Policy

The ACBOMR's Fairness in Testing Policy is drafted upon review of the Joint Committee on Testing Practices in Education (2004) and their Code of Fair Testing Practices in Education (Exhibit 5).

The Board of Directors provides fairness in testing by complying with the following:

1. Informing a candidate of their rights and responsibilities.
2. Treating a candidate with courtesy, respect, and impartiality.
3. Developing and executing an examination that meets professional standards and is appropriate based on how the examination results will be used.
4. Informing a candidate prior to testing about the examination's purposes, the nature of the examination, and how examination results are reported to a test taker and the planned use of the results.
5. Informing a candidate before the examination of when and how an examination will be administered, when results will be available, and the fee required to take the examination.
6. Providing an examination administered and interpreted by appropriately trained individuals.
7. Informing a candidate that the examinations are optional and informing the candidate of the consequences of taking or not taking or not fully completing the examinations
8. Providing a candidate with examination results within a reasonable time after the administration of the examination and providing results in commonly understood terms.
9. Providing a candidate with the scope of confidentiality regarding the results of the examinations.
10. Informing a candidate about the process and procedures for the appeal process.

Maintaining Candidate anonymity throughout the examination process.

Candidates' Rights and Responsibilities

The rights and responsibilities of candidates and the position and role of the Board of Directors fulfilling these rights are described in detail in Exhibit 6.

Testing Individuals of Diverse Linguistic Backgrounds

The ACBOMR exam is administered in English.

Policy for Candidates with Disabilities

The ACBOMR will provide reasonable accommodations for candidates with documented disabilities in accordance with the Americans with Disabilities Act (ADA). Conditions not considered disabilities under the ADA include, but are not limited to, English as a second language, test anxiety, diminished cognition, slow reading without an identified underlying physical or mental impairment, or failure of the examination.

Accommodations are determined on an individual basis and depend on the nature of the disability or medical condition, the documentation submitted, and the requirements of the examination. The Board will make reasonable efforts to provide appropriate accommodations for eligible candidates, provided that such accommodations do not fundamentally alter the skills or knowledge being assessed or impose an undue burden on the organization.

Procedure to Apply for Consideration of Accommodations

Candidates with disabilities requesting special accommodations must provide the ACBOMR with a completed and notarized Americans with Disabilities Act Verification Form (Exhibit 4) along with documentation from an appropriate professional (Physician and/or Psychologist) to provide proof of disability by the examination application deadline date. The report must be on the professionals' letterhead and with an original signature. Documentation for consideration should be sent through email to (admin@ACBOMR.org).

The following information must be included in the documentation about the disability to be considered for special accommodations:

- Description of the specific disability, where the diagnosis must be current within one (1) year.
- Description of the accommodation provided to the candidate for previous similar examinations.
- Description of functional limitations.
- Description of specific and detailed accommodation being requested for the examination.

This process must be completed for each examination for which the candidate is requesting special accommodation. The Board of Directors will evaluate the request and decide which accommodations are reasonable and in compliance with ADA.

Only accommodations requested during the application and registration process—and approved in advance by the American Certifying Board of Oral and Maxillofacial Radiology—will be provided at the examination site. Requests for accommodation made at the testing center will not be considered or granted. Candidates who fail to disclose a disability or special need in accordance with this policy will not be eligible for application extensions or refunds.

Examination Withdrawal and Refunds

If a candidate wishes to withdraw from the Certification examination, the refund policy of the examination fee depends on the examination date.

- Six (6) weeks prior to the examination – FULL REFUND minus a non-refundable $200 processing fee
- Less than six (6) weeks prior to the examination - NO REFUND

If medical circumstances prevent a candidate from taking the examination and they withdraw less than six (6) weeks before the scheduled date, a partial refund of the examination fee will be issued (full fee minus a non-refundable $200 processing fee), provided the candidate submits a physician's note to the Board of Directors.

For withdrawals due to non-medical extenuating circumstances, the Board of Directors will determine, at its discretion, whether a partial or full refund of the examination fee will be granted. Such withdrawals will not be counted as an examination attempt.

If a candidate is a "no-show" or fails to provide a valid reason for withdrawing prior to the start of the exam, the absence will be counted as a failed attempt.

Re-examination Procedures

Candidates who fail the exam may be permitted, on written, signed request to the Board through the Secretary/Treasurer and payment of a re-examination fee, to repeat the exam. After the second (2nd) failed attempt, a candidate will be required to skip the next subsequent examination before they can apply for their third (3rd) re-examination.

Exam Cancellation Policy

The ACBOMR schedules examinations at independent, third-party testing centers up to six (6) months in advance. Testing centers may cancel a scheduled examination date, even on short notice. Additionally, the ACBOMR reserves the right, at its sole discretion, to cancel or reschedule all or part of an examination at the designated date, time, or location due to circumstances beyond its control (e.g., a pandemic). In such cases, the ACBOMR is not responsible for any expenses incurred by the candidate related to the canceled or rescheduled examination.

Non-Discrimination Policy

The ACBOMR is committed to fairness, equity, and inclusion in all aspects of its operations. Candidates are evaluated solely on their qualifications, application materials, and performance on the certification examination. The Board, its committees, and designated representatives shall not discriminate on the basis of race, color, religion, creed, national origin, gender, sexual orientation, gender identity or expression, age, disability, or any other characteristic protected by applicable law.

Anti-Harassment Policy

The ACBOMR maintains a zero-tolerance policy for harassment of any kind. All directors, administrators, diplomates, applicants, candidates, and examinees share responsibility for ensuring that Board-related activities, including examinations, meetings, and communications, are conducted in a safe and respectful environment.

Prohibited conduct includes, but is not limited to: unwelcome sexual advances, requests for favors, verbal or physical conduct of a sexual or harassing nature, or any behavior that creates a hostile or intimidating environment.

Any complaint of harassment should be reported promptly to the Secretary/Treasurer, unless the complaint involves that individual, in which case it shall be directed to the President. Complaints will be handled with promptness, confidentiality, and fairness, with respect to the rights of all parties involved. Confirmed violations of this policy will result in corrective and disciplinary action, up to and including termination of board service, revocation of candidacy, or other sanctions as appropriate.

Confidentiality and Professional Conduct in Communications

All communications with the ACBOMR, whether directed to the Board as a whole, its administrators, or individual directors, must be professional and respectful. Correspondence that is aggressive, abusive, threatening, or otherwise inappropriate, including language that is discriminatory, offensive, or demeaning, will not be tolerated.

Such conduct may constitute misconduct and will be addressed under the Board's established policies for reporting, adjudication, and disciplinary action for candidates, diplomates, and directors.

Applicant, Candidate, and Examinee Conduct Policy

Applicants, candidates, and examinees are expected to uphold the same standards of professionalism and ethics required of diplomates of the ACBOMR. By applying for and participating in the certification examination, candidates agree to:

1. Abide by all examination rules, policies, and procedures.
2. Maintain confidentiality of examination materials and content.
3. Conduct themselves respectfully in all communications with Board representatives.
4. Comply with the Board's Code of Ethical Conduct and attestation requirements.

Failure to adhere to these standards may result in disciplinary action, including denial of eligibility, invalidation of examination results, or other sanctions as outlined in Board policy.

Confidentiality Agreement

All candidates are required to agree to, sign, date, and submit a Candidate Confidentiality Agreement (Exhibit 4) as part of the registration process for both the certification examinations.

Candidate Code of Ethical Conduct

All candidates are required to comply with the rules governing the certification examinations and the Candidate code of ethical conduct (Exhibit 4) of the ACBOMR. Any conduct that compromises the security, fairness, or validity of the examination process or breach in confidentiality agreement is strictly prohibited.

The ACBOMR reserves the right to review and address incidents of irregular behavior, to investigate suspected irregularities and to impose sanctions. Sanctions may include invalidation of examination results, denial or revocation of certification, or other disciplinary measures deemed appropriate by the Board. Irregular behavior is defined as any action that threatens the integrity of the application, examination, or certification process. This may include attempting to gain an unfair advantage, sharing or receiving unauthorized information, disrupting the testing environment, or misusing confidential examination materials or otherwise undermining the certification system.

Contact the ACBOMR at (admin@ACBOMR.org) for any questions or clarification of this policy.

Reporting, Adjudication, and Disciplinary Procedures for Candidate Misconduct

If a candidate is reported for misconduct during or after the examination, the incident and all supporting documentation shall be submitted to the Directors of the ACBOMR for preliminary review. During this period, the candidate may be prohibited from registering for additional examinations, and examination scores may be withheld pending further investigation.

If the preliminary review indicates potential misconduct, the matter shall be referred to the Appeals Subcommittee. The candidate will be notified of the investigation and will be offered an opportunity to provide relevant information or respond to written inquiries. Full cooperation, including truthful disclosure and submission of all requested materials, is required. The determination and recommendations of the Appeals Subcommittee shall be final.

Confirmed misconduct or unprofessional behavior, as defined in the Candidate Code of Ethical Conduct, may result in disciplinary actions including, but not limited to:

- Temporary or permanent prohibition from future examinations.
- Termination of participation in the current examination process.
- Invalidation or withholding of examination results.
- Revocation of Board eligibility.
- Monetary penalties to recover damages, investigation, or legal costs.
- Formal censure.
- Legal action or pursuit of civil or criminal remedies.
- Any other action deemed appropriate by the Board of Directors.

CERTIFICATION POLICY

Granting Certification

- Following completion of the certification examinations, the Board of Directors will convene to review each candidate's performance and determine eligibility for certification.
- Certification is granted only upon successful completion of all components of the examination. (ACBOMR Bylaws Section 8.01 Examination- Certified Diplomates)
- Candidates who meet these requirements will be formally recognized as Diplomates of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR).
- Certificates will bear the official seal of the Board and recognition will occur at the annual ACBOMR meeting, held in conjunction with the AAOMR Annual Session.
- The ACBOMR maintains an up-to-date registry of all certified Diplomates.

Professional Designation

- Upon satisfactory completion of the certification process, and having been certified by ACBOMR, an individual may use the title Diplomate of the American Certifying Board of Oral and Maxillofacial Radiology or refer to themselves as a Board-Certified Oral and Maxillofacial Radiologist.
- The abbreviated form Dipl. ACBOMR may be used following the individual's name but may not be appended after academic degrees.

Financial Obligations

- Diplomates are required to pay annual membership dues as determined by the Board of Directors. Dues are due each year by the last date in February and can be submitted via the ACBOMR online portals.
- Annual dues support essential Board operations, including but not limited to:
    - Website maintenance and digital services.
    - Administrative support and annual audits.
    - Fees associated with the National Commission on Recognition of Dental Specialties and Certifying Boards.
    - Psychometric review of examination results
    - Indemnity insurance coverage for the Board
    - Retention of Legal Counsel for the Board
    - Annual meeting events and luncheons.

Late Payment and Delinquency

- Diplomates will receive reminders regarding annual dues in December through March of each year via the email listed in their online profile. Maintaining an accurate and active email address is the responsibility of each Diplomate.
- Payments received after March 1 will incur a late fee of 50% of the annual dues.
- Diplomates who fail to pay dues by the end of the calendar year will be placed on probationary status for up to one year. If financial obligations remain unmet after this period, the Board may suspend or terminate membership and certification.

Reinstatement Procedures:

- Diplomates seeking reinstatement after suspension must:
    - Satisfy all outstanding financial obligations.
    - Fulfill current recertification requirements.
    - Potentially retake the certification examination.

Contact Details

It is incumbent on all Diplomates to keep all contact information current and up to date for correspondence.

All Diplomates are encouraged to attend the Annual Business Meeting of the ACBOMR to transact the business of the Board. The ACBOMR Annual Business meeting is usually held in conjunction with the Annual Session of the AAOMR.

Maintenance of Certification and Board Governance Policies

Continuing Certification Requirements

The ACBOMR emphasizes the importance of lifelong learning and professional development as part of its mission. All active Diplomates are required to engage in continuing education and other professional activities that maintain and enhance knowledge, skills, and competence in oral and maxillofacial radiology (OMR).

Continuing Education Requirements:

- Diplomates must complete a minimum of 50 Continuing Education Units (CEUs) over a three (3)-year period for recertification of which 20% is to be achieved through AAOMR sponsored meetings or other recognized national/international OMR conferences, seminars, or workshops.
- Diplomates are responsible for maintaining accurate records and documentation of all CEU activities.
- Each year, 5% of active Diplomates are randomly selected for an audit and are required to provide evidence of CEU completion.
- Failure to meet CEU requirements will result in probation for one year, during which an appeal may be submitted. Noncompliance at the end of the probationary period may result in revocation of Diplomate status. The Board will review petitions for extenuating circumstances.

Continuing Education Units Guidelines

- **Primary Educational Activities (minimum 20 CEUs in three years):**
    1. Attendance at the AAOMR Annual Meeting or other recognized national/international OMR conferences, seminars, or workshops (1 CEU per credit hour).
    2. Presenting OMR-related courses or lectures (2 CEUs per hour of presentation; 2 CEUs per abstract poster or oral presentation).
    3. Publications in OMR:
        - First author in peer-reviewed journal, book, chapter, or monograph (10 CEUs per publication)
        - Contributing author in peer-reviewed journal, book, chapter, or monograph (5 CEUs per publication)
        - First author in non-peer-reviewed publication (5 CEUs per publication)
- **Secondary Activities (maximum 30 CEUs in three years):**
    1. **Teaching:**
        - Full-time faculty: 10 CEUs per academic year
        - Part-time faculty: 1 CEU per half-day per week per academic year
    2. **Clinical Practice in OMR:**
        - Full-time practice: 10 CEUs per year
        - Part-time practice: 1 CEU per half-day per week per year

Activity type	**Activity Description**	**CEU Values**	**Notes**
Primary activities			
	Attendance at OMR conferences, seminars, workshops	1 CEU per hour (Min. 20 CEUs/3 yrs)	
	Delivering CE lectures or presentations	2 CEUs per hour	Includes lectures, seminars; abstract presentations: 2 CEUs each
	Publications (Peer-reviewed)	Primary author: 10 CEUs; Contributing author: 5 CEUs	Includes journals, books, chapters, monographs

	Publications (non-peer-reviewed)	Primary author: 5 CEUs Contributing author: 3 CEUs[MS1]	OMR-related topics
Secondary activities			
	Teaching (Full-time faculty)	10 CEUs per academic year (Max. 30 CEUs/3 years)	Must be related to OMR
	Teaching (Part-time faculty)	1 CEU per half-day/week per academic year	Must be related to OMR
	Clinical Practice (Full-time)	10 CEUs per year	Full-time OMR practice
	Clinical Practice (Part-time)	1 CEU per half-day/week per year	Part-time OMR practice

POLICIES RELATING TO DIPLOMATES

Code of Professional Conduct

All individuals holding Diplomate status with the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) shall conduct themselves in a manner consistent with the ethical and professional standards of the profession. Compliance with these standards is a condition for maintaining active certification.

Each Diplomate is required to observe and adhere to the following governing documents and codes:

1. The Principles of Ethics and Code of Professional Conduct of the American Dental Association (ADA Code).
2. The Bylaws of the American Certifying Board of Oral and Maxillofacial Radiology.
3. The Policies and Procedures contained within this Manual; and
4. The ACBOMR Code of Professional Conduct for Diplomates.

Failure to comply with these standards may constitute grounds for review and potential disciplinary action as prescribed by the Board's disciplinary procedures.

Diplomates of ACBOMR are expected to uphold the highest standards of professional and ethical behavior in their practice. As licensed dentists and specialists in oral and maxillofacial radiology, Diplomates must conduct

themselves in a manner that reflects integrity, competence, and dedication to patient care. This Code of Professional Conduct serves as a guiding framework to support Diplomates in maintaining excellence in clinical practice, professional relationships, and service to the community.

1. Commitment to Patient Care

Diplomates shall prioritize the well-being of patients in all professional activities. They must provide care that respects patient dignity, autonomy, and rights. Clinical decisions, including the selection and application of radiographic techniques, should be made to ensure optimal diagnostic outcomes while minimizing risk, including radiation exposure. Diplomates shall strive to advance the specialty and contribute positively to the broader objectives of oral and maxillofacial radiology.

2. Professional Integrity

Diplomates are expected to engage in continuous professional development and maintain current, evidence-based knowledge and skills. Honesty, transparency, and trustworthiness are essential in all professional interactions. Diplomates must safeguard patient information and confidential communications with the ACBOMR, including its administrators and Directors. Reports and interpretations of radiographic images must accurately reflect the work of the qualified oral and maxillofacial radiologist performing the assessment. When appropriate, Diplomates should consult with colleagues or other healthcare professionals to ensure the highest standard of patient care.

3. Respectful Conduct

Diplomates shall treat all patients, colleagues, and members of the professional community with respect and professionalism. Interactions must reflect civility, fairness, and consideration, fostering a collaborative and supportive environment within the specialty and beyond.

This Code of Professional Conduct is intended to guide the actions of Diplomates in their daily practice and professional relationships, ensuring that the principles of ethical and competent practice are consistently upheld.

Confidentiality Obligations

All Diplomates of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) are expected to uphold the highest standards of confidentiality regarding all communications, documents, and correspondence with the Board, its administrators, and individual Directors. Unauthorized disclosure—whether physical, electronic, or via social media—is strictly prohibited and constitutes a violation of professional and ethical responsibilities. (see Reporting, Investigation, and Disciplinary Actions).

POLICIES RELATING TO THE DIRECTORS OF ACBOMR

Directors of ACBOMR complete annual attestation for the Code of professional conduct, conflict of interest and confidentiality. Exhibit 7 presents these forms. It is the responsibility of each director to inform the Board of any change in status during the year and complete an updated form.

Code of Professional Conduct - Directors of ACBOMR

Members of the Board of Directors of the ACBOMR, and any individuals acting under their authority, are subject to the same professional and ethical obligations as Diplomates. In addition, Directors shall be governed by the ACBOMR Code of Professional Conduct for Directors. Each Director is required to annually attest to their compliance with the Director's Code. By such attestation, each Director acknowledges and affirms the following obligations:

1. A fiduciary duty to the ACBOMR, including the duties of care, loyalty, and obedience.
2. An obligation to perform all official duties with honesty, integrity, and good faith.

3. A duty to avoid any activity, relationship, or conduct that may, or may appear to, compromise the integrity or impartiality of the Board.
4. A duty to refrain from any action that may create an appearance of impropriety or diminish public confidence in the Board; and
5. A requirement to comply with all applicable ACBOMR Bylaws, codes, rules, policies, and procedures.

ACBOMR Bylaws *Article IV Section 4.04* addresses Board of Directors duties relating to Code of Conduct. Noncompliance with these provisions shall be subject to review and may result in disciplinary measures in accordance with established Board policy. *ACBOMR Bylaws* *Article V Section 5.07* presents information on 'Removal of Directors' for cause.

Director Conflict of Interest Policy

Purpose

The Board of Directors of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) is committed to maintaining the highest standards of integrity, impartiality, and ethical conduct. This policy outlines the responsibilities of Directors and their representatives in identifying, disclosing, and managing conflicts of interest to ensure decisions are made objectively and in the best interests of the Board.

Scope

This policy applies to all Board members, agents, and representatives of the ACBOMR.

Policy Statement

Directors and their representatives have a fiduciary duty and are expected to conduct their professional interactions with honesty, fairness, and transparency. All must avoid or disclose any actual, potential, or perceived conflicts of interest that could compromise their independence, judgment, or objectivity in the performance of their duties.

Definitions and Examples of Conflicts

A conflict of interest may arise when a Director or representative has a personal, financial, or other relationship that could affect their ability to act impartially.

Examples include, but are not limited to:

- Receiving personal or financial gain due to a position on the Board.
- Exercising influence over the Board processes such as applicant approval, examination administration, scoring, accreditation, or recertification.
- Holding financial or professional interests that could impair objectivity in Board matters.
- Accessing confidential Board information for personal advantage.
- Unauthorized use or distribution of Board intellectual property.
- Participation in external ACBOMR review programs (unless Board-approved) during tenure and for three (3) years post-service.

Disclosure and Management

- Directors must disclose any potential or actual conflicts at the beginning of their term (or in case of any changes in status during the course of a year) using a signed acknowledgment of this policy.
- Conflicts must also be updated at every Board meeting and recorded in official minutes.
- Upon disclosure, Directors involved must recuse themselves from participation in exam administration and related discussions and decisions.

Failure to Disclose

If a Director is suspected of not disclosing a conflict:

1. The Board will notify the individual and provide an opportunity for explanation.
2. Following review, if non-disclosure is confirmed, appropriate disciplinary action will be taken. Consequences may range from clarification requests to removal from decision-making responsibilities.

Examination Committee Considerations

Directors serving on the Test Construction committee must acknowledge potential conflicts with candidates or applicants, including:

- Current program directors.
- Involvement in past or ongoing legal matters with candidates or Diplomates.
- Employment or familial ties to institutions attended by candidates.
- Any situation that may create an appearance of bias.

Confidentiality Policy

Purpose

This policy establishes the standards of confidentiality expected of the Directors of the Board of the American Certifying Board Oral and Maxillofacial Radiology (ACBOMR). It defines the parameters for safeguarding sensitive information and outlines the procedures for addressing potential breaches.

Policy Statement

Confidentiality is a fundamental professional and ethical obligation of the Directors. All individuals associated with the ACBOMR are required to protect privileged communications, examination materials, internal deliberations, and personal information pertaining to covered individuals. Any unauthorized access, disclosure, or use of such information constitutes a breach of professional conduct and may result in disciplinary action.

Directors of the Board, in the course of performing their duties, may access sensitive information regarding applicants, candidates, examinees, Diplomates, and other Board members or affiliated committees. This includes internal policies, deliberations, meeting content, and communications with external organizations. Directors are considered “Test Developers” under the Code of Fair Testing Practices in Education and are responsible for safeguarding the confidentiality of all examination-related information.

Confidential information may only be disclosed under the following conditions:

- As part of the Director’s authorized duties and responsibilities.
- When legally required or by court order.
- With explicit consent from the individual concerned.

- In anonymized, statistical form that does not allow identification of specific individuals.

A breach of confidentiality occurs if a Director or Board agent:

- Uses confidential information for unauthorized purposes.
- Allows unauthorized persons to access confidential information.
- Discloses confidential information to unauthorized parties.
- Publicly shares confidential information, including via social media.

ACBOMR Bylaws *Article IV Section 4.04* addresses **the Board of Directors' duties relating to the** Code of Conduct. Noncompliance with these provisions shall be subject to review and may result in disciplinary measures in accordance with established Board policy. *ACBOMR Bylaws* *Article V Section 5.07* presents information on 'Removal of Directors' for cause.

Reporting, Investigation, and Disciplinary Actions

A. Reporting Misconduct

Any concerns, allegations, or reports regarding potential bias, conflicts of interest, breaches of confidentiality, or harassment by a Board Director, agent, or Diplomate should be submitted in writing to the President of the ACBOMR. If the concern involves the President, the submission should be directed to the President-Elect. The correspondence should NOT include the ACBOMR Administrator. This correspondence is privileged and confidential between the Board and the complainant.

All reports must be clear, factual, and include supporting documentation whenever possible. Frivolous, speculative, or vexatious claims will not be considered unless submitted through legal counsel. Distribution of such reports prior to formal review will compromise the process.

B. Appeal Process for Diplomate Status-Related Decisions

I. Scope and Applicability

This policy applies to the following diplomate status-related decisions:

- Suspension of certification status
- Termination or revocation of certification status
- Denial of recertification or credentialing renewal
- Any other adverse decision that affects a diplomate's ongoing certification status

NOTE: Administrative matters such as fee payment issues or routine correspondence are NOT subject to formal appeals process and should be addressed through ACBOMR administrative staff.

II. Grounds For Appeal

An appeal must meet at least one of the following grounds:

- **Procedural Error** — The decision process set forth in ACBOMR bylaws, policies, or procedures was not properly followed, and the error materially affected the outcome.
- **Arbitrary or Capricious Decision** — The decision was demonstrably unfair given the facts and circumstances, supported by specific evidence.

- **New Substantive Information** — Information that was not available at the time of the original decision is presented, with a credible explanation of why it could not have been submitted earlier.

III. Filing The Appeal

- Appeals must be submitted in writing within 10 business days .
- Submit via email to Info@ACBOMR.org.

The written appeal must include:

- The decision being appealed
- The ground(s) for appeal
- Supporting explanation and documentation
- Appellant's contact information
- Confirm receipt of an acknowledgment from ACBOMR staff.

Status during appeal: The original decision is generally stayed pending the outcome. If the decision involves immediate safety concerns or professional misconduct, the Board President may determine that it takes effect immediately; the appellant will be notified in writing if this applies.

IV. Appeals Subcommittee Review Process

Appeals Subcommittee Composition

The Appeals Subcommittee consists of three (3) elected members from the Oversight Committee, one of whom shall be the chair of the Oversight Committee, who shall serve as the chair of the Appeals Subcommittee.

Quorum and Voting:

- All three (3) committee members must be present.
- Decisions made by majority vote.

Outcomes by Ground

- **Procedural Error:** Matter is returned to the Board of Directors for new proceedings conducted in accordance with proper procedures.
- **Arbitrary or Capricious Decision:** Matter is returned to the Board of Directors for new proceedings; the Subcommittee may recommend specific corrective actions.

  New Substantive Information: The Subcommittee votes to uphold or modify the original decision. The Board of Directors is notified accordingly.

All Appeals Subcommittee decisions are final. No further appeal is available within ACBOMR.

All appeals records are maintained permanently in accordance with ACBOMR Bylaws Article IV, Section 4.06.

The appellant will be notified in writing within 30 business days of the decision, including rationale and any conditions imposed. The Board of Directors, Oversight Committee, and AAOMR Executive Council will also be notified.

Confidentiality

- All documentation maintained in strict confidence
- Access limited to: Appeals Subcommittee members, Board President, and authorized administrative personnel

Aggregate (non-identifying) information may be included in annual reports to AAOMR and NCRDSCB

The ACBOMR Policy and Procedures Manual is a supplement to the ACBOMR Bylaws.

CONTACT INFORMATION

ACBOMR Administrator email: info@acbomr.org; Website: https://acbomr.org

EXHIBITS

Exhibit 1. Blueprint for Foundational and Clinical Sciences

Exhibit 1.1 Radiation Physics and Imaging Technology (20%)

Subject	Domain	Area	Topic
Radiation Physics	General physical properties of electromagnetism	Electromagnetic spectrum	•Electric and magnetic fields •Ionizing radiation vs non- ionizing radiation (e.g., radiofrequency [MRI], visible light) •Properties of X-radiation
	Properties of ionizing radiation	Overview of radioactive decay	•Principles of radioactivity and radionuclides • Alpha, beta, neutron, and gamma radiation • Principles of exponential decay, half-life, specific activity
		Properties of photons	• Energy, frequency, wavelength, speed
		Characteristics of photons	• Wave and particle properties
	X-ray production	Components of an x-ray machine and component function(s)	•X-ray tube •Control panel •High/Low voltage components, transformers •Tube rating, duty cycle, waveform,

			rectification. •Collimation
		X-ray generation	• Electron-target interactions •X-ray emission spectrum •Factors affecting x-ray beam intensity and quality. •Beam restriction and scatter reduction

Subject	Domain	Area	Topic
Imaging Technology	Imaging Techniques	Intraoral	•Bisecting angle and paralleling techniques
		Extraoral	• Panoramic,lateral cephalometric, skull projections
	Digital imaging	Components and function(s)	•CCD/CMOS/PSP (also referred to as CR)
		Image Acquisition	•Mechanism of conversion of x-ray photons to displayed image
		Image Characteristics	•Spatial and contrast resolution
		Digital image quality assurance metrics	•ADA/ANSI standard 1094 - Quality Assurance for Digital Intra-oral Radiographic Systems
	Computed Tomography	Cone beam computed tomography (CBCT	•Basic principles •Components and component function(s) •Operational modes •Image characteristics •Factors affecting image quality
		Conventional or multiple detectors	• Basic principles • Components and component

		computed tomography (MDCT)	function(s) • Operational Modes • Image characteristics • Factors affecting image quality

Subject	Domain	Area	Topic
	Magnetic resonance imaging	Basic principles	Magnetic moment Interaction with an External Field (B0)
		Components and component function(s)	•Static Magnetic field and gradient file subsystems, RF transmitter and receiver, RF coils
		Image characteristics	•Static Magnetic field and gradient file subsystems, RF transmitter and receiver, RF coils
		MR signal properties	•Proton Density (Spin Density), Transverse Relaxation T2* Relaxation, T1 (Longitudinal) Relaxation
		Basics of pulse sequences	•Comparison of T1, T2, proton density, and T2* tissue contrast and use in OMR
		Factors affecting image quality	•Spatial resolution, signal-to- noise ratio, contrast, artifacts
		Safety and bioeffects	• Projectile Hazards, effects on Implanted Devices • RF (e.g., Tissue Heating and Other) and gradient field (e.g., peripheral nerve stimulation, sound pressure) biological effects

		Applications in OMR	•Malignancy, osteomyelitis, benign tumor differentiation, TMJ. Soft-tissue
	Ultrasound imaging	Basic principles	•Sound wave properties, power and intensity. •Interactions of sound waves with matter •Doppler imaging
		Components and component function(s)	•Transducer components and arrays •Display modes
		Factors affecting image quality	•Spatial and temporal resolution •Contrast noise
		Applications in OMR	• Salivary gland disease

Subject	Domain	Area	Topic
	Nuclear medicine imaging	Properties of radiopharmaceuticals	• Radionuclide decay • Radioactivity • Uptake and distribution • Types in dentistry (technetium-99m, Gallium-67, FDG PET/CT radiotracer
		Basic principles of imaging	• Planar imaging • Scintillation (gamma) camera • Single photon emission computed tomography (SPECT) and SPECT/CT • Positron emission tomography (PET)
		Applications in OMR	•TMJ, salivary gland disease
	Contrast used in head and neck imaging	Indications and basic techniques	• Types of compounds • Selection of ionic vs. non-ionic agents • CT vs. MRI contrast agents
		Properties of contrast agents	• Radiopacity, osmolarity, viscosity, distribution, excretion

		Complications or adverse reactions to procedures	•Hypersensitivity reactions, thyroid dysfunction, and contrast-induced nephropathy
Measures of Diagnostic Performance Analysis	Precision, reproducibility, and accuracy	Indices of inter- and intra-rater agreement	• Kappa / weighted Kappa
		Indices	•Sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios, confidence intervals, ROC (Az)
		Associations	Correlation, regression

Subject	Domain	Area	Topic
Computer Technology	Components and component function(s)	Hardware	• Display characteristics and viewing conditions. • Terminology (e.g., GPU, CPU, pixel, RAM) • Limitations of the human visual system • Grayscale Standard Display Function and Just Noticeable Differences • PACS, RIS, EMR, Worklist
	Information Processing	Reconstruction	•Filter back projection vs iterative reconstruction •Advantages and disadvantages of each
		Image processing	• Look up tables (window, level, linear and nonlinear), • Histogram and equalization • Frequency processing (edge and smoothing) • Computer-Aided detection and diagnosis, machine learning, and deep learning (Artificial Intelligence)
		Image archiving	•DICOM •File types, compression algorithms and ratios

		Image transmission	•Networks and data exchange
		Networking technology	• Terminology (e.g., LAN, WAN, WWW, thin client, cloud- based, server, VPN)

Exhibit 1.2. Radiation Biology and Safety and Protection (20%)

Subject	Domain	Area	Topic
Radiation Biology	Molecular and cellular radiobiology	Principles	•Linear energy transfer, Relative biologic effectiveness, Fractionation, Lethal Doses
		Effects of radiation on macromolecules	•Direct vs. indirect effects, effects of radiation on water, target theory
		Chromosomal damage and repair	•DNA repair mechanisms
		Cellular effects of radiation	• Law of Bergonié and Tribondeau •Radiosensitivity of Different Cell Types •Cell cycle radiosensitivity •Cell damage, survival, repair, and death
		Systemic effects of radiation	•Tissues and organs, whole body, population (gender and age) •Stochastic and non-stochastic effects

		Tissue reactions (Deterministic)	•Acute radiation syndrome (Prodromal syndrome, hematological effects/hematopoietic syndrome, gastrointestinal syndrome, central nervous system effects/cerebrovascular syndrome) •Reproductive effects e.g., germ cells, cytogenetic effects) •Therapeutic high dose effects on oral tissues (e.g., mucosa, taste buds, salivary glands, bone)
		Stochastic effects	• Carcinogenesis, mutagenesis
		Teratogenic effects	• Growth and development, leukemia
		Factors affecting radiosensitivity	• Physical factors (e.g., type of radiation used, the dose, temperature, fractionation, chemical factors,) • Biological factors (e.g., oxygen effect, cell cycle, type of cell)

Subject	Domain	Area	Topic
	Radiation Risk	Ionizing radiation	• Definition and communication of risk (e.g., relative, absolute, etc.) • Biological risk estimates for ionizing radiation • Dose-response relationships
		Ultrasound	• Biological effects
		Magnetic fields / radio waves	•Biological effects
Radiation Safety and Protection	Radiation detection and Measurement	Basic terminology and dosimetry	•Radioactivity •Film, luminescence, radiochromic film and ionization chamber dosimetry •Exposures, KERMA, absorbed dose, Equivalent dose, Effective dose
		Radiation metrics in OMR	•CDTI, DAP, DLP, mAs •DRL and AD
	Exposure and dose in radiology	Risk assessment	•Occupational and Non-occupational dose limits

		Patient doses and risks of oral and maxillofacial imaging procedures	• Comparison of doses in OMR and medical radiology procedures • Relative and absolute risk • Comparison to background radiation • Uncertainties in risk estimation • Addressing patient concerns
	Minimization of occupational and non-occupational exposure	Principles of radiation protection	• Time, distance, shielding (personal and structural) • ALARA, ALADA, ALADIP • Maximum permissible dose
	Minimization of patient exposure	Selection criteria and technical factors	• Current guidelines (e.g., NCRP, ICRP, IAEA, FDA/ADA, AAOMR, CDA, AAP, AAOMR/AAE, European Commission Directorate-General for Energy, British Orthodontic Society)
	Office/clinic design for safety	Statutory responsibilities Shielding plan parameters	•Federal and State •Isodose profiles, workload, occupancy, protective barriers, personal monitoring •Considerations for handheld dental x-ray units

Exhibit 1.3. Anatomy (20%), Pathophysiology (20%), and interpretation(20%)

Domain	Anatomy	Pathophysiology (Etiology, Clinical Presentation, Radiographic Features*, Classification, and Radiographic Differential Diagnosis)
Facial Bones	Maxilla	Developmental anomalies and anatomic variants, odontogenic and non-odontogenic cysts and tumors, fibro-osseous disease, inflammatory conditions, neurovascular conditions, malignancies, fractures, systemic conditions
	Maxillary sinus	Developmental anomalies and anatomic variants, intrinsic and extrinsic inflammatory disease , intrinsic and extrinsic cysts, benign and malignant tumors, fibro-osseous lesions
	Mandible	Developmental anomalies and anatomic variants, odontogenic and non-odontogenic cysts and tumors, fibro-osseous disease, inflammatory conditions, neurovascular conditions, malignancies, fractures

	TMJ	Trauma, internal derangement, inflammatory and degenerative arthritis, benign and malignant tumors and tumor-like conditions, congenital and developmental growth disorders
	Other Paranasal sinuses	Anomalies and inflammatory diseases, tumors and tumor-like conditions , and malignancies
	Multiple bones of the midface	Developmental anomalies (e.g., air cell defect) Facial trauma (e.g., nasal, naso-orbito-ethmoidal, Le Fort, zygomaticomaxillary complex, orbital wall "blow out", frontal sinus) Craniofacial anomalies (e.g., cleft lip and palate, cleidocranial dysplasia, Pierre Robin Sequence, Treacher Collins Syndrome), syndromic craniosynostosis (e.g., Crouzon disease and Apert syndrome)
Cranial	Neurocranium and temporal bone	Anomalies of the temporal, frontal, parietal, occipital, ethmoid and sphenoid bones. Craniosynostosis (e.g., nonsyndromic and syndromic) Anatomic variants, inflammatory and neoplastic diseases
Alveolus	Teeth and periodontium	Developmental alterations of the dentition and supporting structures, dental caries and look alike conditions, crown and root fractures Etiology and presentation of periodontal diseases, systemic conditions affecting the periodontium
	Alveolar bone, edentulism, and residual alveolar ridge	Apical inflammatory disease and look alike conditions, fractures Resorptive morphology over time Assessment of bone volume in relation to implant placement, principles of implant placement
Vertebral column	Cervical vertebrae	Anomalies, developmental conditions (e.g., fusion, ossiculum terminale, Os odontoideum), degenerative joint disease of the craniovertebral junction and cervical vertebrae (e.g., geode)
Soft tissue	Salivary glands	Benign and malignant neoplasms, inflammatory and autoimmune conditions
	Spaces of the suprahyoid neck	Soft tissue masses and infections of the parapharyngeal, nasopharynx and oropharynx, masticator, parotid, carotid,

		retropharyngeal, and peri-vertebral spaces, lymph node distribution and size, external and internal carotid arteries
	Calcifications and ossification	Physiologic and pathologic calcifications
	Airway morphology	Airway measurements, obstructive sleep apnea, associations with craniofacial morphology
		*Includes intraoral and extraoral radiography, cone beam and multi-detector computed tomography as well as other imaging techniques such as ultrasound, sialography, arthrography, MRI, PET, SPECT, and nuclear medicine when appropriate

Exhibit 2. Selected Resources

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Position Statements / Reports

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Exhibit 3. Sample Questions

Sample questions are not designed to reflect the level of difficulty of the exam. It is the responsibility of the candidate to establish an appropriate knowledge base for the exam.

Radiation Physics and Imaging Techniques (RPIT)

In CBCT, reducing voxel size from 0.4 mm^3 to 0.2 mm^3 generally results in:

- Higher spatial resolution and higher noise
- Higher spatial resolution and lower noise
- Lower spatial resolution and higher noise
- Lower spatial resolution and lower noise

In CCD and CMOS sensors, spatial resolution primarily depends on:

- Bit depth
- Photodiode gain
- Scintillator pixel size
- Tubehead focal spot size

High penetrating x-ray photons are characterized by:

- High frequency, long wavelength
- High frequency, short wavelength
- Low frequency, long wavelength
- Low frequency, short wavelength

Which of the following tissues appears dark in a T1-weighted MRI image?

- Tissues with a long spin-lattice relaxation time
- Tissues with a long spin-spin relaxation time
- Tissues with a short spin-lattice relaxation time
- Tissues with a short spin-spin relaxation time

Which of the following isotopes is most commonly used in dental or skeletal nuclear imaging?

- F-18
- Ga-67
- I-131
- Tc-99m

If a radiopharmaceutical has a half-life of 6 hours, what fraction of activity remains after 24 hours?

- 1/2
- 1/4
- 1/8
- 1/16

Radiation Biology, Protection, and Safety (RBPS)

In which phase of the reproductive cycle are cells least sensitive to the damaging effects of radiation?

- G1 phase
- G2 phase
- M phase
- S phase

Which of the following tissues is the most radiosensitive?

- Cartilage
- Hair and nails
- Muscle tissue
- Nerves
- Tooth buds and salivary gland

Which dose quantity is commonly used in radiation protection guidelines to set

occupational and public exposure limits?

- Absorbed dose
- Effective dose
- Entrance skin dose
- Equivalent dose

What is the primary role of the NCRP?

- Certify radiologic technologists
- Enforce federal radiation laws
- Monitor environmental radiation
- Provide guidance and recommendations on radiation protection

According to NCRP 145, which of the following statements about occupational effective dose limits is correct?

- No individual may receive more than 10 mSv in any 1 year, and lifetime dose is 20 mSv × age in years.
- No individual may receive more than 20 mSv in any 1 year, with lifetime dose limited to 1,000 mSv.
- No individual may receive more than 50 mSv in any 1 year, and lifetime dose is limited to 10 mSv × age in years.
- No individual may receive more than 100 mSv in any 1 year, and lifetime dose is unrestricted.

Early effects of radiation therapy in rapidly proliferating tissues primarily result from which of the following?

- Epithelial damage
- Osteoclastic damage
- Parenchymal hypertrophy and neoplasia
- Vascular and parenchymal damage

Which of the following is an effect of sub- lethal damage?

- Delayed cellular apoptosis.
- Maturation of the surviving fraction of cells
- Radio resistance due to oncogene activation
- Repopulation of the surviving fraction of cells

What is the yearly effective dose limit for radiation workers under current NCRP regulations?

- 0.5 mSv
- 10 mSv
- 50 mSv
- 100 mSv

Anatomy

Which of the following muscles attaches to the external oblique ridge?

- Buccinator muscle
- Lateral pterygoid muscle
- Mylohyoid muscle
- Masseter muscle

Which of the following cranial nerves courses through foramen ovale?

- Mandibular division of the trigeminal nerve (CN5, V3)
- Maxillary division of the trigeminal nerve (CN5, V2)
- Olfactory nerve (CN1)
- Optic nerve (CN2)

Which of the following nerves primarily innervates the maxillary molar dentition?

- Greater palatine nerve
- Infraorbital nerve
- Middle superior alveolar nerve
- Posterior superior alveolar nerve

Which of the following structures typically superimposes with the nasopalatine canal on intraoral conventional imaging?

- Intermaxillary suture
- Maxillary sinus floor
- Nasal cavity floor
- Zygomatic process of the maxilla

Which of the following anatomical variants is often visualized within the temporal components of the

temporomandibular joint regions (mandibular fossa and articular eminence) on panoramic and CBCT imaging?

- Anteriorly positioned articular disc
- Bifid condyle
- Pneumatization of mastoid air cells
- Pneumatization of the maxillary sinus

Pathophysiology

Which condition is associated with multiple dense bone islands?

- Cherubism
- Gardner syndrome
- Osteoblastoma
- Osteoid osteoma

Each of the features is associated with Nevoid Basal Cell Carcinoma Syndrome EXCEPT one. Which is the EXCEPTION?

- Bifid ribs
- Calcification of falx cerebri
- Cleft palate
- Multiple odontogenic keratocysts

Which paranasal sinus condition is most likely to demonstrate mass effect?

- Acute sinusitis
- Mycetoma
- Mucocele
- Mucous retention pseudocyst

Which calcification most often presents as concentric laminations?

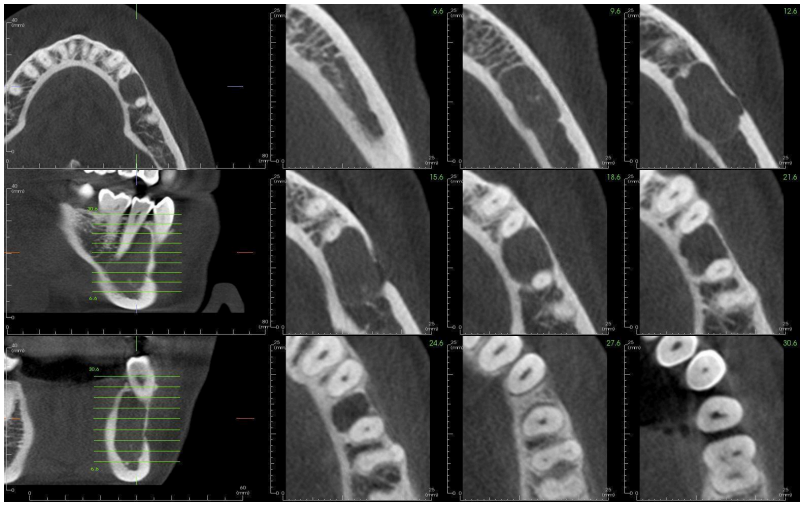
- Atherosclerotic plaque
- Lymph nodes
- Sialolith
- Tonsillolith

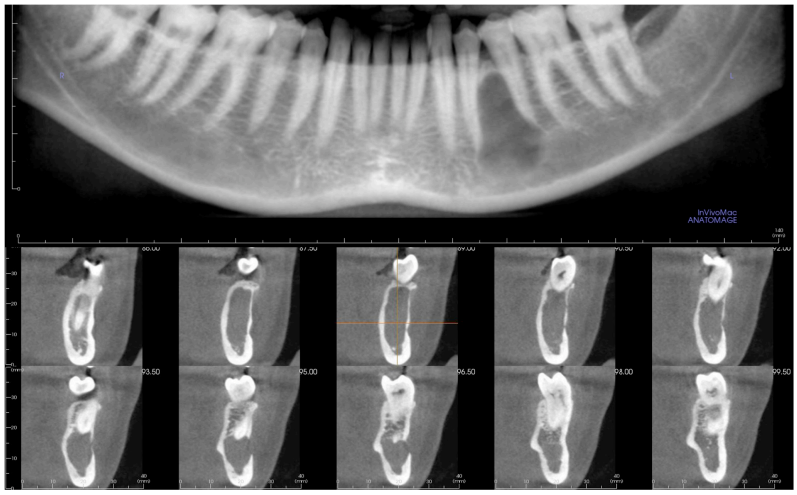
***WRITTEN CASE INTERPRETATION REPORT* .**

Sample case reports are not designed to reflect the level of difficulty of the examination cases. It is the responsibility of the candidate to establish an appropriate knowledge base for the exam.

Case #1: A 38 year old male presents to his dentist for a regular check up. A panoramic and subsequently a CBCT image was acquired. Selected images of the CBCT volume are presented below. In the exam setting the entire CBCT dataset will be provided.

Please describe the radiographic findings and provide a differential diagnosis



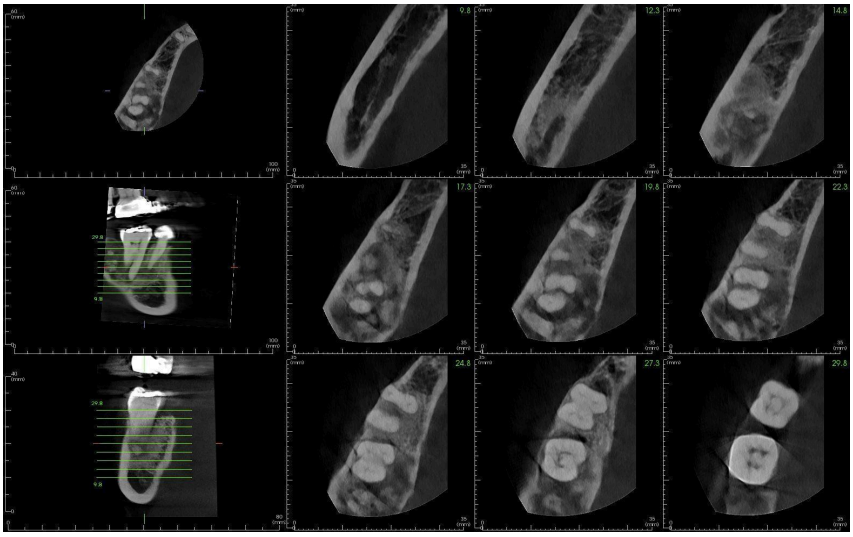


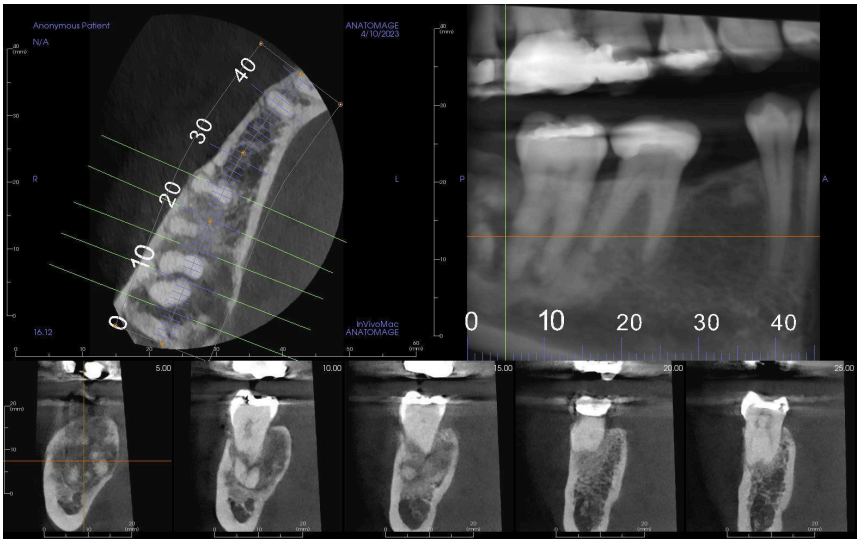
A well-defined pear shaped unilocular non-corticated homogenous low density lesion is observed between the roots of #20 and #21. The lesion extends from the cervical 3rd of the roots to the superior border of the left mandibular canal. This finding is associated with irregular thinning of the buccal and lingual cortical plates with greater thinning noted on the buccal. The superior border of the left mandibular canal demonstrates partial interruption or significant thinning. There are no apparent radiographic signs of displacement of the left mandibular canal, root displacement, or root resorption.

Impression: Differential diagnosis of this low density lesion includes Simple bone cyst, Odontogenic Keratocyst (OKC), and Ameloblastoma.

Recommendation: Biopsy is indicated to determine the final diagnosis and future management steps.

<u>Case #2:</u> A 55-year-old female presents to her dentist to replace her missing teeth. CBCT imaging was obtained. Selected images of the CBCT volume are presented below. In the exam setting the entire CBCT dataset will be provided.





There is a partially corticated, mildly-expansile, mixed density finding inferior to the apex of the mesial root of tooth #30, roots of #31, and the partially visualized edentulous area of #32. The finding presents with a dense irregularly shaped core as well as an external thin border, both isodense to cortical bone. A less dense peripheral area in between the border and the core is also evident. Within the lesion, various degrees of thinning of the buccal and lingual endosteal surfaces is observed.

Impression: Findings are suggestive of focal cemento-osseous dysplasia (FCOD).
Recommendation: Report of vital tooth gives greater weight to this differential diagnosis. Due to altered wound healing, elective surgical procedures may induce conditions such as osteomyelitis that is recalcitrant to treatment and as such should be avoided in asymptomatic cases.

Exhibit 4. Forms To Be Signed by Candidates Prior to Challenging the Certifying Examination

Form 1: Americans with Disabilities Act Verification Form

All applicants must read, complete, sign, date and submit a copy of this page with your application/registration.

1. The candidate acknowledges that the language of the certifying examination of the American Certifying Board of Oral and Maxillofacial Radiology is English.
2. The American Certifying Board of Oral and Maxillofacial Radiology recognizes that some individuals require special considerations because of a disability. Do you require that any accommodation be made for you to sit for the certifying examination of the American Certifying Board of Oral and Maxillofacial Radiology (check the appropriate box)?

□ NO □ YES

If you answered "YES" to this question, please indicate what accommodation is being requested and provide sufficient supporting documentation. The American certifying Board of Oral and Maxillofacial Radiology will make a reasonable attempt to address this matter. This information will remain confidential and does not influence the outcome of your performance on the certifying examination.

Description:

Applicant Signature: _____

Printed Name: _____

Date: _____

Form 2: Candidate Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is entered into by and between American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR) ("Organization") and the undersigned individual ("Candidate") in connection with the administration of the [Name of Examination] ("Examination").

1. Purpose

The purpose of this Agreement is to protect the confidentiality, security, and integrity of the Examination materials, questions, and content.

2. Confidential Information

For purposes of this Agreement, "Confidential Information" means any and all materials related to the Examination, including but not limited to:

- Examination questions, answers, and answer keys
- Any oral, written, or electronic information provided during or after the Examination
  Any scoring methodologies, evaluation procedures, or results

3. Candidate Obligations

The Candidate agrees to:

a. Not disclose, discuss, copy, reproduce, record, photograph, or otherwise transmit any Examination content, in whole or in part, to any person or entity, at any time, by any means, verbally, in writing, or electronically.
b. Not use any unauthorized materials, devices, or assistance during the Examination.
c. Not seek to obtain or share Examination content before, during, or after the test administration.
d. Comply with all Examination rules, instructions, and procedures communicated by the Organization.
e. Sign this Agreement at the time of application of Examination
f. Sign this Agreement on the day of Examination.

4. Ownership

The Candidate acknowledges that all Examination content is the property of the Organization and is protected by copyright, trade secret, and other applicable laws.

5. Consequences of Breach

Any violation of this Agreement may result in:

1. Immediate termination of the Candidate's Examination session2. Invalidation of Examination results
2. 3. Disqualification from future testing opportunities
3. 4. Disciplinary or legal action, including but not limited to monetary damages and injunctive relief

6. Acknowledgment

By signing below, the Candidate affirms that they have read, understood, and agree to abide by the terms of this Confidentiality and Non-Disclosure Agreement.

_____
_____
_____
_____

Organization Representative (optional): _____

Signature: _____

Date: _____

Form 3: Candidate Appeal Policy

I certify and attest that I have read and understand the section Appeal Policy and process in the *ACBOMR Candidate Policy and Procedures Manual*. Furthermore, I understand that on completion of the examination, I can petition the Board of Directors for an appeal within ten (10) business days following the date of the examination. I acknowledge that the Board of Directors will not consider appeals submitted after eleven (11) or more business days following the date of the examination. I acknowledge that the Board of Directors will not consider an appeal based on examination results. I accept that appropriate documentary evidence must be submitted. I acknowledge that the decision of the Appeals Subcommittee regarding the appeal shall be considered final and no further correspondence will be entered into.

Signature: _____

Printed Name: _____

Date: _____

Form 4: Acknowledgement of Candidate Policies and Procedures

I certify and attest that I have received and read ACBOMR Candidate Policy and Procedure Manual. I understand, and accept all policies, procedures and requirements for applicants, candidates, and examinees and I agree to comply with them throughout the certification process.

Signature: _____

Printed Name: _____

Date: _____

Form 5: Candidate Code of Ethical Conduct

By signing this document, I agree to adhere to the same ethical standards as Directors and Diplomates including the *"Policy on Harassment", Confidentiality of Communication with the Board", "Code of Professional Conduct"*, and *"Conflict of Interest Policy"* and abide by the procedures detailed in the section on *"Reporting, Adjudication, and Disciplinary Procedures for Candidate Misconduct".*

In addition, I adhere to the examination rules and acknowledge that irregular behavior (a.k.a. cheating) on the certification examination may include, but is not limited to, the following:

1. disclosing examination information by using language that is substantially similar to that used in questions and/or answers from ACBOMR examinations when such information is gained as a direct result of having been an examinee; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators or anyone else involved in the preparation of candidates to sit for the examinations;
2. receiving examination information from an examinee that uses language that is substantially similar to that used in questions and/or answers on ACBOMR examinations, whether requested or not;
3. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination materials by any means, verbal or written, electronic or mechanical, without the

prior express written permission of the ACBOMR or using professional, paid or repeat examination takers or any other individual for the purpose of reconstructing any portion of examination materials;

4. possessing unauthorized materials during examination administration (e.g., recording devices, photographic equipment, electronic paging devices, cellular telephones, reference materials, and smart watches);
5. failure to adhere to testing site regulations;
6. using, or purporting to use, any portion of examination materials which were obtained improperly or without authorization for the purpose of instructing or preparing any applicant for examination;
7. selling or offering to sell, buying, or offering to buy, or distributing or offering to distribute any portion of examination materials without express written authorization;
8. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of the ACBOMR;
9. disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination of the ACBOMR;
10. communicating with another individual during administration of the examination for the purpose of giving or receiving help in answering examination questions, copying another candidate's answers, permitting another candidate to copy one's answers, or possessing unauthorized materials including, but not limited to notes (except on the provided scratch paper at the test center);

- engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, or staff;
- impersonating a candidate or permitting an impersonator to take or attempt to take the examination on someone else's behalf;
- falsifying information on application or registration forms;
- use of any other means that potentially alters the results of the examination such that the results may not accurately represent the professional knowledge base of a candidate.

Finally, I acknowledge that irregular behavior, as defined above, may constitute grounds for sanctions by the ACBOMR, including but not limited to the following:

1. bar a candidate from one or more future examinations either permanently or for a designated period;
2. terminate a candidate’s participation in the examination process;
3. invalidate the results of an examination and any prior examinations;
4. withhold a candidate’s scores;
5. revoke a candidate’s Board eligibility;
6. fine a candidate in an amount that reflects damages suffered by the American Certifying Board of Oral and Maxillofacial Radiology, including its costs of investigation and legal fees, and the costs of replacing any items that must be removed from the test item bank;
7. censure a candidate;
8. pursue prosecution of the candidate for any conduct that constitutes a criminal or civil violation;
9. take any other appropriate action.

Signature: _____

Printed Name: _____

Date: _____

Exhibit 5. Code of Fair Testing Practices in Education

CODE OF FAIR TESTING PRACTICES IN EDUCATION *

The Code has been prepared by the Joint Committee on Testing Practices, a cooperative effort among several professional organizations. The aim of the Joint Committee is to act in the public interest to advance the quality of testing practices. Members of the Joint Committee include the American Counseling Association (ACA), the American Educational Research Association (AERA), the American Psychological Association (APA), the American Speech-Language-Hearing Association (ASHA), the National Association of School Psychologists (NASP), the National Association of Test Directors (NATD), and the National Council on Measurement in Education (NCME).

The Code of Fair Testing Practices in Education (Code) is a guide for professionals in fulfilling their obligation to provide and use tests that are fair to all test takers regardless of age, gender, disability, race, ethnicity, national origin, religion, sexual orientation, linguistic background, or other personal characteristics. Fairness is a primary consideration in all aspects of testing. Careful standardization of tests and administration conditions helps to ensure that all test takers are given a comparable opportunity to demonstrate what they know and how they can perform in the area being tested. Fairness implies that every test taker has the opportunity to prepare for the test and is informed about the general nature and content of the test, as appropriate to the purpose of the test. Fairness also extends to the accurate reporting of individual and group test results. Fairness is not an isolated concept, but must be considered in all aspects of the testing process.

The Code applies broadly to testing in education (admissions, educational assessment, educational diagnosis, and student placement) regardless of the mode of presentation, so it is relevant to conventional paper-and-pencil tests, computer-based tests, and performance tests. It is not designed to cover employment testing, licensure or certification testing, or other types of testing outside the field of education. The Code is directed primarily at professionally developed tests used in formally administered testing programs. Although the Code is not intended to cover tests prepared by teachers for use in their own classrooms, teachers are encouraged to use the guidelines to help improve their testing practices.

The Code addresses the roles of test developers and test users separately. Test developers are people and organizations that construct tests, as well as those that set policies for testing programs. Test users are people and agencies that select tests, administer tests, commission test development services, or make decisions on the basis of test scores. Test developer and test user roles may overlap, for example, when a state or local education agency commissions test development services, sets policies that control the test development process, and makes decisions on the basis of the test scores.

 This edition replaces the first edition of the Code, which was published in 1988. Please cite this document as follows: Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. (Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242

Many of the statements in the Code refer to the selection and use of existing tests. When a new test is developed, when an existing test is modified, or when the administration of a test is modified, the Code is intended to provide guidance for this process.**

The Code provides guidance separately for test developers and test users in four critical areas:

A. Developing and Selecting Appropriate Tests
B. Administering and Scoring Tests
C. Reporting and Interpreting Test Results
D. Informing Test Takers

The Code is intended to be consistent with the relevant parts of the Standards for Educational and Psychological Testing (American Educational Research Association [AERA], American Psychological Association [APA], and National Council on Measurement in Education [NCME], 1999). The Code is not meant to add new principles over and above those in the Standards or to change their meaning. Rather, the Code is intended to represent the spirit of selected portions of the Standards in a way that is relevant and meaningful to developers and users of tests, as well as to test takers and/or their parents or guardians. States, districts, schools, organizations, and individual professionals are encouraged to commit themselves to fairness in testing and safeguarding the rights of test takers. The Code is intended to assist in carrying out such commitments.

A. DEVELOPING AND SELECTING APPROPRIATE TESTS

Test Developers

Test developers should provide the information and supporting evidence that test users need to select appropriate tests.

1. Provide evidence of what the test measures, the recommended uses, the intended test takers, and the strengths and limitations of the test, including the level of precision of the test scores.
2. Describe how the content and skills to be tested were selected and how the tests were developed.
3. Communicate information about a test's characteristics at a level of detail appropriate to the intended test users.
4. Provide guidance on the levels of skills, knowledge, and training necessary for appropriate review, selection, and administration of tests.
5. Provide evidence that the technical quality, including reliability and validity, of the test meets its intended purposes.
6. Provide to qualified test users representative samples of test questions or practice tests, directions, answer sheets, manuals, and score reports.
7. Avoid potentially offensive content or language when developing test questions and related materials.
8. Make appropriately modified forms of tests or administration procedures available for test takers with disabilities who need special accommodations.

** The Code is not intended to be mandatory, exhaustive, or definitive, and may not be applicable to every situation. Instead, the Code is intended to be aspirational, and is not intended to take precedence over the judgment of those who have competence in the subjects addressed.

9. Obtain and provide evidence on the performance of test takers of diverse subgroups, making significant efforts to obtain sample sizes that are adequate for subgroup analyses. Evaluate the evidence to ensure that differences in performance are related to the skills being assessed.

Test Users

Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.

1. Define the purpose for testing, the content and skills to be tested, and the intended test takers. Select and use the most appropriate test based on a thorough review of available information.
2. Review and select tests based on the appropriateness of test content, skills tested, and content coverage for the intended purpose of testing.
3. Review materials provided by test developers and select tests for which clear, accurate, and complete information is provided.
4. Select tests through a process that includes persons with appropriate knowledge, skills, and training.
5. Evaluate evidence of the technical quality of the test provided by the test developer and any independent reviewers.
6. Evaluate representative samples of test questions or practice tests, directions, answer sheets, manuals, and score reports before selecting a test.
7. Evaluate procedures and materials used by test developers, as well as the resulting test, to ensure that potentially offensive content or language is avoided.
8. Select tests with appropriately modified forms or administration procedures for test takers with disabilities who need special accommodations.
9. Evaluate the available evidence on the performance of test takers of diverse subgroups. Determine to the extent feasible which performance differences may have been caused by factors unrelated to the skills being assessed.

B. ADMINISTERING AND SCORING TESTS

Test Developers

Test developers should explain how to administer and score tests correctly and fairly.

1. Provide clear descriptions of detailed procedures for administering tests in a standardized manner.
2. Provide guidelines on reasonable procedures for assessing persons with disabilities who need special accommodations or those with diverse linguistic backgrounds.
3. Provide information to test takers or test users on test question formats and procedures for answering test questions, including information on the use of any needed materials and equipment.
4. Establish and implement procedures to ensure the security of testing materials during all phases of test development, administration, scoring, and reporting.
5. Provide procedures, materials, and guidelines for scoring the tests and for monitoring the accuracy of the scoring process. If scoring the test is the responsibility of the test developer, provide adequate training for scorers.

6. Correct errors that affect the interpretation of the scores and communicate the corrected results promptly.
7. Develop and implement procedures for ensuring the confidentiality of scores.

Test Users

Test users should administer and score tests correctly and fairly.

1. Follow established procedures for administering tests in a standardized manner.
2. Provide and document appropriate procedures for test takers with disabilities who need special accommodations or those with diverse linguistic backgrounds. Some accommodations may be required by law or regulation.
3. Provide test takers with an opportunity to become familiar with test question formats and any materials or equipment that may be used during testing.
4. Protect the security of test materials, including respecting copyrights and eliminating opportunities for test takers to obtain scores by fraudulent means.
5. If test scoring is the responsibility of the test user, provide adequate training to scorers and ensure and monitor the accuracy of the scoring process.
6. Correct errors that affect the interpretation of the scores and communicate the corrected results promptly.
7. Develop and implement procedures for ensuring the confidentiality of scores.

C. REPORTING AND INTERPRETING TEST RESULTS

Test Developers

Test developers should report test results accurately and provide information to help test users interpret test results correctly.

1. Provide information to support recommended interpretations of the results, including the nature of the content, norms or comparison groups, and other technical evidence. Advise test users of the benefits and limitations of test results and their interpretation. Warn against assigning greater precision than is warranted.
2. Provide guidance regarding the interpretations of results for tests administered with modifications. Inform test users of potential problems in interpreting test results when tests or test administration procedures are modified.
3. Specify appropriate uses of test results and warn test users of potential misuses.
4. When test developers set standards, provide the rationale, procedures, and evidence for setting performance standards or passing scores. Avoid using stigmatizing labels.
5. Encourage test users to base decisions about test takers on multiple sources of appropriate information, not on a single test score.
6. Provide information to enable test users to accurately interpret and report test results for groups of test takers, including information about who were and who were not included in the different groups being compared and information about factors that might influence the interpretation of results.

7. Provide test results in a timely fashion and in a manner that is understood by the test taker.
8. Provide guidance to test users about how to monitor the extent to which the test is fulfilling its intended purposes.

Test Users

Test users should report and interpret test results accurately and clearly.

1. Interpret the meaning of the test results, taking into account the nature of the content, norms or comparison groups, other technical evidence, and benefits and limitations of test results.
2. Interpret test results from modified test or test administration procedures in view of the impact those modifications may have had on test results.
3. Avoid using tests for purposes other than those recommended by the test developer unless there is evidence to support the intended use or interpretation.
4. Review the procedures for setting performance standards or passing scores. Avoid using stigmatizing labels.
5. Avoid using a single test score as the sole determinant of decisions about test takers. Interpret test scores in conjunction with other information about individuals.
6. State the intended interpretation and use of test results for groups of test takers. Avoid grouping test results for purposes not specifically recommended by the test developer unless evidence is obtained to support the intended use. Report procedures that were followed in determining who were and who were not included in the groups being compared and describe factors that might influence the interpretation of results.
7. Communicate test results in a timely fashion and in a manner that is understood by the test taker.
8. Develop and implement procedures for monitoring test use, including consistency with the intended purposes of the test.

D. INFORMING TEST TAKERS

Under some circumstances, test developers have direct communication with the test takers and/or control of the tests, testing process, and test results. In other circumstances the test users have these responsibilities.

Test developers or test users should inform test takers about the nature of the test, test taker rights and responsibilities, the appropriate use of scores, and procedures for resolving challenges to scores.

1. Inform test takers in advance of the test administration about the coverage of the test, the types of question formats, the directions, and appropriate test-taking strategies. Make such information available to all test takers.
2. When a test is optional, provide test takers or their parents/guardians with information to help them judge whether a test should be taken—including indications of any consequences that may result from not taking the test (e.g., not being eligible to compete for a particular scholarship)—and whether there is an available alternative to the test.

3. Provide test takers or their parents/guardians with information about rights test takers may have to obtain copies of tests and completed answer sheets, to retake tests, to have tests rescored, or to have scores declared invalid.
4. Provide test takers or their parents/guardians with information about responsibilities test takers have, such as being aware of the intended purpose and uses of the test, performing at capacity, following directions, and not disclosing test items or interfering with other test takers.
5. Inform test takers or their parents/guardians how long scores will be kept on file and indicate to whom, under what circumstances, and in what manner test scores and related information will or will not be released. Protect test scores from unauthorized release and access.
6. Describe procedures for investigating and resolving circumstances that might result in canceling or withholding scores, such as failure to adhere to specified testing procedures.
7. Describe procedures that test takers, parents/guardians, and other interested parties may use to obtain more information about the test, register complaints, and have problems resolved.

WORKING GROUP

Note: The membership of the working group that developed the Code of Fair Testing Practices in Education and of the Joint Committee on Testing Practices that guided the working group is as follows:

Peter Behuniak, PhD Lloyd Bond, PhD Gwyneth M. Boodoo, PhD Wayne Camara, PhD

Ray Fenton, PhD

John J. Fremer, PhD (Cochair) Sharon M. Goldsmith, PhD Bert F. Green, PhD

William G. Harris, PhD Janet E. Helms, PhD

Stephanie H. McConaughy, PhD Julie P. Noble, PhD

Wayne M. Patience, PhD Carole L. Perlman, PhD Douglas K. Smith, PhD Janet E. Wall, EdD (Cochair) Pat Nellor Wickwire, PhD Mary Yakimowski, PhD

Lara Frumkin, PhD, of the APA, served as staff liaison.

The Joint Committee intends that the Code be consistent with and supportive of existing codes of conduct and standards of other professional groups who use tests in educational contexts. Of particular note are the Responsibilities of Users of Standardized Tests (Association for Assessment in Counseling and Education, 2003), APA Test User Qualifications (2000), ASHA Code of Ethics (2001), Ethical Principles of Psychologists and Code of Conduct (1992), NASP Professional Conduct Manual (2000), NCME Code of Professional Responsibility (1995), and Rights and Responsibilities of Test Takers: Guidelines and Expectations (Joint Committee on Testing Practices, 2000).

Exhibit 6. Rights* and Responsibilities of the Candidate and Position of the ACBOMR

*Citation: Code of Fair Testing Practices in Education. (2004). Washington, DC: Joint Committee on Testing Practices. (Mailing Address: Joint Committee on Testing Practices, Science Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; Code of Fair Testing Practices in Education (PDF, 803 KB)

1. *A candidate has the right to be informed and understand their rights and responsibilities*

ACBOMR Position (Manual Reference)	Candidate Responsibility

• Inform candidates of their rights and responsibilities.
• Respond to correspondence sent to admin@ACBOMR.org and info@ACBOMR.org in a timely manner.
• Provide candidates with the ACBOMR Candidate Policy and Procedures Manual to assist in test preparation.
  ○
	• Understand your rights and responsibilities as a candidate and ask questions about issues that you do not understand.
	• Review the ACBOMR Candidate Policy and Procedures Manual
	• Accept, understand, and comply with all policies and procedures by signing the following documents:
	  ○ ADA Disabilities Act Verification Form
	  ○ Confidentiality Agreement
	  ○ Appeal Policy
	  ○ Policy and Procedures Manual
	  ○ ACBOMR Code of Ethical Conduct
	• Submit timely and accurate application/registration materials.
	• Ensure that all contact information, including address, email, telephone number is accurate in the ACBOMR profile and on all application/registration materials.
	• Check that email for receipts, confirmations, and correspondence from the ACBOMR is not directed to Junk or Spam folders.
	• Report any issue with electronic correspondence to the ACBOMR Administrator at admin@ACBOMR.org.

2. *A candidate has the right to be treated with courtesy, respect, and impartiality.*

ACBOMR Position (Manual Reference)	**Candidate Responsibility**
• Demonstrate respect for the candidates and correspond with courtesy in all communications with the candidates.	• Demonstrate respect for the work of the Board of Directors and correspond with courtesy in all communication and dealing with the Board of Directors as these members uphold and maintain the integrity, continuity, and function of all business of the ACBOMR as elected by their peers and as a voluntary service to the Board and its Diplomates. • Demonstrate respect for and correspond with courtesy in all communication and dealing with the Administrative Staff and Personnel of the Testing Centers • Respect other candidates throughout the entire testing process and do not interfere with the rights of others involved in the testing process. Candidates affirm this by acknowledging receipt, understanding and acceptance of the ACBOMR Code of Ethical Conduct which defines irregular behavior that may compromise the integrity of the test.

3. *A candidate has the right to be examined by measures that meet professional standards and are appropriate, given the way the exam results will be used.*

ACBOMR Position (Manual Reference)	**Candidate Responsibility**
• Adhere to policies and procedures in test construction and evaluation that utilize measures that meet professional standards and are reliable, relevant, and useful given that the purpose of the Certification examination is to ensure that the candidate demonstrates the highest standards for knowledge, evidence based clinical proficiency, diagnostic skill, and professionalism relative to peers.	• Read descriptive material they receive in advance of a test and listen carefully to test instructions. • Ensure their contact information and the status of their applications by logging into their profile online. • Inform the ACBOMR **at the time of registration** for the Certification Examination if they require testing accommodation.

• Construct questions for the Examination based on Blueprints and appropriate responses determined from reference to authoritative texts. • Evaluate the performance of candidates on individual questions by criterion-based process. • Provide reasonable accommodations as described in the Policy for Candidates with Disabilities.	• Understand that candidates whose first language is not English should be aware of the ACBOMR Policy for Individuals of Diverse Linguistic Backgrounds. The ACBOMR exam is administered in English.

4. *A candidate has the right to be informed prior to testing, about the test's purposes, the nature of the test, whether the test results will be reported to the test takers, and the planned use of the results.*

ACBOMR Position (Manual Reference)	**Candidate Responsibility**
• Provide the purpose of the ACBOMR certification examination within the Mission and Objectives statements. • Describe the nature of the certification examination provided within the Content and Format of the exam. • Provide a summary of results of the examinations as required by the NC for use in benchmarking the level of competency of dentists who have graduated from a CODA approved post-graduate course in oral and maxillofacial radiology, as judged by a panel of peers. • Maintain the right to withhold results to any organization or entity other than the candidate. Third party requests for information regarding the status of a candidate's application, Board certification or results are not entertained. Specific details regarding communication of the Board with the candidate regarding their test results are provided in sections on Reporting of Examination results and Release of Examination results. • Ensure the appropriateness and reliability of the certification examinations as outlined in Test Development.	• Be familiar with all application and administrative procedures for challenging the Certification examination. • Attest to reading the Policy and Procedures Manual and reading, understanding, and accepting all policies contained therein by certifying the Acceptance of All Policies document. • Contact the ACBOMR at info@ACBOMR.org and admin@ACBOMR.org with any questions about the examination process and reporting of results, after thorough review of the Manual prior to the testing date. • Prepare for the examination and be familiar with all content areas in Oral and Maxillofacial Radiology, by formal education, continuing education, and personal study.

• Notify candidates of the location for certification examinations. • Describe eligibility and procedures for re-testing in Re-examination Procedures • Provide details on grading of the examinations under Scoring and provide sample questions and grading scheme for the exam.	

5. *A candidate has the right to know in advance, when and how the examination will be administered, if and approximately when examination results will be available, and the fee required to take the exam.*

ACBOMR Position (Manual Reference)	**Candidate Responsibility**
• Provide details on administration of the Certification Examinations in Administration and Reporting of Examination Results. • Post information about the application process, verification of eligibility, registration process, and associated fees on the website and during the registration process itself. • Notify candidates of changes to a testing facility or schedule in a timely manner. The ACBOMR notification will be via email and inform candidates of the new schedule. If there is a change, reasonable alternatives to the original schedule will be provided in compliance with preserving the integrity of the examination.	• Present themselves to the testing facility on time with any required materials, pay for testing services and be prepared to be tested. • Review appropriate materials needed for testing and seek information or request clarification about these materials, as needed.

6. *A candidate has the right to have the examination administered and results interpreted by appropriately trained individuals.*

ACBOMR Position (Manual Reference)	Candidate Responsibility
• The questions and cases used for the Certification examinations are developed by Members of the test construction Committee composed of Diplomates of the ACBOMR with at least 5 years of experience, elected by their peers. • These processes imply that the Diplomates of the ACBOMR consider the qualifications of Board members to exemplify and have the highest level of skill in Oral and Maxillofacial Radiology in the United States. The credentials of each Board member are available to candidates on the Website.	• To comply with the directions given to them either via email or at the Testing Center. • Candidates agree to follow instructions given by testing professionals at the testing center and complete the test as directed. • Candidates agree to the Confidentiality Agreement which specifies the proprietary and confidential nature of the examination and restrictions on recording, discussion, or dissemination of content.

7. *A candidate has the right to be informed that the examinations are optional and understand the consequences of taking, not taking, or not fully completing the examinations.*

ACBOMR Position (Manual Reference)	Candidate Responsibility
• Inform the candidate that the certification examinations are not intended as individual formative assessments or to identify specific deficiencies in knowledge. • Inform the candidate that the purpose of the certification is to determine individual competency relative to Diplomates of the ACBOMR who have demonstrated the highest level of knowledge and judgment in the foundational and clinical sciences relevant to the practice of Oral and Maxillofacial Radiology in the United States.	• Understand that by registering for the certification examination, candidates accept the consequences of failure of the examination and understand the re- examination procedures described in the sections Examination Withdrawal and Refunds and Re-examination Procedures.

8. *A candidate has the right to receive examination results within a reasonable time after the administration of the examination and receive results in commonly understood terms.*

ACBOMR Position (Manual Reference)	Candidate Responsibility
• Follow policies regarding notifying candidates of their results and their performance, as described in Reporting of Examination Results and Release of Examination Results. • Communicate the results to candidates.	• Candidates acknowledge that the ACBOMR does not offer individual opportunities for reviewing the examination or cancelling scores or test results. • Candidates acknowledge that if they identify a specific procedural irregularity that may have affected the examination process, they can petition the ACBOMR for an Appeal within ten (10) business days of the examination date. Details of this process are provided in the Appeal Policy.

9. *A candidate has the right to review the scope of confidentiality regarding the results of the examinations.*

ACBOMR Position (Manual Reference)	Candidate Responsibility

• Endorse anonymity of candidates during administration, grading, and finality of results.
  ○ Registration occurs online and generates individual identification codes.
  ○ Only the ACBOMR Administrator has direct access to this software during the administration and grading processes.
  ○ The Directors have access to candidate names initially, to approve their eligibility, and only after final scoring of the examination where the code is correlated to the candidate's name.
• Respect the anonymity of candidates and declare potential conflict of interest, as it relates to scoring of short-answer, short essay, and written case interpretations and provide, as standard procedure, two graders for these testing items.
	• Understand and agree to the Confidentiality Agreement.

• Release individual results only to the candidate and keep confidential any requests for testing accommodations and the documentation supporting the request. • Provide the National Commission on Recognition of Dental Specialties and National Certifying Boards, Program Directors of accredited OMR programs, ACBOMR diplomates, and selected members of the executive committee of the AAOMR the overall number of candidates challenging the exam, and the pass rate.	

10. *A candidate has the right to request an appeal and be informed of the procedures in reviewing and responding to appeals.*

ACBOMR Position (Manual Reference)	**Candidate Responsibility**
• The ACBOMR appeal process is described in detail in the Appeal Policy.	• Review the Appeal policy and certify and attest to their understanding of this process by completing and signing the Appeal Policy Form. • Understand that the ACBOMR will not consider an appeal disputing the candidate result, the content of the examination, scoring of the examination, or a request to access the post-examination psychometric validation. • Express concerns about the testing process in a timely and respectful manner before results are released.

Exhibit 7. Forms to be Attested by Directors of the ACBOMR (Annual)

Form 1: Code of Professional Conduct Attestation

As a Director of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR), I recognize and accept my responsibility to uphold the highest standards of professional and ethical conduct. By signing this document, I affirm my commitment to comply with all applicable ethical guidelines, including the Code of Professional Conduct for Diplomates of the ACBOMR, as well as the professional standards of recognized dental and radiology organizations.

In performing my duties on behalf of the Board, I agree to:

1. Fiduciary Responsibility – Act in the best interests of the ACBOMR with diligence, loyalty, and adherence to the Board's mission and governing documents.
2. Integrity and Honesty – Conduct all professional and Board-related activities with transparency, honesty, and faithfulness to the responsibilities entrusted to me.
3. Professional Conduct – Avoid actions, relationships, or engagements that could compromise or appear to compromise the reputation of the Board or the public's confidence in its integrity.
4. Avoidance of Conflicts – Refrain from personal or professional conduct that could create a perception of impropriety, bias, or conflict of interest.
5. Compliance – Adhere to all applicable Board Bylaws, policies, procedures, codes of conduct, and professional standards relevant to the role of a Director.

By following this Code, Directors ensure that the ACBOMR continues to operate with the highest levels of accountability, professionalism, and public trust.

Director Signature: _____

Printed Name: _____

Date: _____

Form 2: Conflict of Interest Disclosure form

As a Director of the American Certifying Board of Oral and Maxillofacial Radiology (ACBOMR), I acknowledge that I have fiduciary responsibilities and a duty of loyalty to the Board. I am expected to conduct all professional interactions with fellow Directors, Diplomates, applicants, candidates, examinees, and representatives of external organizations with honesty, fairness, and the highest standard of personal and professional integrity.

In fulfilling my responsibilities as a Director, I recognize the importance of avoiding situations where my personal, financial, professional, or other interests could compromise—or appear to compromise—my impartiality or

objectivity in Board matters. I understand that potential conflicts of interest must be disclosed promptly to maintain the integrity and credibility of the Board's processes.

I hereby disclose the following potential or perceived conflicts of interest:

1. Prior Education or Training:

2. I am a graduate of an oral and maxillofacial radiology program associated with one or more of the following applicants, candidates, or examinees:

    1. _____

    2. _____

3. Professional Roles:

    I am currently, or have previously been, a Program Director, faculty member, or in another official capacity within an OMR program associated with one or more of the following applicants, candidates, or examinees:

    1. _____

    2. _____

4. Personal or Professional Relationships:
    I have a close personal or professional relationship that could present a perceived conflict with one or more of the following applicants, candidates, or examinees:

    1. _____

    2. _____

5. Legal or Advisory Involvement:
    I am, or have been, directly or indirectly involved in legal, consultative, or advisory matters related to one or more of the following applicants, candidates, or examinees:

    1. _____

6. Family or Financial Affiliations:
    I have a family member or financial interest associated with the institution or program of one or more of

the following applicants, candidates, or examinees:

1. _____

7. Other Conflicts:
   Any other professional or personal situation that may present an actual or perceived conflict:

   1. _____

By signing below, I certify that the information provided is complete and accurate to the best of my knowledge. I understand my ongoing obligation to disclose any new conflicts that may arise during my tenure as a Director of the ACBOMR.

Director Signature: _____

Printed Name: _____

Date: _____

Form 3: Confidentiality Attestation form

By signing this document, I acknowledge that in the execution of my duties and responsibilities as a Director of the American Certifying Board of Oral and Maxillofacial Radiology, I will be privy to sensitive and confidential information about covered individuals (defined as applicants, candidates, examinees, Diplomates or other members of the Board or other committees or organizations), internal organizational policies and affairs (e.g., Board meetings, meetings with other external agencies).

I acknowledge I have a fiduciary responsibility and duty to keep all confidential information confidential. This includes the content and deliberations of all Board meetings as well as confidential or personal information provided by covered individuals, internal organizational policies, and affairs. This extends to all communications between myself and covered individuals. I accept that this also extends to me when I cease to be a Director of the Board. I also accept that confidential information can only be disclosed when I am fulfilling my function and exercising powers delegated to me, in the following circumstances:

1. When permitted by law.
2. When a covered individual has consented to the disclosure.
3. When the information is of a statistical nature that could not reasonably be expected to lead to the identification of any person to whom it relates.

I accept that the following acts constitute a breach of confidentiality:

- Access, disclose or use confidential information, including correspondence, for a purpose other than the purpose for which the information was received.

- Permit inspection of confidential information, including correspondence, by a person who is not authorized to inspect the information.
- Disclose confidential information, including correspondence, to a person who is not authorized to receive the information.
- Disclose confidential information, including correspondence publicly (e.g., social media).

Signature: _____

Printed Name: _____

Date: _____

Appendix 10. Data of Pass/Fail Rates as provided by the American Board of Oral and Maxillofacial Radiology (ABOMR)

ABOMR Pass / Fail Rates

2017	Total Candidates	Pass	Fail	Percentage
Part 1	19	8	11	42%
Part 2	15	11	7	66%

2018	Total Candidates	Pass	Fail	Percentage
Part 1	20	9	11	45%
Part 2	18	11	7	66%

2019	Total Candidates	Pass	Fail	Percentage
Part 1	25	9	16	36%
Part 2	12	9	3	75%

2020	Total Candidates	Pass	Fail	Percentage
Part 1	No Examination / Covid	0	0	0
Part 2	No Examination / Covid	0	0	0

2021	Total Candidates	Pass	Fail	Percentage
Part 1	19	16	3	84%
Part 2	2	2	0	100%

2022	Total Candidates	Pass	Fail	Percentage	.5 was due to Candidate with ADA
Part 1	27.5	20.5	7	75%	
Part 2	18	12	6	66%	

2023	Total Candidates	Pass	Fail	Percentage	
Part 1	20.5	17.5	3	85%	.5 was due to Candidate with ADA
Part 2	20	18	2	90%	

2024	Total Candidates	Pass	Fail	Percentage	
Part 1	19	Invalidated by NCRDSCB			
Part 2	14.5	13.5	1	93%	.5 was due to Candidate with ADA

2025	Total Candidates	Pass	Fail	Percentage
Part 1	No Examination			
Part 2	No Examination			

Appendix 11. AAOMR- ACBOMR : Minutes Compilation

AAOMR Executive Council & ACBOMR — Joint Meeting Record

Period Covered: January 2025 – June 2026

Attendees:

AAOMR EC:

Aruna Ramesh (President),

Trishul Allareddy (Immediate Past President)

Mitra Sadrameli (President-Elect),

Avni Bhula (Treasurer),

Aditya Tadinada (councilor, Academy affairs),

Anitha Potluri (Councilor, Continuing Education),

Sajitha Kalathingal (Councilor, Public policy),

Abeer AlHadidi (Councilor, Communications),

Adriana Creanga (Councilor, Educational affairs)

ACBOMR:

Aditya Tadinada (Inaugural President July 2025- June 2026)

Peggy Lee (President, effective June 2026)

Summary Note on AAOMR–ACBOMR Collaboration

The record below reflects weekly or near-weekly joint AAOMR EC / ACBOMR meetings from December 2025 through June 2026, addressing ACBOMR governance, bylaws and policy/procedure development, board director elections, and the NC recognition application. Dr. Aditya Tadinada, as founding/inaugural ACBOMR President, was present at and as an active participant in nearly every meeting during this period, providing continuous ACBOMR leadership and serving as the principal point of liaison between the AAOMR Executive Council and ACBOMR throughout the application process. Following the inaugural ACBOMR Board election and installation in June 2026, Dr. Peggy Lee assumed the ACBOMR presidency, and the same collaborative cadence of joint meetings, document handoff, and NC application support has continued without interruption. Taken together, this record evidences sustained, regular, and effective collaboration between AAOMR and ACBOMR across the entirety of the certifying board's formation and recognition process.

AAOMR EC/ACBOMR Meeting Summary — January 8, 2026

- Town hall to be scheduled (proposed third week of February) to present ACBOMR status and next steps prior to conducting ACBOMR director elections.
- EC discussed AAOMR bylaws Article X, adding AAOMR rights as the sponsoring organization based on legal guidance — mirrored in ACBOMR bylaws.

AAOMR EC / ACBOMR Meeting — January 15, 2026

- Agenda included: ACBOMR exam format decision; policy to ensure continuity of NC application efforts by newly elected ACBOMR directors; ACBOMR next steps including policy/procedure manual review, NC application drafting, and financial independence/stability.
- EC: Affirmed that AAOMR's current EC and the new ACBOMR Board must collaborate to complete and submit the recognition application, with the new Board operating under EC guidance and oversight until submission is complete.
- Aruna/Aditya: To send draft ad hoc committee language to attorney Heidi for legal review, including context on the AAOMR–ACBOMR relationship.
- Aditya: Continued processing/reconciling membership applications and outreach to members who had not completed the new ACBOMR application process.
- Aditya/EC: Directed to add Dr. Farman to the life-members list and proceed with certificate issuance after formal roster approval.
- Aditya: To obtain an insurance quote for ACBOMR and secure coverage once bylaws are finalized.
- Aditya/EC: To add agreed ad hoc committee language to the bylaws.
- Aruna/EC/Adi: Plan and announce a town hall for March 5 covering ACBOMR elections, rules, and nomination processes.

Summary themes:

- The group voted to implement a single, integrated ACBOMR board-certification exam format (administered no earlier than 2027, after recognition), with the AAOMR EC serving as an ad hoc committee guiding the ACBOMR application process until recognition is achieved.
- EC agreed on policy language stating that the AAOMR Executive Committee will provide guidance to ACBOMR in submitting the recognition application, to be included in ACBOMR bylaws; the ad hoc committee will dissolve once ACBOMR is recognized by the National Commission.
- Aditya (as ACBOMR lead) reported on continuing membership reconciliation and outreach to potential members unaware of the new ACBOMR application process.
- EC discussed compiling a list of potential ACBOMR board members and the self-nomination process, and agreed to pursue member donations that would aid to demonstrate ACBOMR's financial sustainability.

AAOMR EC / ACBOMR Meeting — January 22, 2026

- Agenda: ACBOMR update from Drs. Tadinada, Kohltfarber, and Jadhav (elections, insurance coverage); review of a detailed ACBOMR/NC application timeline table, including bylaws review/voting periods, draft application window (1/8–2/6/2026), draft review by external reviewers, and target NC application submission of 3/1/2026.
- Aruna, Adriana, Avni: Assigned to begin drafting the NC recognition application.
- Aditya: To follow up with Fortress Insurance (Brenda Jewell) for an ACBOMR insurance quote.
- Aditya provided a legal-counsel update: rather than specific bylaws language, a separate agreement between AAOMR and ACBOMR regarding task assignments was recommended.

Summary: The Executive Committee focused on finalizing ACBOMR's bylaws and policy/procedure manual for the NC application, agreeing to begin with two external reviewers. The committee discussed the appeals policy document (unifying exam-failure and diplomate-conduct provisions) ahead of finalization.

AAOMR EC / ACBOMR Meeting — January 29, 2026

- Board director nominee discussion: candidates discussed included Dr. Tara Maghsoodi-Zahedi, Dr. Salo Sosa Melo (later removed due to a conflict-of-interest concern), Dr. Sung Kim, Dr. Rumpa Ganguly, Dr. Allison Buchanan, and Dr. Bruce Howerton, plus Mustafa Badi and John Guidry (runner-up).
- Adi: To reach out to Sunil Mutalik regarding a board director nomination.
- Aruna and Adi: Reviewed and resolved concerns about a draft attorney agreement regarding AAOMR's oversight of ACBOMR, ultimately determining a formal agreement was unnecessary given AAOMR's role as sponsoring organization; agreed the application must be submitted by the elected ACBOMR Board of Directors, after elections
- EC: Agreed that board elections would be held in March to select 7 ACBOMR directors ahead of an April application submission.
- Aruna: Provided an NC application status update, noting challenges compiling historical membership data and reconciling survey numbers, and the need for EC review before submission to the National Commission.
- EC Members: Directed to reach out to additional potential ACBOMR board director candidates to reach a minimum of 8–9 nominees.

AAOMR EC / ACBOMR Meeting — February 5, 2026

- Agenda: draft notification to state boards regarding temporary recognition of board-eligible OMR candidates during the ACBOMR/NC application period; policy/procedure manual finalization timeline; NC application completion timeline update (Aruna/Avni/Adriana).

- Draft language clarified that ACBOMR is the certifying board sponsored by AAOMR and is currently applying for NCRDSCB recognition, having temporarily paused administration of board certification exams during the application period.
- Mitra proposed regular monthly "touch-base" meetings for members to ask questions about the ACBOMR transition, beginning March 5.

Summary: The group finalized board-certification eligibility language for state boards, reviewed policy/procedure manual updates, addressed ACBOMR board nominations, and planned town halls to address member trust/communication regarding the ACBOMR transition.

AAOMR EC / ACBOMR Weekly Check-in — February 12, 2026

- ACBOMR Election Process — next steps: Adi (agenda item).
- Adriana presented updates on missing NC application information, including an addendum to the bylaws and policy/procedures.
- Plans discussed for Harrington Company to manage the ACBOMR election process while maintaining operational separation between AAOMR and ACBOMR.
- Aditya: To send (or resend) communication to members who had paid only ACBOMR dues, explaining the dual-membership requirement and rationale.
- Aditya: To review the list of members who had paid only AAOMR or only ACBOMR dues and report numbers to EC.
- Katie (Harrington Company): To send invitations to nominated individuals to run for ACBOMR board positions, requesting CVs and biosketches.
- Aruna/Aditya: To draft and send the ACBOMR invitation message for board self-nominations.
- Aruna/Aditya: To provide the application/exam fee table for the NC application.
- Aruna and team: To update the confidentiality/FERPA agreement for new ACBOMR board members and committees to sign upon onboarding.
- Aruna/Aditya: To respond to Harrington Company regarding continuation of services, clarifying that future staffing decisions rest with the incoming ACBOMR board.

Summary: Discussion confirmed ACBOMR membership figures (approximately 216 members, 127 paid — sufficient to meet the 50% majority requirement); Aditya reported diplomate certificates were ready for printing. The group discussed a mock ACBOMR board election to test the process ahead of the real election.

AAOMR EC / ACBOMR Meeting — February 19, 2026

- Avni: Presented the 2025 financial statements, including the 50/50 split of National Commission fees between AAOMR and the board.
- EC: Reviewed plans for the March 5 town hall, restricted to AAOMR members, and the process for ACBOMR board elections, including a 2-week self-nomination period after sharing the bylaws.

- Aditya (Adi): Tasked with confirming with Sunil whether he will run for the ACBOMR board, to reach 8 candidates.
- Aditya (Adi)/EC: After the March 5 town hall, to reach out to the 7/8 nominated candidates to request CVs, letters of intent, and confirm position preferences.
- All EC members: To review the NC application folder and check hyperlinks so Aruna could send it to Cathy Baumann for preliminary review.
- Aruna: To send the NC application to Cathy Baumann for preliminary review after incorporating EC feedback.
- Aditya (Adi): To provide the list of current diplomates for inclusion as an appendix to the NC application.
- Aruna/EC/ Adi: To plan and execute the ACBOMR election process, targeting election start by March 15 and completion by April 1.
- Aruna: Ensured the first slide of the town hall presentation would introduce the new ACBOMR officers.

AAOMR EC / ACBOMR Meeting — February 26, 2026

- ACBOMR Elections: Adi (agenda item) — plans to invite letters of intent and CVs from AAOMR nominees beginning March 6, determine interest in President/VP/Secretary roles, and open self-nominations; proposed election March 23 with a 3-week voting window.

Summary: The group decided to focus the March 5 town hall on ACBOMR (organizational structure, bylaws, policy/procedures) rather than AAOMR matters. The team agreed to post ACBOMR bylaws draft on March 13 following legal counsel feedback, open self-nominations until April 10, and target election results by May 7–8. The group discussed widening outreach for ACBOMR board candidates.

AAOMR EC / ACBOMR Meeting — March 5/12, 2026 (Town Hall & Election Preparation)

- Aruna/EC: Posted the ACBOMR bylaws and policy/procedure manual for member review, with election timeline and next steps communicated to membership by March 13, 2026.
- Aruna: At the town hall, confirmed the AAOMR bylaws comment period would remain open until March 12; ACBOMR-specific materials were the town hall's primary focus.
- EC: Self-nominations for ACBOMR board positions to be accepted after the March 13 bylaws posting, through April 10.
- EC: Election ballots to be prepared with voting period targeted for approximately April 20–May 1, results by May 7/8.
- Aruna: To set up a meeting between the EC and newly elected ACBOMR directors to facilitate the application process and onboarding once results are finalized.
- Aruna: Confirmed with Adi the requirement that the two other ACBOMR directors attend the mandatory town hall.

ACBOMR self-nomination announcement (drafted for distribution by Harrington Company on behalf of Adi, March 13): announced acceptance of self-nominations for all seven inaugural ACBOMR Director positions (3-year, 2-year, and 1-year staggered terms), with eligibility criteria and a March 31, 2026 nomination deadline. The announcement was signed "Dr. Aditya Tadinada, On behalf of the ACBOMR Founding Directors."

Confirmed nominee list (with EC members coordinating outreach): Tara Maghsoodi-Zahedi, Sung Kim, Allison Buchanan, Bruce Howerton, Farah Masood, Hema Udupa, Peggy Lee, and Suneel Mutalik (outreach via Adi).

Nomination acceptance letters were sent on behalf of the AAOMR Executive Council, signed by Aruna Ramesh, President, AAOMR, confirming the April 2026 inaugural ACBOMR election for seven founding Director positions and eligibility/term requirements.

AAOMR EC / ACBOMR Meeting — March 26, 2026

- Agenda: ACBOMR Elections — next steps (Adi, 15 min); ACBOMR Bylaws and Policy/Procedure Manual — next steps (Aruna, 10 min).
- EC: Decided to update ACBOMR bylaws and policy/procedure manuals based on external reviewer feedback ahead of AAOMR bylaws changes, prioritizing the ACBOMR application.

Summary: The council reviewed the 2026 budget with attention to ACBOMR-related shared expenses (a cost-sharing structure established in 2017). Aditya raised the need for dedicated administrative support for ACBOMR operations, including handling credentialing inquiries and membership applications, and the group discussed Dr. Bill Moore's life-membership application to ACBOMR. The group set an April 3 deadline for director nominations and reviewed comments from Debra Gander and Gail Williamson on the ACBOMR bylaws and policy/procedure manual, and NC application due by April 8.

AAOMR EC / ACBOMR Meeting — April 9, 2026

- Agenda: Review of ACBOMR Bylaws and Policy/Procedure Manual.
- All EC members: Directed to incorporate non-contentious grammatical and structural suggestions from Gail Williamson, Debra Gander, and Axel Ruprecht into the ACBOMR bylaws and Policy/Procedure Manual.
- Aruna: To implement agreed-upon bylaws/PP manual edits into the NC application final version.
- Aruna: Posted Axel's comments for future reference by the new board; incorporated all of Axel's edits into the bylaws (Adi/Aruna).

Summary: The team reviewed comments on the ACBOMR bylaws and Policy/Procedure Manual from Gail, Debra, and Axel, made minor grammatical corrections and clarifications (e.g.,

“assessment” to “professional experience”), and updated board-composition requirements and reporting responsibilities to AAOMR and the Commission. The group confirmed all 8 EC nominees had submitted required materials for the ACBOMR board election, with self-nominations open until the following Monday; Aruna noted 7 board members would be selected from the candidate pool. Katie was provided the message draft for the election process to share with membership.

AAOMR EC / ACBOMR Meeting — April 16, 2026

- Agenda: Draft review — Statement on Dipl.ACBOMR to be shared with diplomates (Adi); NC application next steps (Aruna).
- Aditya was tasked with drafting/circulating a statement clarifying acceptable abbreviation formats for board diplomate credentials (“DIPL. ACBOMR” / “Diplomate of ACBOMR”).
- Aruna provided an NC application update, confirming all suggested edits had been incorporated, and requested EC members review the final version.

Summary: Election timeline reviewed — ballot preparation due by the 21st with results expected by May 5. Aruna reported completing work on the ACBOMR bylaws revision, Policy/Procedure manual, and NC application, pending final team review before submission to Cathy Baumann for a second informal review. The team agreed to maintain weekly EC meetings until the application process is complete and the new board is oriented, after which they may move to bi-weekly meetings.

AAOMR EC / ACBOMR Meeting — April 23, 2026

- Agenda: ACBOMR — NC Update (Adi); ACBOMR — NC application next steps (Aruna).
- Adi provided an update on new National Commission policies regarding initial recognition requirements, noting the 20-month timeline could be fast-tracked, and that the new ACBOMR board would need to administer a certifying examination within 12 months of receiving initial recognition.
- Aditya: Provided an update on the NC recognition process, explaining the Commission had created a new “initial recognition pathway” tailored to ACBOMR's situation — not requiring an exam before application, and allowing 6–7 months to prepare for the first exam post-recognition.
- Discussion of board director eligibility requirements: anyone who served on the ABOMR board since 2015 would be ineligible to run for ACBOMR director positions.

Summary: The group reviewed eligibility requirements for ACBOMR board directors and document formatting for the application. Aruna confirmed the NC application reflects added appendices (term staggering, election processes) and reviewed collaboration details between ACBOMR and AAOMR, including a decision to make meeting minutes available to ACBOMR upon request while maintaining confidentiality.

AAOMR EC / ACBOMR Meeting — April 30, 2026

- Agenda: Nomination committee action plan for ACBOMR election ballots (Trishul); NC application next steps (Aruna).

Summary: The committee discussed the upcoming ACBOMR board election ballot preparation and reviewed progress on the NC application.

AAOMR EC / ACBOMR Meeting — May 14, 2026

- Agenda: Diplomate credentials; THC (Harrington Company) update (Aruna).
- The team reviewed diplomate-credentials documentation that Aditya had prepared.
- Plans were made to review the National Commission application in detail at the next meeting, with specific focus on addressing Cathy Baumann's comments and finalizing the document before submission.
- Discussion noted Aditya's update that all 8 ACBOMR board candidates were addressed regarding election status and timeline (election extended to ensure all eligible members, including life members, could vote by June 1).

AAOMR EC / ACBOMR Meeting — May 21, 2026

- Agenda: Review NC application.
- Katie (Harrington Company): Directed to send the updated list of life members to Aruna and Adi for follow-up on voting eligibility.
- Adi: To send email to the eight candidates on the ACBOMR board ballot updating them on election status and timeline.
- Aruna: To extend the ACBOMR board election voting deadline to June 1 to ensure all eligible members could vote.

Summary: The meeting addressed National Commission feedback on the ACBOMR application, bylaws, examination procedures, and the procedure manual. The team modified the Appeals Subcommittee composition to three oversight committee members and two board directors (rather than three board directors) to avoid conflicts of interest and tie votes. The group reviewed challenges with the ongoing ACBOMR board election, including voting-link issues affecting life members and other diplomate categories due to payment-status and database complications. Adi reviewed all narratives, discussions, and bylaws amendments (noting he was traveling and unable to attend in person) and confirmed full agreement with the proposed changes.

AAOMR EC / ACBOMR Meeting — June 4, 2026

- Agenda: Application and amendments to ACBOMR bylaws — Adi/Mitra/Aruna.

- Aruna and Aditya reported on their two-hour meeting with Cathy Baumann, who confirmed the application review committee could convene in August if submitted by July, enabling exam administration in early 2027 rather than late 2027.
- Aditya: To introduce the newly elected ACBOMR board to Laura (administrative support) and have them sign necessary onboarding forms.
- Aditya: To email the new ACBOMR board to select officers for positions.

Summary: The team discussed installing the newly elected ACBOMR board members and establishing their priorities, including administrative onboarding with Laura, and maintaining the current application process until recognition is achieved. The election concluded; Aditya explained the team needed to proceed with installation and onboarding, working toward exam logistics with the goal of having everything ready within six months of application submission. The team expressed gratitude for Cathy Baumann's detailed assistance with the application process.

AAOMR–ACBOMR: First Meeting with Elected ACBOMR Board of Directors — June 11, 2026

This was the formal handoff meeting in which the AAOMR Executive Council — led by Aruna as AAOMR President and Aditya (Adi) as founding/inaugural ACBOMR President — introduced the newly elected ACBOMR Board of Directors to the NC recognition application process. The application was reported as 95–98% complete, with a target submission of mid-July 2026.

New Board role assignments:

- Dr. Peggy Lee — President
- Dr. Taraneh (Tara) Maghsoodi-Zahedi — Vice President
- Dr. Bruce Howerton — Secretary-Treasurer
- Dr. Allison Buchanan, Dr. Sunil Mutalik, Dr. Farah Masood, Dr. Sung Kim — Directors

Key next steps:

- Aruna: Share the NC application with the new board members immediately following the meeting.
- New Board Members: Review the NC application and all linked documents (bylaws, policy manual) between June 11 and June 25.
- New Board Members: Schedule a meeting with Aruna, Mitra, Aditya, and available EC members by June 25 to discuss the review and questions.
- New Board Members: Schedule a meeting with Cathy Baumann (National Commission) between July 10–17.
- New Board Members: Develop a regular Board meeting calendar, including inviting an AAOMR liaison to future meetings.
- Bruce: Set up a financial handoff meeting with the AAOMR Treasurer, Mitra, Aditya, Aruna, and Katie (Harrington Company), preferably in July.
- Bruce: Pursue liability insurance for the board, with details to be shared by Aditya.

- Board of Directors: Obtain legal counsel, with information handed over by Aditya.
- Board of Directors: Enter into agreements with ExamSoft (exam delivery), the AIMES testing center (exam administration), and a psychometrician (exam analytics).
- Board of Directors: Appoint members to the Oversight and Appeals Subommittees per the bylaws.
- Board of Directors: Meet with the EC on June 24/25 for questions and clarifications.

Summary themes: Aruna emphasized the importance of submitting a detailed application and the need for strong collaboration between the Board and the sponsoring organization (AAOMR). Aruna explained that Laura Sguerra is available to assist with foundational documentation and vendor coordination, though use of her services is at the Board's discretion; ACBOMR requires separate administrative support from AAOMR's Harrington Company relationship due to regulatory separation requirements. Aditya emphasized the need for regular communication between the ACBOMR board and AAOMR, suggesting monthly joint meetings with an AAOMR liaison (non-voting, excused during executive sessions) to maintain continuity. The group discussed financial status, the need to obtain tax-exempt status in Minnesota, and reaffirmed that any separation between ACBOMR and AAOMR would require approval from both organizations' executive committees, given AAOMR's role as sponsoring organization. The meeting concluded with a plan for newly elected directors (Peggy, Allison, Sunil, Bruce, Farah, Tara, and Sung) to receive the application and guidance documents, with a follow-up meeting scheduled for June 25 to address questions.

ACBOMR Board of Directors Meeting with AAOMR President and President ACBOMR — June 18, 2026

Meeting requested by ACBOMR directors to clarify aspects of the NC application and general context, attended jointly by the AAOMR President (Aruna) and the inaugural ACBOMR President (Adi).

AAOMR Check-in Meeting — June 18, 2026

- Agenda: ACBOMR financial report — Avni, Adi, Aruna.
- Aruna: To draft a detailed response to Allison Buchanan's (ACBOMR board member) questions about the application.
- Avni: To update the ACBOMR financial report for the application to include membership dues (~$75,000) and the ACBOMR Formation Fund.
- Aditya: To obtain Laura's most updated hours for ACBOMR-related administrative work.

Summary: The council reviewed financial reporting requirements for the ACBOMR NC application, deciding to include membership dues and the ACBOMR Formation Fund. The group discussed the need for planning administrative responsibilities (event planning, database/website, and board governance/sponsorships support) for ACBOMR operations going forward.

ACBOMR- AAOMR NC application document review — June 18, 2026

Attendees: Peggy Lee, Allison Buchanan, Bruce Howerton, Sung Kim, Sunil Mutalik, Taraneh Maghsoodi-Zahedi

AAOMR Attendees: Aruna Ramesh, Aditya Tadinada, Mitra Sadrameli

Agenda

1. National Commission Application document review
2. Examination Administration

The Board discussed administration of the initial certification examination, including anticipated candidate volume, grading requirements, and resources needed to support the examination process.

3. Policies and Procedures

The Board reviewed portions of the Policies and Procedures Manual and discussed potential revisions related to examination administration, appeals procedures, certification requirements, and board terms.

4. Financial and Administrative Matters

The Board reviewed financial documentation and administrative requirements associated with the application and future Board operations.

Action Items

- Distribute the updated working application document.
- Update financial information for submission.
- Review examination blueprint language with the Test Construction Committee.
- Address board term information in the application.
- Review appeals process language.
- Add information regarding plans for addressing the initial examination candidate backlog.
- Verify application compliance with formatting and word-count requirements.
- Remove unnecessary appendices and correct minor editorial issues.
- Provide the most recent edited version of the application materials to Peggy Lee.

ACBOMR- AAOMR NC application document review— June 24, 2026

Attendees: Peggy Lee, Allison Buchanan, Bruce Howerton, Sung Kim, Mosood Farah, Sunil Mutalik, Taraneh Maghsoodi-Zahedi,

AAOMR Attendees: Aruna Ramesh, Aditya Tadinada,

Agenda: Discuss Certification Examination logistics

The meeting focused on revising the exam structure for the board certification process, with participants discussing the challenges of maintaining a two-day exam format at M-Center due to capacity limitations and ADA accommodation requirements. The group explored alternatives including using Pearson VUE testing centers for the multiple-choice portion. Discuss requiring candidates to pass both sections to earn certification. The discussion also covered logistics around testing center selection, psychometrician requirements, and the need to offer exam to candidates that is as convenient and cost effective as possible.

Aditya: Transfer operational responsibilities and coordinate with Peggy and Bruce regarding Laura's role and invoicing process.

Aruna: Set up a meeting with Kathy Bauman for the board to review the final application before submission.

Peggy: Send Taraneh the compiled list of potential exam centers and relevant contact/documentation. Coordinate with Aruna/Aditya to schedule a meeting for the board with Laura to discuss management, workflow, and database needs.

Update the board term table in the application to reflect the agreed distribution of 2-year and 3-year terms among current members.

Sung: Draft a brief explanation for the sample exam questions in the candidate manual

Taraneh: Research and compare various exam centers (including Pearson VUE, Prometric, and other suggested centers) for capacity to accommodate 100 candidates, and compile pros and cons for the group.

Contact and investigate additional exam centers, including the one affiliated with the college she is associated with, to determine if they can accommodate 100 people.

Share contact information or links for alternative exam centers with the group via chat.

AAOMR–ACBOMR Meeting — June 25, 2026

- Agenda: ACBOMR updates — from President, Dr. Peggy Lee; Feedback on AAOMR President's message draft (Aruna), which includes ACBOMR Board of Directors announcements.

President's Message excerpt (AAOMR–ACBOMR collaboration content, drafted by Aruna Ramesh, President, AAOMR):

“Our National Commission recognition application is now substantially complete through AAOMR and ACBOMR collaborative efforts. We are pleased to congratulate the newly elected ACBOMR Board of Directors!”

- Dr. Peggy Lee, President
- Dr. Taraneh Maghsoodi-Zahedi, Vice President
- Dr. Bruce Howerton, Secretary/Treasurer
- Dr. Farah Masood, Director
- Dr. Sunil Mutalik, Director
- Dr. Allison Buchanan, Director
- Dr. Sung Kim, Director

“We have begun the transition process to formally hand off the application to this new Board and look forward to their leadership as ACBOMR moves toward recognition. AAOMR will continue to work closely with the ACBOMR Directors to support their application for recognition and to ensure that the Academy and the Board are set up for strong, ongoing collaboration, positioning our specialty for long-term success.”

More details to follow as the ACBOMR Board completes its review and the application moves toward submission.

AAOMR–ACBOMR Meeting (Continued) — June 25, 2026: Exam Procedures and Minutes Handoff

- Aruna: To summarize and provide a version of the meeting minutes relevant to ACBOMR to Peggy, ensuring only ACBOMR-related content is included.
- Peggy: To finalize the wording of the exam procedure manual, particularly regarding exam centers and candidate accommodations.
- Peggy: To finalize the NC application documents, including the narrative and all required documents (except financial documents and meeting minutes).

Summary: The meeting focused on implementing exam procedures for ACBOMR certification, with Peggy Lee (President, ACBOMR) providing updates on progress toward submitting required documents to the National Commission. The group debated structuring the two-part exam, ultimately agreeing on a split-day format (separate morning/afternoon halves on different days), with accommodations handled separately. Aruna agreed to compile a summary of ACBOMR-relevant content from the extensive AAOMR/ACBOMR meeting records for Peggy's submission to the National Commission, reflecting Aditya's prior role as ACBOMR president and the continuity of the EC's collaborative support now carried forward under Peggy Lee's leadership.