In order to obtain informed consent, we are required to provide a prognosis to our patients about the outcome they can expect from treatment, and compare that with the alternatives. Dentists and patients generally accept that saving teeth, whenever possible, is the best option and that the retention rate of endodontically treated and restored teeth is very high and predictable. Most of us are careful to be clear in our admission that we cannot guarantee a successful outcome. But, we can guarantee that we will do our best.

Obedience to excellence is a characteristic that justifies the trust of our patients and referring dentists. Patients, referring dentists, and staff respond to excellence with respect and loyalty. It is evident in a consistent technical quality of treatment, as well as in sincerity, truthfulness and compassion in our relationships with everyone.

Excellence requires more than just education, training, experience and technical skill. It requires purpose, desire, time, and commitment. It is demonstrated in the images of completed treatment that can be admired by other dentists, and by patients who return when treatment is needed again. Enhanced vision and current technology provide every graduating endodontist with the potential for excellence, and every referring dentist knows the criteria they should expect that measures it.

I can even remember observing my classmates in the preclinical endodontic laboratory course as a second year dental student, when I had only limited education and no experience, that the level of desire to achieve excellence by some was apparent even then. It is fairly easy to recognize. The minimal standard for some would exceed the highest standard of others.

I take exception to the current use of the phrase “whatever” in any circumstance where the context usually implies “does it really matter?” Does it really matter that we seek excellence in our treatment and are we saying “whatever” when we don’t? AAE surveys have shown that quality of treatment is even more important to referring dentists when selecting an endodontist than emergency availability, relationships or distance to the endodontist office.

Board Certification is certainly not required to achieve excellence but achieving Diplomate status in our specialty is another way to

continued on page 12
The Secretary’s Report

by Dr. Linda Levin

The American Board of Endodontics has continued with its mission of conferring Board Certification to qualified members of our specialty. The fall marked another round of Case Portfolio submissions as well as the administration of the Oral Examination.

Case History Portfolio Examination

25 Candidates participated in the Fall 2008 Case Portfolio Examination. Eight examiners, three skill sets and seven case types were submitted for evaluation. Using a standardized pass point, 21 of the 25 Candidates were successful resulting in an 84% success rate.

A consistent feature of successful Portfolios is the adherence to the checklist provided in the Portfolio Submission Guidelines (www.abe.org). The Directors of the American Board of Endodontics have carefully outlined the requirements for case submission. Failure to use the checklist or review the grading criteria in the context of a Portfolio can result in easily corrected errors that jeopardize otherwise great Portfolios.

The “Other” category continues to be the area that draws the most questions from Candidates. Cases that qualify for this category cannot fit into any of the other categories (i.e. nonsurgical, surgical, retreatment, etc) yet they should reflect cases that mandate the skills specific to our specialty (i.e. trauma management, vital pulp therapy, pulpal regeneration).

The next deadline for Portfolio submission is May 1, 2009.

Oral Examination

The ABE conducted Oral Examinations for 21 Candidates in November 2008 in Chicago. With the new influx of Directors it was decided that a new benchmark scale would be established. Statistical analysis of the examination results by MRA using the new Benchmark Scale resulted in 17 of 21 Candidates passing the examination. This resulted in a pass rate of 81%. The examination performance summary provided by MRA confirmed that the mean ability of the Candidates was well above average. Their performance was clearly the result of good preparation and is commendable. The next Oral Examinations will be given in Orlando preceding the Annual Session of the AAE on April 27 & 28.

Recertification

Applicants making Preliminary Application on or after January 1, 1997, are required to recertify every ten years from the date they are declared Diplomates by the American Board of Endodontics. The Diplomate must earn a minimum of 25 credits, every ten years, to maintain Board Certification. Credits are earned through professional activities that are directed to the scientific and/or clinical scope of the specialty of Endodontics and are available on the AAE website. Each Diplomate, who is required to be recertified, must submit a Credit Verification Form and Credit Tabulation Form. These forms provide for listing the types of activities and the number of credits that have been earned. Although these forms rely on a self-report mechanism of credits earned, Diplomates must be able to produce acceptable documentation. The formal application for recertification shall be made between the seventh and tenth year from the original date of Board certification. Following approval of the Recertification Application by the Directors of the American Board of Endodontics, the Diplomate will be issued a new ten-year time-limited certificate to date from the tenth anniversary of the initial certificate. This year we have had 5 successful applications for recertification. The certificates have been sent to those Diplomates.

The American Board of Endodontics continues to strive to make Board Certification accessible to the largest number of applicants while insuring that the process is an accurate instrument to gauge qualification for Diplomate status. We are pleased to welcome two new directors to the Board, Drs. James Johnson and Karl Keiser. They will be replacing Dr. Carl Newton and Dr. Al Reader who will complete their terms this Spring. The expertise, wit and wisdom of both Directors will be greatly missed.
## Statement of Activities

**Fiscal Year Ending June 30, 2008**

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Dues</td>
<td>$167,006</td>
</tr>
<tr>
<td>Examination Fees</td>
<td>$162,235</td>
</tr>
<tr>
<td>Maintenance Fees</td>
<td>$25,950</td>
</tr>
<tr>
<td>Interest</td>
<td>$10,214</td>
</tr>
<tr>
<td>Other</td>
<td>$2,962</td>
</tr>
<tr>
<td>Verification</td>
<td>$3,083</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$371,450</strong></td>
</tr>
</tbody>
</table>

### Expense

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Operating</td>
<td>$166,879</td>
</tr>
<tr>
<td>Board of Directors and Committees</td>
<td>$30,807</td>
</tr>
<tr>
<td>Professional Relations Products</td>
<td>$7,336</td>
</tr>
<tr>
<td>Examinations</td>
<td>$103,290</td>
</tr>
<tr>
<td>Annual Session</td>
<td>$18,129</td>
</tr>
<tr>
<td>Diplomate Newsletter</td>
<td>$26,408</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$352,849</strong></td>
</tr>
</tbody>
</table>

### Net Income/Loss

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Income/Loss</strong></td>
<td><strong>$18,601</strong></td>
</tr>
</tbody>
</table>
Louis I. Grossman Memorial Luncheon
Thursday, April 30, 2009
Noon – 1:30 p.m.
Sun Ballroom A

Featured Presenter: Leif K. Bakland, D.D.S.

Dr. Bakland, Professor of Endodontics at Loma Linda University, has served organized dentistry and the specialty of endodontics in numerous capacities and has been involved in dental education for over 40 years. He is an active contributor to dental literature including co-editorship of Ingle’s ENDODONTICS, 4th, 5th and 6th editions. His many professional awards include being presented with the I.B. Bender Lifetime Educator Award in 2004.

Dr. Bakland’s luncheon presentation, Success Through Adversity, will highlight several adversities that have appeared to impede endodontics throughout the years, and how by fact finding and directly confronting these issues has actually stimulated the positive aspects of endodontics, resulting in a stronger dental discipline.

Sponsored by the College of Diplomates, this luncheon program acknowledges endodontists who achieved Board certification during 2008.

We are so pleased to have this opportunity to honor our newest Diplomates. Achieving Diplomate status is not limited by geographical borders, year of graduation, or defined by the chosen type of practice, but ultimately is a matter of self-actualization, the desire and commitment to be the best they can be. As we celebrate this very personal accomplishment, we also acknowledge that their achievement benefits our specialty. Family members, ABE directors, the AAE Executive Committee and other Diplomates will gather to share this moment of recognition. We issue a very special thank you and congratulations to our newest Diplomates, listed below.

Ryan J. Allowitz          Jeffrey H. Janian
David A. Beach           Michael D. Louria
Thomas D. Becker         Michelle L. Mazur-Kary
Damaris Candelario-Soto  Kathleen McNally
Sam M.A. Chogle          Richard A. Munaretto
Agnieszka Chruszczyk     Edward A. Nelson
James R. Corcoran        Manouchehr Pouresmail
John B. Dale             Taras Roud
Melissa M. Drum          Melissa L. Ruff
Mohamed I. Fayad         Mike A. Sabeti
Robert B. Folk           J. Chris Sheaffer
Saman R. Gharib          Charles H. Stuart
Robert A. Goldberg       Franklin R. Tay
Heath A. Grote           David C. Thom
Garrett M. Guess         Marat Tselnik
Paul E. Gutt             Baxter M. Yang
Jeannette Pena Hall
Robert A. Handysides
Shane R. Hanson
Oasis Information Area
Exhibit Hall Schedule
City Hall Lobby
Thursday, April 30, 2009
10 a.m. – 5 p.m.
Friday, May 1, 2009
8 a.m. – 6 p.m.
Saturday, May 2, 2009
8 a.m. – 2 p.m.

Stop by to speak with an ABE representative at the AAE Oasis, located in the City Hall Lobby. Our 2009 CD-ROM, containing the procedural guidelines for Board Certification, examination instructions and schedules, helpful hints from recent Diplomates (suggestions for how to study, how best to approach each exam and where to look for additional guidance), is available for all visitors.

ABE Boardwalk
Friday, May 1, 2009
1:45 p.m. – 3:15 p.m.
Sarasota Room

As an endodontist, you have already accepted the challenge of a career grounded in advanced science, enhanced patient care and overall excellence. The desire to refine these skills and knowledge is the driving force in pursuing Board Certification. We are always ready to welcome new Diplomates who have accepted our challenges and commitment to excellence.

While the process to become a Diplomate requires significant dedication and commitment, there is no shortage of helpful materials available to you as you advance your professional career through the pursuit of Diplomate status. New Candidates gain a deep understanding of the evolution of the field in their preparation for the Board Certification examinations, future Diplomates gain expertise on both classic and current literature – one that serves as the bedrock for lifelong contributions to the specialty. The Directors of the ABE will discuss the importance and value of Board Certification to the specialty and the process required for Diplomate status. Sequencing of the Certification Process will be outlined. Each phase of the examination process, Written Examination, Case History Portfolio and Oral Examination will be discussed and suggestions provided for preparation and successful completion of each portion.

Whether Board Certification is in your future or you are currently in the process, we strongly encourage each of you to attend the Boardwalk. This presentation has proven to provide invaluable examination information, as well as providing a roadmap to additional examination preparation resources.

For more information about ABE events at this year’s Annual Session, contact Margie Hannen, ABE executive secretary, at 800/872-3636, ext. 3007, or send an e-mail to abe@aae.org.
Meet the New Diplomates

The main objective of each issue of “The Diplomate” newsletter is truly to honor the incredible achievement of each of our newly Board Certified members -- the newsletter is even named in their honor! In what has become a rite of passage for each newly successful Candidate, the ABE asks them to submit a short bio, a photo, and answers to the following questions: 1) How do you personally feel now that you have received Diplomate status? 2) Why do you think the overall process was worthwhile? 3) How do you think this achievement will affect you as an endodontist in the years ahead? What follows is a profile of each new Diplomate. Congratulations to them all, and may their enlightening, thoughtful, humorous and inspiring words encourage us in all of our challenges.

“Don’t put it off! It doesn’t get easier the longer you’re out of your residency.”

Major Ryan Jay Allowitz
Ft. Benning, GA
Education: D.M.D., Oregon Health Sciences University (2000); Certificate in Endodontics, Fort Bragg Army Endodontic Residency (2006)
Academic: Endodontic Mentor of One Year Advanced General Dentistry Program
Practice: Chief of Endodontics, Love Dental Clinic, Ft. Benning, GA
Personal: Married (Christina)
Children: Skyler (13), Savannah (12), Seth (8), Emaree (7), Eden (3)
Enjoys running, triathlons and family time!
The Answers:
1. Grateful for all those who encouraged me to pursue Board Certification.
2. It was an excellent way to focus what I’ve learned about endodontics into meaningful, thoughtful treatment for my patients.
3. It solidified my desire to stay current with the literature, science and techniques of endodontics.

“I feel an incredible sense of accomplishment and relief. If the process was easy, every endodontist would be a Diplomate. Becoming a Diplomate requires extra effort and a commitment to endodontics. Not only has this been a personal victory, but my family, mentors, and friends all have been excited to see their support pay off.
The process forces you to get back to the basics and foundations of endodontics. Little nuances that may have been lost as time has passed are rediscovered. By essentially learning everything again for a second time, you definitely become better at what you do.
Diplomate status is an objective measure for colleagues to know that I am current in my knowledge and training. It provides a reassurance that their patients will be treated with a high standard of care.

* * * * * * * * * * * *

“Don’t put it off! It doesn’t get easier the longer you’re out of your residency.”

David A. Beach
Wesley Chapel, FL
Education: D.M.D., University of Florida (2003); Certificate in Endodontics, University of Florida (2005); M.S., University of Florida (2005)
Practice: Private practice in Wesley Chapel, FL
Personal: Single
Enjoys watching NFL and college football, exercising and investing.
The Answers:
1. I feel an incredible sense of accomplishment and relief. If the process was easy, every endodontist would be a Diplomate. Becoming a Diplomate requires extra effort and a commitment to endodontics. Not only has this been a personal victory, but my family, mentors, and friends all have been excited to see their support pay off.
2. The process forces you to get back to the basics and foundations of endodontics. Little nuances that may have been lost as time has passed are rediscovered. By essentially learning everything again for a second time, you definitely become better at what you do.
3. Diplomate status is an objective measure for colleagues to know that I am current in my knowledge and training. It provides a reassurance that their patients will be treated with a high standard of care.

“Don’t put it off! It doesn’t get easier the longer you’re out of your residency.”

Sami Chogle
Cleveland, OH
Education: B.D.S., K.L.E’s Dental School, India (1993); Certificate in Endodontics, Case Western Reserve University (2000); D.M.D., Case Western Reserve University (2003)
Academic: Assistant Professor - Clinic Director and Director of undergraduate endodontics, Case Western Reserve University
Practice: C.I.B. Endodontics, Beachwood, OH - Partner; University Hospitals, Cleveland, OH - Consultant
Personal: Married (Faiza)
Enjoys sports such as soccer and volleyball. Also interested in history, family time, and computer graphics.
The Answers:
1. I feel that I have exponentially increased my capabilities as a clinician and educator.”
“I feel relieved but I also feel a great sense of accomplishment.”
Agnieszka (Aga) Chruszczyk
Chicago, IL
Education:  D.D.S., Medical University Krakow, Poland (1992); IDP Certificate, University of Illinois at Chicago (1997); Certificate in Endodontics, University of Illinois at Chicago (2000)
Academic:  Part-time Clinical Assistant Professor (1998 - present)
Practice:  Practices in Chicago, IL
Personal:  Married (Andrew)
Children:  Max (4)
Enjoys travel, downhill and cross country skiing, biking and reading.
The Answers:
1. I feel relieved, but also I feel a great sense of accomplishment.
2. It was very worthwhile to pursue Board Certification; every step was challenging but fair. It has absolutely made me a better clinician.
3. The Board Diplomate status will help me to continue to evolve as a practitioner. I am now better to critically evaluate endodontic literature.

“This makes me a better practitioner.”
John B. Dale
Peoria, IL
Education:  D.M.D., Southern Illinois University School of Dental Medicine (1995); Certificate in Endodontics, St. Louis University (2001); M.S., St. Louis University (2001)
Practice: Solo Practitioner
Personal: Married (Sarah)
Children: Elizabeth (3)

Although his wife and daughter “come before everything”, he does enjoy playing in his bluegrass band, skeet shooting, and fishing.
The Answers:
1. Proud and relieved. This was a long-term goal, so it feels like a long-term weight has been lifted.
2. I changed some things in my practice upon learning the latest scientific advances in endodontics. Studying for the orals gave me a lot of insight that I and my patients greatly benefit from.
3. I think I will continue to treat each case as if it were a Board case. This makes me a better practitioner.

“The process was rewarding...it changed the way I approach practicing and teaching.”
Melissa Drum
Columbus, OH
Education:  D.D.S., University of Minnesota (2004); Certificate in Endodontics, The Ohio State University (2006); M.S., The Ohio State University (2006)
Academic:  Assistant professor, full-time tenure track, The Ohio State University (2006 - present)
Practice: Dental Faculty Practice, The Ohio State University (2006 - present)
Personal: Married (Jason)
Enjoys reading, baking, dancing, spending time with friends and family and watching sports.
The Answers:
1. I am proud of reaching this milestone and I am grateful to those who helped me to achieve this goal. A special thanks goes out to Drs. Al Reader and John Nusstein of The Ohio State University.
2. Board Certification is important to our specialty as a whole. The process was rewarding because it made me consider all that I had learned and how I practice. It changed the way I approach practicing and teaching.
3. The Diplomate process has helped me reach a point where it is easier to keep up with the current literature. I also have a better depth of understanding. Being Boarded will be essential for my progress in education and will help me be a better mentor and teacher.

“Board Certification is important for defining and maintaining our specialty.”
Mohamed Ibrahim Fayad
Champaign, IL
Education:  D.D.S., M.S., Cairo University (1985); AEGD, Eastman Dental Center (1998); PhD, University of Buffalo New York (1996); Certificate in Endodontics, University of Illinois at Chicago (2000)
Academic: Assistant Clinical Professor, University of Illinois at Chicago; Director of Research, Endodontic Department of UIC
Practice: Endodontics, Ltd.
Meet the New Diplomates

Personal: Married (Marilia Montero-Fayad)
Children: Nagi (18) and Lila (4)
Enjoys tennis, sailing, traveling, soccer and the arts.
The Answers:
1. I feel that I have achieved the highest level of knowledge and expertise in our specialty.
2. It is definitely worthwhile. Going through the Board Certification process is very enriching and makes us as clinicians apply and appreciate the body of literature our specialty has. Our decision making process is more scientifically based.
3. Board Certification is important for defining and maintaining our specialty.

“I truly feel I have become a better clinician as a result.”

Saman Gharib
Glenview, IL

Education: D.M.D., Southern Illinois School of Dental Medicine (1997); General Practice Residency, Loyola University Medical Center, Maywood, IL (1997 - 1998); Certificate in Endodontics, Naval Postgraduate Dental School, Bethesda, MD (2006)
Military: Staff endodontist, Naval Health Clinic Great Lakes

Personal: Married
Enjoys spending time with family, reading and fitness training.
The Answers:
1. Relieved that it is over and overjoyed that I finally achieved this goal.
2. This is a personal goal that marks that you have “gone all the way”. Much like a runner looks at completing a marathon or a martial artist sees a blackbelt. The Diplomate status can be viewed as a finish line or crowning achievement to all those years of hard work and study.
3. It can only naturally make you a more thoughtful and knowledgeable clinician.

“The Diplomate status can be viewed as a finish line or crowning achievement to all those years of hard work and study.”

Robert Goldberg
Buffalo Grove, IL
Education: B.S.D., D.D.S., University of Illinois at Chicago

Paul E. Gutt
Petoskey, MI
Academic: Instructor for U.S. Navy GPR program; Parris Island, SC Command Training Officer; MCRD Parris Island, SC (2000 - 2002)
Practice: Superior Endodontics, Marquette, MI (2002 - 2005); Paul E. Gutt D.D.S., P.C., Petoskey, MI (2005 - present)
Personal: Married (Susan)
Children: Hunter (7)

“This process made me step back to the science and I feel has strengthened my clinical judgement and treatment options for my patients.”

Robert A. Handysides
Beaumont, CA
Education: D.D.S., Loma Linda University (1993);
Certificate in Endodontics, Loma Linda University (2001)
Academic: Associate Professor of Endodontics, Pre-Doctoral program director, Director of Loma Linda Faculty Endodontics.
Personal: Married (Minnie)
Children: Nicole (14), Carina (10) and Alison (8)
Enjoys family activities such as skiing in the winter and water sports in the summer. Also enjoys listening and attending his children’s various music programs. Another interest is travel and the whole family participates whenever possible.
The Answers:
1. I am extremely pleased to have completed the process. I feel a sense of tremendous personal satisfaction at reaching this career goal.
2. The process for me has been very worthwhile as it has been good for me to reapply myself into the study of endodontics. We all tend to get caught up in the routine patient care of our individual practices. This process made me step back to the science and I feel has strengthened my clinical judgement and treatment options for my patients.
3. Being an educator, this achievement is not only a personal goal that gives better care to my patients, but helps in the way I teach and communicate to students and residents. I believe that this process helps strengthen the Institution I work at, as well as providing better future care to various communities that the students I teach will practice in.

“The Board process created a habit of seeking greater knowledge and a desire for perfection that cannot easily be lost.”
Shane Hanson
Crestview, FL
Academic: Chief of Endodontics - Eglin AFB, FL (2006 - 2009)
Military: AEGD - Scott AFB, IL (2002); McConnell AFB, KS; Keesler AFB, MS; Lackland AFB, TX; Eglin AFB, FL
Practice: Part-time Crestview, FL (2007 - 2009); Panama City, FL (opening new practice in 2009)
Personal: Married (Kerri, D.M.D.)
Children: Leif (5), Maxwell (3), and Dallin (1)
Enjoys raising three boys and spending time at the beach.
The Answers:
1. After obtaining Diplomate status, I felt relief; it was like running a marathon. I am honored to be part of a group of endodontists that have set professional goals and have a desire to be the very best.
2. I was so grateful to become a member of this specialty that I felt I had a duty to those that made endodontics a specialty to carry the torch by becoming Board Certified. I know that the Board Certification process made me stay up on the literature and keeps my clinical decisions in concert with the principles of the most current evidence.
3. I think that the journey of becoming a Board Certified endodontist has set the stage for my commitment to my patients and my profession. The Board process created a habit of seeking greater knowledge and a desire for perfection that cannot easily be lost.

“In becoming a Diplomate, my drive for excellence in patient care was greatly enhanced.”
Jeffrey H. Janian
Folsom, CA
Education: D.D.S., University of California at San Francisco (1996); Certificate in Endodontics, VA Long Beach (2001)
Academic: Assistant clinical professor, UC San Francisco Practice: Private Practice
Personal: Married (Tessa)
Enjoys visiting with family and friends, movies, reading and fishing.
The Answers:
1. Once I found out I was a Diplomate, I felt an immense sense of accomplishment.
2. The process is very worthwhile, as it will open doors for you in the future.
3. In becoming a Diplomate, my drive for excellence in patient care was greatly enhanced.
Meet the New Diplomates

“Many colleagues and friends questioned me about why I wanted to become Board Certified. They didn’t believe it would make them a better clinician, but I really couldn’t disagree more.”

Richard A. Munaretto
Lombard, IL

Academics:  Adjunct faculty, University of Illinois at Chicago College of Dentistry, Endodontic Department
Practice:  Cameo Endodontics, LTD, Elmwood Park and Berwyn, IL; Palos Endodontics, LTD, Palos Heights, IL
Personal:  Married (Gretchen)
Children:  Francesca (4) and Dominic (2)
Enjoys spending time with family and friends, hunting, fishing, martial arts training and staying physically active.

The Answers:
1. Board Certification has been a personal goal of mine since I completed my residency. I feel that becoming a Diplomate is the highest achievement in the field of Endodontics. Completing the Oral Exam and the overall process gave me a deep sense of accomplishment.
2. Definitely. Many colleagues and friends questioned me about why I wanted to become Board Certified. They didn’t believe it would make them a better clinician, but I really couldn’t disagree more. The process has challenged many of my clinical beliefs, and I now look at cases in a different light. The process of reviewing and incorporating the literature into my daily decision making process will benefit patient care in the future.
3. I felt burned out after residency and that first couple of years out I mainly focused on private practice. The process has confirmed making evidence-based decisions is in the best interest of my patients. That means staying on top of the literature monthly and staying involved in the AAE.

* * * * * * * * * * * *

“Definitely. Many colleagues and friends questioned me about why I wanted to become Board Certified. They didn’t believe it would make them a better clinician, but I really couldn’t disagree more. The process has challenged many of my clinical beliefs, and I now look at cases in a different light. The process of reviewing and incorporating the literature into my daily decision making process will benefit patient care in the future.”

Manouchehr Pournasr
Bakersfield, CA

Academic:  Assistant professor, Department of Endodontics, Loma Linda University
Practice:  Central Valley of California
Personal:  Married (Dr. Eunha You)
Routine:  bikes and swims, 100 miles and 4 miles per week, respectively. Enjoys outdoor activities with his wife and friends. Also enjoys performing arts.

The Answers:
1. It is a great sense of accomplishment.
2. It was worth every bit of the additional time and effort, since I learned something new.
3. I had the opportunity to revisit the current available data, and fine tune my strategies accordingly.

* * * * * * * * * * * *

“In everyday practice, if there is an area of knowledge I am not that strong in, I have to search literature to improve (never know, might be a test question in the future!)”

Taras Roud
Wellington, FL

Education:  D.M.D., NOVA Southeastern University (2000); Certificate in Endodontics, NOVA Southeastern University (2002)
Academic:  Adjunct Faculty, Department of Endodontics, Postgraduate Education, NOVA Southeastern
Practice:  Private practice in Wellington, FL
Personal:  Married (Natalia)
Children:  Sophia (4)

The Answers:
1. Very happy. There is a combined sense of relief, satisfaction and accomplishment.
2. Preparation for a serious exam requires a great deal of discipline, self-determination and critical evaluation of one’s work and knowledge. Those are good qualities to have in life no matter what the next endeavor might be.
3. I developed a habit of looking at each case as if it was a Board case. I ask myself if Board Directors would have to look at any particular case, would they be impressed? Documentation is paramount. A lot of outstanding cases will go unnoticed because documentation is not there to present it. In everyday practice, if there is an area of knowledge I am not that strong in, I have to search literature to improve (never know, might be a test question in the future!)
Meet the New Diplomates

“I feel it will have a positive effect on my future as an endodontist.”

Charles H. Stuart
El Paso, TX
Practice: Westside Endodontic Associates, El Paso, TX
Personal: Married (JaNay)
Children: Thomas (13), Andrew (11), Matthew (9), Sarah (7), Joseph (5), and Amelia (3)
Enjoys family, scouting and sports.
The Answers:
1. I am very happy and relieved.
2. I learned a lot in preparing for the three different phases of the Board Exam. It was also a way to express my thanks to the many great educators who helped me become an endodontist.
3. I feel it will have a positive effect on my future as an endodontist.

“...encouraged me to strive for excellence and not to compromise any treatment. It also encourages me to keep up with current literature and evidence based treatments.”

Bexter M. Yang
Cupertino, CA
Practice: Private Practice
Personal: Married (Nancy)
Enjoys mountain road biking, squash, high performance driving, education and photography.

The Answers:
1. This is a long and arduous process, one which requires determination and dedication. Now that I have completed the process, I feel a sense of achievement and accomplishment. I would like to thank my program director, Dr. Ming Shih, for her encouragement and support.
2. Yes, going for the Board Certification is a personal decision. For me, I wanted to do this because I feel my professional journey is not complete without it.
3. The process encouraged me to strive for excellence and not to compromise any treatment. It also encourages me to keep up with current literature and evidence based treatments. The process conditioned me to constantly evaluate my own work and to critically evaluate new products and procedures.
demonstrate to both our profession and the public that excellence is important. It is about dedication to the pursuit of excellence. The highest scores in the category of degree of difficulty on the Case Portfolio requires that excellence be demonstrated in technical skill, patient management and clinical decision-making. This area typically scores higher than any part of the exam and many cases leave me truly torn between my admiration and jealousy. The desire is evident and the satisfaction of a successful Case Portfolio is well deserved.

Perfection cannot be assigned to anybody that I know in endodontics but excellence is a characteristic that I have observed in most endodontists. The very attention to detail needed to perform endodontics is what attracted many dentists to our specialty. Even after 35 years of clinical experience I accept that none of us can really say that we will not miss a canal, perforate during access, achieve ideal length of preparation and fillings or not separate an instrument, but we should all pass the “mirror test” at the end of the day and honestly say to our reflection that we have done the very best job that we can do.

It is hard for me to believe that Dr. Reader and I will soon complete our six years of tenure as ABE Directors. I would like to take this last opportunity to thank the AAE membership that elected me to this privilege and the ABE past and present Directors whose friendship has been the most valuable part of this experience for me. I would also like to again congratulate all of the successful Candidates during our time as Directors and pledge my continued support and encouragement to students and those currently pursuing Certification.

Where did these years go? Well, there was a fairly full calendar with developing questions and conducting and evaluating several exams each year; attending Board of Directors meetings in Chicago and at the AAE Annual Sessions; representing the ABE in meetings with all of the other specialty organizations and their certifying boards; presenting Boardwalks at universities, board review courses and Annual Sessions; serving on standing committees and writing reports; writing semi-annual messages for the Diplomate; routinely giving individual attention to Candidate’s issues by phone or email; monitoring and keeping the website current; developing guidelines and policies; reporting to and meeting with the ADA Council on Education and Licensure; and, enjoying almost daily conversations with ABE Executive Secretary Margie Hannen. In fact, I enjoyed it all and will miss every part of it. A calendar without these deadlines is not that appealing after all. I am also now free to provide individual mentoring to those I have encouraged to complete the process.

I would like to express my sincere appreciation to all of the Directors and recognize them for their reliability and individual commitment of time and experience to the ABE. It has been truly humbling to see the extent of their knowledge in all areas of endodontics. I am especially grateful to Ms. Margie Hannen for her trusted judgment and loyal support, her genuine concern and advocacy for the candidates, and for the professional manner in which she represents the ABE to everyone making contact with the Central Office.
Written Examination Test Dates: June 1– 5, 2009

Applications are still being accepted for the examination, however processing of your authorization letter will take approximately seven – ten working days after the paperwork is received. Applications are available from the ABE Headquarters Office (312/266-7310), or may be downloaded from the ABE website (http://www.aae.org/certboard/abeapplicationinfo.htm).

The exam is a four-hour morning or afternoon session offered Monday through Friday. Candidates will be sent a registration authorization letter upon approval of the Prospective Board Candidate application. Registering for the Written Examination, including choosing date and location, is done through Pearson Vue, the company administering the examination. Detailed information is available in the ABE Written Examination Guidelines, which is available from the ABE Central Office or may be downloaded from the ABE website.

Prospective Board Candidate Fee/Written Exam Fee

Please submit a check totaling $420 with the application. This covers the application fee of $250 and the Written Exam fee of $170.

Pearson Vue Testing Centers

In association with Measurement Research Associates, Inc. and Pearson Vue, the ABE Written Examination is administered as a computer-based examination at Pearson Vue testing centers. There are 230 Pearson Professional Test Centers located around the world. All of Pearson's testing centers are uniform in size, equipment, appearance and procedures, ensuring a consistent and secure examination experience for all Candidates.

Written Examination Results

Prospective Board Candidates need to be mindful that the results of the examination are mailed to the current address as listed with the AAE. Please keep your address up-to-date.

The results of the Written Examination are considered null and void if a Preliminary Application is not submitted by December 31st of the year of graduation from the Endodontics Program.
## Written Examination

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1 – June 5, 2009</td>
<td>In association with Measurement Research Associates, Inc. and Pearson Vue, the ABE Written Examination is administered as a computer-based test at Pearson Vue testing centers.</td>
</tr>
</tbody>
</table>

The examination is offered over a five-day period Monday through Friday. Four hours will be allotted to complete the examination, thus allowing registration availability for either morning or afternoon sessions.

## Oral Examination

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 27 &amp; 28, 2009</td>
<td>Orlando, FL</td>
</tr>
<tr>
<td>November 13 &amp; 14, 2009</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>April 12 &amp; 13, 2010</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>April 11 &amp; 12, 2011</td>
<td>San Antonio, TX</td>
</tr>
</tbody>
</table>

The November dates for 2010 and 2011 have not been confirmed.

---

### Case Submission Date

**May 1st and October 1st**

Case History Portfolios are accepted for review twice a year – May 1 and October 1 (portfolios must be received in the Central Office on or before the current submission date to be included in the examination review cycle). Notebooks received after the current submission date will not be reviewed until the next submission date provided that the Case History Eligibility period is current.

**Please note that the Spring submission date has been changed from April 1st to May 1st.**
# Directors of the American Board of Endodontics Since 1956

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris B. Auerbach</td>
<td>John W. Harrison</td>
<td>P. Darl Ostrander</td>
<td></td>
</tr>
<tr>
<td>Leif K. Bakland</td>
<td>Gary R. Hartwell</td>
<td>John R. Pear</td>
<td></td>
</tr>
<tr>
<td>J. Craig Baumgartner</td>
<td>John F. Hatton</td>
<td>Marshall D. Peikoff</td>
<td></td>
</tr>
<tr>
<td>Ralph Bellizzi</td>
<td>Harry J. Healey</td>
<td>Al W. Reader</td>
<td></td>
</tr>
<tr>
<td>I. B. Bender</td>
<td>Michael A. Heuer</td>
<td>Paul A. Rosenberg</td>
<td></td>
</tr>
<tr>
<td>William E. Bernier</td>
<td>M. Lamar Hicks</td>
<td>Louis E. Rossman</td>
<td></td>
</tr>
<tr>
<td>Harry Blechman</td>
<td>Michael M. Hoen</td>
<td>Herbert Schilder</td>
<td></td>
</tr>
<tr>
<td>James W. Bynum</td>
<td>Jeffrey W. Hutter</td>
<td>William G. Schindler</td>
<td></td>
</tr>
<tr>
<td>Gerald E. Cathey</td>
<td>John I. Ingle</td>
<td>Samuel Seltzer</td>
<td></td>
</tr>
<tr>
<td>Stephen J. Clark</td>
<td>Garth A. James</td>
<td>Robert J. Shankle</td>
<td></td>
</tr>
<tr>
<td>William H. Clem</td>
<td>Elmer A. Jasper</td>
<td>James H. Simon</td>
<td></td>
</tr>
<tr>
<td>Stephen Cohen</td>
<td>Billie G. Jeansonne</td>
<td>Milton Siskin</td>
<td></td>
</tr>
<tr>
<td>Edgar D. Coolidge</td>
<td>William T. Johnson</td>
<td>A. Eddy Skidmore</td>
<td></td>
</tr>
<tr>
<td>Charles J. Cunningham</td>
<td>Robert G. Kesel</td>
<td>Marshall H. Smulson</td>
<td></td>
</tr>
<tr>
<td>Carlos E. del Rio</td>
<td>Alvin A. Krakow</td>
<td>Ralph E. Sommer</td>
<td></td>
</tr>
<tr>
<td>Samuel O. Dorn</td>
<td>Keith V. Krell</td>
<td>H. Robert Steinman</td>
<td></td>
</tr>
<tr>
<td>John Dowson</td>
<td>Alan S. Law</td>
<td>George G. Stewart</td>
<td></td>
</tr>
<tr>
<td>Paul D. Eleazer</td>
<td>Linda G. Levin</td>
<td>Patrick E. Taylor</td>
<td></td>
</tr>
<tr>
<td>Robert L. Ellison</td>
<td>Laurence A. Lucas</td>
<td>Joseph I. Tenca</td>
<td></td>
</tr>
<tr>
<td>Ashraf F. Fouad</td>
<td>Raymond G. Luebke</td>
<td>Calvin D. Torneck</td>
<td></td>
</tr>
<tr>
<td>Alfred L. Frank</td>
<td>Sandra Madison</td>
<td>Frank B. Trice</td>
<td></td>
</tr>
<tr>
<td>Jacob B. Freedland</td>
<td>F. James Marshall</td>
<td>Martin Trope</td>
<td></td>
</tr>
<tr>
<td>Harold Gerstein</td>
<td>Richard M. Moodnik</td>
<td>Richard E. Walton</td>
<td></td>
</tr>
<tr>
<td>Dudley H. Glick</td>
<td>Thomas P. Mullaney</td>
<td>Christopher S. Wenckus</td>
<td></td>
</tr>
<tr>
<td>Gerald N. Glickman</td>
<td>Irving J. Naidorf</td>
<td>Bertram L. Wolfohn</td>
<td></td>
</tr>
<tr>
<td>Melvin Goldman</td>
<td>Carl W. Newton</td>
<td>Robert Zelikow</td>
<td></td>
</tr>
<tr>
<td>Harold E. Goodis</td>
<td>Seymour Oliet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eager to share their success and excitement, every new group of Diplomates offers their tips and insights to help those who have yet to get through the difficult yet rewarding Board Certification process. Their specific observations and helpful hints are below.

**GENERAL SUGGESTIONS**

Don’t put it off! It doesn’t get easier the longer you’re out of your residency.
- Dr. Ryan Jay Allowitz

Try and complete the process as quickly as possible. The longer you are away from your residency and the busier your life gets, the harder it is to study.
- Dr. David A. Beach

This was a long and challenging process but very fair.
- Dr. Agnieszka Chruszczyk

This is a very achievable goal. Try to focus on each step separately so as not to be overwhelmed by the process.
- Dr. Melissa Drum

The entire process was challenging. It helps us as clinicians to rationalize procedures we perform daily. To really have an appreciation of the process, you have to go through it.
- Dr. Mohamed I. Fayad

I believe it takes a great deal of individual motivation and dedication and also support from family/peers to achieve this goal.
- Dr. Saman Gharib

Organize your material and set study goals (i.e., read all of Endo Topics by a certain date), and allow time to reflect and review prior to any of the three components.
- Dr. Robert Goldberg

Just get started and don’t delay the process. The thought of the entire process is sometimes daunting, however, if you do it bit by bit it is not overwhelming.
- Dr. Robert A. Handysides

Commit yourself to the process and think of the greater good of the specialty rather than your own personal sacrifice.
- Dr. Shane R. Hanson

Remember the process is split into three parts: the Written, the Cases, and the Oral. You only have to focus on one part at a time.
- Dr. Jeffrey H. Janian

It was helpful that my wife was very understanding and supportive during the process. Anybody can take the Written Exam after residency, but it takes determination to follow through with the Case Portfolio and Oral Exam.
- Dr. Richard A. Munaretto

Documentation and organizational discipline are very important. I am sure that practicing endodontists have an array of cases that would be excellent as Board cases. Presenting and categorizing them is a different story. If you think that you may need to expose a different angle radiograph, do it! If you think to obtain a medical consultation, get it in writing! If an apicoectomy patient is reluctant to do a biopsy, insist on it! You never know when this last piece of information may prove to be crucial to making a clinical decision or necessary to presenting the case.
- Dr. Manouchehr Pouresmail

WRITTEN EXAMINATION

Take the test during your residency. Everything should be fresh in your mind and you have professors right there to help mentor you.
- Dr. David A. Beach

Take it ASAP; even at the end of your PG program.
- Dr. Agnieszka Chruszczyk

If you are able, take the Written Examination while you are in residency! Know the current literature.
- Dr. Melissa Drum

Lengthy. Took it seven years ago!!
- Dr. Mohamed I. Fayad

The best time to take the exam is at the end of residency when all the information is still fresh.
- Dr. Saman Gharib

Get a good night’s sleep for a least 2 nights prior to the Exam so you are fresh and alert on the Exam date. Don’t try to pull an all-nighter for this Exam.
- Dr. Robert Goldberg

You will do great if you study every single JOE article for the past three years.
- Dr. Shane R. Hanson

Take it as soon as possible. Your residency has prepared you to pass the Written.
- Dr. Jeffrey H. Janian

Take is ASAP after residency. I felt my residency program prepared me well for the exam. I spent a couple of weeks reviewing before the Exam, but the bulk of the Exam questions could be answered from your overall knowledge of endodontics.
- Dr. Richard A. Munaretto

Changed my approach toward reading...
Helpful Hints

Get it done as soon as possible, preferably still in school or soon thereafter. Amount of material to be learned for the Written is considerable, so it is easier to take the Exam while the information is fresh in your mind.

- Dr. Taras Roud

Maximize time in residency program studying classic and current literature. Take the Written Exam at the first available opportunity.

- Dr. Charles H. Stuart

Do this as soon as possible, preferably while you are still in the residency program. Your literature knowledge is still fresh at this time, studying for the Written and the Oral Exam will be much easier.

- Dr. Baxter M. Yang

CASE HISTORY

Recall is the hardest part, get good contact information (email, phone) on all of your potential Board patients.

- Dr. Ryan J. Allowitz

Make sure you have other Diplomates review your cases. They will see things that you need to correct. Be sure and review the “Pet Peeves” published by the Board.

- Dr. David A. Beach

Start putting the portfolio in your PG program; usually difficult diagnostic cases come to school. Treat every patient that comes to your office as a potential Board Case. Document, document, document.

- Dr. Agnieszka Chruszczyk

This required a lot of self-discipline. Get one case completely done, and this will ‘start the ball rolling’ for other cases.

- Dr. John B. Dale

Focus on your write-up. Follow the Board guidelines and have others proofread. When in doubt, take a radiograph when treating patients.

- Dr. Melissa Drum

Very diverse case selection demonstrates clinical judgement. It would be ideal to reduce the number of non-surgical procedures and increase the number of Retx and surgical procedures.

- Dr. Mohamed I. Fayad

I took the advice of my mentors and treated every case as though it was a Board patient. Stay focused on what type of cases are required and always keep your eye on the hard to find cases. I read the “Pet Peeves” several times and followed them precisely, making sure I did not repeat any of them during my portfolio write-up.

- Dr. Saman Gharib

Treat every case as a potential Board case and document early in your career or as a resident. Often times, you never know which cases may be terrific Board cases until they are completed. Unfortunately, many patients are not compliant, so what you may have thought was a great case, may not show up for the recall or may have never had the permanent restoration completed. By treating every case as a Board case, you will have many more potential cases to be able to submit.

- Dr. Robert Goldberg

Make sure you have help in reviewing your cases. Have someone outside the dental profession read your portfolio to ensure it makes sense to a lay person and therefore will make sense to the graders. It helped me to have multiple eyes checking that dates and diagnosis were the same throughout each case.

- Dr. Robert A. Handysides

Treat every case that you do for the first two to three years of your practice as if it is going to be a Board case. Do not settle for any cone cuts or mediocrity even on the most difficult cases or patients. Make sure to take plenty of pre-op, post-op, and working length radiographs. If you do that, no case will be disqualified due to the lack of radiographic documentation.

- Dr. Shane R. Hanson

Keep your eyes open for diagnosis, medical compromised cases, and “other” category cases. These are the most challenging to find. The rest of the cases (emergency, non-surgical RCT, surgical RCT and retreatment) are easier to find. Some of the 15 cases are easier to write up than others. Start with a non-surgical case for your first write-up; this is one of the easier to complete, and once you get the first case written up, it will get the ball rolling.

- Dr. Jeffrey H. Janian

I started collecting cases immediately after my residency. This process will probably take you 3 - 4 times longer than you think it will. Take perfect radiographs with two pre-op, WLM, and two finals if needed. I lost many cases due to scratched or lost films. The examiners like WLM films and you have to show all canals clearly in complete radiographs. I strongly advise you have a Diplomate review your cases in terms of spelling, grammar, difficulty and organization.

- Dr. Richard A. Munaretto

A great mental exercise. I write my charts differently now.

- Dr. Manouchehr Pouresmail

Do not wait for the “perfect” cases to come along. Prepare the ones you already have in the necessary categories and have them ready to go. If other cases come along, write them

- Dr. Manouchehr Pouresmail
Helpful Hints

up. It is better to have more cases and not need them than to find out your case is weak and not have a substitute. Have a Diplomate review your cases. If after a constructive criticism the case presentation cannot be improved, you will have to find a different one and hopefully you will have it ready. Read and follow instructions given by the Board very carefully. Spell-check and proofread the cases.

- Dr.Taras Roud

Read the ABE criteria for the written cases at the start of residency and then carefully document cases throughout your residency. Make sure to get patient contact information and keep their contact information current.

- Dr. Charles H. Stuart

Be familiar with the requirements and portfolio guidelines right at the start of your program. Always treat and write up each case as a potential case. Take as many radiographs (and relevant pictures) as possible. This will allow you to have more cases to choose from.

- Dr. Bexter M. Yang

ORAL EXAMINATION

Try to study a little each day and then review your rationale you've learned as you approach each aspect of daily patient treatment.

- Dr. Ryan Jay Allowitz

You must know about medically complex patients. Organize the literature by themes and categories before you study. You want the supporting literature to pop in your head the minute you hear a topic. Leading up to the Exam, keep a running list of current literature and add to it each month any time you find a solid article in the journals.

- Dr. David A. Beach

The examiners really want you to pass...think about the questions as you would treat the real patient in your office. Quote as many authors as you remember.

- Dr. Agnieszka Chruszczyk

Gather information six months ahead of time. Everything I came across that I thought might be a Board question, I made a flash card for. Then, the last six weeks or so, I had easy study material.

- Dr. John B. Dale

Know your literature well enough so that authors can be quickly recalled. Think through every clinical scenario you see on a a given day and find literature to support treatment decisions.

- Dr. Melissa Drum

Fair and challenging. The examiners were very supportive.

- Dr. Mohamed I. Fayad

Being organized and studying a little bit each day is key. Mock orals are helpful because it gives the opportunity to communicate thoughts/concepts clearly prior to the actual exam.

- Dr. Saman Gharib

1) Try not to just read a book and memorize it, such as Inflammation. Try to put the pieces together and connect the science to the clinical art. Understand the biological mechanisms and be able to to explain or rationalize the procedure or specific technique involved in treating the patient's condition. For example, irrigation questions to be considered: why are you irrigating with NaOCl, EDTA or CHX? What is the irrigant doing? Which microorganisms does it affect and how? Why is it important? Then support it with literature (try for at least two authors for each topic.) This type of thought process will thoroughly prepare you for the Oral Exam. 2) Review the references at the end of each journal article. This will help to ingrain the more frequently used references and allow easier recall and familiarity with the literature. 3) Partner with someone and develop case scenarios and questions and test each other. The process of testing each other and writing out questions and answers for cases, though time consuming, pays off dividends in helping to prepare for the Orals.

- Dr. Robert Goldberg

I felt this part was very fair and balanced. The examiners were interested in your success, not failure, and were supportive. The questions were varied and I felt after the three rooms, the majority of the areas of endodontics had been addressed. The questioning is more on a conceptual 'how would you' diagnosis or treat this case rather than technique-related. Literature was needed to back up answers, but not excessive amounts of it.

- Dr. Robert A. Handysides

Study up on internal medicine. Know the most current literature that would have a bearing on clinical practice. Understand that eventually the examiners will get to a question for which you may not know the answer. Stay calm. Think it through; don't just talk to take up time.

- Dr. Shane R. Hanson

1) Download the study guides from the College of Diplomates website (collegeofdiplomates.org). These are excellent and contain much of the information you need to know. 2) If more than one study in the literature justifies something, memorize an author you can easily remember first. Some of these authors you may know personally, or have heard the name enough that they are easy to remember. 3) Go to the city your Oral Exam will be in a couple of days early. In case you miss a flight or have a delay, you won't have any added stress. Book a hotel room with a microwave, refrigerator and a desk. You will probably be more comfortable if you can eat cereal in the morning, a sandwich for lunch and a dinner in your room.

- Dr. Jeffrey H. Janian

This part of the Exam is the most rewarding. The two best study materials were Endo Topics 1 - 14 and the Little/ Fallace Medically Compromised Patient text. The examiners are very fair and they make the Exam as friendly as possible. The pace of the Exam
Helpful Hints

moves fast, and you should have well thought out answers for many possible questions. They definitely asked detailed questions about recent JOE clinical topics and treatment guidelines. Study with a partner if possible and create mock cases according to the ABE format for each other.

- Dr. Richard A. Munaretto

Most fun I had in a while.

- Dr. Manouchehr Pouresmail

You, of course, need to know endodontic science in detail. But you do not need to know everything. It is better to know a few articles and authors in every aspect of endodontic science than to know some aspects in great detail and have lapses of knowledge in other areas. Make a list of unusual and rare topics that you feel you are weak in, and research them. Some Oral Exam discussions may take you in unusual directions. Have a good night sleep before the Exam. Do not stress out. The Board Directors keep the discussions in a friendly format and want you to succeed.

- Dr. Taras Roud

Review the materials studied in residency and stay current with the literature. Start studying well in advance of the examination date.

- Dr. Charles H. Stuart

Know medical compromised patient treatment, and know your pathogenesis. This is the part where a good mentor and study partner really helps. Read over the web site for the ABE and be familiarized on how the exams are broken down. Be disciplined. The Exam is fair and the examiners want you to pass, but you have to study for it. You must know your topics well. We need to be able to explain things quickly and be able to back up your reasoning with literature. Quizzing with a partner will really help.

- Dr. Bexter M. Yang
Changes in Certification Requirements

The Board Certification process is ever evolving. We are committed to refining the Board Certification process for the benefit of our Candidates while at the same time ensuring that the quality of the process and the meaning of the achievement of Board Certification are never diminished. The latest change is the elimination of the four-year identification requirement.

The changes are as follows:

<table>
<thead>
<tr>
<th>Preliminary Applications Submitted</th>
<th>Certification Changes</th>
</tr>
</thead>
</table>
| 2006 or Later                     | 1) The four-year identification requirement with the specialty of endodontics is eliminated.  
                                         2) The Final Application is due after Part II, not Part I. |

The new requirements allow Candidates to continue to Part II immediately following completion of Part I. Assuming successful completion of all examinations, a Candidate could theoretically become Board Certified in the spring following their graduation year.

To maintain flexibility of the process and accommodate the differing needs of Candidates, access to faster Board Certification was added, but the grace time built into the maximum time requirements was preserved. Changes in the timeline are as follows:

<table>
<thead>
<tr>
<th>Preliminary Application Submitted Before 2006</th>
<th>Maximum Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I</td>
<td>3 years</td>
</tr>
<tr>
<td>Final Application</td>
<td>1 year</td>
</tr>
<tr>
<td>Part II</td>
<td>3 years</td>
</tr>
<tr>
<td>Part III</td>
<td>2 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preliminary Application Submitted 2006 or After</th>
<th>Maximum Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I</td>
<td>3 years</td>
</tr>
<tr>
<td>Part II</td>
<td>6 years</td>
</tr>
<tr>
<td>Final Application</td>
<td>1 year</td>
</tr>
<tr>
<td>Part III</td>
<td>2 years</td>
</tr>
</tbody>
</table>

Historically the American Board of Endodontics had relied upon the American Association of Endodontists Glossary of Terminology for the diagnostic categories of pulpal and periradicular pathosis. We had recommended to our Candidates that they use those terms whenever possible and to provide a description of the diagnostic categories that they used if they were different than the AAE glossary. In order to eliminate any confusion, the following action was recently approved.

American Board of Endodontics Pulpal & Periapical Diagnostic Terminology

At the April 22, 2007 Board Meeting, the Directors considered and approved a simplified pulpal and periradicular diagnostic terminology list to be used by Candidates to document their cases for the Case History Portfolio and while sitting for the Oral Examination.

Candidates will still be allowed to submit cases utilizing diagnostic terminology of their own choosing however, as before it is essential that they provide an introductory letter preceding the cases describing the terminology they are using.
American Board of Endodontics Pulpal & Periapical Diagnostic Terminology:

PULPAL:

Normal pulp – A clinical diagnostic category in which the pulp is symptom free and normally responsive to vitality testing.

Reversible pulpitis – A clinical diagnosis based upon subjective and objective findings indicating that the inflammation should resolve and the pulp return to normal.

Irreversible pulpitis – A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing.

Additional descriptions:
Symptomatic – Lingering thermal pain, spontaneous pain, referred pain
Asymptomatic – No clinical symptoms but inflammation produced by caries, caries excavation, trauma, etc.

Pulp necrosis – A clinical diagnostic category indicating death of the dental pulp. The pulp is non-responsive to vitality testing.

Previously Treated – A clinical diagnostic category indicating that the tooth has been endodontically treated and the canals are obturated with various filling materials, other than intracanal medicaments.

Previously Initiated Therapy – A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy (e.g. pulpotomy, pulpectomy).

APICAL (PERIAPICAL):

Normal apical tissues – Teeth with normal periradicular tissues that will not be abnormally sensitive to percussion or palpation testing. The lamina dura surrounding the root is intact and the periodontal ligament space is uniform.

Symptomatic apical periodontitis – Inflammation, usually of the apical periodontium, producing clinical symptoms including painful response to biting and percussion. It may or may not be associated with an apical radiolucent area.

Asymptomatic apical periodontitis – Inflammation and destruction of apical periodontium that is of pulpal origin, appears as an apical radiolucent area and does not produce clinical symptoms.

Acute apical abscess – An inflammatory reaction to pulpal infection and necrosis characterized by rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation and swelling of associated tissues.

Chronic apical abscess – An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort and the intermittent discharge of pus through an associated sinus tract.
The 2009 ABE Board of Directors

From left to right (Back Row) Stephen J. Clark, Michael M. Hoen, John Hatton, Alan S. Law, Patrick Taylor (Front Row) Al Reader, Linda Levin, Carl Newton, Ashraf F. Fouad