



**CERTIFICATION EXAM / EXAM ELIGIBILITY REQUIREMENTS
&
INSTRUCTIONS FOR COMPLETING THE ACSDD CERTIFICATION PORTFOLIO**

In order to be eligible to sit for the Certification Exam, the Certification Portfolio (see Page Two) must be fully completed, submitted, and accepted by the ACSDD Certification Portfolio Review Committee.

The ACSDD Certification Examination

The ACSDD Certification Exam is the avenue to Diplomate status within the Academy, the highest honor a member can attain. (Please visit our website at www.acsdd.org/become-a-diplomate for more information on Diplomate status.) The examination consists of two sections:

- Part I is a 200-question multiple-choice examination covering the ACSDD approved dental and medical curriculum.
- Part II consists of a hypothetical case study presented to a qualified case reviewer by the examinee individually.

Preparation for the Certification Exam includes completion of the Certification Portfolio explained below, and attendance at the online training sessions explained here. These sessions include a two-day seminar and a one-day exam refresher seminar, both conducted online, separated by approximately one month of study time. (Please visit our website at www.acsdd.org/become-a-diplomate for exam preparation session dates and portfolio postmark deadlines.) The test is administered on the day following the exam refresher seminar.

- The two-day, online *Exam Prep Seminar* is designed to provide the core dental & medical knowledge required to be proficient in the treatment of OSA and to help the examinee understand his/her strengths and weaknesses in those content areas in order to focus on those areas during study time.
- The one-day, online *Exam Refresher Seminar* is designed to refresh the examinee on key content areas to be tested. At this session, the examinee is given a case study to prepare for that part of the exam. The test is administered on the day following this seminar.

The fee for the two online preparation sessions, all study materials, testing, and review of the required Certification Portfolio is \$3000.00. If an applicant's portfolio is rejected by the ACSDD Portfolio Review Committee, he or she will not be eligible to attend the preparation seminars and will not be eligible to sit for the exam. The ACSDD will retain \$300.00 of the original fee for processing costs and will return the remainder to the member. Please note: The Academy cannot guarantee success to any applicant. It is the sole responsibility of the applicant to earn Diplomate status. The preparation sessions *in total* are designed to provide the applicant with the full complement of necessary information.

Exam Eligibility Requirements

To be eligible to sit for the Certification Exam, a dentist must:

- Be a **Current Member** in good standing of the ACSDD or must submit Membership Application and the \$375.00 fee with Portfolio Submission;
- Submit a **Certification Portfolio** (explained below) accepted by the ACSDD Portfolio Review Committee;
- Attend the online **Exam Prep Seminar** and the online **Exam Refresher Seminar**;
- Submit all required fees.

The ACSDD Certification Portfolio

The Certification Portfolio contains all required documentation and proof of completion of prerequisites. The Certification Portfolio must be accepted by the ACSDD Portfolio Review Committee before the certification exam can be completed.

Certification Portfolio Requirements

Place all materials (explained below) in a *three-ring binder with a plastic view pocket on the cover*. Please use dividers with tabs. Do not permanently bind materials. Applicants should make two copies of the completed portfolio, retaining one copy for their own files and submitting the other to the ACSDD. (Note: Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements. An incomplete portfolio may cause a delay in its timely review during the current certification cycle. Applicants will be informed of their portfolio's acceptance or rejection by phone and by email.)

The required materials and format for the Certification Portfolio are as follows:

- **Completed Cover Page** placed inside the plastic view pocket of the binder (PDF supplied)
- **Divider Tab One: PROOFS**
 1. Proof of Current ACSDD Membership (include check made out to ACSDD **or** the cancelled check **or** a copy of the ACSDD membership card)
 2. Copy(ies) of Current Dental License(s)
 3. Copy of Current Certificate of Liability Insurance
 4. Signed Privacy Agreement and Signed Accuracy Agreement (PDF supplied)
- **Divider Tab Two: FORMS / LETTERS**
 1. Background Questionnaire (PDF supplied)
 2. Completed 45-hour Continuing Education Form (PDF supplied)
 3. Documentation of Five (5) Observation Hours in an AASM-accredited sleep lab in letter form on the sleep lab's letterhead including:
 - 3.1. Date(s) and Time(s) of observation
 - 3.2. Details of observation
 - 3.3. Signature and professional designation(s) of authorized person
 4. Documentation of Five (5) Observation Hours in a sleep physician's office in letter form from the sleep physician including:
 - 4.1. Date(s) and Time(s) of observation
 - 4.2. Details of observation
 - 4.3. Signature of sleep physician
 5. One letter of recommendation from a licensed physician on his/her letterhead with whom the dentist has worked on the management of one or more patients with sleep disorders.
- **Divider Tab Three: TWENTY REQUIRED CASE STUDIES (REQUIRED DATA BELOW)**
 1. Completed Spreadsheet for 20 OSA Patients (PDF supplied)
 2. Individual Patient Case Study #1 (Chosen from the 20 by member-applicant)
 3. Individual Patient Case Study #2 (Chosen from the 20 by member-applicant)
 4. Individual Patient Case Study #3 (Chosen from the 20 by member-applicant)
 5. Individual Patient Case Study #4 (Chosen from the 20 by member-applicant)
 6. Individual Patient Case Study #5 (Chosen from the 20 by member-applicant)

Required Spreadsheet Data for Case Studies #1 through #20 (PDF Supplied)

When choosing the twenty (20) patients, the member-applicant must adhere to the following parameters. The Pre-Tx OSA must be labelled either Mild, Moderate, or Severe according to the following data. As regards the HST/PSG, the five (5) Individual Patient Case Studies must have a Post Tx PSG; the other fifteen may have either a PSG or HST.

1. Pre-Tx Parameters
 - a. For Mild Apnea:
 - AHI must be 5-15 events/hr
 - O2 Nadir must be < 90% (abnormal)
 - b. For Moderate Apnea:
 - AHI must be 15-30 events/hr
 - O2 Nadir must be < 90% (abnormal)
 - c. For Severe Apnea:
 - AHI must be >30 events/hr
 - O2 Nadir must be < 90% (abnormal)
2. Post-Tx Parameters
 - a. For Mild Apnea:
 - AHI < 10 events/hr
 - O2 Nadir ≥ 90% (normal)
 - b. For Moderate Apnea:
 - AHI < 10 events/hr
 - O2 Nadir ≥ 90% (normal)
 - c. For Severe Apnea:
 - AHI events/hr reduced by at least 50%
 - O2 Nadir ≥ 90% (normal)

Selection of the Five Eligible Individual Case Studies

The five (5) case studies required for this component of the Certification Portfolio are to be chosen from the twenty (20) that are recorded on the spreadsheet. In selecting which five case studies to submit, the applicant should consider cases that will help the Portfolio Review Committee understand the depth of experience of the applicant in dental sleep medicine. Eligible case reports should include the standard procedural terminology as well as sufficient detail to allow the Committee to evaluate and support the applicant’s diagnosis and to justify and evaluate the treatment and follow-up care recommended and conducted by the applicant.

Besides the data listed on the spreadsheet, the recommended Individual Case Study format should include:

- Date and location of procedures, Name of the dentist and assistants
- Presenting complaint/history of illness
- Past medical and surgical history
- Current medications
- Review of systems
- Clinical examination
- Imaging
- Diagnostic evaluation, including diagnostic procedures such as acoustic reflection and overnight sleep studies
- Information on any complications and management of them
- Treatment plan, including use and adjustment of oral appliances
- Management, including follow-up and ongoing evaluation of the patient’s progress
- Results, including documentation of pre- and post-treatment key data set.

Send completed portfolio and all required fees to:	Questions can be directed to the following:
The Academy of Clinical Sleep Disorders Disciplines The 201 Building on Easy Street Suite 206 Box 1375 Carefree, Arizona 85377	Andrew, Director of Operations, ACSDD Office: 480-575-7100 iPhone: 814-490-2019 Email: andrew@acsdd.org

Portfolio Cover Sheet: Please print neatly and place completed sheet in front plastic pocket of portfolio binder.

1. Date	2. Full Name with Correct Designations	
3. Current Office Name (if applicable), Address with City/State/Zip, Website Address, Office Contact Person (for all correspondence)		
4. Office Phone & Fax Number		5. Email Address
6. Years in Practice		
7. Undergraduate	7a. Degree/Year Graduated	
8. Dental School	8a. Degree/Year Graduated	
9. Residency	9a. Area/Year(s)	
10. Other/Fellowships	10a. Area/Year(s)	
11. Licensure: List all licenses you currently hold or have held; please include copies of all current licenses.		
11a. State, License Number, Expiration		
11b. State, License Number, Expiration		
11c. State, License Number, Expiration		
11d. State, License Number, Expiration		
12. Certifications/Specialty(ies): Please list any other certifications or specializations.		
12a. Discipline/Organization/Date		
12b. Discipline/Organization/Date		

Agreements: Please read and sign/date in the boxes provided. *Please place the completed form in the appropriate section in the portfolio binder.*

Agreements

I hereby apply to the Academy of Clinical Sleep Disorders Disciplines (ACSDD) for certification in accordance with its rules, regulations, and policies. I have enclosed payment. I understand that this payment will be returned if my application portfolio for the examination is not accepted but that no portion of the fee is returnable once I am scheduled to sit for the examination.

By my signature below, I guarantee that all information recorded in this application portfolio is true and accurate. I authorize the Academy prior to or subsequent to my examination to make whatever investigations are deemed necessary to verify the information enclosed in this application.

I agree to hold harmless the Academy, Academy directors, its Advisory Council, its Certification Portfolio Review Committee, and all other ACSDD staff, freeing them from any claims or demands for damage or otherwise by any omission or commission they may make in connection with this application, the grades given with respect to my examination, or any failure of the Academy to issue me a certificate. I understand that the decision as to whether my examination qualifies me for certification rests solely and exclusively with the Academy.

The ACSDD agrees to use the information in the application only to evaluate the application and to use appropriate safeguards to prevent unauthorized disclosure or use of the information about the applicant listed herein.

Applicant Signature	Date
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Patient Privacy Regulations

Because patient information in the form of case studies will be submitted, ACSDD agrees to use the information only to evaluate the application, to use appropriate safeguards to prevent unauthorized disclosure of patient information, and to make available information for an accounting of disclosures on request of any patient and will destroy the patient information upon the applicant's completion of the certification process and examination.

The applicant agrees by signing below that the appropriate patient consents have been obtained under the Privacy Rules enforced at the time the patient information was obtained and that the ACSDD will be informed of any revocation or limitations to that patient consent.

Applicant Signature	Date
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Background Questionnaire: Please check “yes” or “no” as appropriate. If “yes,” please provide full details on a separate sheet of paper. The Portfolio Review Committee reserves the right to verify the information provided. Please place this sheet in the appropriate section of the portfolio binder.

Name _____ Date _____	No	Yes
Has your license to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied or subject to any probationary condition?		
Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any dental or medical organization or professional society at the state, local or national levels?		
Has your controlled substances authorization ever been denied, revoked, suspended, reduced, or not renewed?		
Have you ever been charged with or convicted of a felony?		
Are there currently pending any professional dental/medical misconduct proceedings against you in the United States?		
Have any malpractice suits been filed or settled against you in the United States in the last five years?		

45-Hour Continuing Education Requirement: Please record all Continuing Education Seminars / Workshops you have attended related to Dental Sleep Medicine going back a maximum of two years from the date of this application. Use the Topics Chart to reference your CE Seminar topic(s) by topic number. Total must be 45 hours or more. *Place the completed form in the appropriate section of the portfolio binder.*

NOTE: FIFTEEN (15) HOURS (within the 45) IN TMD/TMJ ARE REQUIRED.

Name _____ Continuing Education Seminar / Workshop Title	Dates Attended	Hours Completed	Topic # from chart
CE Total Hours (without TMD) ____/30 TMD ONLY Total Hours ____/15 Grand Total ____/45			

Number	Topics Chart
1	Basic Sleep Physiology and Pathophysiology
2	Structural and Functional Anatomy of the Oropharynx
3	Airway-Related Sleep Disorders, including OSA and Other Upper Airway Resistance Syndromes [Risk Factors, Pathology & Pathophysiology, Differential Diagnosis, Clinical Findings, Complications, Sequelae (clinical, interpersonal, socioeconomic)]
4	Professional Communications Issues and Care Coordination with the Sleep-Disordered Patient
5	Medical Evaluation / Clearance of the Sleep-Disordered Patient
6	Dental Screening, Clinical Assessment, and Evaluation of the Patient with Sleep Disorders and Related Conditions (e.g., Craniofacial Pain, Bruxism, Headache)
7	Overview and Use of Tools for Patient Assessment, including but not limited to Imaging, Sleep Studies, and Sleep Technology, including Polysomnography, Pulse Oximetry, Ambulatory Monitoring Devices, and Automated Scoring Software
8	Criteria for Diagnostic Classification of Airway-Related Sleep Disorders
9	Management Options by Diagnostic Class, including Sleep Hygiene, Weight Loss, Oral Appliances, CPAP, Adjunctive Pharmacotherapy, and Surgery
10	Referral Criteria for Sleep Specialists and Surgery
11	Temporomandibular Joint and Associated Disorders (15 hours minimum/maximum)
12	Other (Detailed Explanation Required)

20-Case Spreadsheet Requirement: Please record the required data in the appropriate boxes. Make certain the data parameters are adhered to (as explained in the *Required Spreadsheet Data for Case Studies #1 through #20 on Pages 2-3 of the Instructions*). The five cases chosen for in-depth narration must have a Post-Tx PSG. The remaining fifteen cases can have Post-Tx PSG or Post-Tx HST.

Patient Number	Pre-Tx OSA (Mild/Mod/Severe)	AHI Pre-Tx	AHI Post-Tx	O ₂ Nadir Pre-Tx	O ₂ Nadir Post-Tx	HST Post-Tx	PSG Post-Tx
Example	Moderate	16	5	82%	90%	√	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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16							
17							
18							
19							
20							

Portfolio Reminders Checklist: Please utilize the checklist provided below for your benefit. Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements. An incomplete portfolio may cause a delay in its timely review during the current certification cycle.

Did you remember to:	✓
<p>...Complete all items on the Portfolio Requirements List?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Cover Page (PDF supplied) <input type="checkbox"/> Required Binder and Divider Tabs <input type="checkbox"/> Proof of Current ACSDD Membership, Copy(ies) of Current License(s), Proof of Liability Insurance <input type="checkbox"/> Background Questionnaire (PDF supplied) <input type="checkbox"/> Completed 45-hour Continuing Education Form (PDF supplied) <input type="checkbox"/> Letter Confirming Five Observation Hours in an AASM-accredited Sleep Lab <input type="checkbox"/> Letter Confirming Five Observation Hours in the office of a sleep physician <input type="checkbox"/> Letter of Recommendation from physician with whom the applicant has worked on patients with sleep disorders (can be sent under separate cover) <input type="checkbox"/> Signed Privacy Agreement and Signed Accuracy Agreement (PDF supplied) <input type="checkbox"/> Completed Spreadsheet of 20 Case Studies (PDF supplied) <input type="checkbox"/> Individual Case Study #1 <input type="checkbox"/> Individual Case Study #2 <input type="checkbox"/> Individual Case Study #3 <input type="checkbox"/> Individual Case Study #4 <input type="checkbox"/> Individual Case Study #5 	
<p>...Place all items in a three-ring binder with dividers and with the Cover Sheet on the front?</p>	
<p>...Enclose your check made out to the <i>Academy of Clinical Sleep Disorders Disciplines</i> for the correct amount?</p>	
<p>...Keep one copy of your portfolio materials for your reference?</p>	
<p>...Send your completed portfolio and payment to the following address?</p> <p>Academy of Clinical Sleep Disorders Disciplines The 201 Building on Easy Street Suite 206 Box 1375 Carefree, Arizona 85377</p>	
<p>...Meet the postmark deadline?</p>	