



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

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

The ACSDD Fellow Certification Examination

The ACSDD Fellow Certification Exam is the avenue to Fellow status within the Academy. (Please visit our website at www.acsdd.org/become-a-fellow for more information on Fellow status.) The examination consists of 50 dental sleep medicine and 50 sleep medicine multiple-choice questions covering the ACSDD approved dental and medical curriculum.

Preparation for the Fellow Certification Exam includes completion of the Fellow Certification Portfolio explained below and attendance at the online training sessions explained here. These sessions include a one-day Pre-Exam Seminar and a half-day Exam Refresher Seminar, both conducted online, separated by approximately six weeks of study time. (Please visit our website at www.acsdd.org/become-a-fellow for session dates and portfolio postmark deadlines.) The test is administered after the Exam Refresher Seminar.

- The one-day, online *Fellows 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 half-day, online *Fellows Exam Refresher Seminar* is designed to refresh the examinee on key dental & medical content areas to be tested. The test is administered following this seminar.

The fee for the two online preparation sessions, all study materials, testing, and review of the required Certification Portfolio is \$1750.00. Once the Certification Portfolio Review Committee accepts a member-dentist's portfolio, the member-dentist will be immediately informed by phone and email. If the Certification Portfolio Review Committee does not accept a member-dentist's portfolio, the ACSDD will retain \$300.00 of the original fee for processing costs and will return the remainder to the member. He or she will not be eligible to attend the preparation seminars and will not be eligible to sit for the exam.

The member-dentist's completed portfolio and required fees must be submitted for evaluation at least 60 (sixty) days prior to the first Fellow examination training session.

Please note: The Academy cannot guarantee success to any applicant. It is the sole responsibility of the applicant to earn Fellow status. The preparation sessions *in total* are designed to provide the applicant with the full complement of necessary information.

Fellow 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 Fellow Certification Portfolio

The member-dentist's Certification Portfolio contains all required documentation and proof of completion of prerequisites. It must be completed and submitted by the member-dentist 60 (sixty) days prior to the first online exam training session. Once the ACSDD Portfolio Review Committee accepts the member-dentist's portfolio, he or she can participate in the online training sessions and take the certification exam.

Fellows 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
 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 24-hour Continuing Education Form with 8 hours in TMD (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: TEN REQUIRED CASE STUDIES (REQUIRED DATA BELOW)**
 1. Completed Spreadsheet for 10 OSA Patients (PDF supplied)
 2. Individual Patient Case Study #1 (Chosen from the 10 by member-applicant)
 3. Individual Patient Case Study #2 (Chosen from the 10 by member-applicant)

Required Spreadsheet Data for Case Studies #1 through #10 (PDF Supplied)

When choosing the ten (10) 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 two (2) 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 Two Eligible Individual Case Studies

The two (2) case studies required for this component of the Certification Portfolio are to be chosen from the ten (10) that are recorded on the spreadsheet. In selecting which two 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:
<p align="center">The Academy of Clinical Sleep Disorders Disciplines The 201 Building on Easy Street Suite 206 Box 1375 Carefree, Arizona 85377</p>	<p align="center">Andrew, Director of Operations, ACSDD Office: 480-575-7100 iPhone: 814-490-2019 Email: andrew@acsdd.org</p>

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?		

10-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 #10 on Pages 2-3 of the Instructions*). The two cases chosen for in-depth narration must have a Post-Tx PSG. The remaining eight 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							

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 24 Hours 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 10 Case Studies (PDF supplied) <input type="checkbox"/> Individual Case Study #1 <input type="checkbox"/> Individual Case Study #2 	
<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>	