



Request Change of Status

Affiliation Categories

Active

A Diplomate who is actively engaged in the practice of oral and maxillofacial surgery or receives monetary remuneration by virtue of being an oral and maxillofacial surgeon, and is currently in good standing with the ABOMS. An Active Diplomate with a time-limited certificate is subject to all Certification Maintenance requirements.

Clinically Inactive

A Diplomate not currently engaged in clinical practice but who may be involved in other professional activities (e.g., research, lectures and seminars, administration of institutional programs and/or activities) as allowed by appropriate jurisdictional law. This excludes expert testimony and related activities. A Clinically Inactive Diplomate must use the designation “Clinically Inactive Diplomate of the American Board of Oral and Maxillofacial Surgery” in all professional materials and communications. Each year as part of the ABOMS Annual Registration process, a Clinically Inactive Diplomate must attest that he/she does not assist or perform surgery, nor participate in the clinical supervision of residents or dental students. Violation of these provisions and any other related provisions will result in revocation of his/her certificate. A Clinically Inactive Diplomate is subject to all CM requirements with the exception of:

- (i) participation in the Evaluation of Performance in Practice component; and,
- (ii) possession of active hospital privileges which permit admitting patients and performance of core OMS procedures.

Upon returning to the clinical practice of oral and maxillofacial surgery, a Diplomate designated as Clinically Inactive must petition the Board stating a desire to regain Active Diplomate status. The Diplomate will be required to provide documentation to the Board, consisting of but not limited to:

- (i) demonstration of current completion of Evaluation of Performance in Practice; and
- (ii) evidence of current active hospital privileges which permits admitting patients and performing core OMS procedures.

Retired

A Diplomate who has retired from the active practice of oral and maxillofacial surgery and does not practice any aspect of oral and maxillofacial surgery. Retired Diplomates must identify themselves as "Retired Diplomates of the American Board of Oral and Maxillofacial Surgery" in all professional materials and communications.

- (i) Retired Diplomates who return to the active practice of oral and maxillofacial surgery are required to submit a request for change of status to the administrative office of their resumption of practice. If he/she requests a change of status of the Board after their certification has expired, he/she must repeat the entire certification process

Retired Diplomates with time-limited certificates who return to the active practice of oral and maxillofacial surgery will be required to complete the Certification of Maintenance Program based on the expiration date of the time-limited certificate they held on entering Retired status. Should he/she fail to successfully complete the Certification of Maintenance Program during the original three year period, he/she will assume the status of Resigned Diplomate, and must repeat the entire certification process to return to Active Diplomate status. A Retired Diplomate whose time-limited certificate expired while he/she is in a retired status and does not return to the active practice of oral and maxillofacial surgery will retain the status of Retired Diplomate.

- (ii) If a Diplomate contemplates retirement, he/she should opt for the Clinically Inactive Diplomate status meeting all the requirements listed until such time as he/she is certain he/she will not return to active Diplomate status.

Student

A Diplomate who is a full-time student in a certificate or degree program. A student Diplomate must provide a letter from his/her institution verifying his/her full-time student status. Student Diplomates shall be permitted to pay a reduced Annual Registration fee as established by the Board.



American Board of Oral
and Maxillofacial Surgery

Request Change of Status

I, Dr. _____, am requesting the ABOMS to change my status category.

My current status:

Requested status:

Provide an explanation of the circumstances which have led to your request for a change of status:

I understand the definition of my current status/affiliation category and the definition of the status/affiliation category to which I wish to change. Any resultant actions taken by the ABOMS based on my request for change are acknowledged. I also understand the ABOMS has the right to seek further information and/or deny the request for a status category change.

Contact Information

Address 1:

Telephone:

Address 2:

Fax:

City:

Email:

State:

Type Name

Signature

Date

Send this form to:

American Board of Oral and Maxillofacial Surgery
625 North Michigan Avenue, Suite 1820
Chicago, Illinois 60611-3177

OFFICE USE ONLY

REQUEST RECEIVED _____ DATE

COMMITTEE ACTION _____

DIPLOMATE RESPONSE _____ DATE

_____ INLS