



# 2020 Qualifying Examination Handbook

ABOMS

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***The recognized leader in Board certification of  
oral and maxillofacial surgery and related disciplines***



## Core Purpose

The mission of the American Board of Oral and Maxillofacial Surgery is to assure the public of safe and optimal care through the development and maintenance of high standards of certification and re-certification of Diplomates in the specialty.

## Core Values

- ❖ Patient First
- ❖ Integrity
- ❖ Fair and Valid
- ❖ Relevant
- ❖ Gold Standard of Excellence

## Organization

The American Board of Oral and Maxillofacial Surgery (ABOMS) is the certifying Board for the specialty of oral and maxillofacial surgery in the United States and is recognized and approved by the Council on Dental Education of the American Dental Association.

A committee was authorized at the 1945 annual meeting of the American Society of Oral Surgeons to establish an American Board of Oral Surgery, which would conduct examinations for the certification of specialists in oral surgery. In 1946, the American Board of Oral Surgery was incorporated under the laws of the State of Illinois. During the following year, the American Board of Oral Surgery was approved by the Council on Dental Education of the American Dental Association and was authorized to proceed with the certification of specialists in oral surgery. The American Board of Oral Surgery was renamed the American Board of Oral and Maxillofacial Surgery in 1978 to reflect the scope of the specialty. The name modification was incorporated under the laws of the State of Illinois.



The operation of the American Board of Oral and Maxillofacial Surgery is entrusted to an eight-member Board of Directors. These Directors are Diplomates of the American Board of Oral and Maxillofacial Surgery and Fellows of the American Association of Oral and Maxillofacial Surgeons. One Director is elected each year to an eight-year term by the House of Delegates of the American Association of Oral and Maxillofacial Surgeons. An Examination Committee composed of Diplomates of the American Board of Oral and Maxillofacial Surgery is appointed by the Board of Directors to prepare and conduct the annual certification examination. The Board of Directors and its Examination Committee serve without salary.

## **Examinations**

The certification process is comprehensive, covering the biological sciences and clinical practice of oral and maxillofacial surgery. The certification process in oral and maxillofacial surgery consists of two examinations:

- Qualifying Examination (QE)
- Oral Certifying Examination (OCE)

## **General**

Acceptable ethical and moral standing in the specialty and by review of any data pertaining to such standing may be requested by the Board.

## **Education**

Applicants for certification by ABOMS must have graduated from a U.S. or Canadian dental school that is recognized by the Commission on Dental Accreditation (CODA) of the American Dental Association. They must have also completed advanced education in an oral and maxillofacial surgery program that is accredited by the Commission on Dental Accreditation of the American Dental Association.

## **Licensure**

Applicants must provide evidence of an active dental license from the appropriate authority enabling the individual to practice independently in the specialty of oral and maxillofacial surgery.



An individual with limited licensure, which permits practice only under supervision, such as a “resident license” or a “fellowship license”, is not sufficient to satisfy this requirement.

## Examination Applications

Application information may be found on the ABOMS website ([www.ABOMS.org](http://www.ABOMS.org)). Application forms must be completed electronically using the applicant profile. Supporting materials must be uploaded to your application file on the website. All application materials will be reviewed by the ABOMS Board and staff for approval. Upon approval of a first-time applicant, the applicant is then considered a “Candidate” of ABOMS.

The ABOMS goes to great lengths to assist applicants when participating in the certification process. In return, it is requested that individuals seeking Board Certification comply with set requirements and deadlines. All application materials must be received by the ABOMS Administrative Office by the stated deadline.

## 2020 Qualifying Examination Schedule

It is the applicant’s responsibility to be aware and meet all deadlines.

Qualifying Examination	
Examination Application Opens	June 11, 2019
Applications Due	September 5, 2019
Information on how to schedule sent	Mid-October
Scheduling of Examination with Test Center	November 11-25, 2019
Examination Administered (Prometric Centers)	January 4-11, 2020
Examination Results Mailed	March 2020



## **Qualifying Examination (QE)**

The ABOMS Qualifying Examination (QE) is a secure, valid computer-based examination administered to Board applicants that test their knowledge in central principles of the specialty. The QE is the first step in becoming Board certified. The examination is made up of 300 questions covering 10 subject areas. An applicant who does not take or pass the QE within the two-year period will result in a void application.

### **Application Requirements**

- Applicants current contact information
- Application Fee of \$675.00 USD
- Examination Fee of \$1,600.00 USD
- OMS Training Background
- Verification of OMS Training form
- Photocopy of OMS Certificate
- Record of Operative Experience
- Photocopy of Current Dental Licensure
- Photocopy of Government Issued Identification

### **Re-Application Requirements**

- Applicants current contact information
- Application Fee of \$675.00 USD
- Examination Fee of \$1,600.00 USD
- Record of Operative Experience
- Photocopy of Current Dental Licensure

Fees for the Qualifying Examination can be made using VISA, MasterCard, or American Express credit cards. All fees are non-refundable and non-transferable.



## ***Is this your first time applying for the QE?***

To begin the application process, an Applicant must submit their contact information at [www.ABOMS.org](http://www.ABOMS.org). An applicant can update their contact information at any time by visiting his/her profile at [www.ABOMS.org](http://www.ABOMS.org). The QE application and examination fee will also be required at the same time. Upon submission of the applicant's contact information and fees a confirmation e-mail will be sent to the e-mail address on file.

## ***What is required for the QE application for first time applicants?***

**Once an applicant's profile is created and the fees are paid, all application materials can be submitted online and at once.**

- ✓ Verification of current licensure
  - Applicants must upload a copy of their current, unrestricted dental license to practice dentistry. The photocopy must clearly contain the license issued and expiration dates.
- ✓ Verification of Government Issued Identification
  - Acceptable forms include: State driver's license, state identification card, passport, passport card, U.S. military ID or permanent resident card
- ✓ OMS Training Background
  - Applicants must provide detailed information on dental school and advanced OMS training while submitting the application
- ✓ Verification of OMS Training (submit items 1 AND 2)
  - Applicants are required to provide proof of completion of training in an OMS program accredited by the Commission on Dental Accreditation of the American Dental Association. Applicants are required to submit:
    1. The Verification of Training form with signatures, from current program director attesting to the applicant's satisfactory completion of the program and showing the name(s) of the training institutions and the inclusive dates of the applicant's training. **And;**
    2. A copy of the applicant's OMS program Certificate of Completion
- ✓ Record of Operative Experience (ROE)
  - Submit number of surgical procedures completed using your application profile. You may reference your OMS Resident Surgical Log from OMSNIC or the handout provided at the end of this handbook to help complete this portion of your



application. Applicants five years out of residency should report the last 12 months

- There is no minimum number of cases that is required. The information provided by the applicant is strictly informational.

***Alternative pathways are available for those who did not train at an OMS program accredited by the Commission on Dental Accreditation of the American Dental Association.***

All foreign trained applications will be reviewed, approved, or denied by the ABOMS Credentialing Committee. All applicants trained outside of an accredited program must show proof of **one** of the following:

- Completed 12 months of training at the Senior Resident level at a CODA accredited OMS program; **or**
- Completed an accredited OMS Fellowship; **or**
- Employed for 12 consecutive months as a full-time faculty member in an accredited OMS training program during the past 2 years.

### ***What are the application requirements if I need to re-apply for the QE?***

**A re-applicant is someone who has not successfully completed the QE in the very first two years they apply for the examination. An applicant is no longer recognized as a Candidate after the first two consecutive years.**

**A re-applicant must resubmit application and examination fees in addition to the following:**

- ✓ Upload a copy of current licensure
- ✓ Upload proof of 30 hours of Category I Continuing Education Credits within 12 months prior to the application date
- ✓ Record of Operative Experience (ROE)
  - Submit number of surgical procedures completed using your application profile. You may reference your OMS Resident Surgical Log from OMSNIC or the handout provided at the end of this handbook to help complete this portion of your application. Applicants five years out of residency should report the last 12 months
  - There is no minimum number of cases that is required. The information provided by the applicant is strictly informational.



Individuals who re-apply for the QE must upload proof of successful completion of 30 hours of Category I Continuing Education (CE) to their applicant profiles. Continuing Education certificates must be within 12 months prior to the application date.

## **Definition of Category I Continuing Education**

Category 1 activities are designated by an accredited provider before the Diplomate participates in them. Examples include attendance and presentations at a conference where the American Dental Association (ADA) Continuing Education Recognized Provider (CERP) Category 1 credit will be given. Diplomates may also earn Category 1 credit for publishing an article in a peer-reviewed journal and meritorious learning experiences that have been pre-approved for credit.

The ABOMS has identified providers of continuing education that meet the requirements set forth for the certification process. The ABOMS does not have an approval process for CE providers but is familiar with the groups identified below and acknowledges their expertise of offerings that support continued learning for oral and maxillofacial surgeons.

- ACLS/PALS/BLS/ATLS/NCLS regardless of the provider
- Courses approved by Academy of General Dentistry (AGD)
- Courses offered by American Association of Oral and Maxillofacial Surgeons (AAOMS) component societies (state or regional)
- Courses approved by the ADA (American Dental Association) Continuing Education Recognition Program (CERP)
- Courses sponsored by ADA CODA (Commission on Dental Accreditation) accredited dental schools
- Courses sponsored by ADA CODA accredited OMFS programs
- Courses approved by the AMA (American Medical Association) Accreditation Council for Continuing Medical Education (ACCME) {both single and dually degreed Diplomates may earn this credit}



## Qualifying Examination Audit Process

The submission of an application indicates your agreement to comply with the terms of the audit process. All applications are subject to an audit, although only a percentage of applications are selected. The selection of an application for audit is random. If your application is selected for an audit, you will be notified by email. If you fail to meet the audit requirements, your fees will be forfeited, and your applications will be moved to void.

During an audit, the ABOMS Credentialing Chair/committee will verify the following documents:

- OMS Training Verification Form
- Authentication of OMS Certificate
- Record of Operative Experience
- Dental License
- Continuing Education Credits **(Re-Applicants Only)**

## Policy

### Applicants' Responsibilities

The timely submission of applications and the accuracy of the information submitted therein are the sole responsibility of the applicant. The ABOMS recommends reading and following all instructions thoroughly. Application submissions arriving at the ABOMS Administrative Office past the posted deadline, regardless of the reason will not be accepted

It is the applicant's responsibility to keep a current address, e-mail and telephone number on file. The ABOMS does not share contact information with any other organization. Third party request for information on a Candidate's application, Board status, or results will not be granted. Throughout the certification process, it is necessary for the Board to communicate with Candidates on issues that are imperative. In addition, time-sensitive information regarding applications, test registration and results require direct contact.

The ABOMS will not be responsible for missed communications when the applicant does not have current information on file with the ABOMS Administrative Office. Applicants may check their



contact information and the status of their applications by logging into their profile online at [www.aboms.org](http://www.aboms.org). Please allow one business day for electronic submissions to update on your profile and 1-2 weeks for processing of submissions made by mail.

### **Accommodation Policy for Applicants with Special Needs**

The ABOMS will make every effort to provide all appropriate and reasonable efforts to accommodate any requests in accordance with the Americans with Disabilities Act. Issues such as a second language, test anxiety, slow reading without an identified underlying physical or mental deficit, and failure to achieve a desired outcome are not learning disabilities and generally are not covered by the Americans with Disability Act.

Candidates that require special accommodations must contact the ABOMS administrative office to receive detailed information concerning documented disability or qualifying medical conditions.

### **Extensions on Expiring Application**

Requests for extension of eligibility must be made after expiration of the current application for the Qualifying Examination or the Oral Certifying Examination. Requests for extensions must be in writing and additional supporting documents may be required. Each request will be individually reviewed and considered by the Credentials Committee.

### **Refunds**

When an application/Candidate registers for an examination, significant costs are incurred by ABOMS. Therefore, all fees are non-refundable and non-transferable. Candidates must contact the Administrative Office by the designated deadline to request for fee deferment and/or extensions. All requests will be reviewed for consideration.



### **Receipts for Fees Paid**

Candidates who submit application materials online will receive e-mail confirmations including transactions numbers for any fees paid.

### **Release of Examination Results**

The ABOMS will not release any examination result information by phone, fax, or e-mail. The ABOMS does not report pass or fail information to third parties. The ABOMS reserves the right to withhold examination results if any application materials are found to be deficient, expired or inaccurate. All result letters for an examination are mailed out in identical envelopes on the same day. The ABOMS is not responsible for delays because of outdated contact information on file or mail service.

### **Appeal Mechanism**

An applicant/Candidate who is unsuccessful in the Qualifying Examination or the Oral Certifying Examination has a mechanism to appeal the outcome. Information about the appeal process is available upon written request from the ABOMS Administrative Office.



## Contact Information

### ABOMS Administrative Mailing Address

American Board of Oral and Maxillofacial Surgery  
625 N Michigan Avenue, Suite 1820  
Chicago, IL 60611

**Website:** [www.aboms.org](http://www.aboms.org)

**Telephone:** 312-642-0070

**Fax:** 312-642-8584

### Direct Examination Contact:

Ms. Linh Vo

Examination Services Coordinator

Extension \*127

LVo@aboms.org

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LinkedIn





# QE Checklist

As a reminder, all application requirements must be submitted online using your applicant profile and must be submitted all at once.

Application Requirement	Due on:	How to Complete	Completed
Applicants Contact Information	September 5, 2019	Submit online form	
Application and Examination fee	September 5, 2019	Submit online with contact information	
OMS Training Background	September 5, 2019	Submit online with contact information	
Verification of Training Form	September 5, 2019	Form in QE handbook. Upload to application	
Photo Copy of OMS Certificate	September 5, 2019	Upload to application	
Photocopy of Current Dental Licensure	September 5, 2019	Upload to application	
Photocopy of Government ID	September 5, 2019	Upload to application	
Continuing Education <b>(Re-Applicants Only)</b>	September 5, 2019	Upload to application	



American Board of Oral  
and Maxillofacial Surgery

**DUE SEPTEMBER 5, 2019**

**2020 Qualifying Examination - Verification of Oral and Maxillofacial Surgery Training**

Applicants for certification by ABOMS must have graduated from a U.S. or Canadian dental school that is recognized by the Commission on Dental Accreditation (CODA) of the American Dental Association. They must have also completed advanced education in an oral and maxillofacial surgery program that is accredited by the Commission on Dental Accreditation of the American Dental Association.

This form and a copy of your certificate must be uploaded with your application on-line no later than **September 5, 2019**.

I certify that,

FIRST NAME	MIDDLE INITIAL	LAST NAME
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was trained at an OMS training program in the United States or Canada and:

successfully completed an advanced educational oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association, as verified by the program director.

**or**

was trained at an OMS training program outside the United States or Canada, but:

successfully completed a minimum 12 months of training at the senior resident level at an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association, as verified by the program director **or**,

successfully completed an accredited fellowship that is a minimum of 12 months in duration, as verified by the program director **or**,

successfully completed 12 consecutive months as a full-time member in an accredited OMS training program during the past 2 years, as verified by the program chairman.

Date training began:	Date training Ended:
M/D/YYYY	M/D/YYYY

PROGRAM DIRECTOR or PROGRAM CHAIRMAN NAME  
PRINT NAME- PROGRAM DIRECTOR OR CHAIRMAN

APPLICANT NAME  
PRINT NAME- APPLICANT

\_\_\_\_\_  
PROGRAM DIRECTOR or DEPARTMENT CHAIRMAN SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE



# QE Blueprint

## Medical Assessment and Management of the Surgical Patient

34 Questions

- A. Cardiovascular
- B. Respiratory
- C. Musculoskeletal & Nervous System
- D. Endocrine, GI, GU, Metabolic
- E. Risk Management

## Anesthesia and Pain Control

37 Questions

- A. Local Anesthesia
- B. Deep Sedation/General Anesthesia
- C. ACLS
- D. Perioperative Pain Control
- E. Pediatric Anesthesia/PALS

## Dentoalveolar

30 Questions

- A. Erupted/Unerupted Teeth
- B. Dentoalveolar injuries
- C. Infections
- D. Soft Tissue Procedures

## Trauma

34 Questions

- A. Evaluation of the Trauma Patient/ATLS
- B. Mandibular Injuries
- C. Mid/Upper Facial Injuries
- D. Soft Tissue Injuries

## Orthognathic/Cleft/OSA

30 Questions

- A. Mandibular Deformities
- B. Maxillary Deformities
- C. Cleft Lip & Palate
- D. Craniofacial Syndromes
- E. Obstructive Sleep Apnea

## Cosmetic

11 Questions

- A. Nasal
- B. Periorbital
- C. Skeletal Contour Alteration
- D. Soft Tissue Procedures

## Temporomandibular Disorders/Facial Pain

12 Questions

- A. Muscular Disorders, Facial Pain
- B. Internal Derangements
- C. Degenerative Joint Disease
- D. Joint and Disc Reconstruction

## Pathology

31 Questions

- A. Benign Lesions of Hard Tissue
- B. Benign Lesions of Soft Tissue
- C. Mucocutaneous/Dermatopathology
- D. Salivary Gland Pathology
- E. Malignant Lesions of Hard Tissue
- F. Malignant Lesions of Soft Tissue

## Reconstruction

21 Questions

- A. Nonvascularized Hard Tissue Grafts
- B. Nonvascularized Soft Tissue Grafts
- C. Vascularized Grafts
- D. Pedicle Flap

## Implants

30 Questions

- A. Biology and Treatment Planning
- B. Prosthetic Considerations
- C. Hard Tissue Adjunctive Measures/Site Development
- D. Soft Tissue Adjunctive Measures
- E. Complications



# Record of Operative Experience

## Helpful Handout – QE Application Requirement

As part of the Qualifying Examination (QE), every applicant and Candidate is required to submit a Record of Operative Experience (ROE) for each application submitted. First-time applicants must report their surgical case log thus far in their careers and re-applicants must report the last 12 months.

An applicant will enter this information using the online application portal. Completing this handout is not required, nor is there a minimum number of cases that should be reported. The information an applicant provides is strictly informational.

**\*It is important to note that all application materials and information must be submitted at once using the online application portal. You cannot start an application and return at a later time.**

<b>Cleft</b>	<b>Totals</b>
<b>Alveolar</b> (42205, 42210)	
<b>Lip</b> (40700, 40701, 40702, 40720, 40761, 42260)	
<b>Palate</b> (42200, 42215, 42220, 42225, 42226, 42227, 42235, 42950)	
<b>Other</b>	
<b>Craniofacial</b>	<b>Totals</b>
<b>Osteotomies</b> (21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21260, 21261, 21263, 21267, 21268, 21275, 61557, 61559)	
<b>Esthetic</b>	<b>Totals</b>
<b>Augmentation/Reduction Surgery</b> (21120, 21125, 21127, 21208, 21209, 21270)	
<b>Chemodenervation</b> (64612)	



# Record of Operative Experience

<b>Fillers</b> (11950, 11951, 11952, 11954)	
<b>Soft Tissue Facial Non-Surgical</b> (15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 17004, 17106, 17107, 17108)	
<b>Soft Tissue Facial Surgical</b> (15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15876)	
<b>Rhinoplasty</b> (15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15876, 67900, 67901, 69300)	
<b>Other</b>	
<b>Infection</b>	<b>Totals</b>
<b>Major</b> (10061, 10121, 10140, 10180, 40801, 41005, 41006, 41007, 41008, 41009, 41014, 41015, 41016, 41017, 41018, 42300, 42305, 42310, 42320, 42700, 42720, 42725)	
<b>Minor</b> (10060, 10120, 10160, 21501, 40800, 41000, 41800, 41805, 41806)	
<b>Other</b>	
<b>Office Anesthesia</b>	<b>Totals</b>
<b>Deep Sedation/General Anesthesia</b> (D9222)	
<b>Moderate Sedation</b> (D92369)	
<b>Orthognathic</b>	<b>Totals</b>
<b>Genioplasty Osteotomies</b> (21121, 21122, 21123)	
<b>Mandibular Osteotomies</b> (21193, 21194, 21195, 21196, 21198, 21199)	
<b>Maxillary Osteotomies</b> (21141, 21142, 21143, 21145, 21146, 21147, 21188, 21206)	
<b>Other</b>	



# Record of Operative Experience

Pathology	Totals
<b>Biopsies</b> (11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 20240, 20245, 21550, 40490, 40808, 41100, 41105, 41108, 42100, 42400, 42405)	
<b>Lesion Excision/Resection Bone Benign</b> (20615, 21025, 21026, 21029, 21030, 21040, 21046, 21047, 21048, 21049, 21295, 21296, 41825, 41826, 41827, 41850)	
<b>Lesion Excision/Resection Malignant</b> (11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 17270, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284, 17286, 21015, 21034, 21044, 21045, 21557, 40500, 40510, 40520, 40530, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155)	
<b>Lesion Excision/Resection Soft Tissue Extraoral/Benign</b> (11420, 11421, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 17000, 17110, 42810, 42815, 21555)	
<b>Lesion Excision/Resection Soft Tissue Intraoral/Benign</b> (40810, 40812, 40814, 40816, 40820, 41110, 41112, 41113, 41114, 41116, 42104, 42106, 42107, 42120)	
<b>Salivary Gland</b> (42330, 42335, 42408, 42409, 42410, 42415, 42420, 42425, 42426, 42440, 42450)	
<b>Sinus</b> (30580, 31030, 31032)	
<b>Other</b>	
Prosthetic/Pre	Totals
<b>Implants</b> (21244, 21245, 21246, 21248, 21249, D6010)	
<b>Preprosthetic Surgery</b> (40840, 40842, 40843, 40844, 40845, 41822, 41823, D4263)	
<b>Preprosthetic Surgery Soft Tissue</b> (D4273, D4275, D4276, D4277, D4278, 40818)	
<b>Other</b>	
Reconstruction	Totals



# Record of Operative Experience

<b>Cartilage Grafting</b> (20912, 21230)	
<b>Major Bone Grafting Free Bone Grafting</b> (20969, 20970, 20972, 21210, 21215)	
<b>Microvascular</b> (15757, 20955, 20956, 20957, 20962)	
<b>Nerve Surgery</b> (34740, 46864, 64716, 64732, 64734, 64736, 64738, 64742, 64885, 64886)	
<b>Salivary Duct</b> (42500, 42505, 42507, 42509, 42510, 42665)	
<b>Soft Tissue Flap Local/Adjacent</b> (10420, 14021, 14040, 14041, 14060, 14061)	
<b>Soft Tissue Flap Regional/Nearby</b> (15572, 15574, 15576, 15610, 15620, 15630, 15732, 40525, 40527)	
<b>Soft Tissue Graft Free Skin Grafting</b> (15120, 15121, 15220, 15221, 15240, 15241, 15260, 15261, 15770)	
<b>Other</b>	
<b>TMJ</b>	<b>Totals</b>
<b>Arthroscopy</b> (29800, 29804)	
<b>Minimally Invasive</b> (20605, 21480, 21485)	
<b>Open Joint</b> (21010, 21050, 21060, 21070, 21240, 21242, 21490)	
<b>Reconstruction Autogenous</b> (20910)	
<b>Reconstruction Prosthetic</b> (21243)	
<b>Other</b>	
<b>Tracheostomy</b>	<b>Totals</b>



# Record of Operative Experience

<b>Tracheostomy</b> (31600, 31601, 31603, 31605, 31610)	
<b>Trauma</b>	<b>Totals</b>
<b>Dentoalveolar Trauma</b> (21440, 21445, D7270)	
<b>Mandible Fractures</b> (21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470)	
<b>Midface/Upper Face Fractures Frontal Sinus Fractures</b> (21343, 21344)	
<b>Midface/Upper Face Fractures LeFort Fractures</b> (21345, 21346, 21347, 21348, 21421, 21422, 21423, 21431, 21432, 21433, 21435, 21436)	
<b>Midface/Upper Face Fractures Malar Fractures</b> (21356, 21360, 21365, 21366)	
<b>Midface/Upper Face Fractures Nasal Fractures</b> (21310, 21315, 21320, 21325, 21330, 21335, 21336, 21337, 30020)	
<b>Midface/Upper Face Fractures NOE Fractures</b> (21338, 21339, 21340)	
<b>Midface/Upper Face Fractures Orbital Fractures</b> (21280, 21282, 21385, 21386, 21387, 21390, 21395, 21400, 21401, 21406, 21407, 21408)	
<b>Repair of Lacerations Extraoral</b> (12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13120, 13121, 13122, 13131, 13132, 13133, 13151, 13152, 13153, 40650, 40652, 40654, 40830, 40831)	
<b>Repair of Lacerations Intraoral</b> (41250, 41251, 41252, 42180)	
<b>Other</b>	