

PHILIPPINE BOARD OF PERIODONTOLOGY



2027

GUIDELINES FOR DIPLOMATE EXAMINATIONS

Guidelines from the Diplomate Examination of the American Board of Periodontology and the Membership in Periodontics Examination from the Royal College of Surgeons of Edinburgh and the Michigan Board of Periodontology (Michigan Department of Licensing and Regulatory Affairs) have heavily influenced this work. Several portions have been lifted directly from those sources.

Periodontology as a Specialty

Periodontology is one of the seven specialties recognized by the Board of Dentistry.

A periodontist is the specialist in a specific discipline in dentistry, which encompasses the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes, including placement, rehabilitation, and site development with dental implants, regeneration of lost components of the periodontium, and maintenance of the health, function and esthetics of these structures, tissues and substitutes.

Mission Statements

The Philippine Board of Periodontology was established with the main goal of advancing the art and science of Periodontics/ Periodontology through the examination, certification and accreditation of specialists in Periodontics. The following are its main functions:

1. Recognize and accredit institutions of higher learning which offers postgraduate training programs in Periodontology/Periodontics.
2. Screen and conduct accreditation processes for candidates wishing to be recognized as a specialist in the clinical practice of Periodontology/Periodontics and Implant Dentistry.
3. Review and evaluate training programs in Periodontics to conform to internationally accepted standards.
4. Assist the Professional Regulation Commission (PRC) in matters concerning dental practice particularly in Periodontics and in establishing the standard of periodontal care in the Philippines.
5. Recommend to the PRC BOD the issuance of the Diplomate Certificate to the candidate who successfully completes the specialty accreditation process.
6. Set re-validation guidelines for diplomates of the PBPerio.
7. Administer re-validation procedures to existing diplomates of the PBPerio wishing to maintain their specialist status.

Composition of the Board

Philippine Board of Periodontology Chair:

Nannette V. Vergel de Dios, BS, DDM, MDSc., Dip. PBPerio

Philippine Board of Periodontology Members:

Andrea Arancillo, DMD, Cert. AGS, MSD, Dip. PBPerio

Luis Salvador Litonjua, DDS, DMD, MS, Cert. Perio, BS, Dip. ABPerio, Dip. PBPerio

Regina Isabel Santos-Morales, DDM, Cert. Perio, Dip. ABPerio, Dip. PBPerio

Juan Rafael Silva, JD, DDM, MDS, Cert. Perio, Adv. Dip., MPerio RCS Edin., Dip. PBPerio

Maria Shervy Monica Villareal-de Cerquiera, DMD, Cert. Perio, Dip. PBPerio

Vivian C. Virata, DDM, MS, Cert. Perio, Dip. PBPerio

Examiners of the Board

Examiners are selected by the members of the Philippine Board of Periodontology (PBPerio or the Board) to conduct the Diplomate Examination and perform other duties as the Board may assign.

Philippine Board of Periodontology Diplomate Examinations and the Diplomate Process

The PBPerio Diplomate Examination is composed of three parts: Qualifying Examination (Part 1 Written), Clinical Proficiency Examination (Part 2 Oral), and Diplomate Certifying Examination (Part 3 Oral). The Qualifying Examination (Part 1 Written) is a one-day written examination, and if successfully passed, will qualify the candidate to take the Clinical Proficiency Examination. The Clinical Proficiency Examination (Part 2 Oral) is composed of fully documented case presentations submitted by the candidates. If successfully passed, the candidate will be awarded Fellow status and may proceed to the Diplomate Certifying Examination. The Diplomate Certifying Examination (Part 3 Oral) is composed of discussion of cases and scenarios given by the Board. Once passed, the candidate is awarded Diplomate status. Fellow and Diplomate titles are conferred by the BOD. Only after a candidate has attained Diplomate status can one call oneself a Specialist or Periodontist. **Completion of all three examinations is required or no title will be awarded.**

PBPerio Qualifying Examination

The PBPerio Qualifying Examination (Part 1 Written), the first step, is a multiple-choice and essay question test that covers a broad range of information relating to the science and practice of periodontology and implant dentistry. See below for PBPerio Qualifying Examination Outline.

When is the Examination Conducted

The PBPerio Qualifying Exam will be conducted yearly. It must be completed in one day at the designated testing site.

Qualifying Examination Eligibility

Candidates qualified to challenge the PBPerio Qualifying Examination:

The candidate is a

- 1.1. graduate of a PBPerio accredited clinical postgraduate program or training program in Periodontics. Presently, there are **NO** PBPerio accredited clinical postgraduate programs in Periodontics in the Philippines. Graduates of non-accredited Periodontics program had until July 2023 to challenge the PBPerio Diplomate Examinations. However, the PBPerio has decided to give a **FINAL EXTENSION** to non-PBPerio accredited clinical postgraduate programs. Non-accredited PBPerio Periodontics program graduates before June 2027 are eligible to take the exam until the 2027 PBPerio Qualifying Exam in July and start the process. If the candidate is unsuccessful in passing the QE, the candidate may retake it any number of times within a five-year period (provided that the QE fee is paid for each re-take).

***Please note: per Philippine Regulation Commission Professional Regulatory Board of Dentistry Resolution No. 7, Series of 2021 states that only those graduates from institutions or universities accredited by the Commission on Higher Education (CHED) and duly accredited by the PBPerio and passed the Diplomate Certifying Examination can attain Philippine Qualifications Framework (PQF) Level 8.**

- 1.2. graduate of at least a 3-year clinical postgraduate program in Periodontology from a PBPerio recognized foreign training institution (program must be evaluated by the PBPerio for eligibility to take the qualifying exam). The PBPerio may have the discretion to waive the exams and automatically elevate the candidate to Diplomate status if he/she falls under any of these categories (provided that the candidate applies first): a) those who are graduates from the American Dental Association-Commission on Dental Accreditation (ADA-CODA) certified institutions, b) those who are graduates from the European Federation of Periodontology (EFP) accredited periodontal programs, c) Diplomates of the American Board of Periodontology, d) Members of Periodontology of the Royal College of Surgeons of Edinburgh, e) other recognized members or diplomates of state/country Boards of Periodontology may be considered upon the discretion of PBPerio.
- 1.3. graduate of at least a 2-year clinical postgraduate program in Periodontology from a PBPerio recognized foreign training institution and show proof of practice in Periodontics for at least 1 year. (program must be evaluated by the PBP for eligibility to take the qualifying exam)
2. Must be a holder of a valid certificate of registration and professional identification card in Dentistry (PRC).
3. He/she has not been convicted of an offense involving moral turpitude.

Qualifying Examination Application

1. Provide a recent full color Philippine passport style photograph.
2. The candidate must complete two forms and submit evidence of completion of clinical postgraduate training in Periodontics:
 - a. PBPerio Qualifying Examination Application and Credentials Form (Form A).
 - b. PBPerio Diplomate Examination Attestation (Form B). (this form applies to all exams).

Make sure all documents are signed and dated and all questions are answered. The Application, Credentials, and Attestation Forms and evidence of completion of the clinical post-graduate program in Periodontics from non-accredited training institutions must accompany the non-refundable application fee of P10,000.00.

1. Include these documents:
 - a. CV with passport size photo
 - b. License
 - c. Diploma
 - d. Course Outline
 - e. Post-grad transcripts
4. An informal interview may be required at the discretion of the PBPerio.

Eligibility to take the Oral Examinations (Clinical Proficiency Examination Part 2 Oral & Diplomate Certifying Examination Part 3 Oral)

Candidates who pass the PBPerio Qualifying Examination **must complete** the PBPerio Oral Examinations (Clinical Proficiency Examination Part 2 Oral and Diplomate Certifying Exam Part 3 Oral) **within three (3) years from the year the PBPerio Qualifying Examination (Part 1 Written) was successfully completed** unless an extension is granted.

1. Request for a one (1) year extension to complete the PBPerio Oral Examinations may be made in writing to the Board Office and must be received before the 2nd Monday of January the year eligibility expires. The Chair of the Board will approve extensions for qualified candidates without Board action. Questionable requests will be considered by the Board.

2. Requests will be granted only when in the Board's judgment the candidate was prevented from taking the Oral Examination by extenuating circumstances.

3. A maximum of one request will be considered by the Board, otherwise, candidate will need to retake and pass the Qualifying Examination (Part 1 Written).

4. Candidates who successfully pass the Qualifying Examination must write a formal letter of intent to take the Clinical Proficiency Examination (Part 2 Oral). The Examination will then be scheduled. Once the candidate passes the Clinical Proficiency Examination (Part 2 Oral), the candidate must write a formal letter of intent to take the Diplomate Certifying Examination (Part 3 Oral). This examination will then be scheduled. If the candidate is unsuccessful in passing any part of the two oral examinations, the candidate may take it any number of times as long as it is within the three year prescribed period (provided that the candidate pays the exam fee for each exam that the candidate retakes). **If the candidate fails to complete the three examinations within the prescribed time period, the candidate must start over.**

Process and Fees

1. The total fee for the Diplomate Examination is ₱70,000
 - ₱10,000 Application Fee
 - ₱20,000 Qualifying Examination Fee (Part 1 Written)
 - ₱20,000 Clinical Proficiency Examination Fee (Part 2 Oral)
 - ₱20,000 Diplomate Qualifying Examination Fee (Part 3 Oral)
2. A application fee of ₱10,000 shall accompany the completed Application & Credentials Form (Form A), Diplomate Examination Attestation (Form B) and must be submitted to the email of PBPerio 's executive secretary's email philperio.org@gmail.com by the 1st Monday of June of the year candidate plans to take the Qualifying Examination. Include these documents:
 - i. CV with passport size photo
 - ii. License
 - iii. Diploma
 - iv. Course Outline
 - v. Post-grad transcripts

3. The candidate will be notified of their approval by the 1st Monday of July and must pay the ₱20,000 QE fee within 1 week. If a candidate is disapproved, the candidate will be given one year to complete the missing documentation or the application fee will be forfeited and the candidate will need to re-apply.
4. The Qualifying Examination will be scheduled within 2-8 weeks after notice of approval.
5. Candidates who request to withdraw from the Qualifying Examination with valid reason and have paid the examination fee must submit their request to withdraw from the examination in writing to the Board office no later than 48 hours prior to the exam date.
6. Candidates who withdraw from the Qualifying Examination with proper written notification may submit an application for the following year.
7. No monies will be refunded.
8. Candidates who fail to appear (“no show”) for a scheduled Qualifying Examination; or who fail to show for the Oral Examinations; arrive more than fifteen minutes after the scheduled exam start time and cannot be accommodated, cancel a test less than 48 hours prior to the scheduled test start time will void their application status and must restart the application process by a new completed application, attestation, and credential forms and the fees for the application and Qualifying Examination or (each of the) Oral Examinations, respectively, to the Board.
9. Candidate who request to withdraw from the Qualifying or each of Oral Examinations must submit their reason of withdrawal in writing to the Board. Candidates withdrawing with special circumstances, (i.e. illness, family death, national disaster) may submit written request to the Board that the Qualifying or Oral Examination re-application fee be waived. The decision will be at the sole discretion of the Board and candidates will be notified in writing of the Board’s decision.
10. Candidates who fail any of the examination and wish to retake the particular examination must pay the fee for that respective exam. The application fee will be waived.
11. Annual registration fee is required of all Diplomates January 1st of each year. The current annual registration fee is P2,000.
12. The diplomate must be a member of PSP and maintain his/her membership in good standing.

2026 Philippine Board of Periodontology Qualifying Examination Schedule

- When: Part 1: **July 28, 2027 (Wednesday)**
- Deadline for application- **June 7, 2027 (Monday)**
- Notice of approval-**July 5, 2027 (Monday)**
 - Send the following requirements for application to philperio.org@gmail.com.
Clear scanned images of the documents in JPEG or PDF format.
 - CV with passport size photo
 - License
 - Diploma
 - Course Outline
 - Post-grad transcripts
 - Application & Credentialing Form (Form A)
 - Diplomate Examination Attestation (Form B)
 - Deposit slip of payment of fees
- Where: Metro Manila, to be announced later
- Fees:
 - Application Fee: 10,000 (**To be paid by June 7, 2027**)
 - Qualifying Exam Fee: 20,000 (**To be paid by July 12, 2027**)
- Oral Exam Fees (to follow)
- Payments must be made to:
Philippine Society of Periodontology Inc. Bank of Commerce
Savings acct#
075 20 0062990
- An informal interview may be required at the discretion of the Board.

Application	Deadline for application- June 7, 2027 (Monday) Submit requirements to philperio.org@gmail.com and pay application fee of PHP 10,000.
Notice of approval	Await notice of approval to take the Qualifying Examination from the PSP website July 5, 2027 (Monday)
Confirm Intention	Confirm intention to take the Qualifying Examination Within 1 week of notice, the candidate must pay the Qualifying Examination Fee of PHP 20,000. To be paid by July 12, 2027 (Monday)
Qualifying Examination	Qualifying Examination is set on July 28, 2027 (Wednesday) , 830AM-4PM Venue to be announced (Metro Manila)
Continue to Oral Examinations	Candidates who passed the PBPerio Qualifying Exam must complete the PBPerio Oral Exams (Part 2 & 3) within 3 years from the year the Qualifying Exam was successfully completed, unless an extension was granted. Scheduling of the Oral Examinations (Part 2 and 3) will be at a mutually agreed time with the PBP and at their discretion.

QUALIFYING EXAM (Part 1 Written)

The Qualifying Examination (Part 1 Written) evaluates knowledge of the candidate relating to the science and practice of periodontology and implant dentistry. Subject areas include basic science, oral medicine/pathology, periodontal histology/pathology, epidemiology/statistics, and evidence-based clinical practice. This exam is composed of two sessions. The first portion is a multiple-choice examination of approximately 100 questions given in the morning. The second portion is a set of essay questions given in the afternoon. For the essay questions, candidates are expected to provide evidence-based answers and cite specific literature reference to support their answers.

PBPerio Qualifying Examination (Part 1 Written) Outline

I. Basic Science

A) Anatomy

- (a) Gross surgical, micro, and ultrastructure anatomy
- (b) Growth, development and pathology

B) Periodontal histology-pathology

- (a) Periodontal structures
- (b) Periodontal ultrastructure
- (c) Pathogenesis
- (d) Wound healing

C) Biochemistry-Physiology

- (a) Biochemistry
 - Connective tissue
 - Hard tissue
 - Cell biology
 - Inflammation
- (b) Physiology
 - Cardiovascular
 - Endocrine
 - Neural
 - Other

D) Immunology

- (a) Anatomy of the Immune System
- (b) Humoral and Complement
- (c) Cell mediated
- (d) Immune deficiency

E) Microbiology

- (a) Biology of microorganisms
 - Bacteria
 - Viruses
- (b) Pathogenic mechanisms

F) Pharmacology

- (a) Antimicrobials
 - Systemic agents
 - Local agents
- (b) Narcotics and analgesics
- (c) Cardiovascular
- (d) Emergency drugs

- (e) Drug interactions
- G) Molecular biology and genetics

II. Oral Pathology and Oral Medicine

- A) Ulcers and vesicular-bullous lesions
- B) Hypersensitivity reactions
- C) Discolorations and pigmentation
- D) Neoplasms
 - (a) Malignant
 - (b) Non-malignant
- E) Infections
- F) Syndromes
- G) Endocrine
- H) Oral manifestation of systemic disease
- I) Laboratory tests

III. Periodontal Health, Histology, and Pathology

- A) Periodontal health, gingival diseases and conditions
 - (a) Periodontal health and gingival health
 - (b) Non-dental biofilm-induced gingivitis
 - (c) Dental biofilm-induced gingivitis
- B) Periodontitis
 - (a) Necrotizing periodontal disease
 - (b) Periodontitis
 - (c) Periodontitis as a manifestation of systemic disease
- C) Periodontal Manifestations of Systemic Diseases and Developmental and Acquired Conditions
 - (a) Systemic diseases or conditions affecting periodontal supporting tissues
 - (b) Periodontal abscesses and endodontic-periodontal lesions
 - (c) Mucogingival Deformities and Conditions
 - (d) Traumatic Occlusal Forces
 - (e) Tooth- and Prosthesis-Related Factors

IV. Peri-implant diseases and conditions

- A) Peri-implant health
- B) Peri-implant mucositis
- C) Peri-implantitis
- D) Peri-implant soft and hard tissue deficiencies

V. Epidemiology and Statistics

VI. Systemic Implications

- A) Cardiovascular
- B) Pregnancy
- C) Respiratory
- D) Diabetes
- E) Other
 - a) Diet/Nutrition
 - b) Aging
 - c) Stress

d) Osteoporosis

VII. Clinical

A) Diagnosis

- (a) Medical and dental history
- (b) Clinical findings/interpretation
- (c) Diagnostic techniques

- Probing
- Radiology/Imaging
- Crevicular fluid
- Disease activity
- Microbiological findings
- Pulpal-periodontal pathology

B) Etiology

- (a) Biofilm
- (b) Local factors
- (c) Occlusion
- (d) Iatrogenic factors
- (e) Tobacco/Vape products

C) Prognosis

D) Treatment Planning

- (a) Periodontal-restorative considerations
- (b) Sequence of treatment

E) Therapy

- (a) Plaque control, behavioral modification, devices
- (b) Pharmacotherapeutics
- (c) Non-surgical

- Root planing
- Systemic/local adjuncts

(d) Occlusal therapy

(e) Periodontal-Orthodontic therapy

(f) Surgical therapy

- Gingivectomy and gingivoplasty
- Gingival attachment procedures
- Regeneration or replacement of periodontal supporting structures (GTR)
- Osseous resection
 1. Treating disease
 2. Functional and esthetic crown lengthening
- Mucogingival procedures and flap management
- Tooth/Root resection and furcation management
- Periodontal Plastic Surgery and vestibuloplasty

(g) Guided bone regeneration (GBR)

- Alveolar ridge augmentation
- Sinus augmentation
- Ridge preservation

(h) Dental Implants and immediate provisionalization

- Prevention, diagnosis, and treatment of peri-implant diseases and conditions

(i) Periodontal and implant maintenance

Suggested References

This list is to serve as a guide for the preparation of the Qualifying and Oral Examinations and is a suggested list of materials and NOT AN EXCLUSIVE LIST.

- Lindhe's Clinical Periodontology and Implant Dentistry. Tord Berglundh, William V. Giannobile, Mariano Sanz, Niklaus P. Lang
- Newman and Carranza's Clinical Periodontology. Michael Newman, Henry Takei, Perry Klokkevold, Fermin Carranza.
- American Academy of Periodontology Position Papers, Workshop Proceedings, and Best Evidence Papers
- Reports from European Workshop of Periodontology
- International Journal of Periodontics and Restorative Dentistry
- Journal of Periodontology
- Journal of Clinical Periodontology
- Journal of the American Dental Association
- Journal of Periodontal Research
- Journal of Dental Research
- Journal of Oral Microbiology and Immunology
- Clinical Oral Implants Research
- Journal of Oral and Maxillofacial Implants
- Proceedings of the World Workshop in Clinical Periodontics

APPENDIX 1:

PBP Application and Credentials Form A

Please download form from the PSP website.

APPENDIX 2:

PBP Diplomate Exam Attestation Form B

Please download form from the PSP website

CLINICAL PROFICIENCY EXAM (Part 2 Oral)

The Clinical Proficiency Exam (Part 2 Oral) follows a presentation and discussion format to evaluate the candidate's diagnostic and therapeutic skill. This exam consists entirely of case presentations (approximately 3 hrs.) from the candidate's portfolio which is entirely done by the candidate. The exam will be administered by two to three examiners per candidate.

The candidate's attestation of honest conduct is still in effect. Manual or computer altered photographs and radiographs constitute a violation of the candidate's attestation.

CANDIDATE'S CASE PRESENTATION

The candidate must submit three (3) patient case histories that meet the specifications listed below. There are no exceptions to this requirement. These cases must be submitted to the Board at least 2 months before the exam.

1. **CASE SELECTION:** All cases must be Generalized or Molar-Incisor Stage III or IV Grade A-C with at least one Generalized Stage III Grade A-C, and one Generalized Stage IV Grade A-C (as defined by the current Classification of Periodontal and Peri-Implant Conditions published in the Journal of Periodontology and Journal of Clinical Periodontology in 2018). **Cases must be of sufficient complexity to test the diagnostic and therapeutic competency and proficiency in periodontics.** Cases must include periodontal maintenance and follow-up of at least 1 year. Patient selection must be based upon the extent of periodontal disease. Failure to meet these criteria of periodontal involvement cannot be compensated for by non-periodontal therapy. Please edit any patient information in all photos, reports, and radiographs to preserve patient privacy.
2. **Dental Implants:** The use of dental implants in the treatment of cases submitted to the Board cannot replace the periodontal requirements for natural teeth. Dental implants may be used in addition to, but not in place of, other periodontal treatment of each patient. Dental implants in totally edentulous arches will not be accepted.
3. **Interdisciplinary care:** Inclusion of cases with extensive restorative dentistry, other orthodontic therapy, or other non-periodontal care is permissible, but is not necessary. Proper patient selection must be based upon the extent and severity of periodontal disease and not influenced by non-periodontal treatment, regardless of complexity.
4. Reports must be original periodontal cases diagnosed, treated, and compiled by the candidate.
5. All periodontal treatment must be completed. In addition, hopeless teeth must have been extracted, periapical pathology resolved, and caries lesions restored or temporized.
6. **Cast:** A pretreatment cast of diagnostic quality must be included.
7. **Charting:** Pretreatment, presurgical, and post-treatment charting must be neat and complete. The charting must be presented in digital format (*e.g.*, CD/USB drive) or paper. Charting must include probing depths, clinical attachment levels, bleeding on probing, furcations (Glickman Classification), mobility (Miller Index), recession, missing teeth, and restorations. A separate form for plaque score (any index) may be included. Please see Appendix 3 for the periodontal chart.
8. **Radiographs:** Full mouth pre-treatment intra-oral dental film or digital radiographs, including posterior bite wings using periapical sized films, are required for treatment. Following treatment, vertical bite wings (if posterior teeth are present) and other supplemental films to verify treatment results are required if needed. Vertical bite wings enhance the diagnostic qualities of the radiographic survey. One year post treatment radiographs must also be provided.

All radiographs must be of diagnostic quality reproducing with proper contrast and densities the teeth and alveolar bone in anatomically correct relationships. All teeth, including third molars, must be shown in their entirety in at least one radiograph. All radiographs must be placed in suitable mounts. Radiographs taken during treatment may be included.

Original radiographs or duplicate radiographs (including those from digital) of a **quality equal to those of good originals** must be presented. All radiographs and photographs must be suitably mounted and/or displayed in an organized fashion for easy interpretation.

Radiographs may be presented in one of the following manners:

- USB drive or CD
- Printed on proper photographic paper and of good diagnostic quality
- Mounted originals or duplicates of high quality analog

9. **Photographs:** Pre- and Post-treatment photographs are required as follows (please refer to Appendix 4):

1. Extra-oral at smile (frontal and lateral).
2. Intra-oral view of full arch (anterior all the way to the posterior).
3. Three palatal mirror views showing anterior and right and left posterior teeth and tissue.
4. Three lingual mirror views showing anterior and right and left posterior teeth and tissues.
5. Three occlusion views, one showing anterior teeth and one each showing right and left posterior teeth.
6. Teeth and tissues should be dried before taking photographs so that areas of importance are not obscured by saliva, blood or other matter. Photographs must be in sharp focus and of accurate color and density.
7. One year post treatment complete photographs must be provided.

Color photographs illustrating at least one surgical operation must be included in each case. The surgical procedures should record:

1. Flap design
2. Flap elevation
3. Bony architecture before and after surgical management
4. Flaps sutured
5. Post-operative images taken after one week and at six weeks or more post-operatively. Additionally, photographs after one year must be included showing all quadrants.

Photographs may be presented in one of the following manners:

- Digital format (USB Drive or CD)
- Printed on photographic paper and of good diagnostic quality

Only one surgical operation is needed to be presented at the exam per case.

10. **Written Report:** Each written case report should consist of a maximum of **two** 8 1/2 x 11 inch typewritten, single-spaced pages.

For each of the case reports, summarize the following:

1. Patient's chief complaint. Include only the patient's first name and last initial. Include an assessment of the patient's expectations and desires for treatment and evaluation of the patient's motivation.
2. Pertinent dental and medical history and findings relating to the patient. Special tests, when indicated such as bacteriological and/or hematological tests may be required.
3. Pertinent extra- and intra-oral history and findings: clinical and radiographic. Diagnoses of extra- and intra-oral pathoses.

4. Diagnosis: This must relate to the overall case as well as each individual tooth.
5. Etiology of periodontal findings. The primary, major causes, secondary, and predisposing factors should be presented.
6. Prognosis, short- and long-term for individual teeth and overall prognosis. (Please use any of this three only:McGuire and Nunn; Kwok and Caton; Lindhe)
7. Treatment Objectives: Please define expected treatment outcomes specific for each case.
8. Treatment plan must be described in detail together with possible alternatives and therapy performed. Include prosthetic/restorative and interdisciplinary treatment plans if indicated.
9. Evaluation of results. The final result of the treatment must be presented and critically evaluated.
10. Maintenance program. The updated dental status of the patient including diagnosis and prognosis must be explained. Further treatment needs, with emphasis on supportive therapy, should be planned and presented. Include any other changes such as smoking status and changes in medical status.

Please number the cases for ease of reference during the examination.

The presentation should encompass all items required for the case report summaries in addition to photographs, radiographs, and a cast. A preferred method of presentation is one binder containing written case summaries and materials and/or a digital device containing the presentation material (*e.g.*, MS PowerPoint presentation) with all the data requested. If a digital device is used to present the required data, two (2) devices should be provided.

Please note that the binder and all presentation materials will not be returned until the day of the exam.

During the oral exam, the candidate will present each case using both materials in the binder and the MS PowerPoint presentation. If the candidate's materials are all digital, then the MS PowerPoint presentation and the written case report will suffice. Each case must be presented within 15 minutes to allow for sufficient time for discussion and completion of all three cases. Please refer to Appendix 5: PowerPoint Presentation Template for your guide.

NOTE: A report of a thesis project will NOT be accepted in lieu of a sufficient number of Patient Presentations.

EVALUATION:

Cases will be evaluated based on these criteria:

1. Medical history and findings (10%)
2. Clinical (E/O and I/O) and radiographic findings and diagnosis (10%)
3. Periodontal Diagnosis (10%)
4. Etiology of periodontal findings (10%)
5. Prognosis (5%)
6. Treatment plan (including alternatives) and all therapies performed (40%)
7. Evaluation of results (10%)
8. Supportive Periodontal Therapy and Maintenance program (5%)

REVIEW OF FAILED EXAMINATION

Should the candidate fail this examination, he/she may request a personal review of the examination documents. Please contact the Chair for an appointment.

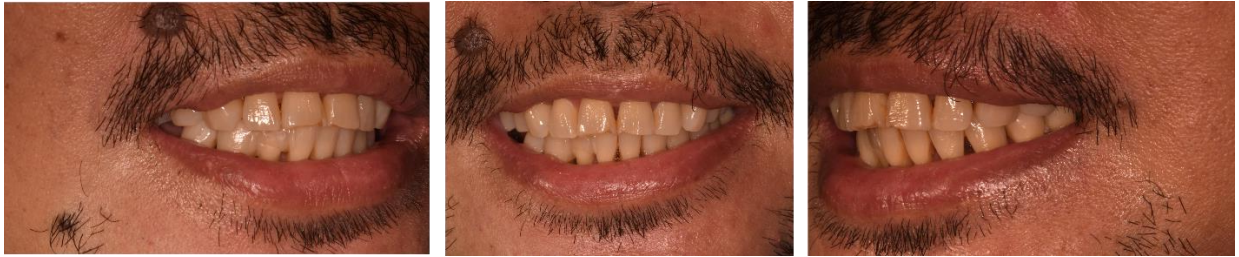
APPENDIX 3: PERIODONTAL CHARTING

Please see Form: PBP Perio Chart Form C.

Please download form from the PSP website.

APPENDIX 4: CLINICAL PHOTOGRAPHS

Extra -Oral Smile Pictures



Intra-Oral Views



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APPENDIX 5: MS POWERPOINT PRESENTATION TEMPLATE

Please see File: PBPerio Presentation Template at the PSP website

DIPLOMATE CERTIFYING EXAM (Part 3 Oral)

The Diplomate Certifying Exam (Part 3 Oral) is composed of case scenarios/protocols given by the Board (approximately 2 -3 hrs). This will be administered by two to three examiners per candidate. This examination format is directly patterned after the American Board of Periodontology.

The candidate's attestation of honest conduct is still in effect. Strict confidentiality of exam material is expected to prevent unfair advantage to other candidates.

The Certifying Exam (Part 3 Oral) follows a presentation, interview, and discussion format to evaluate the candidate's diagnostic and therapeutic expertise. Candidates may request information from the Examiners to answer questions. Protocols developed by the Board form the basis of the testing process for Part 3. Four protocols will be presented in one two hour session. The session will be conducted by a team of two to three Examiners. Three of the four protocols will consist of a single case or procedure (30 min. per case). Each will be graded in six skills : Diagnosis (10%); Etiology (10%); Prognosis* (10%); Treatment Plan (20%); Therapy and Evaluation of Therapy (40%); and Maintenance (10%). The fourth protocol will consist of three ten (10) minute vignette protocols. These may include such topics as medical management, medical emergencies, periodontal or oral medicine, perio-pathology, post-op complications and management of failures. Each 10 minute vignette protocol will be graded on two skills: Diagnosis and Therapy. This fourth protocol will therefore have six grades from each Examiner, which is the same number of grades as the other three protocols. Since the six grades for the vignette protocols are only in Diagnosis and Therapy categories, these two categories will be slightly more weighted than the other four grading categories for the overall score.

All cases to be discussed consists of current acceptable modalities of periodontal therapy as expected from graduates of PBP accredited programs in periodontology. Candidates are expected to have expert knowledge of these modalities whether or not they perform them in their practice. At the beginning of each protocol, candidates will be provided with a brief patient and medical history and charting. Candidates may ask for additional information which will be provided if available. Each protocol will have between two and 15 images displayed on the computer screen.

Grading for each area will include the following grades: 1-Unsatisfactory, 2-Marginal, 3-Satisfactory, 4-Outstanding. The Protocol Evaluation listed below is taken from the American Board of Periodontology.

*Prognosis, short- and long-term for individual teeth and overall prognosis. (Please use any of this three only:McGuire and Nunn; Kwok and Caton; Lindhe)

Protocol Evaluation Rating Scale Definition

(From the American Board of Periodontology)

	Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)
Diagnosis (intra-and extra-oral pathosis and Periodontal Dx) (1)	Dx is incorrect or incomplete and potentially harmful	Dx is incomplete but safe	Dx is correct but not outstanding	Dx is correct and is thoroughly and impressively reasoned
Etiology (2)	Etiology that is incorrect or incomplete and potentially harmful	Etiology is incomplete but safe	Etiology is correct but not outstanding	Etiology is correct and is thoroughly and impressively reasoned
Prognosis (3)	Prognosis that is incorrect or incomplete and potentially harmful	Prognosis is incomplete but safe	Prognosis is correct but not outstanding	Prognosis is correct and is thoroughly and impressively reasoned
Treatment Planning (4)	Tx plan is incorrect or incomplete and potentially harmful	Tx plan is incomplete but safe	Tx plan is correct but not outstanding	Tx plan is correct and is thoroughly and impressively reasoned
Selected Therapy (5)	Selected therapy is incorrect or incomplete and potentially harmful	Selected therapy is incomplete but safe	Selected therapy is correct but not outstanding	Selected therapy is correct and is thoroughly and impressively reasoned
Evaluation of Therapy and Maintenance (6)	Evaluation of therapy and maintenance are incorrect or incomplete and potentially harmful	Evaluation of therapy and maintenance are incorrect or incomplete but safe	Evaluation of therapy and maintenance are correct but not outstanding	Evaluation of therapy and maintenance are correct and are thoroughly and impressively reasoned

The candidates are expected to provide evidence-based answers for their discussion. Candidates will not be asked to quote specific literature reference for all of their discussion; but their discussions will be enhanced by using pertinent literature. As discussions progress, it is permissible to ask the examiners to re-visit an image or images.

An orientation of this oral examination will be given to the candidate prior it's administration. Please contact the board for details.

REVIEW OF FAILED EXAMINATION

Should the candidate fail this examination, he/she may request a personal review of the examination documents. Please contact the Chair for an appointment.

APPENDIX 6: EXAMPLES OF HYPOTHETICAL PROTOCOL

Hypothetical Case Protocol

The following hypothetical protocol is provided as an example of what one protocol may include. Actual protocols may be more or less comprehensive than the following example:

The patient is a 41 year old male who presented with a chief complaint of a recently developed space between his front teeth. He reports that his general health is good, but premedicates before dental treatment with Erythromycin for mitral valve prolapse. He states that he is allergic to penicillin. His gums bleed occasionally with brushing.

Candidate will receive charting of the patient.

Digitized photographic slides to be used throughout the questioning period for this protocol include:

1. Maxillary anterior photograph demonstrating anterior open bite, and open contact 12 and 11
2. Preoperative radiograph #13-23
3. Occlusal view demonstrating excessive occlusal wear 14. Surgical site #13-23
5. One-year post-op radiographs
6. One year post-op photographs #13-23

1. Diagnosis

Question: Describe how you would proceed in order to generate an accurate periodontal diagnosis including any intra-oral and extra-oral pathoses.

Candidates should consider the following factors in making the diagnoses of Localized Severe Chronic Periodontitis with Occlusal Traumatism:

- Medical history
- Occlusion – anterior open bite, centric prematurities • Plaque/calculus
- Recession
- Attachment levels/pocket depths
- Bone loss
- Mobility

2. Etiology

Question: What etiologic factors are pertinent in this patient? Candidates should consider the following factors:

- Space between #12 & 11

- Open contacts
- Food impaction
- Occlusal trauma
- Plaque and calculus • Anterior open bite
- Centric prematurity • Habits
- Genetics

3. Prognosis

Question: What would you consider the prognosis to be for individual teeth and for the overall dentition both short and long term in this patient?

Candidates should be able to discuss:

- Short/long term prognosis of #13-23, and how derived?
- Will prognosis change after treatment?
- Will prognosis change with different treatment modalities? Why? How?

4. Treatment Planning

Please proceed with your treatment plan for this patient. You may request to review any information that you believe important to this task.

Candidate should be prepared to discuss:

- Which options are best for this patient and why
- Order of treatment
- Rationale for each treatment
- What is the expected outcome for each treatment?

5. Selected Therapy-

Discuss the rationale for the selected therapy. *Possible Questions:*

1. Since you chose to extract #12,11 please provide your rationale;
2. If you chose to retain #12,11 what therapy(ies) would you consider;
3. Please provide in detail your technique for grafting #12,11. And why you chose this technique;
4. Describe the specific techniques you would use for the treatment of #'s 12 & 11 and

how you would perform them;

- 5) Discuss implant placement in this region.

Candidate should be prepared to discuss:

- GTR – flap design, materials, steps
- Root treatment – how (manual, sonic, ultrasonic, rotary), why? • Root conditioning
- Graft – choices
- Barrier – choices
- Suture
- Dressing placement?
- Antibiotics – localized- systemic
- Post-op management

6. Evaluation and Maintenance of Therapy

Question:

What factors would you consider when evaluating results of therapy? *Candidate should be prepared to discuss:*

What were goals

How to measure results

When to measure results – why? What is success?

What is failure?

Question:

What factors would you consider in developing a maintenance schedule for this patient?

Candidate should be prepared to discuss:

- How to maintain 0-3 mm pockets
 - How to maintain 3-5 mm pockets
 - How to maintain 5-7 mm pockets
 - When to retreat-Why
 - Reasons not to retreat

Hypothetical Vignette Protocol

Note: This example would represent one ten minute vignette, which is one third of the vignette protocol. Two additional vignettes, consisting of unrelated topics, would also be included in the thirty minute vignette protocol.

The patient is a 63 year old female for whom you placed an implant to replace tooth #14. The implant was placed 18 months ago and restored four months following placement. The patient has not been back to your practice since the implant was restored. Her general dentist referred her back to you because of swelling and soreness around the implant.

Candidate will be able to view photograph and radiographs of the area as well as charting completed when the patient arrived.

Charting demonstrated a 10mm. pocket over the facial of the implant with 5mm pockets in the palatal and interproximals.

A periapical radiograph demonstrated a radiolucency over the coronal 1/3 of the implant.

The clinical photo demonstrates edema and erythema #14 area,

Diagnosis

- History
- Clinical findings
- Radiographic picture • Symptoms

Therapy

Candidate should be able to describe his/her approach to treating this failing implant and provide a rationale for treatment.

- Surgical vs non surgical treatment
- Disinfection of site
- Flap design & debridement
- Regenerative procedures including;
- Grafting materials
- Barriers

Describe how you would determine a diagnosis for the #14 area.

Candidate should be able to describe the clinical appearance, findings and history that would lead to the diagnosis of ailing implant/peri-implantitis.

- Suturing & Post-op
- Post surgical meds
- Post-op management and maintenance

END OF DOCUMENT (Updated 5/2026)