Each constituency selects a new ABO director for an eight-year rotation on the Board. The selection process functions as follows: The elected leadership of a constituency appoints a five-person committee. This committee receives resumes and has the prerogative to interview prospective candidates. The president of the constituency submits a minimum of three and a maximum of seven nominees to the ABO. The ABO directors thoroughly evaluate the recommended candidates, then convene and identify one person from the constituency’s list for final approval/confirmation by the AAO Trustees and the House of Delegates. The ABO directors consider director selection to be one of their most critical decisions of the year. The directors wish to select the most appropriate individual from the very capable and talented candidates that are offered by the constituency. The choice of the individual from the constituency’s list reflects the skill and attributes the ABO needs at that particular time. I can tell you that it is always a very difficult task to identify one individual from a list of such worthy candidates.

What are the objectives and purposes of the ABO?

In essence, the ABO is our specialty’s statement to the profession of dentistry and the general public that the specialty conducts peer review of those orthodontists who have met the highest standards of orthodontics. It is viewed as a necessary action to ensure that those practitioners receiving the five-year certificate are satisfactorily trained and maintaining their orthodontic knowledge. The ABO accomplishes the objective by 1) stimulating and promoting the spirit of self-improvement, 2) elevating the standards of orthodontic education and treatment and 3) conducting examinations to evaluate the knowledge and skills of practicing orthodontists. This principle objective has been the intention of the American Board of Orthodontics since its inception and organization in 1930 as evidenced in the original Articles of Incorporation developed in 1931.

The Board’s ultimate vision is that all educationally-qualified orthodontists demonstrate their competency by completing the ABO certification process during the entire course of their orthodontic training and continuing to maintain their specialty board certification by periodic re-examination. This process is necessary, as many full step Class II malocclusions cannot be effectively managed within the time of an orthodontic residency. I would think most orthodontists realize the difficulties in correcting a full step Class II to a Class I regardless of the treatment plan.

The Initial Certification Examination uses cases treated by the orthodontist while in his or her orthodontic training programs under instructor supervision. The First Recertification Examination requires cases that have been treated solely by the orthodontist in his or her own private practices. Both of the examinations include an oral discussion of two cases that the Board presents to the examinee. After review of the cases, the examinee determines the treatability of the problem, establishes the objectives and then defends his/her treatment plan to the examiners. The Board believes the examinations are a fair, thorough and an authentic measure of an orthodontist’s clinical acumen.

I know that the ABO has made changes in the written exam. Could you explain the current written examination?

Yes, you are correct. The written examination has had some significant changes in the last few years. For many years, it has been taken by most orthodontists at the end of their graduate orthodontic programs. Most orthodontic programs have used the results of this examination as one of their outcomes assessment measures. Well more than 300 orthodontists take the exam each year. The technologically-advanced centers have heightened security features, completely computer-based test presentations and are conveniently located near most students. We have received extremely positive feedback from those that have taken the examination in this new venue.

The written examination has five major sections with 250 multiple-choice questions on both the basic sciences and clinical subjects. The examination takes four hours to complete rather than the previous eight. The computerized testing centers allow the questions to be continuously “tumbled” within an examination section, which reduces the ability of examinees to leave the center and “compare questions” with other examinees. The exam results are psychometrically analyzed annually by a firm hired by the ABO to accomplish that task. In other words, the ABO written examination is a current and accurate measure of the orthodontic knowledge base of the examinee, administered in a secure and modern testing facility.