

# **Applying for the Certification Process Administered by the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS)**

## **Introduction**

Applicants for certification by the IBCSOMS are required to complete a 5-step process leading to certification by the Board. Once all the steps have been satisfactorily completed the individual becomes a Candidate for certification. The steps are

1. Account Creation
2. Verification of degrees and your current practice as a specialist in oral and maxillofacial surgery. This screen can also be used to upload documentation if your name is different from the name that appears on your official identification document e.g. name change following marriage
3. Submission of identification photograph
4. Verification of formal full-time training in oral and maxillofacial surgery for a minimum of three years
5. Submission of record of surgical training (Surgical Log Book)

**Before beginning the application process, applicants should collect the following documents and scan them into a digital format for uploading to the IBCSOMS website.**

1. Credit card information for payment of the application fee (\$50 USD for administrative fee and \$1450 USD for the examination fee)
2. Certified copies of an applicant's degrees.
3. Certified copy of a specialist registration certificate or practicing certificate with designation of specialist in oral and maxillofacial surgery status
4. Certified copy of completion of a formal training program in oral and maxillofacial surgery with the applicant's name and dates of training
5. Certified copy of the applicant's surgical experience during training (e.g. Surgical Log Book)
6. Certified copies of any change of name documents if the name on the documents does not match the demographic data
7. 1 passport sized photograph. Each photograph must be certified that this is a true likeness of the applicant.

Photographs that do not show the full face or are not of passport standard will be rejected.

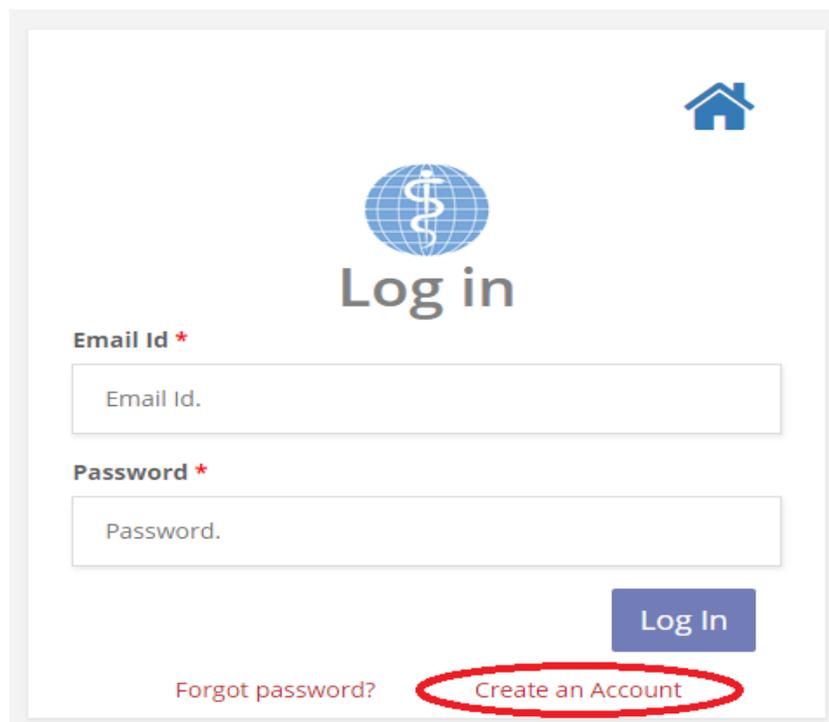
Applicant can begin the process using <http://demo.ibcsomsexams.org/> URL .

## 1 Account Creation:

- Go to the URL : <http://demo.ibcsomsexams.org/> .



- Click on the “ **My Account** ” option from the menu .



Home

Applications

**MyAccount**

FAQ

Contact

International Board for the  
Certification of Specialists in  
Oral and Maxillofacial Surgery

International Board for the  
Certification of Specialists in  
Oral and Maxillofacial Surgery

**IBCSOMS Application Review**  
All candidates wishing to participate in the certification process administered by the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) must submit to a credentialing process. While it may be necessary to modify the process over time, candidates will be required to meet the Credentialing/Screening Process that is current at the time of application.  
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Home

  
**Log in**

**Email Id \***  
Email Id.

**Password \***  
Password.

**Log In**

[Forgot password?](#) [Create an Account](#)

If Applicant is already having an IBCSOMS login account , can login using the email id and password given at the time of sign up . Otherwise applicant can create a new login account by clicking on “ **Create an Account** “ link .

## Disclaimer

### International Board for the Certification of Specialists in Oral and Maxillofacial Surgery

The International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) rules and regulations require that an initial credentialing and annual renewal of credentials protocol be conducted to assure the public and profession that you are in good standing in the community and profession. Additionally the IBCSOMS reminds you of your obligation to conduct your professional activities in accordance with the Code of Conduct of the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery. Therefore, the following attestation statement must be completed.

Therefore, the following attestation statement must be completed. I am confirming my intent to the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) to participate in the Certification and Continuous Improvement in Practices processes and all that this entails. I acknowledge that I begin this process in accordance with the IBCSOMS' established rules and regulations, guidelines and standards understanding that circumstances may make it necessary to modify the processes which could change the requirements to become certified and/or maintain certification. For the processing of my application and necessary documentation by the Credential Committee of the IBCSOMS, I submit all required fees which are not refundable. In addition, for consideration of my acceptance by the IBCSOMS for examination and/or maintenance, I understand and agree that:

The IBCSOMS may, at its discretion, investigate my standing and reputation as an oral and maxillofacial surgeon, in the practice of the specialty, including my reputation for complying with the standards of conduct of the specialty, and that this investigation may take place to or subsequent to any examination given to me by the IBCSOMS; and should the IBCSOMS obtain information that I provided fraudulent information or cheated on any IBCSOMS examination I may be prohibited from ever taking or retaking any IBCSOMS examination, and further should I be a Fellow of the IBCSOMS my certificate will be revoked; and The IBCSOMS may, at its discretion, refuse to examine me, or having examined me may refuse to award a certificate based upon above described investigation, and I understand that said refusal shall be final; and in the event the IBCSOMS refuses to issue a certificate on the basis set forth in subparagraph (3) above, I hereby waive any right I may have to question said refusal in any court of law or equity or other tribunal and further waive any right to a return of any fees; and I am not currently a subject of any disciplinary action by any jurisdictional agency or legal entity. I hereby release, discharge and exonerate the IBCSOMS, its Directors, Officers, Fellows, Examiners, representative and agents from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, this application, the grade or grades with respect to examinations, and the failure of the IBCSOMS to issue me a certificate. It is understood that the decision whether I am qualified for a certificate rests solely and exclusively in the IBCSOMS and that its decision is final. I also state that I am responsible for the information herein recorded and that all statements are true and accurate.

**Note : All communication from the IBCSOMS will be conducted by email. It is your responsibility to notify us if your email address is changed.**



The screenshot shows a form with a checkbox labeled "I understand and accept the above conditions." The checkbox is currently unchecked. Below the checkbox are two buttons: "Accept" and "Cancel". A red oval highlights the checkbox and the "Accept" button. A red arrow points upwards from the bottom center of the image towards the "Accept" button.

Click on “ **I understand and accept above conditions** “ and “ **ACCEPT** “ .

Notes :

- **Photo should be of passport size**
- **Phone Number and mobile numbers must be specified with country code**
- **Date of birth will be in the format of dd/MM/yyyy ( for example 30<sup>th</sup> November 1984 will be 30/11/1984 )**
- **Email address given will be used as your login email address**
- **All the communications will be conducted by email , Please notify in case of change of email address**
- **Once account is created you will be getting an email from IBCSOMS once it is evaluated**
- **Specify your primary address of contact**
- **Before any rejection or approval from the IBCSOMS , applicant can update his submitted bio data**
- **In case of rejection from the IBCSOMS , applicant need to re submit all the rejected records at once .**
- **In case of approval , applicant can submit next level of documents which refers to dental qualification**

 Be ready with your passport size photo ( Maximum size 2MB . jpg / jpeg format )

**Note : All communication from the IBCSOMS will be conducted by email. It is your responsibility to notify us if your email address is changed .**

### Basic Information

First Name \*

First Name

Middle Name

Middle Name

Family Name \*

Family Name

Official Address \*

Official Address

Country \*

--Select--

State \*

--Select--

City \*

City

Pin Code / Zip \*

Pin Code / Zip

Phone Number

+

Code

Phone Number

Mobile Number \*

+

Code

Mobile Number

**Note : Phone number should be specified with country code .**

**Note : Mobile number should be specified with country code .**

Province \*

Province

Home Address

Home Address

Country \*

--Select--

State \*

--Select--

City \*

City

Pin Code / Zip \*

Pin Code / Zip

Phone Number

+

Code

Phone Number

Mobile Number \*

+

Code

Mobile Number

**Note : Phone number should be specified with country code .**

**Note : Mobile number should be specified with country code .**

Province \*

Province

Choose this as my primary contact address \*

Official Address  Home Address

Date Of Birth \*

Date Of Birth

Gender \*

Male  Female

**Note : dd/MM/yyyy format .**

Formal Picture

No file chosen



**Note : Photo should be of passport size ( Maximum size 2MB . jpg / jpeg format )**

Email Address \*

Email Address.

Password \*

Password.

Confirm Password \*

Confirm Password.

**Note : Your login user name will be the email address given**

REGISTER



Once registered applicant can login and he will be redirected to the page where his current status will be described .

The screenshot displays the IBCSOMS dashboard for a user named JAMES S K. The dashboard features a sidebar with navigation options: Home, Submission Status, My Profile, Rejection Log, Examination, Results, and Logout. The main content area is titled 'Dashboard' and contains a section for 'Application Status'. This section shows a five-step process flow:

- 1. Basic Information / Photo: SUBMITTED
- 2. Dental Qualification: PENDING
- 3. Medical Qualification: PENDING
- 4. OMST Qualification: PENDING
- 5. Other Training Qualification: PENDING

The status of each step is indicated by a colored box below the step name: a green box for 'SUBMITTED' and grey boxes for 'PENDING'.

Applicant can update his records once he has submitted . Click On “ My Profile -> Submit Profile “ .

**1 Basic Info** 2 Dental Qualification 3 Medical Qualification 4 OMST 5 Other Training 6 Payment

**Biodata Pending** **Photo Pending** **Note : Highlighted data refers to resubmitted which are pending for approval .**

**First Name \***  **Middle Name**  **Family Name \***

**Official Address \***

**Country \***  **State \***  **City \***

**Pin Code / Zip \***  **Phone Number** +   **Mobile Number \*** +

**Note : Phone number should be specified with country code .** **Note : Mobile number should be specified with country code .**

**Province \***

**Home Address \***  

**Country \***  **State \***  **City \***

**Pin Code / Zip \***  **Phone Number** +   **Mobile Number \*** +

**Note : Phone number should be specified with country code .** **Note : Mobile number should be specified with country code .**

**Province \***

**Province \***

**Primary Contact Address \***  Official Address  Home Address **Date Of Birth \***  **Gender \***  Male  Female

**Note : dd/MM/yyyy format .**

**Email Id \***  **Upload Photo**  No file chosen 

**SUBMIT**

Once Bio data is approved , applicant can submit dental qualification records . Click on “ **Dental** ” option to submit dental records .

**Note : Be ready with your dental qualification certificate .**

1 Basic Info 2 **Dental Qualification** 3 Medical Qualification 4 OMST 5 Other Training 6 Payment

Applicable  Not Applicable **CONTINUE**

Note : Highlighted data refers to resubmitted which are pending for approval .

Be ready with dental qualification certificate ( Maximum size 2MB , pdf format ) 

Dental Degree *	Country *	Dental University *
--Select--	--Select--	Dental School

Date Of Award *	Program Director *	Years Attended *
Date Of Award	Program Director	Years Attended

Upload Dental Certificate  
 No file chosen

Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB 

**SUBMIT**

Once dental qualification submission is approved , applicant can submit the medical qualification record . Click on “ **Medical** ” option to submit the medical records .

**Note : Be ready with your medical qualification certificate .**

1 Basic Info 2 Dental Qualification 3 **Medical Qualification** 4 OMST 5 Other Training 6 Payment

Applicable  Not Applicable **CONTINUE**

Be ready with medical qualification certificate ( Maximum size 2MB , pdf format ) 

Medical Degree \*  Medical School Country \*  Medical University \*

Date Of Award \*  Program Director \*  Years Attended \*

Upload Medical Certificate  
 No file chosen

**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

**SUBMIT**

Once medical qualification submission is approved , applicant can submit OMST / Other Training qualification records .

Be Ready with ,

- **OMST qualification certificate**
- **Reference Letter**
- **Surgical log**
- **Supplemental Information**
- **Other Training Qualification Certificate if any**

1 Basic Info 2 Dental Qualification 3 Medical Qualification 4 **OMST** 5 Other Training 6 Payment

Applicable  Not Applicable **CONTINUE**

Be ready with other training certificate ( Maximum size 2MB , pdf format )   
 Be ready with reference letter ( Maximum size 2MB , pdf format )   
 Be ready with surgical log ( Maximum size 2MB , pdf format )  [Click here for sample Surgical Log](#)  
 Be ready with supplemental information ( Maximum size 2MB , pdf format ) 

Country \*  Training Program \*  Years Attended \*   
**Note : Minimum 3 years .**

Program Director \*  Contact Email \*  Address \*

Upload Certificate  
 No file chosen  
**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

Upload Reference Letter  
 No file chosen  
**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

Upload Surgical Log  
 No file chosen  
**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

Upload Supplemental Information  
 No file chosen  
**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

**SUBMIT**

Applicant can submit other training qualification here ...

1 Basic Info 2 Dental Qualification 3 Medical Qualification 4 OMST 5 Other Training 6 Payment

Applicable  Not Applicable

**Note : Highlighted data refers to resubmitted which are pending for approval .**

Be ready with other training qualification certificate ( Maximum size 2MB , pdf format ) 

Training Degree * <input type="text" value="--SELECT--"/>	Country * <input type="text" value="--Select--"/>	University * <input type="text" value="University"/>
Date Of Award * <input type="text" value="Date Of Award"/>	Program Director * <input type="text" value="Program Director"/>	Years Attended * <input type="text" value="Years Attended"/>

Upload Other Training Certificate  
 No file chosen

**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 

Upload Other Training Certificate  
 No file chosen

**Note : File Should be in .pdf Format and File Size Cannot Exceed 2 MB** 