

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://ibcsomsexams.org/> URL.

1 Account Creation:

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



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

Home

Applications My Account 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.
[Read More ...](#)

Flash News
October 2017 Examinations - Longform, Brief
[Link](#)

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.

I understand and accept the above conditions.

Accept Cancel

↑

Select “**I understand and accept above conditions**“and click on button “**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 30th November 1984 will be 30/11/1984).**
- **Email address given will be used as your login username.**
- **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.**
- **Once Account is created applicant can login with email id as username and password and can submit Dental, Medical, OMST, Other Training along with Payment. This completes first step of application process.**
- **Before any rejection or approval from the IBCSOMS, applicant can update his submitted bio data and other qualification details.**
- **In case of rejection from the IBCSOMS, applicants need to re submit all the rejected records at once.**

Profile

First Name * <input type="text" value="First Name"/>	Middle Name <input type="text" value="Middle Name"/>	Family Name * <input type="text" value="Family Name"/>
--	--	--

Official Address *

Country * <input type="text" value="--Select--"/>	State * <input type="text" value="--Select--"/>	City * <input type="text" value="City"/>
---	---	--

Pin Code / Zip * <input type="text" value="Pin Code / Zip"/>	Phone Number + <input type="text" value="Code"/> <input type="text" value="Phone Number"/>	Mobile Number * + <input type="text" value="Code"/> <input type="text" value="Mobile Number"/>
--	--	--

Note : Phone number should be specified with country code .

Note : Mobile number should be specified with country code .

Province

Home Address

Country * <input type="text" value="--Select--"/>	State * <input type="text" value="--Select--"/>	City * <input type="text" value="City"/>
---	---	--

Pin Code / Zip * <input type="text" value="Pin Code / Zip"/>	Phone Number + <input type="text" value="Code"/> <input type="text" value="Phone Number"/>	Mobile Number * <input type="checkbox"/> Same As Office + <input type="text" value="Code"/> <input type="text" value="Mobile Number"/>
--	--	--

Note : Phone number should be specified with country code .

Note : Mobile number should be specified with country code .

Province

Choose this as my primary contact address *
 Official Address Home Address

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 * <input type="text" value="Email Address.."/>	Password * <input type="text" value="Password.."/>	Confirm Password * <input type="text" value="Confirm Password.."/>
--	--	--

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

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 and a main content area titled 'Dashboard' with a sub-section 'Application Status'. The application status is shown as a five-step process:

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

The sidebar includes the following navigation items: Home, Submission Status, My Profile, Rejection Log, Examination, Results, and Logout. The top right corner shows the user's name 'JAMES S K' and a notification icon.

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

IBCSOMS TESTING S

Welcome, TESTING S

My Profile

1 Profile 2 Dental 3 Medical 4 Administrative Fee 5 OMST 6 Other Training 7 Examination Fee

Approval Status : 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 *

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



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2. Click on “Dental” option to submit dental records.

Note: Be ready with your dental qualification certificate.

IBCSOMS

Welcome, TESTING S

My Profile

1 Profile 2 **Dental** 3 Medical 4 Administrative Fee 5 OMST 6 Other Training 7 Examination Fee

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-- aabbcc

Date Of Award * Program Director * Years Attended *

01/07/2017 AAAA 5

Upload Dental Certificate
Choose File | No file chosen

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

SUBMIT

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3. Click on “Medical “option to submit the medical records.

Note: Be ready with your medical qualification certificate.

IBCSONS

Welcome, TESTING S

My Profile

1 Profile 2 Dental 3 Medical 4 Administrative Fee 5 OMST 6 Other Training 7 Examination Fee

Applicable Not Applicable **CONTINUE**

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

Medical Degree * Medical School Country * Medical University *

--SELECT-- --Select-- Medical School

Date Of Award * Program Director * Years Attended *

Date Of Award Program Director Years Attended

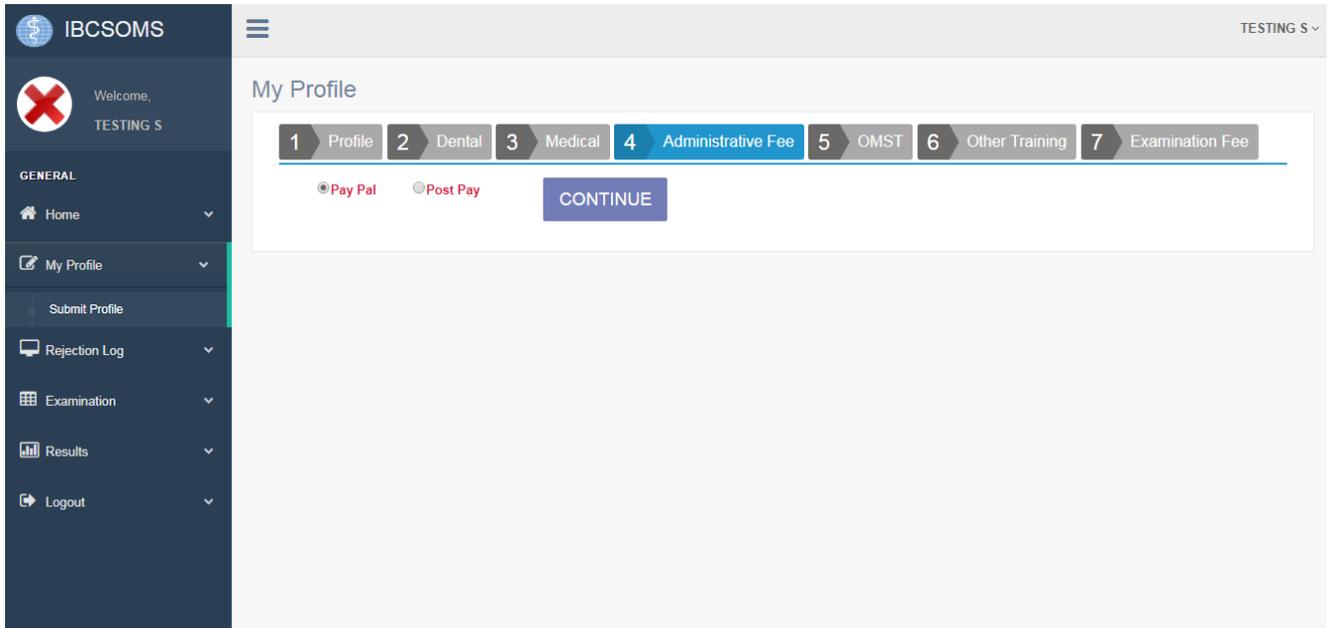
Upload Medical Certificate
Choose File | No file chosen

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

SUBMIT

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- Applicant can submit payment of application fee of 50 USD by clicking on “Administrative Fee” Menu.

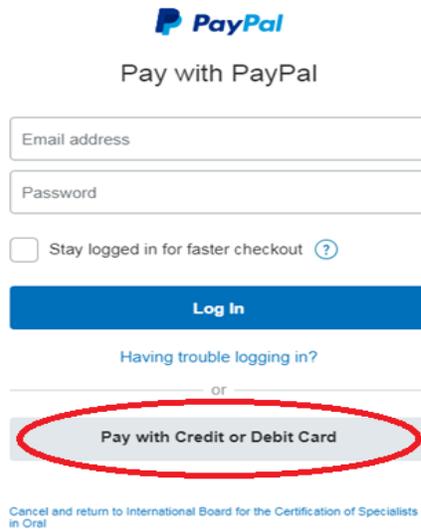


Select any one option and click continue. If “PayPal” is selected then below page will appear for payment, if the payment is for first time then it will give you below image then allow popup and click continue for payment.

NOTE : Please Allow PopUp in Address Bar and Click Continue Button to Proceed

Continue

Click “Pay with Credit or Debit Card” for who paying by credit or debit card.
PayPal account holder can pay by their login credentials.



The image shows a PayPal login and payment options form. At the top is the PayPal logo. Below it is the heading "Pay with PayPal". There are two input fields: "Email address" and "Password". Below these is a checkbox labeled "Stay logged in for faster checkout" with a help icon. A blue "Log In" button is positioned below the checkbox. Underneath the button is the text "Having trouble logging in?". A horizontal line with "OR" in the center separates the login section from the payment options. Below the line is a button labeled "Pay with Credit or Debit Card", which is highlighted with a red oval. At the bottom of the form, there is a small link that reads "Cancel and return to International Board for the Certification of Specialists in Oral".

PayPal

Pay with PayPal

Email address

Password

Stay logged in for faster checkout ?

Log In

Having trouble logging in?

OR

Pay with Credit or Debit Card

Cancel and return to International Board for the Certification of Specialists in Oral

All your Details which are needed for payment will display here, if not please do enter once. Enter your Card details and click on “Pay Now” button and it will ask for confirmation ,once confirmed as a acknowledgment you get a payment details .Then click “Return to Merchant” that will show successful transaction message then click “NEXT”, it will redirect to LOGIN.

International Board for the Certification of Specialis...

🛒 \$ 50.00 USD ▾

Pay with debit or credit card

Your financial details won't be shared with the merchant.



PayPal is the safer, faster way to pay

No matter where you shop, we help keep your financial information more secure.

Country
India ▾



Card number

Expiry Date

CVV 

First name
TESTING

Last name
S

Billing Address

Address line 1
sss

Address line 2

Town/City
cdfgb

Karnataka ▾

PIN code
2

Send to my billing address

Contact Information

Phone number type
Mobile ▾

Mobile number
9738822027

Email address
sumanas145@gmail.com 

I confirm that I am of legal age and agree to the PayPal [Privacy Policy](#).

Pay Now

Cancel and return to International Board for the Certification © 1999-2017 
of Specialists in Oral

[Terms](#) [User Agreement](#) [Privacy](#) [Feedback](#)

Consumer advisory - PayPal Pte. Ltd. the holder of PayPal's stored value facility, does not require the approval of the Monetary Authority of Singapore. Users are advised to read the [terms and conditions](#) carefully.

5. Click on OMST qualification records.

Note: Be ready with OMST qualification certificate, Reference Letter, Surgical log, Supplemental Information.

IBCSONS TESTING S

Welcome, TESTING S

My Profile

1 Profile 2 Dental 3 Medical 4 Administrative Fee 5 **OMST** 6 Other Training 7 Examination Fee

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 *

--Select-- Years Attended

Note : Minimum 3 years .

Program Director * Contact Email * Address *

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 .xls | .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

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6. Applicant can submit other training qualification here.

IBCSOMS TESTING S

Welcome, TESTING S

GENERAL

- Home
- My Profile
- Submit Profile
- Rejection Log
- Examination
- Results
- Logout

My Profile

1 Profile 2 Dental 3 Medical 4 Administrative Fee 5 OMST 6 Other Training 7 Examination Fee

Applicable Not Applicable **CONTINUE**

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 * Country * University *

--SELECT-- --Select-- University

Date Of Award * Program Director * Years Attended *

Date Of Award Program Director Years Attended

Upload Other Training Certificate

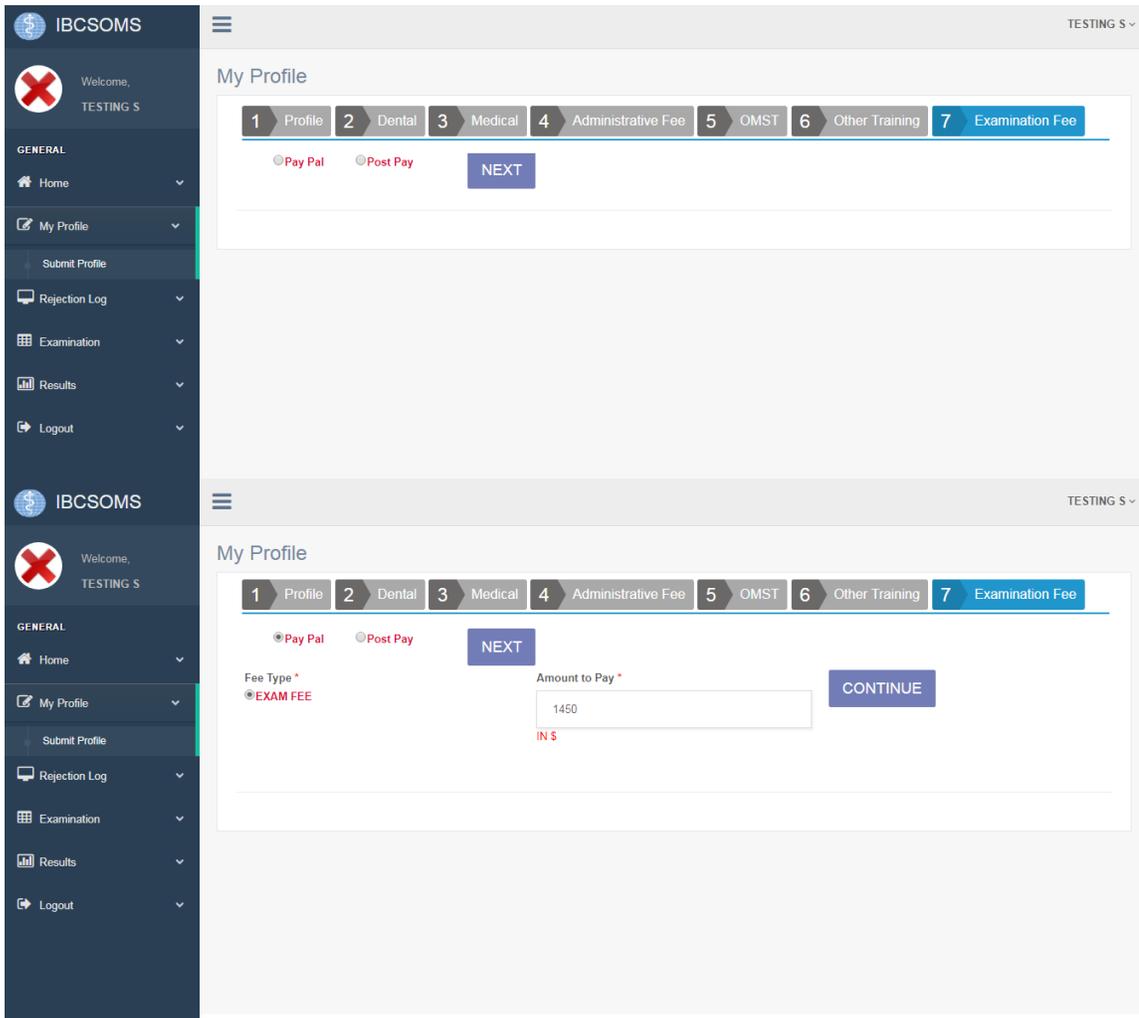
Choose File | No file chosen

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

SUBMIT

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- By clicking “Examination Fee” Menu applicant can pay exam fee of 1450 \$. If you select PayPal and click next button then it will show the amount to be paid. Click continue button for further payment part (as done in “Administrative fees”).



If you select “Post Pay” and click next button then you will see below image.

IBCSOMS TESTING S

Welcome, TESTING S

My Profile

1 Profile 2 Dental 3 Medical 4 Administrative Fee 5 OMST 6 Other Training 7 Examination Fee

Pay Pal Post Pay **NEXT**

Be ready with Acknowledgment letter(Maximum size 2MB , pdf format)

Banking Information :
Bank : Chase JP Morgan Chase Bank, NA
Routing # : 071000013
Account Number : 30593039301

International Transfers use :
Swift Code : CHASUS33
Accounts Number : 30593039301

Fee Type * EXAM FEE

Amount to Pay * 1450 IN \$

Date : * Payment Date

Reference Number * Reference Number

Mode Of Payment * NEFT RTGS IMPS Internet Banking Other

Bank Name * Bank Name

Upload Acknowledgement Letter No file chosen

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

PAY NOW

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NOTE for payment(s) :

- **Please allow popup if u didn't get the PayPal payment page.**
- **Once payment is done successfully by clicking “PAY WITH CREDIT OR DEBIT CARD”, after the confirmation from PayPal Please click “RETURN TO MERCHANT” button without fail. That will redirect to SUCCESSFUL TRANSACTION MESSAGE, click “NEXT” button that will redirect to IBCSOMS SIGNIN part, that time your payment process completes, if not it will be not considered.**