



Commission on Dental Accreditation

Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery

On February 6, 2026, the Commission on Dental Accreditation adopted the new Accreditation Standards for clinical fellowship training programs in oral and maxillofacial surgery focused on trigeminal nerve surgery and disorder and directed revision of all related documents, for implementation on January 1, 2027.

Additions are underlined.

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Document Revision History

Date	Item	Action
February 12, 2021	Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery	Adopted and Implemented
August 6, 2021	Revised Mission Statement	Adopted
January 1, 2022	Revised Mission Statement	Implemented
February 11, 2022	Elimination of the term “Proficiency” from the Definition of Terms	Adopted and Implemented
August 11, 2023	Revised Accreditation Status Definitions	Adopted and Implemented
August 9, 2024	Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate	Adopted
January 1, 2025	Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate	Implemented
<u>DATE</u>	<u>New Section in Standard 6 for Clinical Fellowship Training Programs in Trigeminal Nerve Surgery and Disorders</u>	<u>Adopted</u>
<u>DATE</u>	<u>New Section in Standard 6 for Clinical Fellowship Training Programs in Trigeminal Nerve Surgery and Disorders</u>	<u>Implemented</u>

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021

1 provides evidence to educational institutions, licensing bodies, government or other granting
2 agencies that, at the time of initial evaluation(s), the developing education program has the potential
3 for meeting the standards set forth in the requirements for an accredited educational program for the
4 specific occupational area. The classification “initial accreditation” is granted based upon one or
5 more site evaluation visit(s).

6 Revised: 7/08; Reaffirmed: 8/23; 8/18; 8/13; 8/10; Adopted: 2/02

7
8 **Other Accreditation Actions:**

9 **Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited
10 program and the communities of interest that the program is in the process of voluntarily terminating
11 its accreditation due to a planned discontinuance or program closure. The Commission monitors the
12 program until students/residents who matriculated into the program prior to the reported
13 discontinuance or closure effective date are no longer enrolled.

14 Reaffirmed: 8/23, 8/18; Adopted: 2/16

15
16 **Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a program’s
17 reported discontinuance effective date or planned closure date and to remove a program from the
18 Commission’s accredited program listing, when a program either 1) voluntarily discontinues its
19 participation in the accreditation program and no longer enrolls students/residents who matriculated
20 prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring
21 institution.

22
23 **Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to
24 notify an accredited program and the communities of interest that the program’s accreditation will be
25 withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a
26 specified date. The warning is usually for a six-month period, unless the Commission extends for
27 good cause. The Commission advises programs that the intent to withdraw accreditation may have
28 legal implications for the program and suggests that the institution’s legal counsel be consulted
29 regarding how and when to advise applicants and students of the Commission’s accreditation
30 actions. The Commission reserves the right to require a period of non-enrollment for programs that
31 have been issued the Intent to Withdraw warning.

32 Revised: 2/16; 8/13; Reaffirmed: 8/23, 8/18

33
34 **Withdraw:** An action taken by the Commission when a program has been unable to demonstrate
35 compliance with the accreditation standards or policies within the time period specified. A final
36 action to withdraw accreditation is communicated to the program and announced to the communities
37 of interest. A statement summarizing the reasons for the Commission’s decision and comments, if
38 any, that the affected program has made with regard to this decision, is available upon request from
39 the Commission office. Upon withdrawal of accreditation by the Commission, the program is no
40 longer recognized by the United States Department of Education. In the event the Commission
41 withdraws accreditation from a program, students currently enrolled in the program at the time
42 accreditation is withdrawn and who successfully complete the program, will be considered graduates
43 of an accredited program. Students who enroll in a program after the accreditation has been

1 withdrawn will not be considered graduates of a Commission accredited program. Such graduates
2 may be ineligible for certification/licensure examinations.

3 Revised 6/17; Reaffirmed: 8/23, 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9
4
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1 **Denial:** An action by the Commission that denies accreditation to a developing program (without
2 enrollment) or to a fully operational program (with enrollment) that has applied for accreditation.
3 Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

4 Reaffirmed: 8/23, 8/18; 8/13; Adopted: 8/11

6 Preface

7
8 Maintaining and improving the quality of advanced dental education programs is a primary aim of
9 the Commission on Dental Accreditation. The Commission is recognized by the public, the
10 profession, and the United States Department of Education as the specialized accrediting agency in
11 dentistry.

12
13 Accreditation of advanced fellowship programs is a voluntary effort of all parties involved. The
14 process of accreditation assures fellows, the dental profession, specialty boards and the public that
15 accredited training programs are in compliance with published standards.

16
17 A fellowship in oral and maxillofacial surgery is a planned post-residency program that contains
18 advanced education and training in a focused area of the discipline. The focused areas include:
19 Cosmetic Facial Surgery; Oral/Head and Neck Oncologic Surgery; Pediatric Craniomaxillofacial
20 Surgery (Cleft and Craniofacial Surgery); Microvascular Reconstructive Surgery; and Endoscopic
21 Maxillofacial Surgery.

22
23 Accreditation actions by the Commission on Dental Accreditation are based upon information
24 gained through written submissions by program directors and evaluations made on site by assigned
25 site visitors. The Commission has established review committees to review site visit and progress
26 reports and make recommendations to the Commission. Review committees are composed of
27 representatives nominated by dental organizations and nationally accepted certifying boards. The
28 Commission has the ultimate responsibility for determining a program's accreditation status. The
29 Commission is also responsible for adjudication of appeals of adverse decisions and has established
30 policies and procedures for appeal. A copy of policies and procedures may be obtained from the
31 Director, Commission on Dental Accreditation, 401 North Michigan Avenue, Suite 3300, Chicago,
32 Illinois 60611.

33
34 This document constitutes the standards by which the Commission on Dental Accreditation and its
35 site visitors will evaluate fellowship programs in each discipline for accreditation purposes. The
36 general and discipline-specific standards, subsequent to approval by the Commission on Dental
37 Accreditation, set forth the standards for the essential educational content, instructional activities,
38 patient care responsibilities, supervision and facilities that should be provided by fellowships in the
39 particular area.

40
41 General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific
42 standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).

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AUTHORIZED ENROLLMENT

Oral and maxillofacial surgery fellowship programs are accredited for a specified number of fellows in each year of the program. Prior authorization is required for an increase in enrollment beyond the authorized level in any year, for any reason and regardless of whether the increase is a onetime only or a permanent change in enrollment. Failure to comply with this policy will jeopardize the program's accreditation status.

Please review the Commission's Policy on Enrollment Increases in Advanced Dental Education Programs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

DEFINITION OF TERMS USED IN ADVANCED DENTAL EDUCATION PROGRAM ACCREDITATION STANDARDS

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

Must or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Should: Indicates a method to achieve the standards; highly desirable, but not mandatory.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Levels of Knowledge:

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purpose of orientation and recognition of general principles.

Levels of Skills:

Competent: The level of skill displaying special ability or knowledge derived from training and experience.

Exposed: The level of skill attained by observation of or participation in a particular activity.

- 1
2 Other Terms:
3
4 Institution (or organizational unit of an institution): a dental, medical or public health school, patient
5 care facility, or other entity that engages in advanced dental education.
6
7 Sponsoring institution: primary responsibility for advanced dental education programs.
8
9 Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service
10 (IHS), Veterans Health Administration system (VA), or academic health center/medical
11 center/ambulatory care center (both public and private) that is accredited by an agency recognized by
12 the United States Department of Education, accredited by an accreditation organization recognized
13 by the Centers for Medicare and Medicaid Services (CMS), or receiving regular on-site inspections
14 through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV).
15
16 Affiliated institution: support responsibility for advanced dental education programs.
17

1 **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**

2
3 The program **must** develop clearly stated goals and objectives appropriate to advanced dental
4 education, addressing education, patient care, research and service. Planning for, evaluation of and
5 improvement of educational quality for the program **must** be broad-based, systematic, continuous
6 and designed to promote achievement of program goals related to education, patient care, research
7 and service.

8
9 The program **must** document its effectiveness using a formal and ongoing outcomes assessment
10 process to include measures of fellowship student achievement.

11
12 ***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and*
13 *objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one*
14 *of the program goals is to comprehensively prepare competent individuals to initially practice oral*
15 *and maxillofacial surgery. The outcomes process includes steps to: (a) develop clear, measurable*
16 *goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for*
17 *evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an*
18 *ongoing and systematic manner; (d) analyze the data collected and share the results with*
19 *appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and*
20 *(f) review the assessment plan, revise as appropriate, and continue the cyclical process.*

21
22 The financial resources **must** be sufficient to support the program’s stated goals and objectives.

23
24 ***Intent:** The institution should have the financial resources required to develop and sustain the*
25 *program on a continuing basis. The program should have the ability to employ an adequate number*
26 *of full-time faculty, purchase and maintain equipment, procure supplies, reference material and*
27 *teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that*
28 *the program will be in a competitive position to recruit and retain qualified faculty. Annual*
29 *appropriations should provide for innovations and changes necessary to reflect current concepts of*
30 *education in the advanced dental education discipline. The Commission will assess the adequacy of*
31 *financial support on the basis of current appropriations and the stability of sources of funding for*
32 *the program.*

33
34 Hospitals that sponsor fellowships **must** be accredited by an accreditation organization recognized
35 by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor
36 fellowships **must** be accredited by an agency recognized by the United States Department of
37 Education or its equivalent. Health care organizations that sponsor advanced dental education
38 programs **must** be accredited by an agency recognized by the United States Department of
39 Education or accredited by an accreditation organization recognized by the Centers for Medicare and
40 Medicaid Services (CMS) or receive regular on-site inspections through the Health Resources and
41 Services Administration Operational Site Visit (HRSA-OSV) process. The bylaws, rules and
42 regulations of hospitals or health care organizations that sponsor or provide a substantial portion of
43 fellowship programs **must** assure that dentists are eligible for medical staff membership and

1 privileges including the right to vote, hold office, serve on medical staff committees and admit,
2 manage and discharge patients.

3
4 United States military programs not sponsored or co-sponsored by military medical treatment
5 facilities, United States-based educational institutions, hospitals or health care organizations
6 accredited by an agency recognized by the United States Department of Education or accredited by
7 an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)
8 **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

9
10 **Examples of evidence to demonstrate compliance may include:**

- 11 • Accreditation certificate or current official listing of accredited institutions from a United States
12 Department of Education recognized accreditation organization
- 13 • Evidence of successful achievement of Service-specific organizational inspection criteria
- 14 • Accreditation certificate or current official listing of accredited institution from an accreditation
15 organization recognized by the Centers for Medicare and Medicaid Services (CMS). For
16 example: Accreditation Association for Ambulatory Health Care (AAAHC); Accreditation
17 Commission for Health Care, Inc. (ACHC); American Association for Accreditation of
18 Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare
19 Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality
20 (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL);
21 National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint
22 Commission (JC).
- 23 • Evidence of successful achievement of receive regular on-site inspections through the Health
24 Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

25
26 Advanced dental education programs conferring a certificate **must** have state or federal approval to
27 operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a
28 degree **must** have institutional accreditation and authority to confer a degree.

29
30 ***Intent:** The educational program demonstrates either: a) documentation of receipt of federal aid as*
31 *evidence to operate, or b) documentation of a state business license as evidence to*
32 *operate. Additionally, as required by the state, the program demonstrates authority through an*
33 *appropriate state agency when issuing a certificate of completion. If conferring a degree, the*
34 *program demonstrates authorization from its institutional accrediting agency.*

35
36 **Examples of evidence to demonstrate compliance may include:**

- 37 • State license or federal authority documenting the institution's approval to operate and confer a
38 credential
- 39 • Institutional accreditation indicating approval to confer a degree

40
41 The position of the program in the administrative structure **must** be consistent with that of other
42 parallel programs within the institution and the administrator **must** have the authority, responsibility,
43 and privileges necessary to manage the program.

1
2 **1-1** Fellowships which are based in institutions or centers that also sponsor oral and
3 maxillofacial surgery residency training programs **must** demonstrate that the
4 fellowship and residency programs are not in conflict. The fellowship experience
5 **must** not compete with the residency training program for surgical procedures.
6 Separate statistics **must** be maintained for each program.
7

8 **Examples of evidence may include:**

- 9 • Resident interviews as well as separate statistics for the fellowship and residents
10

11 **1-2** Members of the teaching staff participating in an accredited fellowship program **must**
12 be able to practice the full scope of the discipline in the focused area and in
13 accordance with their training, experience and demonstrated competence.
14

15 **USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

16
17 The primary sponsor of the fellowship program **must** accept full responsibility for the quality of
18 education provided in all sites where educational activity occurs.
19

20 **1-3** All arrangements with major and minor activity sites, not owned by the sponsoring
21 institution, **must** be formalized by means of current written agreements that clearly define the
22 roles and responsibilities of the parties involved.
23

24 ***Intent:** Ownership may entail clinical operations, and not necessarily the physical facility.*
25

26 **1-4** Documentary evidence of agreements, for major and minor activity sites not owned by the
27 sponsoring institution, **must** be available. The following items **must** be covered in such
28 inter-institutional agreements:
29

- 30 **a.** Designation of a single program director;
31 **b.** The teaching staff;
32 **c.** The educational objectives of the program;
33 **d.** The period of assignment of fellows; and
34 **e.** Each institution's financial commitment.
35

36 ***Intent:** The items that are covered in inter-institutional agreements do not have to be*
37 *contained in a single document. They may be included in multiple agreements, both formal*
38 *and informal (e.g., addenda and letters of mutual understanding).*
39

40 If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the
41 Commission's Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the
42 Evaluation and Operational Policies and Procedures manual (EOPP).
43

1 ***Intent:*** *Ongoing faculty development is a requirement to improve teaching and learning, to*
2 *foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain*
3 *the vitality of academic dentistry as the wellspring of a learned profession.*
4

5 **Examples of evidence to demonstrate compliance may include:**

- 6 • Participation in development activities related to teaching, learning, and assessment
- 7 • Attendance at regional and national meetings that address contemporary issues in
- 8 education and patient care
- 9 • Mentored experiences for new faculty
- 10 • Scholarly productivity
- 11 • Presentations at regional and national meetings
- 12 • Examples of curriculum innovation
- 13 • Maintenance of existing and development of new and/or emerging clinical skills
- 14 • Documented understanding of relevant aspects of teaching methodology
- 15 • Curriculum design and development
- 16 • Curriculum evaluation
- 17 • Student/Resident assessment
- 18 • Cultural Competency
- 19 • Ability to work with students/residents of varying ages and backgrounds
- 20 • Use of technology in didactic and clinical components of the curriculum
- 21 • Evidence of participation in continuing education activities
- 22

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STANDARD 5 – FELLOW ELIGIBILITY AND SELECTION

4 Oral and maxillofacial surgeons who have completed their formal oral and maxillofacial surgery
5 residency training are eligible for fellowship consideration.

7 **5-1** Nondiscriminatory policies **must** be followed in selecting fellows.

9 **5-2** There **must** be no discrimination in the selection process based on professional
10 degree(s).

11
12
13

EVALUATION

14 A system of ongoing evaluation and advancement **must** assure that, through the director and faculty,
15 each program:

- 16
17 **a.** Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth
18 of its fellowship students, using appropriate written criteria and procedures;
19 **b.** Provide to fellowship students an assessment of their performance, at least semiannually;
20 **c.** Maintains a personal record of evaluation for each fellowship student which is accessible to the
21 fellowship student and available for review during site visits.

22
23 ***Intent:** A copy of the final written evaluation stating that the fellow has demonstrated competency to
24 practice independently should be provided to each individual upon completion of the fellowship.*

25
26
27

DUE PROCESS

28 There **must** be specific written due process policies and procedures for adjudication of academic and
29 disciplinary complaints, which parallel those established by the sponsoring institution.

30
31
32

RIGHTS AND RESPONSIBILITIES

33 At the time of enrollment, the fellowship students **must** be apprised in writing of the educational
34 experience to be provided, including the nature of assignments to other departments or institutions
35 and teaching commitments. Additionally, all fellowship students **must** be provided with written
36 information which affirms their obligations and responsibilities to the institution, the program and
37 program faculty.

- 1 a. Excision of benign/malignant tumors involving hard and soft tissues.
2
3 b. Excision of benign and malignant salivary gland tumors
4

5 **Category II (Minimum 20 procedures)**
6

- 7 a. Neck dissections.
8

9 **Category III (Minimum 10 procedures)**
10

- 11 a. Surgical Airway Management.
12

13 **6-3.3** The fellow **must** be trained in the role of radiation therapy and chemotherapy in the
14 treatment and management of malignant tumors of the maxillofacial region. The
15 fellow should participate on the tumor board.
16

17 **6-3.4** Microvascular Reconstructive Surgery: is that area of oral and maxillofacial surgery
18 that uses microvascular surgical techniques to permit transplantation of tissues from
19 distant sites of the body in order to reconstruct defects of the head and neck.
20

21 **6-3.4.1 Goals/Objectives:** To provide comprehensive clinical and didactic training
22 that will allow the oral and maxillofacial surgeon to perform microvascular
23 reconstructions.
24

25 **6-3.4.2 Surgical Experience:** Surgical experience **must** include a minimum of 40
26 hours of microsurgical laboratory training and primary or first assist surgeon in at least
27 30 microvascular surgical reconstruction procedures, which includes flap harvest, inset
28 and microvascular anastomosis.
29

30 **6-3.5** Fellowship programs **must** declare the scope of the training program.

31 **Type I:** Oral/Head and Neck Oncologic Surgery

32 **Type II:** Oral/Head and Neck Oncologic Surgery and Microvascular
33 Reconstructive Surgery
34

35 ***Intent:** Programs will be responsible for meeting the portion of the standard that*
36 *applies to the declared type of program.*
37

38 **6-4 Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery):**

39 is that area of oral and maxillofacial surgery that focuses on the diagnosis, as well as the
40 surgical and adjunctive treatment in the neonate, infant, child and adolescent, of the
41 following:

- 42 • Congenital or developmental cleft and craniofacial deformities
43 • Pathology of the craniomaxillofacial region

- Trauma to the craniomaxillofacial region

6-4.1 Goals/Objectives: To provide a structured, didactic curriculum and broad experience in fundamental areas of craniofacial and pediatric oral and maxillofacial surgery. The goal is to prepare the fellow to function as a primary surgeon on an American Cleft Palate/Craniofacial Association (ACPCA)-recognized cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.

6-4.2 Craniofacial surgery: is the type of surgery that may traverse the cranial base and refers to combined oral and maxillofacial surgery/neurosurgery to treat, e.g., hypertelorism, Crouzon syndrome, Apert syndrome, and isolated craniosynostosis.

6-4.3 Fellowship programs **must** declare the scope of the training program.

Type I: Craniofacial and Cleft (Categories I, II, III, IV)

Type II: Craniofacial (Categories II, III, IV)

Type III: Cleft (Categories I, III, IV)

6-4.4 Surgical Experience: The experience **must** include a minimum of **20 procedures** in each of the categories delineated by the declared program Type (I, II, III). The cumulative surgical experience **must** include a minimum of **80 procedures**.

Category I (Minimum 20 Procedures)

Cleft Lip/Palate Related Surgery (to include primary and secondary procedures)

Category II (Minimum 20 Procedures)

Craniofacial Surgery to include Orthognathic Surgery, Transcranial Surgery, Reconstruction, Distraction Osteogenesis, and other skeletofacial surgery.

(Of the 20 procedures, orthognathic procedures must not exceed 5.)

Category III (Minimum 20 Procedures)

Pediatric Hard and Soft Tissue Trauma

Category IV (Minimum 20 Procedures)

Hard and Soft Tissue Pathology

6-4.4.1 In Type I and II programs, surgical experience **must** include a minimum of 5 transcranial procedures.

6-4.5 PALS: The fellow **must** maintain certification in Pediatric Advanced Life Support (PALS).

Oral and Maxillofacial Surgery Fellowship Standards

1 **6-7 Trigeminal Nerve Surgery and Disorders**

2 Trigeminal Nerve Surgery is that area of oral and maxillofacial surgery that pertains to the
3 management of trigeminal nerve disorders.

4
5 **6-7.1 Goals/Objectives:** To provide comprehensive clinical and didactic training in
6 diagnosis, prognosis and treatment of trigeminal nerve disorders including
7 surgery.

8 **6-7.2 Surgical Experience:** Surgical procedures may include neurolysis,
9 neurorrhaphy, nerve capping for painful neuroma, connector-assisted – repair
10 technique with various suturing modalities, nerve transposition, immediate
11 reconstruction with long span graft for benign or malignant mandibular
12 pathology.

13 **6-7.3** Surgical procedures performed by the fellow, as a first assistant or primary
14 surgeon, **must** include a minimum 30 trigeminal nerve surgical cases.

15
16 *Intent:* *The program should ensure experience in a variety of cases including*
17 *neurolysis, neurorrhaphy, nerve capping for painful neuroma, connector-*
18 *assisted – repair technique with various suturing modalities, nerve*
19 *transposition, immediate reconstruction with long span graft for benign or*
20 *malignant mandibular pathology.*
21

