



PRIMARY CERTIFICATION

Policy Book

FEBRUARY 2017

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GENERAL INFORMATION

1.01 GENERAL INFORMATION

The American Board of Anesthesiology, Inc. (the ABA or Board) publishes its policy books to inform all interested individuals of the policies, procedures, regulations and requirements governing its certification programs. The Board reserves the right to amend the policy books from time to time without advance notice. There are four separate policy books that apply to individuals in different situations. **The information presented in this policy book applies to individuals who will complete residency training prior to June 30, 2016. This includes all residents who began a four-year CA training residency prior to July 2012.**

The chair of the anesthesiology department is ultimately responsible for the residency program. The ABA corresponds officially about training matters with the department chair and the department chair's appointed program director. If the chair notifies the ABA that a faculty member has been appointed as a designated official with responsibility for coordinating the administration of the program, the ABA corresponds with the department chair and program director about training matters and sends the designated official a copy of the correspondence.

The program must ensure that each resident's training fulfills all criteria for entering the ABA examination system. However, it is crucial that the resident know the requirements described in this policy book, since the resident ultimately holds responsibility for compliance with the requirements and bears the consequences if one or more aspects of training prove unacceptable. This is especially important when requests are made for special training sequences or sites, or for exemptions. If, after speaking with the program director, there is any question about the acceptability of any portion of training, the resident should write to the Secretary of the ABA at the ABA office.

Registrants and candidates for ABA examinations have the ultimate responsibility to know and comply with the Board's policies, procedures, requirements and deadlines regarding admission to and opportunities for examination.

1.02 MISSION AND PURPOSES

The ABA mission is to advance the highest standards of the practice of anesthesiology. The ABA exists to:

- A.** Advance the highest standards of practice by fostering lifelong education in anesthesiology, which the ABA defines as the practice of medicine dealing with but not limited to:
- (1) Assessment of, consultation for, and preparation of patients for anesthesia.
 - (2) Relief and prevention of pain during and following surgical, obstetric, therapeutic and diagnostic procedures.
 - (3) Monitoring and maintenance of normal physiology during the perioperative or periprocedural period.
 - (4) Management of critically ill patients.
 - (5) Diagnosis and treatment of acute, chronic and cancer-related pain.
 - (6) Management of hospice and palliative care.
 - (7) Clinical management and teaching of cardiac, pulmonary and neurologic resuscitation.
 - (8) Evaluation of respiratory function and application of respiratory therapy.
 - (9) Conduct of clinical, translational and basic science research.

- (10) Supervision, teaching and evaluation of performance of both medical and allied health personnel involved in perioperative or periprocedural care, hospice and palliative care, critical care and pain management.
 - (11) Administrative involvement in health care facilities and organizations, and medical schools as appropriate to the ABA's mission.
- B.** Establish and maintain criteria for the designation of a Board-certified and subspecialty certified anesthesiologist as described in the ABA's policy books.
 - C.** Inform the Accreditation Council for Graduate Medical Education (ACGME) concerning the training required of individuals seeking certification as such requirements relate to residency and fellowship training programs in anesthesiology.
 - D.** Establish and conduct those processes by which the Board may judge whether a physician who voluntarily applies should be issued a certificate indicating that the required standards for certification or maintenance of certification as a diplomate of the ABA in anesthesiology or its subspecialties have been met.

A board-certified anesthesiologist is a physician who provides medical management and consultation during the perioperative period in pain medicine and in critical care medicine. A diplomate of the Board must possess knowledge, judgment, adaptability, clinical skills, technical facility and personal characteristics sufficient to carry out the entire scope of anesthesiology practice independently, without accommodation or with reasonable accommodation. An ABA diplomate must logically organize and effectively present rational diagnoses and appropriate treatment protocols to peers, patients, their families and others involved in the medical community. A diplomate can serve as an expert in matters related to anesthesiology, deliberate with others, and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

Because of the nature of anesthesiology, the ABA diplomate must be able to manage emergent life-threatening situations in an independent and timely fashion. The ability to independently acquire and process information in a timely manner is central to ensure individual responsibility for all aspects of anesthesiology care. Adequate physical and sensory faculties, such as eyesight, hearing, speech and coordinated function of the extremities, are essential to the independent performance of the board-certified anesthesiologist. Freedom from the influence of or dependency on chemical substances that impair cognitive, physical, sensory or motor function is also an essential characteristic of the Board-certified anesthesiologist.

- E.** Serve the public, medical profession, health care facilities and organizations, medical schools and licensing boards by providing the names of physicians certified by the Board.

1.03 ABA TRADEMARKS AND CERTIFICATION MARKS

The ABA is the owner of the following trademarks and certification marks:

- A.** The ABA certification mark and seal:



- B. The American Board of Anesthesiology®
- C. Maintenance of Certification in Anesthesiology Program®
- D. MOCA®
- E. MOCA Minute®
- F. MOCA 2.0®

Each of these marks is a registered mark with the United States Patent and Trademark Office as shown.

1.04 FEES

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA.

Registration fees vary by date received. Current fees are posted on the ABA website at www.theABA.org. The Board reserves the right to change fees when necessary. All fees paid to the ABA are non-refundable except when:

- an individual withdraws from residency or fellowship training and has a fee on account.
- an individual passes away and has a fee on account.

1.05 STATUS OF INDIVIDUALS

The ABA reserves the right to define an individual's status relative to its examination and certification system. Status is limited to the period of time the physician's certification or registration for certification is valid.

The ABA defines **clinically active** as spending, on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties. This activity must involve patients having a varied degree of systemic disease and who are undergoing surgery or diagnostic procedures requiring anesthetic care, and must be consistent with currently relevant knowledge of pharmacology, physiology and medicine.

The ABA has defined the following **certification statuses**:

- Certified
- Certified – Not Clinically Active
- Certified – Retired
- Expired
- Retired
- Revoked

Diplomates designated by the ABA as “Certified - Not Clinically Active” have attested to the ABA that they do not meet the ABA definition of clinical activity. Diplomates designated by the Board as “Certified – Retired” or “Retired” have attested to the ABA that they do not meet the ABA definition of clinical activity

and do not plan to return to the practice of anesthesiology at any time in the future. **Diplomates with a certification status of “Retired” or “Revoked” have to register with the ABA to re-attain “Certified” status (see Section 3.07).**

An individual's current status relative to the ABA examination and certification system may be confirmed at no charge via the ABA Diplomate and Candidate Directory on the Board website at www.theABA.org, which is the official source for verification of ABA certification status. **The fee for written confirmation of an individual's status is \$35.00.**

Inquiries about the current status of individuals should be addressed to the ABA office. In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries with one or more of the following statements:

- The physician is certified by the ABA.
- The physician is currently enrolled in one or more ABA Maintenance of Certification (MOC) Program (Anesthesiology, Critical Care Medicine, Hospice and Palliative Medicine, Pain Medicine, Pediatric Anesthesiology, Sleep Medicine).
 - The physician is participating in MOC.
 - The physician is not participating in MOC.
 - The physician is not required to participate in MOC.
- The physician currently is not clinically active.
- The physician is retired from the practice of anesthesiology.
- The physician was certified by the ABA from (date of certification) to (date certification expired).
- The ABA revoked the physician's certification, which had been in effect from (date of certification) to (date of revocation).
- The physician is a candidate in the ABA examination system (see Section 2.10 for the definition of a “candidate”).
- The physician has never been certified by the ABA.

The ABA will affirm the status of physicians who are certified in a subspecialty by the Board.

The ABA will affirm the status of diplomates in the Maintenance of Certification in Anesthesiology Program® (MOCA®).

The ABA does not recognize “Board Eligible” as a physician status relative to the ABA examination system for primary certification in anesthesiology. Therefore, physicians should refrain from making any representations of being “Board Eligible.”

The certification marks and trademarks identified in Section 1.03 are owned by The American Board of Anesthesiology, Inc., and only the ABA has any legal rights with respect to the ownership of such marks. In the event the ABA has reason to believe that individuals have misappropriated its certification marks for the purpose of misrepresenting their ABA certification status or for some other purpose, the ABA will aggressively defend the integrity of such marks, including but not limited to pursuing all legal remedies at law and in equity. After an investigation has been concluded and an individual has been determined to have committed such acts, the ABA may impose any of its own restrictions on the eligibility of the individual to participate in the ABA examination system, including but not limited to permanent exclusion from entrance to its examination system; and the ABA shall notify any state medical licensure board known by it to have licensed the individual.

PRIMARY CERTIFICATION IN ANESTHESIOLOGY

2.01 CERTIFICATION REQUIREMENTS

At the time of certification by the ABA, the candidate must:

- A. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional and unrestricted. Further, every United States and Canadian medical license the candidate holds must be free of restrictions.

Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses, and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition or notice, **whichever first occurs**. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Candidates and diplomates discovered **not** to have made disclosure may be subject to sanctions on their candidate or diplomate status.

The ABA must receive acceptable evidence of the candidate having satisfied the licensure requirement for certification by Nov. 15 of the Part 2 Examination administration year.

- B. Have fulfilled all the requirements of the continuum of education in anesthesiology.
- C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final six-month period of clinical anesthesia training in each anesthesiology residency program.
- D. Have satisfied all examination requirements of the Board.
- E. Have a professional standing satisfactory to the ABA (see Section 3.06).
- F. Be capable of performing independently the entire scope of anesthesiology practice without accommodation or with reasonable accommodation (see Sections 1.02.A and 1.02.D).

Although admission into the ABA examination system and success with the examinations are important steps in the ABA certification process, they do not by themselves guarantee certification. The Board reserves the right to make the final determination of whether *each* candidate meets all of the requirements for certification, including A, E and F above, after successful completion of examinations for certification.

ABA certificates in anesthesiology issued on or after Jan. 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. ABA certificates are subject to ABA rules and regulations, including its policy books, all of which may be amended from time to time without further notice.

A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties (ABMS) and the American Society of Anesthesiologists (ASA).

2.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY

The continuum of education in anesthesiology consists of four years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years). Prospective ABA approval is required for exceptions to ABA policies regarding the training planned for individual residents.

- A. During the clinical base year, the physician must be enrolled and training as a resident in a transitional

year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association (AOA), or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education from the date the training begins to the date it ends. **Training as a fellow in a subspecialty program is not an acceptable clinical base experience.**

The **clinical base year** must include at least six months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most one month may involve the administration of anesthesia and one month of pain medicine. Acceptable clinical base experiences include training in internal medicine, pediatrics, surgery or any of their subspecialties, obstetrics and gynecology, neurology, family medicine or any combination of these as approved for residents by the directors of their training programs in anesthesiology. The clinical base year should also include rotations in critical care and emergency medicine, with at least one month, but no more than two months, devoted to each. Other rotations completing the 12 months of broad education should be relevant to the practice of anesthesiology.

The resident must complete the clinical base year before beginning CA-3 year clinical rotations.

B. The three-year clinical anesthesia curriculum (CA 1-3) consists of experience in basic anesthesia training, subspecialty anesthesia training and advanced anesthesia training. It is a graded curriculum of increasing difficulty and learning that is progressively more challenging of the resident's intellect and technical skills.

- (1) **Experience in basic anesthesia training** is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-2 years be spent in basic anesthesia training with a majority of this time occurring during the CA-1 year.
- (2) **Subspecialty anesthesia training** is required to emphasize the theoretical background, subject material and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, perioperative evaluation, regional anesthesia and pain medicine. It is recommended that these experiences be subspecialty rotations and occur in the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the program director.

By the end of the CA-3 year, required experiences in perioperative care must include four months of distinct rotations in critical care medicine with progressive responsibility and three months in pain medicine that may include one month in an acute perioperative pain management rotation, one month in a rotation for assessment and treatment of inpatients and outpatients with chronic pain, and one month of regional analgesia experience in pain medicine. Experiences in these rotations must emphasize the fundamental aspects of anesthesia, preoperative evaluation and immediate postoperative care of surgical patients, and assessment and treatment of critically ill patients and those with acute and chronic pain. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care and an appropriate population of critically ill patients. Experience in short-term, overnight post-anesthesia units, intermediate step-down units or emergency rooms does not fulfill this requirement.

- (3) **Experience in advanced anesthesia training** constitutes the CA-3 year. The program director, in collaboration with the resident, will design the resident's CA-3 year of training. The CA-3 year is a distinctly different experience than the CA 1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. Resident assignments in the CA-3 year should include the more difficult or complex anesthetic procedures and care of the most seriously ill patients. Residents must complete the clinical base and CA 1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.

CA-3 residents are required to complete a minimum of six months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training in one to three selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at most six months during the CA-3 year and no more than 12 months during the CA 1-3 years. The training must culminate in sufficiently independent responsibility for clinical decision-making and patient care so that the graduating resident demonstrates sound clinical judgment in a wide variety of clinical situations and can function as a leader of perioperative care teams.

- (4) **There are options for research during the anesthesiology residency.** Interested residents could spend approximately 25 percent of a three- or four-year training program, and 38 percent of a five-year program, engaged in scholarly activities. Suggested templates for research during the anesthesiology residency are posted on the ABA website at www.theABA.org. The program director must develop a plan with strict guidelines for research activity and “work product” oversight if a resident’s research activities will be more than six months. The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research.

Involvement in scholarly activities must result in the generation of a specific permanent “work product.” Review of scholarly activity and the permanent work product will occur at the local level by a Scholarship Oversight Committee responsible for overseeing and assessing the trainee’s progress and verifying to the ABA that the requirement has been met. The Scholarship Oversight Committee must consist of three or more faculty members. The program director may serve as a trainee’s mentor and participate in the activities of the Scholarship Oversight Committee, but should not be a standing member.

The following exceptions will be considered by application to the ABA Credentials Committee (at least four months in advance):

- Aggregating research time normally allocated across the clinical base and clinical anesthesia years into one or more years, allowing a significant amount of time to be used for research as a block.
- Leave of absence from the clinical program for research activities.
- Additional months in research, especially if the research is prospectively integrated in the training program.

A resident can receive credit for research activities, provided that the resident has at least six months of satisfactory clinical anesthesia (CA) training on file with the ABA prior to beginning research. If a resident receives an unsatisfactory Certificate of Clinical Competence Report immediately preceding any research activity, no credit will be given for the research activity unless prospectively approved by the Credentials Committee of the ABA.

- C. The ABA grants a resident credit toward the CA 1-3 year requirements for clinical anesthesia training that satisfy **all four** of the following conditions:

- (1) The CA 1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited anesthesiology residency programs in the United States or its territories. An ACGME-accredited program includes the sponsoring (parent) institution and major participating institutions (i.e., institutions that have an RRC-approved integration or affiliation agreement with the sponsoring institution). **All three years of CA training must occur in programs that are accredited by the ACGME for the entire period of training.**
- (2) The period of clinical anesthesia training as an enrolled resident of any single program is at least six months of uninterrupted training.
- (3) The six-month period of clinical anesthesia training in any one program ends with receipt of a satisfactory Certificate of Clinical Competence. To receive credit from the ABA for a six-month period of clinical anesthesia training that is not satisfactory, the resident must immediately complete an

additional six months of uninterrupted clinical anesthesia training, not including research, in the same program with receipt of a satisfactory Certificate of Clinical Competence. A resident with an unsatisfactory training period reported with gaps in training (e.g. leave of absence) will not receive credit for any training reported prior to the gap in the period because it was not immediately followed by six months of uninterrupted clinical anesthesia training. **If a resident receives consecutive Certificates of Clinical Competence that are not satisfactory, additional training is required.** When a resident receives a satisfactory Certificate of Clinical Competence immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.

For residents who receive an unsatisfactory Certificate of Clinical Competence for a period of training completed in an integrated training program where clinical base year rotations are intermingled with clinical anesthesia rotations, the Credentials Committee of the ABA shall determine the amount of training credit granted for the unsatisfactory period.

- (4) Residents have the option to complete training away from their ACGME-accredited anesthesiology programs. This option is not available during the last three months of residents' CA-3 year or until after they complete at least one year of clinical anesthesia training, unless the training will be in another ACGME-accredited anesthesiology program.

Current Residency Review Committee requirements limit training in institutions not integrated with the resident's ACGME-accredited program to a maximum of 12 months throughout the CA 1-3 years. The ABA will accept no more than six of these months in institutions not affiliated with the ACGME-accredited program. Therefore, residents must complete a minimum of 24 months of clinical anesthesia training in their ACGME-accredited program's parent and integrated institutions and may complete at most six months of clinical anesthesia training away from their ACGME-accredited program.

The Credentials Committee of the ABA must prospectively approve all anesthesia training away from the ACGME-accredited program even if the training will occur in another ACGME-accredited program (see Section 2.02.E). The request for approval must include a chronological description of the rotations, information about resident supervision, and assurances that residents will be in compliance with the limits on training away from their ACGME-accredited programs. Further, residents must remain enrolled in their programs while training away from the ACGME-accredited programs, and their programs must report the training on the Certificate of Clinical Competence report filed for the period involved.

- D. The Credentials Committee of the ABA will assess individually requests for part-time training. Prospective approval is required for alteration in the number of hours per week of training or alteration in the temporal distribution of the training hours (e.g., substantially different night and weekend hours) from other residents in the program. It is expected that residents will take not more than twice the "standard time" to achieve the level of knowledge and clinical experience comparable to a full-time resident completing the program in standard time. Residents who train on a part-time basis are expected to meet all the program's didactic requirements before training is complete.

Requests for part-time training must be in writing from the program director and countersigned by the department chair (if that is another person), the hospital's Designated Institutional Officer (DIO), and the resident. The letter must include: (1) the reason for the part-time training request, (2) documentation about how all clinical experiences and educational objectives will be met, (3) assurance that the part-time training program will teach continuity-of-care and professionalism and (4) an explanation about how the part-time training program will maintain the overall quality, content and academic standards/clinical experiences of the training program required of a full-time trainee.

- E. **Prospective approval is required** for exceptions to ABA policies regarding the training planned for individual residents (see Sections 2.02.B (3) and 2.02.C (4)). The Credentials Committee of the ABA

considers requests for prospective approval on an individual basis. The ABA office must receive the request from the program director on behalf of a resident at least **four months** before the resident begins the training in question. It is the responsibility of the program director and the resident to ensure that the request is received in a timely manner.

2.03 ABSENCE FROM TRAINING

The total of any and all absences may not exceed 60 working days (12 weeks) during the CA 1-3 years of training. Attendance at scientific meetings, not to exceed five working days per year, shall be considered a part of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence. A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of six months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

2.04 CERTIFICATE OF CLINICAL COMPETENCE

The Board requires every residency training program to file, on forms provided by the Board, an Evaluation of Clinical Competence in January and July on behalf of each resident who has spent any portion of the prior six months in clinical anesthesia training in or under the sponsorship of the residency program and its affiliates. **The program director or department chair must not chair the Clinical Competence Committee.**

Entry into the ABA examination system is contingent upon the registrant having a Certificate of Clinical Competence on file with the Board attesting to satisfactory clinical competence during the final period of clinical anesthesia training in or under the sponsorship of each program (see Section 2.02.C (3) for details). The Board, therefore, will deny entry into the ABA examination system until this requirement is fulfilled.

Residents who wish to appeal an Evaluation of Clinical Competence, and registrants who wish to appeal final recommendations from the program director or department chair, must do so through the reporting institution's grievance and due process procedures.

2.05 PROGRAM DIRECTOR REFERENCE FORM

The Board requires every residency Program director to file, on forms provided by the Board, a Program director Reference Form on behalf of each resident upon graduation from the residency program. Information is requested regarding the professional standing, abilities and character of the candidate. This evaluation will be used by the ABA as the basis for assessing a resident's entrance into the ABA examination system.

Entry into the ABA examination system is contingent upon the program directors' recommendation. The Board, therefore, will deny entry into the ABA examination system until this requirement is fulfilled.

Residents who wish to appeal a final recommendation from the program director or department chair must do so through the reporting institution's grievance and due process procedures.

2.06 OVERVIEW OF PRIMARY CERTIFICATION EXAMINATIONS

The examination system for ABA primary certification in anesthesiology has two distinct parts, the Part 1

Examination and the Part 2 Examination. Each is designed to assess different qualities of a board-certified anesthesiologist as previously defined in Section 1.02.D. It is necessary for candidates to pass the Part 1 Examination to qualify for the Part 2 Examination.

Beginning in 2017, the new staged examinations process consisting of BASIC, ADVANCED and APPLIED examinations, will begin to replace the traditional Part 1 and Part 2 Examinations. ABA candidates who began the four-year continuum of education in anesthesiology on or after July 2012 and will complete residency training on or after June 30, 2016 will participate in the staged examination process. The Part 1 Examination will still be offered to eligible individuals (those who completed residency training before June 30, 2016) until it is passed, or until it is no longer possible to satisfy examination requirements within the defined duration of candidate status (see Section 2.10). Candidates not passing the Part 2 Examination by the end of 2016 will take the Standardized Oral Examination (SOE) component of the APPLIED Examination beginning in 2017 to satisfy the Part 2 Examination requirement. Candidates will have one examination appointment per calendar year to satisfy the examination requirements. Details of these examinations can be found in the Staged Examinations Policy Book.

A. Part 1 Examination

The Part 1 Examination is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. The Part 1 Examination is held annually in locations throughout the United States and Canada. A passing grade, as determined by the Board, is required. The Part 1 Examination will be administered by computer through a third-party testing vendor.

Examination dates are available on the last page of this policy book. However, for the most current examination dates please visit the ABA website at www.theABA.org, which is the official source of ABA examination dates and deadlines. Current fees are published on the ABA website at www.theABA.org.

B. Part 2 Examination

The Part 2 Examination assesses the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The Part 2 Examination emphasizes the scientific rationale underlying clinical management decisions. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. A passing grade, as determined by the Board, is required.

The Part 2 Examination is administered several times each year at the ABA Assessment Center in Raleigh, NC. Individuals not passing the Part 2 Examination by the end of 2016 will begin taking the Standardized Oral Examination (SOE) component of the APPLIED Examination in 2017 at the ABA Assessment Center in Raleigh, NC; however, they can only schedule one examination appointment per calendar year. Descriptions of these examinations can be found in the Staged Examinations Policy Book.

Part 1 and Part 2 Examination dates are available on the last page of this policy book. However, for the most current examination dates please visit the ABA website at www.theABA.org, which is the official source of ABA examination dates and deadlines.

The ABA must receive acceptable evidence of the candidate having satisfied the licensure requirement for certification by Nov. 15 of the Part 2 Examination administration year (see Section 2.01.A). Training and expired licenses do not fulfill this licensure requirement for certification. Candidates must inform the ABA of any conditions or restrictions in force on any active medical license they hold. When there is a restriction or condition in force on any of the candidate's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the candidate shall be permitted to take the Part 2 Examination.

The ABA will not validate the results of candidates who take the Part 2 Examination and do not fulfill the licensure requirement by the deadline.

- C. ABA examinations are administered to all candidates under the same standardized testing conditions. The Board will consider a candidate's complaint about the testing conditions under which an ABA examination was administered only if the complaint is received within one week of the examination date.

2.07 REGISTRATION ELIGIBILITY REQUIREMENTS

At the time of registration for entrance to the ABA examination system, the registrant must:

- A. Have graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools or the American Osteopathic Association. Graduates of medical schools outside the jurisdiction of the United States and Canada must have *one* of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, comparable credentials from the Medical Council of Canada or documentation of training for those who entered postdoctoral medical training in the United States via the Fifth Pathway as proposed by the American Medical Association.
- B. Provide evidence satisfactory to the Board of having been awarded a medical or osteopathic degree acceptable to the Board.
- C. Have on file in the ABA office evidence of having satisfactorily fulfilled all requirements of the continuum of education in anesthesiology before the date of the Part 1 Examination. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final six months of clinical anesthesia training in each residency program (see Sections 2.02.C (3) for details). A **grace period** will be permitted so that registrants completing this requirement by Sept. 30 may register for the immediately preceding the Part 1 Examination.
- D. Have on file with the Board documentation attesting to the registrant's current privileges and evaluations of various aspects of their current practice of anesthesiology. Such evaluations will include verification that the registrants meet the Board's clinical activity requirement by spending, on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the registrant's current practice of anesthesiology and use them in determining the resident's qualifications for admission to the ABA examination system. The Certificate of Clinical Competence Report from the department **and** the evaluation of the program director and others will be used as the basis for assessing admission qualifications.
- F. Be capable of performing independently the entire scope of anesthesiology practice without accommodation or with reasonable accommodation (see Sections 1.02.A and 1.02.D).

The ABA will *not* validate the results of registrants who take the Part 1 Examination and do not fulfill those conditions identified in Sections 2.07.C and D by the deadlines.

The ABA shall determine that entry into its examination system is warranted when required information submitted by and on behalf of the registrant is satisfactory. The ABA will notify a registrant who is accepted as a candidate for certification after approval of all credentials.

Although admission into the ABA examination system and success with the examinations are important steps in the ABA certification process, they do not by themselves guarantee certification.

The Board reserves the right to make the final determination of whether *each* candidate meets all of the requirements for certification (see Section 2.01 and Section 2.11).

The Board, acting as a committee of the whole, reserves the right not to accept a registration. The registrant has the right to seek review of such decisions (see Section 3.05).

The Board reserves the right to correct clerical errors affecting its decisions.

2.08 REGISTRATION PROCEDURE

- A. Registration for admission to the ABA examination system must be made using the ABA Physician Portal, which can be accessed via the ABA website at www.theABA.org.
- B. The registration includes the following Acknowledgement and Release forms, which the registrant shall be required to sign by electronic signature:

(1) *I, the undersigned registrant (“registrant”), hereby agree to participate in the American Board of Anesthesiology, Inc.’s (“ABA”) primary certification program. I acknowledge that my registration is subject to the ABA rules and regulations. I further acknowledge and agree that if I withdraw my registration or the ABA does not accept it, the ABA will retain the registration fee and any late fee.*

I represent and warrant to the ABA that all information I provide to the ABA is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement over the course of my primary certification program shall, at any time, constitute cause for disqualification from the ABA examination system or from the issuance of an ABA certificate or to forfeiture and redelivery of such ABA certificate to the ABA.

I agree that this acknowledgement, as submitted by me, shall survive the electronic submission of the registration, regardless of whether or not the information or data provided in the registration has been reformatted in any manner by the ABA. I also agree that this acknowledgement is a part of and incorporated into the registration whether submitted along with the registration or not.

I acknowledge that I have read a copy of the applicable ABA policy book. I agree to be bound by the policies, rules, regulations and requirements published in the applicable book, in all matters relating to consideration of and action upon this registration and certification should it be granted. I understand that ABA certificates are subject to ABA rules and regulations, all of which may be amended from time to time without further notice. I understand and acknowledge that in the event I have violated any of the ABA rules governing my registration and/or certification, such violations shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA certificate or for revocation of certification and indication of such action in the ABA Diplomate and Candidate Directory.

(2) *I, the undersigned registrant (“registrant”), hereby agree to participate in the American Board of Anesthesiology, Inc.’s (“ABA”) primary certification program. I acknowledge that participation in the primary certification program is subject to the ABA rules and regulations, all of which may be amended from time to time without further notice.*

In connection with my registration, (# _____), I authorize all persons holding testimony, records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the “information”) to release such Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my registration. The information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. The purpose of releasing such Information is to determine or verify my qualifications for entrance into the ABA entrance examination and ABA certification. A copy of this release may accompany any request made by the ABA for such information.

I authorize the ABA to: (1) report my status in the examination system, including the results of any Part 1

or Part 2 Examination, to the director and department chair of the program from which I received my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system.

I also authorize the ABA to use any and all information for the purpose of conducting longitudinal studies to assess the ABA certification process. Finally, I authorize the ABA and researchers conducting research on behalf of the ABA to use any and all information for the purpose of conducting scientific research relating to anesthesiologists, the practice of anesthesiology and or the education of anesthesiologists. Such information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my registration or certification status.

Subject to applicable state and federal law requirements and the specific authorization herein, the ABA shall hold all information in confidence.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the information, so long as such information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my registration, provided such acts or proceedings are made or conducted in good faith.

C. Registrants must also attest to their clinical activity every three years while in the examination system.

2.09 EXAMINATION REGISTRATION, SCHEDULING & CANCELLATION

The examination system for ABA primary certification in anesthesiology has two distinct parts, the Part 1 Examination and the Part 2 Examination. Each is designed to assess different qualities of a Board certified anesthesiologist as previously defined in Section 1.02.D. It is necessary for candidates to pass the Part 1 Examination to qualify for the Part 2 Examination.

A. Part 1 Examination

Candidates will register for the examination in the year of the examination and pay a single fee upon registration. The ABA notifies candidates of their eligibility to register for a Part 1 Examination via emails sent to their email address on file in the ABA office. Candidates who register for an examination by the established deadline must pay the registration fee at that time. Current fees are posted on the ABA website at www.theABA.org.

After candidates register for an examination and pay the fee via their ABA portal account, they will be **notified via email** with instructions on how to schedule an examination appointment with the examination vendor.

B. Part 2 Examination

When a physician passes the Part 1 Examination, they will receive notification from the ABA that they are eligible to register for the Part 2 Examination. The notification is sent to their email address of record on file in the ABA office.

Registration for the Part 2 Examinations is continuous, so there are no registration deadlines. The ABA notifies candidates of their eligibility to register for a Part 2 Examination via their email address on file in the ABA office. Upon notification, these candidates will select an examination week from the list of available weeks posted within their portal accounts. Once a Part 2 Examination week reaches its capacity of appointments, candidates can no longer schedule appointments for that week. Specific examination dates and times within the selected week will be assigned by the ABA. Two months prior to an examination, the ABA will notify candidates of the exact date, time and location of their examination and the rules of examination conduct.

- **Candidates who have not been assigned an exam date, time and location** may request to change their Part 2 Examination week; however, the ABA cannot guarantee that a change will be made. To request a change, candidates must send a written request to the ABA office with a check for the Part 2 Examination change fee. Current fees are posted on the ABA website at www.theABA.org.
- **Candidates who have been assigned an exam date, time and location** may not request to change their Part 2 Examination week. If they do not plan to attend their scheduled exam, they must cancel their examination as defined in Section 2.09.C (1).

C. Notification and Cancellation of Examination Appointments

- (1) **A candidate who cancels a scheduled examination appointment must submit a written request to cancel at least one week prior to the examination administration week.** A cancellation fee must accompany the candidate's request in order to retain the registration fee for the next examination appointment. Current cancellation fees are posted on the ABA website at www.theABA.org.
- (2) **A candidate who misses a scheduled examination appointment** because of an unavoidable or catastrophic event must submit a written request with explanation and independent documentation of the event. The ABA must receive the candidate's request and the cancellation fee no later than three days after the examination date to retain the registration fee for the next examination appointment..
- (3) **A candidate who misses a scheduled examination appointment and does not cancel the scheduled examination appointment forfeits the examination fee.**
- (4) **A candidate who cancels or misses a scheduled Part 2 Examination may not schedule another Part 2 Examination in the same calendar year.**

D. The ABA office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control. Candidates must immediately notify the ABA of a mailing or email address change via their ABA portal account at www.theABA.org, or by writing the ABA office. Candidates must call the ABA office if they do not receive an examination notice they are expecting within the time frames described above. The candidate's ABA identification number should be included on all correspondence to the Board solely for identification purposes.

2.10 DURATION OF CANDIDATE STATUS

A. The duration of candidate status is limited as follows:

- (1) Candidates who completed residency training **prior to Jan. 1, 2012**, must satisfy all requirements for certification by Dec. 31, 2018. Candidates have one examination appointment per calendar year until Jan. 1, 2019, to successfully complete both the Part 1 and Part 2 Examinations and satisfy all other requirements for ABA certification.
- (2) Candidates who complete residency training **on or after Jan. 1, 2012**, must satisfy all requirements for certification within seven years of the last day of the year in which residency training was completed. Candidates have one examination appointment per calendar year until seven years of the last day of the year in which residency training was completed to successfully complete both the Part 1 and Part 2 Examinations and satisfy all other requirements for ABA certification.

Individuals will be considered candidates in the ABA examination system when their first registration for primary certification in anesthesiology is accepted. Candidates with two or more prior voided registrations will not be considered candidates in the ABA examination system, regardless of registration status, until they pass the Part 1 Examination.

The ABA does not recognize “Board Eligible” as a physician status relative to the ABA examination system for primary certification in anesthesiology. Therefore, physicians should refrain from making any representations of being “Board Eligible.” (see Section 1.05.)

2.11 REESTABLISHING ELIGIBILITY FOR PRIMARY CERTIFICATION

If a candidate does not satisfy all requirements for certification within the initial seven-year prescribed time period specified in Section 2.10, the ABA will declare the candidate’s registration void. Physicians whose registrations have been voided may submit a new registration after reestablishing eligibility for primary certification. Such registration shall be subject to the fees, rules, privileges and entrance requirements that apply at the time of reregistration. Physicians will only be allowed to reestablish eligibility for primary certification once.

To reestablish eligibility for certification, physicians must take and pass the BASIC Examination to re-enter the ABA examination system for primary certification. After reestablishing eligibility, candidates must satisfy all requirements for certification, including successfully completing the ADVANCED Examination and both the Standardized Oral Examination and Objective Structured Clinical Examination components of the APPLIED Examination, by Dec. 31 of the fourth year following the successful completion of the BASIC Examination.

BOARD POLICIES

3.01 ALCOHOL AND SUBSTANCE USE DISORDER

The Americans with Disabilities Act (ADA) protects individuals with a history of alcohol or substance use disorder who are not currently abusing alcohol or using drugs illegally. The ABA supports the intent of the ADA.

The ABA will admit qualified registrants and candidates with a history of alcohol abuse to its examination system and to the examination if, in response to its inquiries, the ABA receives acceptable documentation that they are not currently abusing alcohol.

The ABA will admit qualified registrants and candidates with a history of illegal use of drugs to its examination system and to the examination if, in response to its inquiries, the ABA receives acceptable documentation that they are not currently engaged in the illegal use of drugs.

After a candidate with a history of alcohol abuse or illegal use of drugs satisfies the examination requirements for certification, the ABA will determine whether it should defer awarding its certification to the candidate for a period of time to avoid certifying a candidate who poses a direct threat to the health and safety of others. If the ABA determines that deferral of the candidate's certification is appropriate because the candidate does currently pose a threat to the health and safety of others, the ABA will assess the specific circumstances of the candidate's history of alcohol abuse or illegal use of drugs to determine when the candidate should write the Board to request issuance of its certification.

3.02 REVOCATION OF CERTIFICATION

A certificate is issued by the Board with the understanding that it remains the property of the Board. Any certificate issued by the Board shall be subject to revocation in the event that:

- A. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any rule or regulation of this Board; or
- B. The person certified shall not have been eligible to receive such certificate whether the facts making him or her ineligible were known to, or could have been ascertained by, the Board or any of its Directors at the time of issuance of such certificate; or
- C. Persons certified shall have made any misstatement or omission of fact in their registration for such certificate or in any other statement or representation to the Board or its representatives; or
- D. The person certified shall fail to maintain a professional standing (see Section 3.06) satisfactory to the Board.

The Board shall be the sole judge of whether the evidence or information before it is sufficient to require or permit revocation of any certificate issued by the ABA, and the decision shall be final. The individual has the right to seek review of such a decision (see Section 3.05).

3.03 CERTIFICATION BY OTHER ORGANIZATIONS

The ABA will make no statement about the comparability of the Board certificate and another organization's certificate. The ABA will not accept certification by another entity as meeting the requirements for entrance into the ABA examination system for primary certification in anesthesiology or subspecialty certification or recertification.

3.04 RECORDS RETENTION

The ABA retains certain documents pertaining to an individual's residency training, registration for certification, examination opportunities, and examination results (certification records) for the sole purpose of determining that its requirements for admission to the ABA examination system, certification, recertification, or maintenance of certification are fulfilled and are precise and accurate.

A complete copy of the Certification Records Retention Policy is available upon written request. The following is a summary of the ABA's Certification Records Retention Policy:

- (1) Records regarding registrant's completion of residency programs, records pertaining to the ABA entrance requirements, registrations for ABA examinations and correspondence or communication with the ABA are retained indefinitely.
- (2) Certification records corroborating the results of a candidate's or diplomate's examination are retained for one year following the examination.
- (3) Certification records pertaining to adverse Board actions, including termination or other sanctions, are retained indefinitely.
- (4) Certification records corroborating a diplomate's completion of an ABA Maintenance of Certification program are retained as long as needed to verify that a requirement has been met. Results of MOCA Part III: Assessment of Knowledge, Judgment, and Skills completed through participation in MOCA Minute are retained for one year.
- (5) Certification records pertaining to a physician's completion of an ACGME-accredited anesthesiology residency program are retained indefinitely. This certification record includes entries that identify the training program, the dates of training and the faculty's overall evaluation of the resident's performance during training.
- (6) Certification records for candidates issued an ABA certification are retained indefinitely. These certification records include documents and entries attesting that each certification requirement was met.
- (7) Certification records pertaining to requests for examination under nonstandard testing conditions, including any supporting documentation, evaluations, medical records or expert reports, are retained indefinitely in the individual's ABA file.

The ABA sees to the secure destruction of the documents in its file for an individual when the period specified for retention of the documents has expired.

3.05 FORMAL REVIEW PROCESS

The only actions of the ABA that are subject to formal review are a decision not to accept a registration, a decision not to grant a request for an examination under nonstandard testing conditions and a decision to revoke a certificate issued by the ABA.

The individual must give the ABA written notification of the intention to seek a formal review within 30 days of receiving a statement of the Board's decision. The individual shall address the notice to the ABA Secretary and shall set forth the grounds upon which the request for formal review is based. If the individual does not give the ABA written notification of the intent to seek formal review within the time and in the manner prescribed, the individual shall be considered to have accepted the decision of the Board and the decision shall become final.

Upon receipt of a request for formal review within the time and in the manner prescribed, the request will be screened to determine whether it meets the standards for a formal review to occur. Minimum criteria for a

formal review are grounds that the Board's action was inconsistent with ABA policies or not supported by the evidence available to the Board when the action was taken. If it is determined that there are grounds for a formal review, the ABA shall form a Review Panel and schedule a hearing. Otherwise, the decision of the Board shall become final.

3.06 PROFESSIONAL STANDING

Professional standing satisfactory to the ABA is a requirement for primary certification, subspecialty certification, and maintenance of certification by the ABA.

Individuals with a medical license that is revoked, suspended or surrendered in lieu of revocation or suspension may be permitted to take ABA examinations under some circumstances. Candidates with less severe restrictions on a medical license will be permitted to take ABA examinations. In both instances, certification may be deferred until the Board reviews and approves awarding certification.

The ABA assesses the professional standing of residents, candidates, and diplomates continually. These individuals have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses, and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. Such information shall include, but not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions.

The ABA will initiate proceedings to revoke the certification(s) of diplomates with a medical license that is revoked, suspended or surrendered in lieu of revocation, suspension, inquiry or investigation, upon notice of such action. The ABA has the authority and may decide to undertake proceedings to take action against diplomates with other, less severe medical licensure restrictions (e.g., probation, reprimands or "conditions"), which may include revocation of the certification.

The ABA incorporates the AMA Code of Medical Ethics, Opinion E-2.06 (June 2000), regarding physician participation in capital punishment into its own professional standing policy. Specifically, it is the ABA's position that an anesthesiologist should not participate in an execution by lethal injection and that violation of this policy is inconsistent with the professional standing criteria required for ABA certification and Maintenance of Certification in Anesthesiology or any of its subspecialties. As a consequence, ABA certificates may be revoked if the ABA determines that a diplomate participates in an execution by lethal injection.

3.07 RE-ATTAINING CERTIFICATION STATUS

The ABA established a registration procedure for diplomates with the designation of "Certified – Not Clinically Active," "Certified – Retired," or "Retired" to re-attain "Certified" status. There is also a procedure for physicians whose ABA certification is revoked to register with the ABA to re-attain certification. Interested physicians should contact the ABA office for details about these registration procedures.

The ABA considers registrations for re-attaining ABA certification on an individualized, case-by-case basis. The ABA may require the registrant to do one or more of the following in order to re-attain certification:

- Pass the ABA BASIC Examination.
- Pass the ABA ADVANCED Examination.
- Pass both the Standardized Oral Examination and Objective Structured Clinical Examination components of the ABA APPLIED Examination.
- Undertake continuing medical education.
- Complete additional training acceptable to the ABA.
- Complete other activities as deemed necessary by the ABA.

The ABA may choose to allow a registrant who has been certified in both anesthesiology and one or more anesthesia subspecialties, and who has changed their certification status to "Certified - Not Clinically Active,"

“Certified – Retired,” “Retired” or who has had the certificates “Revoked,” to re-attain those certifications at different times. If a registrant had qualified under temporary criteria for a certificate, the status of which the diplomate has changed to either “Certified - Not Clinically Active,” “Certified – Retired,” “Retired” or which has been “Revoked,” the ABA may require the registrant to complete additional training or satisfy other additional conditions acceptable to the ABA.

Certifications that are re-attained are subject to the requirements for maintenance of certification and to the ABA rules and regulations, including its policy books, all of which may be amended from time to time without further notice.

3.08 INDEPENDENT PRACTICE REQUIREMENT

Registrants and candidates for initial ABA certification must be capable of performing independently the entire scope of practice in the specialty or subspecialty, with or without reasonable accommodation for disabilities.

The Board will investigate, examine and attempt to resolve any issues regarding a registrant or candidate’s ability to meet the Independent Practice Requirement by investigating and examining relevant information in the ABA record, including any information provided by the registrant or candidate, or submitted by the program director in the registrant’s or candidate’s final evaluation.

The ABA routinely reminds all program directors that they will be required to attest to whether a resident meets all of the criteria for admission to the ABA examination system, including the independent practice requirement, at the time residents who are Board registrants or candidates for certification complete their residency training program.

The Board, as part of the registration process for ABA examination, presents all registrants with the ABA definition of independent practice and asks whether they satisfy the requirement, without accommodation or with reasonable accommodation.

The Board routinely advises all registrants and candidates that after successful completion of the examinations for certification, the ABA will make the final determination of whether a candidate meets all of the criteria for certification, including the independent practice requirement. The Board may, at its discretion, gather additional information to assist in making this determination.

3.09 DATA PRIVACY AND SECURITY POLICY

In the course of registration, examination, certification, recertification and maintenance of certification processes (collectively, “certification processes”), the ABA must collect and utilize personal and professional information pertaining to its registrants, candidates and diplomates. The ABA has issued this Data Privacy and Security Policy to govern the collection, use and disclosure of such information. The Policy ensures that the ABA will protect the security and privacy of any information provided during the certification processes.

The ABA requires that registrants, candidates and diplomates provide certain personal information to be used by the ABA during the certification processes. In connection with performing activities relating to the certification processes, the ABA uses its best efforts to keep such information confidential and protected and will limit such disclosures to those who “need to know” the information to properly perform an ABA function or operation relating to the certification processes. With respect to external disclosures to third parties, the ABA may disclose certain registrant, candidate or diplomate personal information in response to lawful processes (such as a subpoena or court order) and make disclosures to the public regarding the registrant’s, candidate’s or diplomate’s certification status. In making such external disclosures to third parties, the ABA will only disclose such information that is minimally necessary to accomplish the purposes described above and require any receiving party to take proper security precautions, unless such information is already in the public domain. The ABA also may disclose certain registrant, candidate or diplomate

information to research partners approved by the Board for the purpose of conducting studies to assess ABA certification processes or to conduct scientific research relating to anesthesiologists, the practice of anesthesiology and/or the education of anesthesiologists.

The ABA maintains physical, electronic and procedural safeguards to protect and secure all personal information in its possession. The ABA's security measures protect the confidentiality of online communications, examination results and other data related to the certification processes. Examination results and sensitive registrant, candidate and diplomate data transmissions are encrypted and stored in secure areas of ABA systems accessible only by authorized Board personnel with a unique ID and password. ABA database servers used for transactions and communication with registrants, candidates and diplomates are located in a restricted, secure area accessible only by authorized personnel. Firewalls and monitoring devices are utilized to prevent unauthorized access via the Internet.

The ABA takes all reasonable precautions to ensure that personal information is never exposed to any unauthorized person. In the unlikely event that an unauthorized party gains access to personal information stored in the ABA's computer systems, the Board will notify the affected person(s) without unreasonable delay and consistent with the legitimate needs of law enforcement, pursuant to North Carolina law 75-65 "Protection from security breaches." In this event, the ABA will take all necessary steps to determine the scope of the breach and restore our systems to a reasonable level of security.

3.10 IRREGULAR EXAMINATION BEHAVIOR

The Board acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates. Information about behavior that the Board considers a violation of the integrity of its examination and certification process is sent to all candidates scheduled for examination. Statistical analyses may be conducted to verify observations and reports of suspected irregularities in the conduct of an examination. The examination of a candidate whose conduct, in the Board's judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. Furthermore, the candidate will be subject to punitive action as determined by the Board. In that event, the candidate would be informed of the reasons for the Board's actions and could request an opportunity to present information deemed relevant to the issue and to petition the Board to reconsider its decision.

Irregular examination behavior means any conduct that, in the ABA's sole discretion, may jeopardize the integrity or validity of any ABA examination process or result, including but not limited to cheating, misappropriating, copying or reproducing any element of an examination for personal use or the use of a third-party without the explicit and specific written consent of the ABA. The ABA considers that irregular examination behavior demonstrates unsatisfactory essential attributes related to the competency of Professionalism.

A. For residents found to have engaged in irregular examination behavior on the In-Training Examination:

- (1) The ABA will give the resident an unsatisfactory rating for appropriate Essential Attributes and for overall clinical competence on the six-month Certificate of Clinical Competence report for the training period that included the examination date for the In-Training Examination.
- (2) The ABA will first consider a registration for examination and certification from individuals no sooner than two years after the initial examination for which they otherwise could have qualified.

B. For ABA candidates found to have engaged in irregular examination behavior on an ABA certification examination:

- (1) The ABA will declare the candidate's registration void.
- (2) The ABA will not consider a registration from the individual for re-admission to the ABA examination system for at least two years.

The above statements do not limit the Board's ability to impose more severe actions. In its sole discretion, the Board may require an individual who is found to have engaged in irregular examination behavior to wait a longer period of time to apply to the ABA for re-examination. These decisions are final and not subject to review.

3.11 UNFORSEEABLE EVENTS

In the event of a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities or other unforeseeable events which make it inadvisable, illegal or impossible for the ABA to administer an examination to a candidate at the appointed date, time and location, or to conclude a candidate's examination, the ABA is not responsible for any personal expense the candidate may have incurred to be present for the examination, nor for any such expense the candidate may incur for any subsequent examination.

3.12 EXAMINATION RESCORING

The ABA offers a rescoring service to physicians who wish for their exam to be reevaluated. However, examinees are strongly discouraged from requesting this service as the ABA employs extensive and rigorous quality control procedures to ensure the accuracy of results and has no record of a discrepancy ever being detected.

The rescore service is limited to verifying that the responses as scored were made by the examinee and were correctly transformed into a scaled score. It is not a review of the exam content, what the correct answer should be, the acceptability of testing conditions or a reconsideration of the passing standard.

Physicians who wish to request an examination rescore must send a completed request form with the rescore fee to the ABA postmarked within six weeks of the official release date of your exam results. The ABA will communicate results of the rescore to physicians within six weeks of receiving your request.

More information, including the request form and fee, is available for each examination on the ABA website.

REQUESTS FOR EXAMINATION ACCOMMODATION

The ABA supports the intent of the Americans with Disabilities Act. To accommodate individuals with documented disabilities who demonstrate a need for accommodation, the ABA will make reasonable and appropriate modifications to its assessment programs that do not impose an undue burden on its programs or fundamentally alter the measurement of skills or knowledge that the programs are intended to test.

4.01 REQUESTING ACCOMMODATION

Individuals must request examination accommodation by submitting the ABA *Request for Accommodation* form for the examination for which accommodation is sought. The ABA only reviews and responds to one examination accommodation request at a time. Individuals seeking accommodation on more than one examination must submit a separate request form for each examination type at the time that they are eligible to take that examination.

Requests for accommodation on the Part 2 Examination should only be submitted after the candidate has passed the Part 1 Examination. The ABA will not consider a request for accommodation on the Part 2 Examination if the individual has not first satisfied the Part 1 Examination requirement.

Request forms must be submitted by the request deadline as published on the ABA website at www.theABA.org. The request form must state the nature of the individual's disabilities and all the modifications or auxiliary aids being requested. The ABA office must receive all documentation and other evidence substantiating the individual's disabilities no later than the published documentation deadline. The request form and applicable deadline dates are available on the ABA website. **Individuals are highly encouraged to submit their request form and supporting documentation as early in the registration process as possible.**

All individuals requesting accommodations should read the ABA *Guidelines for Requesting Accommodation*. The *Guidelines* are provided for examinees, evaluators, faculty and others involved in the process of documenting an individual's request for accommodation. Individuals requesting accommodation are encouraged to share these guidelines with their evaluator, therapist, treating physician, etc., so that the appropriate documentation can be assembled to support the request for accommodation. The ABA's *Guidelines* are available on the ABA website at www.theaba.org.

Documentation and other evidence of the nature, severity and impact of the individual's disability must include an evaluation report from the professional who assessed the individual's disability that explains why the testing results support the specific diagnosis and how the disability limits the individual's ability to take the examination under standard testing conditions.

Documentation of the individual's disability must include the results of tests performed when the individual is using mitigating measures (e.g., a medication, assistive device or prosthetic) or compensating behaviors that are available to control or correct the symptoms or limitations of the individual's disability.

The nature and severity of a disability and its impact on the individual's ability to take the examination under standard testing conditions may change with time. Therefore, the ABA requires that the accompanying assessments of an individual's disability and resulting functional limitations be based on testing results and evaluations that are sufficiently recent (**i.e., generally performed within five years of the examination for which accommodation is requested**) to demonstrate the current nature and severity of the disability and its impact on the individual's ability to take the examination under standard testing conditions.

A prior history of accommodation does not, in and of itself, warrant accommodation by the ABA. If a candidate has previously been approved by the ABA for examination under nonstandard conditions, the ABA reserves the right to require the individual to provide additional or newer documentation to demonstrate a current need

for accommodation.

The ABA reserves the right to verify independently, at its own expense, the nature and severity of an individual's disabilities and their impact on the individual's ability to take the examination under standard testing conditions.

All requests for accommodations, including any supporting documentation, evaluations, medical records or expert reports, will become part of, and retained indefinitely in, the individual's ABA file (see Section 3.04). The ABA reserves the right to utilize these Certification Records in connection with its determination of whether the registrant or candidate meets the requirements for entrance into the ABA examination system, or the requirements for certification, recertification or maintenance of certification including the independent practice requirement (see Section 3.08).

4.02 CONSIDERING A REQUEST

An ABA committee (hereinafter referred to as "the committee") will consider the individual's request and the documentation submitted to substantiate the basis for it, if the request and documentation are received by the appropriate deadline dates. If a request is received after the ABA's published deadline dates, the request will not be considered for the current examination cycle.

At its own expense, the committee may obtain the professional opinion of experts of its choosing regarding the documentation of the individual's disabilities and the accommodations requested.

The committee will make reasonable accommodations for individuals with disabilities when there is sufficient evidence of a disability that significantly impairs the individual's ability to take the examination under standard testing conditions. However, auxiliary aids and services, and modifications to the ABA assessment programs, can only be offered if they do not fundamentally alter the measurement of skills or knowledge that the programs are intended to test or result in an undue burden on the ABA programs.

The ABA reserves the right to require an individual to provide additional information to verify the existence of a disability and the need for any modification or aid. The ABA will not delay an examination pending submission of any missing documentation.

The ABA will send the individual a letter of notification of the committee's action. If the individual's request is not granted, the letter shall include the basis for the committee's action. The individual has the right to seek review of such decision (see Section 3.05).

GLOSSARY

Policy Books – Published by the ABA to inform all interested individuals of the policies, procedures, regulations and requirements governing its certification programs. The ABA publishes four policy books:

- Primary Certification in Anesthesiology (*for residents who began a four-year Clinical Anesthesia training residency prior to July 1, 2012*)
- Staged Examinations (*for residents who began a four-year Clinical Anesthesia training residency on or after July 1, 2012 and will complete training on or after June 30, 2016*)
- Maintenance of Certification in Anesthesiology Program® (MOCA®) (*for both anesthesiology and subspecialty certifications*)
- Subspecialty Certification and Recertification

Accreditation – A review and approval process of residency training programs that have met certain standards.

Accreditation Council for Continuing Medical Education (ACCME) – The organization that evaluates and accredits institutions and organizations offering Continuing Medical Education (CME) in the United States. ACCME is an Associate Member of ABMS.

Accreditation Council for Graduate Medical Education (ACGME) – The organization that evaluates and accredits post-MD medical residency training programs in the United States. ACGME is an Associate Member of ABMS.

Candidate – An individual who has become eligible to register with the ABA for primary certification or subspecialty certification whose certification has not been granted yet.

Certificate of Clinical Competence – An assessment of a resident's performance submitted to the ABA semi-annually by a training program over the course of residency.

Certification Status – An individual's status relative to the ABA's examination and certification system. "Status" is limited to the period of time the physician's certification or registration for certification is valid.

Clinical Base (CB) – A one year curriculum consisting of clinical rotations during which a resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems.

Clinical Anesthesia (CA) – A three-year curriculum consisting of experience in basic anesthesia training, subspecialty anesthesia training and advanced anesthesia training.

Clinical Competence Committee – A group comprised of active faculty members who review the progress of every resident in a training program.

Clinically Active – Physicians are considered clinically active if they spend on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties.

Continuum of Education – The continuum of education in anesthesiology consists of four years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years).

Credentials Committee – An ABA Committee responsible for determining whether residents' training is acceptable to the ABA, registrants meet the ABA requirements for admission to examination, candidates meet the ABA requirements for certification and subspecialty certification, and diplomates meet the ABA requirements for recertification or maintenance of certification.

Decision Deadline – A time limit the ABA establishes for all documentation to be received to make a decision

about admission into the examination system.

Diplomate – An ABA-certified physician.

Diplomate and Candidate Directory – The official source of verification for ABA certification status which can be found on the ABA website at www.theABA.org.

Duration of Candidate Status – The time frame in which a physician must complete the requirements for certification relative to the physician's satisfactory completion of an ACGME-accredited residency/fellowship program.

Eligibility Requirements – Necessary performance and information required by the ABA to determine entry into the ABA examination system.

Independent Practice Requirement – Requires residents/fellows and candidates for initial ABA specialty and subspecialty certification to be capable of performing independently the entire scope of practice in the specialty or subspecialty without accommodation or with reasonable accommodation.

In-Training Examination (ITE) – Formative examination developed to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program. These examinations may be offered by certification boards or specialty societies.

Liaison Committee on Medical Education (LCME) – Accredits programs of medical education leading to the M.D. in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools, in Canada.

Licensure Restriction – A candidate or diplomate of the ABA has had his/her medical license revoked, suspended or surrendered in lieu of revocation or suspension.

Licensure Condition – A candidate or diplomate of the ABA has a medical licensure restriction of less severe nature, such as special conditions or requirements imposed on the license (e.g., chaperoning, probation, supervision, or additional training).

Maintenance of Certification in Anesthesiology Program® (MOCA®) – A program that includes continuing assessment of Professionalism and Professional Standing; ongoing Lifelong Learning and Self-Assessment; Assessment of Knowledge, Judgment, and Skills; and Improvement in Medical Practice, to assure that ABA diplomates demonstrate a commitment to quality clinical outcomes and patient safety. See the MOCA Policy Book for more information.

Part 1 Examination – The Part 1 Examination is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. Part 1 Examinations are held annually in locations throughout the United States and Canada. The Part 1 Examination is administered by computer through a third-party testing vendor. Passing the Part 1 Examination is required for primary certification.

Part 2 Examination – The Part 2 Examination is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision-making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The Part 2 Examination emphasizes the scientific rationale underlying clinical management decisions. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. Passing the Part 2 Examination is required for primary certification.

Program Director – The one physician designated with authority and accountability for the operation of a residency/fellowship program.

Program Director (PDIR) Reference Form – A form provided by the ABA that requires program directors to file regarding the professional standing, abilities, and character of a resident upon graduation.

Professional Standing – ABA Diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada.

Registration – The process a physician will complete prior to being allowed to take an ABA examination.

Request for Accommodation – The form a physician submits to request taking an ABA examination under nonstandard conditions to accommodate individuals with documented disabilities.

Resident – A physician in an accredited graduate medical education specialty or subspecialty program; also referred to as “intern.”

Residency – A period of training in a specific medical specialty that typically occurs after graduation from medical school.

Residency Program – A program accredited to provide structured educational experience to train physicians in a particular medical specialty.

Rotation – An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

State Medical Licensing Board – Responsible for issuing licenses to physicians within their respective geographic jurisdiction. Each state has its own board, with its own set of requirements for licensure. A license may be obtained by taking an examination in a particular state; by endorsement if the physician is already licensed in another state; or by taking Steps 1, 2 and 3 of the United States Medical Licensing Exam (USMLE). A license is not always required during residency, although in some states it is necessary to have a license after the first year or two of training. All physicians must be licensed to practice, whether they are Board certified or not.

Status of Individuals – Defining an individual’s status relative to the ABA’s examination and certification system.

DEADLINES AND EXAMINATION DATES

2017 PART 1 EXAMINATION	
Examination Dates	July 28 - 29, 2017
Registration	March 1 – May 31, 2017
*Late Registration	June 1 – June 29, 2017

2017 PART 2 EXAMINATIONS	
Registration is continuous.	
March 6 - 9, 2017	June 5 - 8, 2017
March 20 - 23, 2017	June 26 - 29, 2017
April 3 - 6, 2017	Sept. 11 - 14, 2017
April 24 - 27, 2017	Sept. 25 - 28, 2017
May 15 - 18, 2017	

2018 PART 1 EXAMINATION	
Examination Dates	July 27 - 28, 2018
Registration	March 1 – May 31, 2018
*Late Registration	June 1 – June 28, 2018

2018 PART 2 EXAMINATIONS	
Registration is continuous.	
March 5 - 8, 2018	May 21 - 24, 2018
March 19 - 22, 2018	June 11 - 14, 2018
April 9 - 12, 2018	Sept. 24 - 27, 2018
April 23 - 26, 2018	Oct. 22 - 25, 2018
May 7 - 10, 2018	

* There is an additional \$500 fee for any registration submitted during the late registration period.