



SUBSPECIALTY CERTIFICATION

Policy Book

FEBRUARY 2017

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GENERAL INFORMATION

1.01 INTRODUCTION

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 subspecialty certification and subspecialty recertification.**

The chair of the anesthesiology subspecialty department is ultimately responsible for the fellowship 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 fellow's training fulfills all criteria for entering the ABA subspecialty examination system. However, it is crucial that the fellow know the requirements described in this policy book, since the fellow 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 fellow should write to the Secretary of the ABA at the ABA office.

ABA diplomates 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 ABA MISSION AND PURPOSES

The ABA mission is to advance the highest standards of the practice of anesthesiology. The ABA exists in order 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. Each of these marks is a registered mark with the United States Patent and Trademark Office as shown.

- 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®

1.04 FEES

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

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 4.07).**

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.**

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 2.09 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®).

For physicians subspecialty certified by the ABA who subsequently complete the MOCA program, the ABA will affirm their diplomate status and the year in which their certificate for maintenance of certification in the subspecialty was issued.

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 trademarks and 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’s 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.

ABA SUBSPECIALTY CERTIFICATION

2.01 SUBSPECIALTY CERTIFICATIONS

The ABMS has authorized the ABA and other ABMS Member Boards to award certification in the subspecialties of critical care medicine, pain medicine, hospice and palliative medicine, sleep medicine and pediatric anesthesiology.

- A.** The discipline of **critical care medicine (CCM)** has evolved over the last few decades in parallel with the development of techniques and technology for acute and long-term life support of patients with multiple organ system derangement. Because problems encountered in the critically ill patient encompass aspects of many different specialties, critical care medicine is a multidisciplinary endeavor that crosses traditional department and specialty lines.

The critical care medicine physician is a specialist whose knowledge is broad, involving all aspects of management of the critically ill patient, and whose primary base of operation is the intensive care unit (ICU). This physician has completed training in a primary specialty and has received additional training in critical care medicine aspects of many disciplines. This background enables the physician to work in concert with the various specialists on the patient care team in the ICU; to utilize recognized techniques for vital support; to teach other physicians, nurses and health professionals the practice of intensive care; and to foster research.

- B. Pain medicine (PM)** is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience and the basic principles of pain medicine.

- C. Hospice and palliative medicine (HPM)** is based on expanding scientific knowledge about symptom control when a cure is not possible, and on appropriate care during the last stages of life. Research, teaching and practice efforts in this field have led to a vast increase in knowledge in the effort to relieve suffering of seriously ill patients and their families. Physicians who acquire subspecialist-level knowledge and skills in hospice and palliative medicine largely practice in one of two distinct professional roles: 1) hospice medical director, and 2) institution-based palliative care practice.

The competencies emphasized in the subspecialty of hospice and palliative medicine are needed so that the health care system can better respond to the steadily increasing number of patients with life-threatening illnesses characterized by prolonged courses during which the burden of illness increases, quality of life declines, suffering from multiple sources becomes manifest, and caregivers experience increasing burden and distress. Many in this population pose complex problems, which the specialist in hospice and palliative medicine is uniquely trained to address. Subspecialists may take on the primary management of patients, during which they will work with a team to address patient and family problems in multiple domains, typically including the management of active dying. Subspecialists also function as consultants, working with the attending physician to accomplish the same goals by providing expertise, particularly where symptoms, ethical issues or communication issues are complex.

- D. Sleep medicine (SM)** is the medical discipline concerned with the care of patients with sleep problems and specific sleep disorders. Sleep medicine encompasses a multidisciplinary body of knowledge regarding the anatomy, physiology, biochemistry, pathophysiology and pharmacology of sleep and wakefulness, and their disorders.

- E. Pediatric anesthesiology (PA)** is a discipline of anesthesiology that includes the evaluation, preparation and management of pediatric patients undergoing diagnostic and therapeutic procedures in operative and critical care settings. In addition, this discipline also entails the evaluation and treatment of children with acute and chronic painful disorders.

2.02 CERTIFICATION REQUIREMENTS

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

- A. Be a diplomate of the ABA.
- B. Fulfill the licensure requirement for certification as follows: 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 registrant holds must be free of restrictions.

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.

- C. Have fulfilled the subspecialty training requirement as defined by the ABA.
- D. Have satisfied the subspecialty examination requirement as defined by ABA.
- E. Have a professional standing satisfactory to the ABA (see Section 4.06).
- F. Be capable of performing independently the entire scope of subspecialty practice without accommodation or with reasonable accommodation.
- G. For initial subspecialty certification, diplomates must be meeting the ABA's Maintenance of Certification in Anesthesiology Program® (MOCA®) requirements. (Please see the MOCA Policy Book.)

Although admission into the ABA examination system and success with the examination 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 B, E and F above, after successful completion of examinations for subspecialty.

The Board, acting as a committee of the whole, reserves the right not to accept an exam registration. The registrant has the right to seek review of such a decision (see Section 4.05). The Board reserves the right to correct clerical errors affecting its decisions.

The ABA awards subspecialty certification only to qualified ABA diplomates who do not hold a valid certificate in the same subspecialty from another ABMS Member Board. ABA subspecialty certificates are valid for 10 years after the year the candidate passes the subspecialty examination. Diplomates with a time-limited certificate in sleep medicine and hospice and palliative medicine may take the subspecialty recertification examination as early as the seventh year of their most recent certification.

ABA subspecialty 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.

2.03 FELLOWSHIP REQUIREMENT

- A. The **continuum of education** in an anesthesiology subspecialty consists of 12 months of full-time training. The training must be in a subspecialty program in the United States or its territories accredited by the ACGME from the date the training begins to the date it ends. The training must follow completion of the continuum of education in anesthesiology (i.e., clinical base and CA 1-3 years) unless the Credentials Committee of the ABA prospectively approves a different training sequence for the fellow (see below for details).

The ABA grants a fellow credit toward its subspecialty training requirements in two successive six-month

increments, each of which ends with a satisfactory Certificate of Clinical Competence. To receive credit from the ABA for a period of subspecialty training that is not satisfactory, the fellow must immediately complete six months of uninterrupted subspecialty training in the same program with receipt of a satisfactory Certificate of Clinical Competence. If more than one six-month period of subspecialty training ends with a Certificate of Clinical Competence that is not satisfactory, the Credentials Committee of the ABA shall determine the number of months of additional training the fellow will have to complete to satisfy the training required for admission to the ABA examination system.

The ABA grants credit for subspecialty fellowship training in more than one ACGME-accredited training program within a single subspecialty under the following conditions:

- The training occurs in no more than two ACGME-accredited subspecialty training programs.
- The period of training as an enrolled fellow of any single program is at least six months of uninterrupted training.
- The six-month period of subspecialty training in any one program must end with receipt of a satisfactory Certificate of Clinical Competence.

The ABA will accept no more than two months of training in institutions not recognized by the ACGME as part of the accredited subspecialty program. Therefore, the ABA requires that fellows complete a minimum of 10 months of training in their ACGME-accredited subspecialty program.

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 fellows in the program. It is expected that fellows will take not more than twice the “standard time” to achieve the level of knowledge and clinical experience comparable to a full-time fellow completing the program in standard time. Fellows who train on a part-time basis are expected to meet all the program’s didactic requirements before training is complete.

B. 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 fellow. 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.

2.04 ABSENCE FROM TRAINING

The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (four weeks) per year. Attendance at scientific meetings, not to exceed five working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in an anesthesiology subspecialty must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of two months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to resumption of the program that are necessary to satisfy the training requirement for admission to the ABA subspecialty examination system.

2.05 CERTIFICATE OF CLINICAL COMPETENCE

The Board requires every anesthesiology subspecialty training program to file, on forms provided by the Board, an Evaluation of Clinical Competence in January and July on behalf of each fellow who has spent any portion of the prior six months in subspecialty anesthesia training in or under the sponsorship of the fellowship

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 fellowship training in or under the sponsorship of each program. The Board, therefore, will deny entry into the ABA examination system until this requirement is fulfilled.

Fellows who wish to appeal an Evaluation of Clinical Competence must do so through the reporting institution's grievance and due process procedures.

2.06 PROGRAM DIRECTOR REFERENCE FORM

The Board requires every fellowship program director to file, on forms provided by the Board, a Program Director Reference Form on behalf of each fellow upon graduation from the fellowship program. Information is requested regarding the professional standing, abilities and character of the fellow. This evaluation will be used as a part of the process by which the Board judges whether the candidate meets the standards of a board-certified anesthesiologist articulated in Section 1.02.D.

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.

Fellows 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.

2.07 OVERVIEW OF SUBSPECIALTY CERTIFICATION EXAMINATIONS

The examination in an anesthesiology subspecialty is designed to test for the presence of knowledge that is considered essential for the ABA diplomate to function as a practitioner of the subspecialty. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates.

A. Examination Administration

- (1) 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.
 - a. The Critical Care Medicine Examination is administered once each year.
 - b. The Pain Medicine Examination is administered once each year.
 - c. The Hospice and Palliative Medicine Examination is administered once every other year.
 - d. The Sleep Medicine Examination is administered once every other year.
 - e. The Pediatric Anesthesiology Examination is administered once each year.
- (2) ABA examinations are administered to all candidates under the same standardized testing conditions at computer-based testing centers located throughout the United States and Canada. 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.
- (3) The ABA policies regarding irregular examination behavior, unforeseeable events and examination under nonstandard conditions may be found at Sections 4.10, 4.11, and 5.01, respectively.

2.08 REGISTRATION ELIGIBILITY REQUIREMENTS

At the time of registration to enter the subspecialty examination system of the ABA, the registrant must:

- A. Be certified by the ABA.
- B. Have fulfilled the licensure requirement for certification (see Section 2.02.B). Registrants must inform the ABA of any conditions or restrictions in force on any active medical licenses they hold. Registrants who have a medical license restriction will be permitted to register for and take a subspecialty certification examination; however, certification will be deferred until the nature of the restriction is reviewed by the ABA Credentials Committee.
- C. Have on file in the ABA office documentation of having satisfactorily fulfilled the subspecialty training requirement or, if applicable, Temporary Criteria in lieu of formal training in an accredited subspecialty program. A **grace period** will be permitted so that registrants completing the subspecialty training requirement by Sept. 30 may register for the immediately preceding subspecialty certification examination.
- D. Have on file with the Board documentation attesting to the registrant's current privileges and evaluations of various aspects of the registrant's current practice of the subspecialty. Such evaluations will include verification that the registrant meets the Board's clinical activity requirement by practicing the subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years. The ABA may use such documentation and evaluations as part of its assessment of the registrant's qualifications for admission to its subspecialty examination system. The ABA may solicit such documentation and evaluations from the fellowship program director or others familiar with the registrant's current practice of the subspecialty and use them in determining the registrant's qualifications for admission to the examination system. The Clinical Competence Report from the department and the evaluation from the program director and others will be used as the basis for assessing admission qualifications.
- E. Be capable of performing independently the entire scope of anesthesiology subspecialty practice without accommodation or with reasonable accommodation.
- F. Be meeting the ABA's Maintenance of Certification in Anesthesiology Program (MOCA) requirements. (Please see the MOCA Policy Book.)

The ABA shall determine that entry into the subspecialty 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 subspecialty certification via email after approval of all requirements.

2.09 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. Registrations may be completed at any time during the registration period. (Please see the Deadlines and Examination Dates available on the last page of this policy book.) Current fees are published on the ABA website at www.theABA.org.

The registration deadlines are absolute. Regardless of the reason, the ABA will not consider a registration for a subspecialty certification examination that is received after the deadline.

- C. The ABA must receive all documentation required to make a decision about a registrant's qualifications for admission to a subspecialty certification examination by the decision deadline. (Please see the Deadlines and Examination Dates available on the last page of this policy book.) This includes, but is not limited to, references and verification that the training requirement is met. A registration will not be

accepted if the required documentation is not received by that date. **It ultimately is the responsibility of every registrant to ensure that the ABA receives all required documentation in a timely manner.**

D. The registration form includes the following Acknowledgement and Release forms, which the registrant for subspecialty examination shall be required to sign by electronic signature:

(1) *I, the undersigned registrant (“registrant”), hereby apply to the ABA for entrance into its examination system for the purpose of obtaining ABA certification status (“certification”). I acknowledge that my application 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 contained in this registration (“registration”) is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this registration 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 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 apply to the ABA for entrance into its examination system for the purpose of obtaining ABA certification status (“certification”). I acknowledge that this registration (“registration”) 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 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; (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.

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

2.10 EXAMINATION REGISTRATION, SCHEDULING & CANCELLATION

A. Examination Registration and Scheduling

Candidates will register for the examination in the year of the subspecialty certification examination and will pay a single fee upon registration. Registration for subspecialty examinations begins March 1 of each year. See Deadlines and Examination Dates on the last page of this policy book.

The ABA will notify candidates of their eligibility to register for a subspecialty examination via 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.

Once candidates have registered for an examination and paid the fee via their ABA portal account, they will be **notified via email** with instructions on how to schedule examination appointments with the examination administration vendor.

B. 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 to retain the examination fee for the next examination appointment. Current 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 examination fee for the next examination appointment. If a scheduled appointment is missed for a reason that does not represent an unavoidable or catastrophic event, the examination fee will be forfeited. Forfeiting of the examination fee is solely at the discretion of the Board.
- (3) **A candidate who misses an examination appointment and does not cancel the scheduled examination appointment forfeits the examination fee.**

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 the ABA website at www.theABA.org, or by writing the ABA office. The candidate's ABA identification number should be included on all correspondence to the Board solely for identification purposes.

2.11 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited as follows:

- (1) The ABA will no longer limit the number of opportunities candidates will be given to satisfy an examination requirement.

- (2) Candidates who completed subspecialty training prior to Jan. 1, 2012, must satisfy all requirements for subspecialty certification by Dec. 31, 2018.
- (3) Candidates who complete subspecialty 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 subspecialty training was completed.
- (4) Candidates who registered for the Pediatric Anesthesiology Examination with temporary criteria must satisfy all requirements for subspecialty certification by Dec. 31, 2018.

2.12 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION

If a candidate does not satisfy all requirements for subspecialty certification within the initial seven-year prescribed time period (as described in Section 2.11), the ABA will declare the candidate's registration void. Physicians whose registrations have been voided may submit a new registration for the subspecialty certification examination. At the time of registration, the registrant must meet the eligibility requirements (as described in Section 2.08). Prior to submitting a new registration, in addition to meeting the requirements in Section 2.08, the physician must complete four additional consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology subspecialty program and must be completed satisfactorily before the physician can register to enter the subspecialty examination system.

Physicians reestablishing eligibility for subspecialty certification must satisfy all requirements for subspecialty certification by Dec. 31 of the fourth year following the successful completion of four consecutive months of training in the subspecialty. Physicians will only be allowed to reestablish eligibility for the subspecialty certification once.

Physicians who qualified previously by Temporary Criteria must meet all eligibility requirements (as described in Section 2.08) at the time of registration to reestablish eligibility for subspecialty certification.

SUBSPECIALTY RECERTIFICATION PROGRAMS

3.01 SUBSPECIALTY RECERTIFICATION

The subspecialty recertification program has transitioned to the redesigned Maintenance of Certification in Anesthesiology Program, known as MOCA 2.0®, for all diplomates whose certificates expire in 2017 or later (see [MOCA Policy Book](#)).

- A. Diplomates whose critical care medicine or pain medicine subspecialty certification expired on or before Dec. 31, 2016**, are eligible to register for a subspecialty recertification examination in 2017 and 2018. Registrants must take and pass the subspecialty recertification examination before being eligible to register for MOCA 2.0. After 2018, these diplomates will be required to reestablish eligibility for entrance into the initial subspecialty certification examination system (see Section 3.07).
- B. Diplomates whose hospice and palliative care medicine subspecialty certification expires on Dec. 31, 2018**, may register for a recertification examination in 2018. Diplomates certified in hospice and palliative care medicine will participate in MOCA 2.0 beginning in 2017, but will continue to take the recertification exam to maintain their subspecialty certifications because the ABA does not administer the examination (see [MOCA Policy Book](#)).

ABA subspecialty recertification programs include two major components: an evaluation of the quality of current practice conducted at the local level and a secure computer-administered examination.

Although admission into the ABA subspecialty recertification examination system and success with the examination are important steps in the ABA subspecialty recertification process, they do not by themselves guarantee subspecialty recertification. The Board reserves the right to make the final determination of whether *each* candidate meets all of the requirements for subspecialty recertification after successful completion of examinations for subspecialty recertification (see Section 3.03 and Section 4.08).

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 a decision (see Section 4.05). The Board reserves the right to correct clerical errors affecting its decisions.

ABA subspecialty recertification certificates are subject to ABA rules and regulations, including its policy book, all of which may be amended from time to time without further notice.

3.02 OVERVIEW OF SUBSPECIALTY RECERTIFICATION EXAMINATIONS

Subspecialty recertification examinations in critical care medicine, pain medicine and hospice and palliative medicine are designed to test for the presence of knowledge considered essential for the ABA diplomate to function as a practitioner of the subspecialty. The Critical Care Medicine and Pain Medicine Examinations are administered annually. The Hospice and Palliative Medicine Examination is administered every other year. The ABA shall determine that admission to a subspecialty recertification examination 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 subspecialty recertification after approval of all credentials.

- A.** 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.
- B.** ABA examinations are administered to all candidates under the same standardized testing conditions at computer-based testing centers throughout the United States and Canada. 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.

- C. The ABA policies regarding irregular examination behavior, unforeseeable events and examination under nonstandard conditions may be found at Sections 4.10, 4.11, and 5.01, respectively.

3.03 REGISTRATION ELIGIBILITY REQUIREMENTS

At the time of registration for an ABA subspecialty recertification examination, the registrant must:

- (1) Be a physician to whom the ABA previously awarded certification in the subspecialty.
- (2) Have fulfilled the licensure requirement for certification (see Section 2.02.B). Registrants must inform the ABA of any conditions or restrictions in force on any active medical license they hold. Registrants who have a medical license restriction will be permitted to register for and take a subspecialty recertification examination; however, certification will be deferred until reviewed by the ABA Credentials Committee.
- (3) Have on file in the ABA office documentation solicited by the ABA from the hospital/facility chief of staff, or equivalent, attesting to the registrant's current privileges where a substantial portion of the registrant's practice takes place. The documentation includes evaluations of various aspects of the registrant's current practice and verification that the registrant meets the Board's clinical activity requirement by practicing the medical discipline for which subspecialty recertification is being sought, on average, at least one day per week during 12 consecutive months over the previous three years (see Section 2.08.D). If the registrant's practice is entirely office-based, three letters of reference solicited by the ABA from referring physicians should be on file.
- (4) Be capable of performing independently in the subspecialty, without accommodation or with reasonable accommodation.

The ABA shall determine that entry into the subspecialty recertification 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 subspecialty recertification after approval of all credentials.

3.04 REGISTRATION PROCEDURE

- A. Registration for admission to the ABA subspecialty recertification examination must be made using the ABA Physician Portal, which can be accessed via the ABA website at www.theABA.org.
- B. Registrations may be submitted at any time during the registration period. (Please see the Deadlines and Examination Dates available on the last page of this policy book). Please note that registration fees vary by filing date. Current fees are published on the ABA website at www.theABA.org. The registration deadlines are absolute. Regardless of the reason, the ABA will not consider a registration for a subspecialty recertification examination that is received after the deadline.
- C. The ABA must receive all documentation required to make a decision about a registrant's qualifications for admission to a subspecialty recertification examination by the decision deadline. (Please see the Deadlines and Examination Dates available on the last page of this policy book.) This includes, but is not limited to, verification of credentialing/hospital privileges. A registration will not be accepted if the required documentation is not received by that date. **It is ultimately the responsibility of every registrant to ensure that the ABA receives all required documentation in a timely manner.**
- D. The registration form includes the identical Acknowledgement statement included in the registration for specialty recertification, which the subspecialty recertification registrant shall be required to sign by electronic signature (see Section 2.09.D). The registration also includes the identical Release statements included in the registration for subspecialty recertification, which the registrant shall be

required to sign by electronic signature (see Section 2.09.D).

- E. 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 decision (see Section 4.05).
- F. The Board reserves the right to correct clerical errors affecting its decisions.

3.05 EXAMINATION REGISTRATION, SCHEDULING & CANCELLATION

- A. Candidates will register for the examination in the year of the subspecialty recertification examination and will pay a single fee upon registration. Registration for subspecialty recertification examinations begins March 1 of each year. See Deadlines and Examination Dates on the last page of this policy book.
- B. The ABA will notify candidates of their eligibility to register for a subspecialty recertification examination via 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.

Once candidates have registered for an examination and paid the fee via their ABA portal account, they will be notified via email with instructions on how to schedule examination appointments with the examination administration vendor.

- C. The ABA policies regarding examination notices, acceptance and cancellation of examination appointments, and address changes are stated in Section 2.10.B.

3.06 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited as follows:

- (1) Candidates whose subspecialty recertification expires on or before Dec. 31, 2016, will have until Dec. 31, 2018, to satisfy all requirements for subspecialty recertification. Candidates have one examination appointment per calendar year until Dec. 31, 2018, to successfully complete the requirements for subspecialty recertification.

If a candidate does not satisfy all requirements for recertification within the prescribed time period, as described above, the ABA will declare the candidate's registration void. Physicians whose registrations for subspecialty recertification are voided will be required to reestablish eligibility for subspecialty certification (see Section 3.07).

3.07 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY RECERTIFICATION

If a diplomate does not satisfy all requirements for subspecialty recertification within the prescribed time period (as described in Section 3.06), the ABA will declare the diplomate's registration void. Physicians whose registrations have been voided must reestablish eligibility for subspecialty certification (as defined in Section 2.08).

After reestablishing eligibility, physicians must satisfy all requirements for certification including successfully completing the initial subspecialty certification examination by Dec. 31 of the seventh year following registration. Physicians will only be allowed to reestablish eligibility for the subspecialty recertification once.

BOARD POLICIES

4.01 ALCOHOL AND SUBSTANCE ABUSE

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, candidates and diplomates with a history of alcohol abuse into its examination system and to an 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, candidates and diplomates with a history of illegal use of drugs to its examination system and to an 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.

4.02 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 4.06) 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 decision (see Section 4.05).

4.03 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.

4.04 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 examination system, certification, recertification, or Maintenance of Certification are fulfilled.

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 or diplomates who are 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.

4.05 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.

4.06 PROFESSIONALISM AND PROFESSIONAL STANDING

Professionalism and 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, reporting of 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.

4.07 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 to re-attain certification:

- Pass the ABA initial subspecialty certification 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,” or “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.

4.08 INDEPENDENT PRACTICE REQUIREMENT

Candidates for initial ABA subspecialty certification and diplomates registered for recertification or maintenance of 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’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 submitted by the program director in the final evaluation.

The ABA routinely reminds all program directors that they will be required to attest to whether a fellow meets all of the criteria for admission to the ABA examination system, including the independent practice requirement at the time the fellow completes his/her fellowship training program.

The Board, as part of the application 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 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.

4.09 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.

4.10 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. Candidates found to have engaged in irregular examination behavior on an ABA 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.

4.11 UNFORESEEABLE 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.

4.12 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.

EXAMINATION UNDER NONSTANDARD CONDITIONS

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.

5.01 REQUESTING ACCOMMODATION

Individuals must request examination under nonstandard conditions 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/APPLIED Examination or a subspecialty certification examination should only be submitted after the candidate has passed the Part 1/ADVANCED Examination and not before. The ABA will not consider a request for accommodation on the Part 2/APPLIED Examination or a subspecialty certification examination if the individual has not first satisfied the Part 1/ADVANCED 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 4.04). 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 4.09).

5.02 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 a decision (see Section 4.05).

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 will publish 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 for 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.

Accreditation Council for Graduate Medical Education (ACGME) - The organization that evaluates and accredits post-MD medical residency training programs in the United States.

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.

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 application/registration for certification is valid.

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.

Credentials Committee – An ABA Committee responsible for determining whether resident’s 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 in order to make a decision about admission into the examination system.

Diplomate – An ABA board-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 fellowship program.

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

Fellow – A qualified consultant physician who is pursuing additional medical education in a subspecialty field.

Fellowship – A period of training in a specific medical subspecialty that typically occurs after graduation from residency.

Fellowship Program – A program accredited to provide a structured educational experience that trains physicians in a particular medical subspecialty.

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.

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 severe action against a medical license that includes revocation, suspension or surrender in lieu of revocation or suspension.

Licensure Condition – An action against a medical license 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.

MOCA 2.0® – The ABA is redesigning the MOCA program to provide diplomates with opportunities to continuously learn and demonstrate proficiencies to provide better patient care. The program redesign, known as MOCA 2.0™, is meant to provide a more relevant and personalized approach to helping diplomates assess their knowledge and address knowledge gaps.

MOCA 2.0 is a web-based learning platform. At its core is the [MOCA Minute™](#), an interactive learning tool the ABA is piloting to replace the decennial MOCA Exam. All diplomates with current time-limited certificates can register for MOCA 2.0, as will diplomates with non-time limited certificates who are participating in MOCA. Diplomates with non-time limited certificates who are not enrolled in MOCA are eligible and welcome to register for MOCA 2.0.

MOCA 2.0 launched for diplomates with subspecialty certification in 2017. Its requirements will mirror the MOCA 2.0 program. There will only be one set of MOCA 2.0 requirements and one MOCA 2.0 progress report in diplomates' portal account, no matter how many certificates they are maintaining.

MOCA Minute® – MOCA Minute is an interactive learning tool the ABA began piloting in 2014 to help diplomates prepare for the MOCA Exam. It consists of multiple-choice questions like those typically presented on MOCA exams. In January 2016, the MOCA Minute pilot expanded to all diplomates with anesthesiology certificates that expire in 2016 or later. It is being piloted to replace the MOCA Exam as the MOCA Part 3: Assessment of Knowledge, Judgment, and Skills (formerly the Cognitive Examination). In 2017, it expanded to include all diplomates with current subspecialty certificates.

This expanded pilot allows diplomates to assess their knowledge, fill knowledge gaps and demonstrate their proficiency continuously throughout their 10-year MOCA cycle. Diplomates are required to answer 30 questions per calendar quarter (120 per year). They must answer all 120 questions each year by 11:59 p.m. EST on Dec. 31. They will receive similar questions over time on some of the same topics to gauge whether they have retained the material. The ABA will use the data gleaned from the MOCA Minute over time to determine whether diplomates are continuing to meet the standard for certification. The ABA expects diplomates will continue to meet the Board's standards, as they do now in the current MOCA program.

Diplomates can access MOCA Minute questions in three ways – weekly ABA emails with a link to access questions, in their portal accounts, or via the MOCA Minute mobile app. Once diplomates access a question, they will have one minute to answer it. Whether the question is answered correctly or not, the correct answer,

rationale and links to additional resource materials are displayed on the screen.

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

Program Director Reference Form– A form provided by the ABA that requires Program Directors to attest to the professional standing, abilities, and character of a fellow upon graduation.

Professionalism and 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.

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.

Subspecialty Recertification Programs – The ABA established subspecialty recertification programs for diplomates whether or not the subspecialty certificate issued to them is time-limited. Diplomates whose subspecialty certification or recertification expires on or before Dec. 31, 2019, are eligible for subspecialty recertification once more as long as they are in the seventh year or later in their most recent subspecialty certification cycle. The ABA is transitioning from subspecialty recertification to the redesigned Maintenance of Certification in Anesthesiology Program (MOCA), known as MOCA 2.0. The Board recertification programs will end on Dec. 31, 2018.

DEADLINES AND EXAMINATION DATES

SUBSPECIALTY CERTIFICATION

2017 Examinations	Examination	Registration	*Late Registration
Critical Care Medicine	Oct. 14, 2017	March 1 – June 30, 2017	July 1 – July 14, 2017
Pain Medicine	Sept. 9, 2017	March 1 – June 30, 2017	July 1 – Aug. 18, 2017
Hospice and Palliative Medicine	NO EXAM	-	-
Sleep Medicine	Nov. 20, 2017	March 1 – June 14, 2017	June 15 – 28, 2017
Pediatric Anesthesiology	Aug. 12, 2017	March 1 – June 30, 2017	July 1 – Aug. 25, 2017

2018 Examinations	Examination
Critical Care Medicine	Oct. 13, 2018
Pain Medicine	Sept. 15, 2018
Hospice and Palliative Medicine	Nov. 20, 2018
Sleep Medicine	NO EXAM
Pediatric Anesthesiology	Aug. 11, 2018

SUBSPECIALTY RECERTIFICATION

2017 Examinations	Examination	Registration	*Late Registration
Critical Care Medicine	Oct. 14 – 28, 2017	March 1 – June 30, 2017	July 1 – July 14, 2017
Pain Medicine	Sept. 9 – 23, 2017	March 1 – June 30, 2017	June 1 – Aug. 18, 2017

2018 Examinations	Examination
Critical Care Medicine	Oct. 13 – 27, 2018
Pain Medicine	Sept. 15 – 29, 2018

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