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QUESTIONS?
Contact the ABA Communications Center toll-free at (866) 999-4501.

The American Board of Anesthesiology, Inc.
4208 Six Forks Road, Suite 900
Raleigh, NC 27609-5735
Website: www.theABA.org
During my eleven-year tenure as an American Board of Anesthesiology (ABA) Director, Maintenance of Certification in Anesthesiology (MOCA) has evolved from a vague concept to a major part of the ABA’s activities. Soon the ABA administrative resources needed to support the MOCA program will exceed those underlying primary ABA certification. Understandably, I hear complaints even from highly motivated ABA diplomates about the burden imposed by MOCA and about frequent changes to its requirements. This message will exclusively address the potential importance of MOCA participation to ABA diplomates, including those who have non-time limited (NTL) certificates (i.e., diplomates certified before 2000), by projecting into the future in two distinct areas.

The Tax Relief and Health Care Act of 2006 initiated a system for reporting physician quality measures to Medicare. First called the Physician Quality Reporting Initiative (PQRI), as of 2011 this program became the Physician Quality Reporting System (PQRS). Through 2009 and 2010, the American Board of Medical Specialties (ABMS) lobbied Congress to include language in the healthcare reform bill that would establish a Maintenance of Certification (MOC) PQRS incentive payment. As a result, the Patient Protection and Affordable Care Act of 2010 authorized a Maintenance of Certification (MOC) PQRS-related incentive payment that is subject to the CMS rule-making process.

In a rule released on December 10, 2010, CMS addressed ABMS and its 24 member boards (ABA being one) about the opportunity for their diplomates to earn an incentive of 0.5% of their total estimated Medicare Part B Physician Fee Schedule payments for participation in MOC-PQRS. To take advantage of these new incentives, diplomates would have to submit data under PQRS and participate “more frequently” in MOC activities.

On January 10, 2011, CMS clarified its definition of more frequent participation in MOC as additional participation in Lifelong Learning and Self Assessment (MOC Part 2), Cognitive Examination (MOC Part 3) and Practice Performance Assessment and Improvement (MOC Part 4), in other words, more frequent than the minimum requirements for MOC. In addition, a patient experience of care survey would be required. The ABA had hoped that MOCA participation alone would be sufficient to earn the CMS bonus, because it is a rigorous program as it stands.

“The principal current message that ABA diplomates should receive is that CMS values MOC.”

Unfortunately, specific guidelines for the “more frequent” participation requirements were not provided, and in order to participate, the ABA would have had to submit its current MOC requirements and its proposed definitions for more frequent diplomat participation by January 31, 2011. After careful review, the ABA decided against submitting an application for the CMS MOC-PQRS bonus program for 2011. The ABA does not believe that the additional requirements are sufficiently clear, nor that the reimbursement bonus would be sufficient to justify the additional time and resource burden on its diplomates. Moreover, some components of the just-released CMS requirements are not yet in place (e.g., a registry for submitting data and a patient experience of care survey). The ABA estimates that the cost to diplomats of fulfilling the “more frequently” requirement would far exceed the financial value of the 0.5% incentive payment. For a “High Medicare” practitioner who generates $100,000 a year in Medicare Part B collections, the bonus payment would be $500. Obviously, the financial benefits would be proportionately less for practitioners with lower annual Medicare collections. Medicaid also falls under CMS’s purview, but Medicaid payments are managed at the state level and thus are not included in the 2011 CMS MOC-PQRS bonus system, although that may change in the future.

Continued on page 5
The ABA is pleased to announce the election of Santhanam Suresh, M.B., B.S. and David O. Warner, M.D., to its Board of Directors. Drs. Suresh and Warner began their terms as ABA Directors at the conclusion of the Board’s meeting in October 2010.

**Dr. Santhanam Suresh** earned his Bachelor of Medicine and Bachelor of Surgery degree (M.B., B.S.) at Stanley Medical College in Madras, India in 1983. He completed his residency in pediatrics at Cook County Hospital in Chicago, Illinois (1985-1988) and his residency in anesthesiology at Loyola University Medical Center in Maywood, Illinois (1988-1990). Dr. Suresh completed a pediatric anesthesiology fellowship at Children’s Memorial Hospital and Northwestern University Medical School in Chicago, Illinois (1990-1991). Dr. Suresh holds ABA certification in anesthesiology (1993) and is participating in the ABA Maintenance of Certification in Anesthesiology program. He also holds ABA subspecialty certification in pain medicine, and certification in pediatrics (1988) from the American Board of Pediatrics. He has been an ABA Associate Examiner since 2004.

Dr. Suresh serves as Vice Chairman of the Department of Pediatric Anesthesiology at Children’s Memorial Hospital in Chicago, Illinois. He is Director for Pain Management Services and Research, and Director of Research in the Department of Anesthesiology. He serves as Professor of Anesthesiology and Pediatrics at Northwestern University’s Feinberg School of Medicine. He is a consulting physician for the Rehabilitation Institute of Chicago, and serves on the Board of Directors of the Society for Pediatric Anesthesia. He is Associate Editor for *Regional Anesthesia and Pain Medicine* and *Regional Anesthesia*.

Dr. Suresh and his wife, Dr. Nina Suresh, reside in Chicago, Illinois with their three children.

**Dr. David O. Warner** earned his Bachelor of Science degree in Engineering from Ohio State University in 1979, where he also earned his Doctor of Medicine degree in 1983. He completed his residency in anesthesiology at Mayo Graduate School of Medicine in Rochester, Minnesota (1983-1985). Dr. Warner holds ABA certification in anesthesiology (1989) and participates in the ABA Maintenance of Certification in Anesthesiology Program. He has been an ABA Associate Examiner since 1997.

Dr. Warner is Professor of Anesthesiology at the Mayo Clinic College of Medicine in Rochester, Minnesota. He serves as a Clinician Investigator and the Director of the Anesthesia Clinical Research Unit at Mayo Clinic, where he is also a consultant for the Department of Anesthesiology. He serves as Chair of the Committee on Research of the American Society of Anesthesiology (ASA), and has chaired the ASA Smoking Cessation Initiative Task Force.

Dr. Warner and his wife, Julie, reside in Rochester, Minnesota with their three children.
The ABA understands that the MOC-PQRS bonus is likely to become financially significant to its diplomates in the coming years. If CMS follows through on future proposed penalties, our “High Medicare” practitioner could lose as much as $2,000 (2%) of his or her Medicare collections in 2016. Accordingly, in collaboration with the American Society of Anesthesiologists, the ABA will continue to monitor CMS rules and requirements as they evolve. The principal current message that ABA diplomates should receive is that CMS values MOC. It seems likely that other payers will eventually follow CMS’s lead in this regard. Although the monetary value of MOC participation (really “super-participation”) at present is miniscule, at some point it will likely become significant in the context of Medicare, Medicaid, Accountable Care Organizations, and probably private insurance plans. How soon will this happen? Time will tell, but I speculate that MOC participation will become financially significant to ABA diplomates before 2020, and perhaps as early as 2015.

THE EVOLVING DEMOGRAPHICS OF ABA DIPLOMATES

Figures 1 and 2 model ABA diplomate composition well into the future using two projections about duration of practice for Baby Boomers while assuming that the number of ABA primary certificates issued each year will remain at its current level. In both figures, red bars denote numbers of NTL certificate holders and blue bars denote time-limited certificate holders. Both figures assume that no NTL certificate holders enroll in MOCA, and that all time-limited certificate holders participate in MOCA. Figure 1 projects a practice duration of 30 years after initial ABA certification for NTL certificate holders, whereas Figure 2 models a fairly generous practice “life” of 40 years.

Figure 1.
Even assuming a 40-year practice duration for Baby Boomers, which seems generous, NTL diplomates will become the minority of ABA diplomates in 2019 (see Figure 2). In the 30-year practice model, this transition occurs in 2016 (see Figure 1).

"...potential adversity for NTL diplomates who do not enroll in MOCA is most likely to come from forces outside the ABA.”

Consider the situation for an anesthesiologist certified by the ABA in 1998 at age 31 who does not enroll in MOCA. In 2023 this anesthesiologist will be 56 years old, and will be part of a 28-44% minority group of ABA diplomates even if no NTL diplomates enroll in MOCA. Will this individual’s ability to practice anesthesiology be adversely affected by pressures exerted by his or her practice partners, a hospital credentials committee, CMS, or other payers?

It is important to understand that the ABA lacks influence upon those organizational processes, so potential adversity for NTL diplomates who do not enroll in MOCA is most likely to come from forces outside the ABA. Since such adversity seems moderately likely, I advise practitioners who plan to practice beyond 2020 to seriously consider enrolling in MOCA. Further, I submit that the longer an NTL certificate holder waits to enroll in MOCA, the harder it will be for that individual to “catch up” to evolving MOCA requirements.
2011 UPDATES

The ABA’s MOCA program continues to evolve as the Board implements improvements to the Part 4 component: Practice Performance Assessment and Improvement (PPAI). The ABA endeavors to minimize mid-cycle changes in MOCA program requirements for diplomates already enrolled in the program, while maintaining compliance with standards mandated by the American Board of Medical Specialties. The goal of the MOCA program is continuous learning and practice improvement, and the Board believes that attestations and references of a diplomate’s practice and performance will help foster that goal.

An attestation in year 9 of the MOCA cycle will be required for all diplomates with time-limited and non-time-limited certificates who enter the MOCA program after January 1, 2008.

PART 4: PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT (PPAI)

The three required components of PPAI include:

1) case evaluation
2) simulation education
3) attestation

CASE EVALUATION

A case evaluation is a four-step process that requires a diplomate to collect a meaningful sample of data from clinical outcomes or patient feedback, and compare these outcomes to evidence-based practice guidelines. The diplomate designs and implements a plan to improve outcomes in one of four selected areas (clinical reminders, personal education, change in system or process, or clinical pathway), and subsequently evaluates the level of improvement since the initial assessment. The overall goal of this exercise is to improve or maintain a high standard of practice. Click here for samples and details on how to complete a case evaluation.

SIMULATION EDUCATION

A simulation education course is a hands-on exercise that provides diplomates the opportunity to learn and perform valuable crisis management techniques in an ASA-endorsed simulation setting.

Click here for details on simulation education courses and a full list of all ASA-endorsed simulation centers.

ATTESTATION

The ABA will solicit references to verify the clinical activity of diplomates and provide evidence of their participation in practice improvement activities. Click here for instructions on how to complete an attestation.

Diplomates who enter the MOCA program after January 1, 2008 must complete both a Case Evaluation and a Simulation Course during their 10-year MOCA cycle. One activity must be completed between years 1 and 5, and the second between years 6 and 10. An attestation will be due in year 9.

Continued on page 8
Following is a summary of the MOCA program requirements for time-limited certificate holders, based on the year in which they were certified. Additional information and requirements by date certified can be found in the MOCA section of the ABA website at www.theABA.org. If you are currently enrolled in the MOCA program, you can log in to your personal portal account on the website and view your “MOCA Progress Report” for further details. Diplomates certified before 2000 can find information on voluntary participation in MOCA in a new section of the ABA website created solely for non-time limited certificate holders – click here for details.

### Diplomates Certified in 2000 to 2003

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<thead>
<tr>
<th>Year in MOCA Cycle</th>
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<td><strong>Part 1:</strong> Professional Standing</td>
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<td><strong>Part 2:</strong> Lifelong Learning and Self-Assessment</td>
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<td>All Diplomates: Certified Year 2000:</td>
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<td>Maximum of 70 CME Credits/Year Accepted</td>
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<td>Certified Year 2001:</td>
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<td>Certified Year 2002:</td>
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<td>Certified Year 2003:</td>
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<td><strong>Part 3:</strong> Cognitive Examination</td>
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<td>Earn Exam Prerequisites (Based on Year Certified):</td>
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<td>Certified Year 2002: 160 CME Credits</td>
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<td>Certified Year 2003: 180 CME Credits</td>
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<td>Pass Cognitive Examination</td>
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### Diplomates Certified in 2004 to 2007

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<th>Year in MOCA Cycle</th>
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<td><strong>Part 1:</strong> Professional Standing</td>
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<td><strong>Part 2:</strong> Lifelong Learning and Self-Assessment</td>
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<td>350 Total CME Credits, Max 70 CME Credits/Year Accepted, Min 250 Category 1 CME Credits</td>
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<td><strong>Part 3:</strong> Cognitive Examination</td>
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<td>Earn Exam Prerequisites (200 CME Credits)</td>
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<td>Pass Cognitive Examination</td>
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<td><strong>Part 4:</strong> Practice Performance Assessment and Improvement</td>
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<td>Case Evaluation or Simulation Education</td>
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If diplomates’ MOCA requirements have not all been met at the end of 10 years, their certification will expire and they will no longer be Board Certified. In order to regain their certification status of “diplomate,” they must fulfill all of the MOCA program requirements from the preceding 10 years. To facilitate this process, the ABA will move their 10-year MOCA cycle forward one year. Any activities completed in the original year 1 (i.e. CME credits) will be removed and they will be required to redo these activities. Upon successful completion of the year 1 activities and any other activities not completed in the original MOCA cycle, the ABA will issue a certificate for Maintenance of Certification in the specialty of Anesthesiology valid for 10 years from the date of completion of the program. Please note that the ABA will move a MOCA cycle forward, one year at a time, for up to three years.

If you have any questions, please contact the ABA Communications Center at (866) 999-7501 or visit the new MOCA pages on the ABA website at www.theABA.org.
On January 1, 2010, the ABA began transitioning from the current subspecialty recertification programs to Maintenance of Certification in Anesthesiology for Subspecialties (MOCA-SUBS). The MOCA-SUBS program allows ABA diplomates who were certified or recertified in a subspecialty after January 1, 2010 to maintain their certification while demonstrating continual professional development and practice improvement. These diplomates are automatically enrolled in the MOCA-SUBS program after subspecialty certification is awarded. MOCA-SUBS program requirements are available on diplomates’ portal accounts via the ABA website at www.theABA.org.

**BENEFITS OF MAINTAINING SPECIALTY AND SUBSPECIALTY CERTIFICATION**

ABA diplomates may choose to maintain only their subspecialty certification; however, the ABA strongly encourages diplomates to also maintain their primary certification. Diplomates who choose to maintain both primary and subspecialty certification will benefit from overlapping program requirements for Part 1: Professional Standing, Part 2: Lifelong Learning and Self-Assessment and Part 4: Practice Performance Assessment and Improvement. The ABA is aligning the MOCA and MOCA-SUBS cycles, making it easier for these diplomates to complete all of the program requirements during the same 10-year period. Additional information regarding specific MOCA-SUBS requirements will be sent to diplomates who hold subspecialty certification.

**SUBSPECIALTY RECERTIFICATION**

Diplomates whose subspecialty certification expires on or before December 31, 2019 can complete the subspecialty recertification program once more before enrolling in MOCA-SUBS. Diplomates can take a subspecialty recertification examination no sooner than 7 years after their most recent certificate was issued. The last subspecialty recertification examinations will be administered in 2016 with all applications due by the December 22, 2015 deadline.

After 2016, the MOCA-SUBS program is the only option for ABA diplomates who wish to maintain subspecialty certification. The ABA automatically enrolls diplomates in MOCA-SUBS upon their subspecialty certification, subspecialty recertification or maintenance of certification in the subspecialty. The first MOCA-SUBS examinations will be administered in 2017.

**REMINDER: REPORTING PROFESSIONAL STANDING**

Professional standing satisfactory to the ABA is a requirement for acceptance as a candidate for ABA certification, subspecialty certification, and maintenance of certification. Current ABA policy requires that applicants for certification and diplomates 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. For candidates for primary certification, it also requires that every United States and Canadian medical license the candidate holds be free of restrictions. For the purpose of this policy, licensure restriction means that the applicant, candidate or diplomate has had his/her medical license revoked, suspended, or surrendered in lieu of revocation or suspension. Conditional licensure means that there has been a medical licensure restriction of a less severe nature, such as special conditions or requirements imposed on the physician’s license (e.g. probation, chaperoning, supervision, or additional training).

The ABA would like to remind all candidates and diplomates that they 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. Candidates and diplomates who fail to provide this information to the ABA may be subject to sanctions on their candidate or diplomate status. Additionally, candidates and diplomates are advised to keep the ABA informed of any and all restrictions placed on their medical licenses as well as any sanctions that have been imposed on their licenses. Address and email information can be updated online through your ABA portal account. Please include your ABA identification number (IDN) on all correspondence with the ABA.
The American Board of Pediatrics (ABP) and the American Board of Anesthesiology (ABA) launched a combined training program in pediatrics and anesthesiology in 2010. A special agreement exists between the ABP and the ABA whereby an applicant may fulfill the training requirements for certification in pediatrics and anesthesiology by completing five, rather than the previously-expected six, years of training. Graduates would then qualify for board certification in both specialties after the five-year combined training program.

Every combined training program in anesthesiology and pediatrics must be approved by both the ABP and the ABA before residents are recruited. There are currently four programs that have been approved to provide this combined training: the University of California-Irvine, Stanford University, Johns Hopkins University, and Harvard University (Children's Hospital Boston/Brigham and Women's Hospital).

Many medical students applied for the few positions available in these programs, and results from the match just held in March indicate that several outstanding medical students will begin training in these programs in the upcoming academic year.

Physicians completing this training should be competent pediatricians and anesthesiologists capable of professional activity in either discipline. It is anticipated that many trainees will develop careers focused on caring for children with complex medical and surgical conditions who are hospitalized and/or require perioperative or periprocedural management. The strengths of the two residencies should complement each other to provide the optimal educational experience and to develop leaders in the fields of both pediatrics and anesthesiology.

Both Boards encourage residents to extend their training for an additional sixth year (or more) in subspecialty training in pediatrics or anesthesiology and/or investigative, administrative or academic pursuits. This additional training will better prepare graduates of this combined training program for careers in research, teaching, or departmental administration and for leadership roles in both specialties.

Residents who enroll in this combined program should enter before the beginning of the second postgraduate year level (PGY-2). Training in the PGY-1 year will include 12 months of training in pediatrics. A resident may enter this combined residency at the PGY-2 level only if the first residency year was served in a categorical residency in pediatrics in the same academic medical center as the combined program. During the second year, the resident will receive 12 months of training in anesthesiology. In each of the remaining 3 years, the resident will have 6 months of training in pediatrics and 6 months of training in anesthesiology. Consequently, during these last three years each resident will have 18 months of training in each specialty.

For a copy of the Program Requirements for Combined Training in Pediatrics and Anesthesiology or a program application form, visit www.abp.org or www.theABA.org. Both Boards are currently accepting applications from programs interested in offering this combined residency training.
NEW SUBSPECIALTY CERTIFICATIONS

PEdiATRIC ANESTHESIOLOGY

The ABA is pleased to announce that the American Board of Medical Specialties (ABMS) has recently approved its application for sponsorship of subspecialty certification in Pediatric Anesthesiology. The first pediatric anesthesiology certification examination will be administered in 2013, and further information will be announced by the ABA at a later date.

Certification in pediatric anesthesiology was requested several years ago by the Society for Pediatric Anesthesia (SPA). The ABA gave much consideration to this request and sought comments from individuals and organizations within the anesthesia community as well as from other specialty areas. Though opinions varied, the overall consensus was that this was in the best interest of children. The ABMS, which comprises 24 medical specialty certifying Boards, recently concurred. As background information, fellowships in pediatric anesthesiology have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) since 1997, and programs are currently offered in 46 programs throughout the country.

Physicians who apply for subspecialty certification in pediatric anesthesiology must:

1. Possess an appropriate medical degree or its equivalent;
2. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada that is permanent, unconditional and unrestricted;
3. Be a Diplomate of The American Board of Anesthesiology;
4. Be participants in the ABA’s Maintenance of Certification in Anesthesiology (MOCA) program;
5. Have satisfactorily completed fellowship training in pediatric anesthesiology or possess the required experience in pediatric anesthesiology. (Note: “Grandfathering” criteria are for a limited time only as described below.)

Applicants who have completed training in anesthesia in an ACGME-accredited core residency training program after January 1, 2000, will be required to have successfully completed an ACGME-approved pediatric anesthesiology fellowship in order to qualify for the subspecialty certification process in pediatric anesthesiology, and the applicant must provide documentation of this from the program director, including a satisfactory final Clinical Competence Committee report. A letter to the ABA from the current Department Chair attesting to the extent and quality of their pediatric anesthesia practice will also be required.

Applicants who completed training prior to January 1, 2000, will be required to demonstrate that they have been in the full time clinical practice of pediatric anesthesiology for the past 2 years or the equivalent time averaged over the past 5 years (i.e., 40% pediatric anesthesiology per year x 5 years). In order for this clinical practice to qualify, a
portion of the practice must include children under the age of 2 years and procedures that are considered high risk. This must be supported by a letter from the applicant’s Departmental Chair or other institutional official certifying that the applicant’s clinical efforts are devoted to the practice of pediatric anesthesiology to at least this extent. The ABA's Credentials Committee may request further documentation of an applicant’s recent clinical practice. For those physicians who completed training prior to January 1, 2000, applying via “grandfathering” will be limited to three years from the date the ABA first begins accepting applications for subspecialty certification.

Individuals who satisfy the aforementioned requirements (whether via fellowship training or “grandfathering” criteria) must then successfully complete a pediatric anesthesiology qualifying examination that will be prepared and administered by the ABA. As with other similar examinations offered by the ABA, this examination will be given under secure conditions in a computer-based format at testing centers throughout the United States.

The Pediatric Anesthesiology Examination will comprise multiple-choice questions designed to broadly assess knowledge in the field of pediatric anesthesiology. It will be drawn from the areas specifically identified in both the ACGME Program Guidelines as well as the Pediatric Anesthesiology Content Outline that has been approved by the organization of Pediatric Anesthesiology Program Directors of the SPA. (This content outline will be posted soon on the ABA website). A committee composed of experienced pediatric anesthesiologists will develop items for the pediatric anesthesiology qualifying examinations.

Further information will be posted on the ABA website at www.theABA.org.

SLEEP MEDICINE

The ABA is pleased to announce that the American Board of Medical Specialties (ABMS) has approved the ABA's application for sponsorship of subspecialty certification in Sleep Medicine.

The Sleep Medicine Subspecialty Certification Program is designed to recognize excellence among physicians who are specialists in 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.

The Sleep Medicine Subspecialty Certification Program is jointly developed by the American Board of Internal Medicine, the American Board of Family Medicine, the American Board of Pediatrics, the American Board of Psychiatry and Neurology, and the American Board of Otolaryngology. The examination is administered by the American Board of Internal Medicine and is offered every two years to candidates from all Boards at the same time in Pearson VUE testing centers. The 2011 examination date is November 10, 2011. The ABA will accept applications from April 1 – June 15, 2011 for the 2011 examination.

Applicants requesting test accommodation due to a specific disability must complete the ABA Request for Test Accommodation form, available on the ABA website at www.theABA.org under the Examinations & Certification section. The form must be received in the ABA office by the June 15, 2011 request deadline. All supporting documentation substantiating the applicant’s disability must be received by June 30, 2011. All applicants should read the ABA's
Guidelines for Requesting Test Accommodation, which are available on the ABA website at www.theABA.org under the Examinations & Certification section.

Physicians who apply for subspecialty certification in sleep medicine must:

1. Possess an appropriate medical degree or its equivalent;
2. Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or Canada that is permanent, unconditional and unrestricted;
3. Be a diplomate of The American Board of Anesthesiology;
4. Be a participant in the ABA's Maintenance of Certification in Anesthesiology (MOCA) program;
5. Complete the specified education and training requirements or have sufficient practice experience in sleep medicine.

Applicants who have completed training in anesthesiology in an ACGME-accredited core residency training program after July 1, 2009, will be required to have further successfully completed an ACGME-approved sleep medicine fellowship in order to qualify for the subspecialty certification process in sleep medicine. The applicant must provide documentation from the program director that the fellowship was satisfactorily completed. A letter to the ABA from the current Department Chair attesting to the extent and quality of their sleep medicine practice will also be required.

Applicants who completed training prior to July 1, 2009 may be eligible to apply for the sleep medicine examination if they have been certified by the American Board of Sleep Medicine or if they have provided attestation of 12 months of practice experience in sleep medicine. Practice experience must include the clinical care of patients with sleep disorders, accumulated over a maximum of five years prior to application for examination. The clinical practice must involve a minimum experience of 400 patient evaluations, as well as interpreting and reviewing the complete raw data of 200 polysomnograms, and 25 multiple sleep latency tests. This will be demonstrated by a letter from the applicant’s Department Chair or other institutional official certifying that the applicant’s clinical efforts are devoted to the practice of sleep medicine, at least to this extent. For those applicants who completed training prior to July 1, 2009, applying via “grandfathering” criteria will be limited to the 2011 and the 2013 examinations only.

The Sleep Medicine Certification Examination will be a comprehensive one-day computer-based examination of multiple-choice questions in the single best answer format with an absolute standard for passing. The examination is designed to evaluate the extent of the candidate’s knowledge and clinical judgment in the areas in which a sleep medicine specialist should demonstrate a high level of competence. The detailed content outline, or examination blueprint, is available on the American Board of Internal Medicine’s website at www.ABIM.org.

QUESTIONS?

For more information on ABA Subspecialty Certification in Pediatric Anesthesiology or Sleep Medicine, please visit the ABA website at www.theABA.org or contact the ABA Communications Center at (866) 999-7501.
The American Board of Medical Specialties (ABMS) is a non-profit physician-led umbrella organization for 24 medical specialty boards in the United States, including the ABA. Formed in 1933, it is the largest voluntary-based physician specialty certification organization in the United States with more than 750,000 physicians having achieved certification by one or more of its 24 medical specialty Member Boards. The Member Boards certify specialists in more than 150 specialties and subspecialties.

The ABMS works closely with the 24 Specialty Member Boards to set educational and professional standards for the evaluation and certification of physician specialists. The Member Boards certify specialists in numerous specialties and subspecialties through a comprehensive process involving educational requirements, professional peer evaluation and examination. ABMS also works in collaboration with other professional medical organizations and agencies to set rigorous standards for graduate medical education and accreditation of residency and training programs.

The intent of both the initial certification of physicians and the maintenance of certification is to provide assurance to the public that a physician specialist certified by a Member Board of the ABMS has successfully completed an approved educational program and evaluation process that includes components designed to assess the medical knowledge, judgment, professionalism and clinical and communication skills required to provide quality patient care in that specialty. The ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession and its Members concerning issues involving certification of physicians.

MEMBER BOARDS

The 24 Member Boards that make up the ABMS Board Enterprise are all independent nonprofit organizations and establish their processes and standards. Each Member Board pays annual dues, has voting rights on the Board and in the Assembly, and maintains its own board of directors. The American Board of Anesthesiology (ABA) is one of the 24 medical specialty certifying boards recognized by the ABMS. David H. Chestnut, MD serves as an at-large director on the ABMS Board of Directors, in a representative role for the ABA. Dr. Chestnut also began a term on the ABMS Executive Committee in March 2011.

ASSOCIATE MEMBERS

The ABMS also has Associate Members who consist of nine national organizations concerned with graduate medical education and specialty practice, but they are not specialty boards. Each Associate Member pays annual dues and has voting rights in the ABMS Assembly.

PUBLIC MEMBERS

Public Members are elected by the Board of Directors to represent the interests of the public. Public Members have votes in the Assembly and on the Board. They may serve on committees, but they do not pay dues or hold office.

THE ASSEMBLY

The Assembly is the final decision-making authority of ABMS and is composed of the voting representatives of all Member Boards, Associate Members and Public Members. All the members of the Board of Directors are ex-officio members of the Assembly and are without vote. The ABMS Assembly conducts business meetings twice a year—an Annual Meeting in March/April and an Interim Meeting in September.

The ABMS and the ABA are recognized by the key health care credentialing accreditation entities as a primary source of board certification status for medical specialists.
The ABA is pleased to announce that Francis P. Hughes, Ph.D. is the 2010 recipient of the Distinguished Service Award. The American Board of Medical Specialties (ABMS) presents the ABMS Distinguished Service Award each year to recognize individuals for their extraordinary contributions to the medical specialty certification process.

Dr. Hughes is deserving of such recognition for his significant contributions to the examination and certification processes of the ABA as well as to the ABA and ABMS Maintenance of Certification (MOC®) initiatives.

Dr. Hughes provided 26 years of dedicated and extraordinary service as the Executive Director of the ABA (1982-2008). He brought the highest level of professionalism in all aspects of his leadership. Dr. Hughes’ passion for the Board’s mission was integral to its ability to advance its primary purpose—to examine and certify anesthesiologists.

His tenure was marked by progressive growth in the ABA’s certification activities and in the scope of the ABA’s mission. Dr. Hughes was instrumental in development of the ABA’s voluntary process for continued demonstration of qualifications (CDQ), recertification and time-limited certification. His efforts rapidly evolved to the more comprehensive and mandatory Maintenance of Certification in Anesthesiology Program (MOCA). He brought invaluable knowledge of the workings of the ABMS into ABA Board discussions and supported the Board’s work through CDQ, recertification, and maintenance of certification. Dr. Hughes also established the groundwork for Board-Society collaboration on MOC Parts 2 and 4. Dr. Hughes facilitated many discussions with the ABA Board over the value of subspecialty certification and effectively partnered with the ABMS to establish subspecialty certification for anesthesiologists in both Critical Care Medicine and Pain Medicine.

In addition to serving the ABA with distinction, Dr. Hughes was a major contributor to the work of the ABMS. He served for thirteen years as an ABA alternate representative to the ABMS Assembly, and three years as an ABA voting representative. Dr. Hughes served as the Chair of the ABMS Committee of Board Representatives and Executives (COBRE) in 2005 and Chair of the ABMS Board Executive Caucus in 2006, 2007 and 2008. He was a well-known member of the Assembly for many years who was recognized for his knowledge, collegiality, leadership, and wisdom.

Dr. Hughes was honored at a reception and dinner at the March 2011 ABMS Meetings in Washington, D.C., where he received the Distinguished Service Award and a monetary gift.

The ABA Board of Directors sincerely congratulates Dr. Francis P. Hughes on this most prestigious honor. Dr. Hughes has served as an outstanding leader and role model throughout his professional career, and this acknowledgement of his remarkable compassion and passion for the specialty of anesthesiology is well deserved.
The ABA’s mission is to advance the highest standards of the practice of anesthesiology. To fulfill that mission, our examination and certification processes must be fair, objective, and of the utmost integrity.

PROFESSIONAL BEHAVIOR AT ABA EXAMINATIONS

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 professional behavior during ABA examinations is sent to all candidates scheduled for an examination. The Part 2 (oral) Examination is one of the final steps before a physician can be considered for ABA certification. It is absolutely critical that ABA examinees respect the rules for professional conduct at the Part 2 Examinations, including the rules that dictate what can and cannot be taken into the examination rooms. Candidates must remove all of the contents from their pockets and place everything in a large, clear plastic bag provided to them in the registration room. This bag must be left outside the door of the examination room. Absolutely nothing can be taken into the examination room, including purses, briefcases, or even pens or pencils unless provided by the ABA. You will be reminded by the registrars and by ABA staff to leave everything outside the examination room. This is done to ensure that your examination experience is optimal and in compliance with ABA rules for examination behavior. Candidates who carry any personal items into the examination room run the risk of disqualification, even if the item was carried into the room by mistake. ABA staff are there to assist you during your examination. It is our desire that every examinee have a great experience before, during, and after their examination. The 2011 ABA Booklet of Information (BOI) lists the rules for professional behavior during examinations in Section 2.09. Click here to access the 2011 BOI.

FRAUD AND DETECTION

Sharing of examination questions, especially for the purpose of cheating on a high-stakes examination, hurts the ABA and the profession of anesthesiology. It is in the ABA’s interest to find and prevent such cheating if it occurs. We employ a number of techniques to detect cheating before, during, and after all ABA examinations including the use of fraud detection software. This software analyzes the results of multiple-choice tests and finds instances of potential cheating. 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.

If you observe any misconduct regarding an ABA examination, we urge you to notify the ABA office. You may contact us anonymously by calling (866) 999-7501 and asking for the Examination Hotline. The Hotline is open during our regular business hours, Monday through Friday, 9:00 AM – 5:00 PM (ET). During evenings and weekends, you can call the ABA office and leave a voicemail message for the ABA Communications Center.

PREPARATORY COURSES

A number of vendors offer preparatory courses designed to help candidates pass an ABA examination. These courses are never endorsed by the ABA. The ABA has learned that some course providers have asked recent ABA examination candidates to remember questions answered on their examinations. If anyone asks you to give them questions you saw on an ABA examination, you should adamantly refuse to comply with the request, as it is an illegal and unethical action. Please also inform your training program about the encounter. The ABA advises all examinees that they must not give or receive unauthorized information about the content of an ABA examination. Any copying of questions, including memorizing questions and later passing them along to others, constitutes a copyright infringement and is a violation of ABA rules. Examinees found to have violated the examination rules or who have infringed copyright protections will be subject to disciplinary actions by the ABA, including disqualification of their examination and suspension from the ABA examination system for a period of time to be determined by the ABA.

Continued on page 18
The American Board of Anesthesiology exists to advance the highest standards of the practice of anesthesiology and to serve the public, medical profession and health care facilities and organizations. To fulfill our mission, the ABA must collect and utilize personal and professional information pertaining to our applicants, candidates and diplomates. We are aware of the trust you place in us to protect your privacy. The ABA has published a Data Privacy and Security Policy describing how we approach data privacy and information security. Our goal is to assure all persons disclosing information to the ABA of the sensitivity and care utilized in protecting this information. We take this very seriously and spend a great deal of time and effort ensuring that your personal information is secure at all times.

You can find the Data Privacy and Security Policy under the Important Notices section of our website at www.theABA.org.

If you have questions or concerns, please reach out to us by using the ABA’s “Contact Us” feature. It’s in the upper right corner of every ABA web page, including the public website and your ABA portal account. Please use the “Website / Portals” subject when sending us your suggestions regarding our websites.

ELIMINATING THE DESELECT OPTION

2011 CRITICAL CARE MEDICINE AND PAIN MEDICINE RECERTIFICATION EXAMINATIONS

The 2011 ABA Critical Care Medicine and Pain Medicine recertification examinations will no longer offer the deselect option, which allowed examinees to leave as many as 50 of the 200 questions unanswered. As a result, all examinees recertifying in Critical Care Medicine and Pain Medicine in 2011 and beyond will be required to answer all 200 questions on the recertification examinations. The ABA is aware that some diplomates have expressed concern about this change, so this article provides the rationale for change.

Since the ABA initiated recertification examinations in 1993, the deselect option has been available to all examinees. This option was designed to accommodate examinees with a broad variety of clinical practices and encourage ABA diplomates with non-time-limited certificates to voluntarily recertify. However, the deselect option tends to reduce the range of question difficulties on the examination, and each of the 200 questions could potentially be answered by a different examinee population. Both of these factors complicate psychometric analysis of the examinations. For those reasons, the ABA eliminated the deselect option for the Maintenance of Certification in Anesthesiology (MOCA) cognitive examination in 2010 and is eliminating the deselect option for subspecialty recertification exams in 2011.
ANESTHESIOLOGY CERTIFICATION

The following table reports the success rate on the ABA Part 1 and Part 2 Examinations for candidates taking the examination for the first time.

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>73%</td>
<td>82%</td>
<td>88%</td>
<td>85%</td>
<td>86%</td>
<td>92%</td>
<td>85%</td>
</tr>
<tr>
<td>Part 2</td>
<td>75%</td>
<td>82%</td>
<td>76%</td>
<td>81%</td>
<td>85%</td>
<td>81%</td>
<td>84%</td>
</tr>
</tbody>
</table>

The Part 1 and Part 2 Examination success rates for the entire candidate group are displayed in the following charts.
The ABA has certified 46,829 physicians in Anesthesiology as of December 31, 2010. The certification rate for physicians who completed their anesthesia residency between 1999 and 2009 is displayed below. Note that the percentages for recent years typically rise for several years after completion of residency, so that the 2008 and 2009 certification percentages have not yet peaked.

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

The Cognitive Examination for the MOCA program was administered for the first time in 2005. The success rate was 91 – 100% from 2005 – 2010. Two hundred twenty-four diplomates have successfully completed the MOCA program as of December 31, 2010.
The American Board of Anesthesiology, Inc.

May 2011 Newsletter

CRITICAL CARE MEDICINE CERTIFICATION

The success rate on critical care medicine examinations has been:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>84%</td>
<td>80%</td>
<td>83%</td>
<td>81%</td>
<td>93%</td>
<td>94%</td>
<td>97%</td>
</tr>
</tbody>
</table>

The ABA has certified 1,464 diplomates in critical care medicine since the program’s inception in 1986.

CRITICAL CARE MEDICINE RECERTIFICATION

The ABA initiated a voluntary CCM recertification program in 2001 and has recertified 79 diplomates in the subspecialty. The success rate on the CCM recertification examination from 2001 – 2010 was 83 - 100%.

PAIN MEDICINE CERTIFICATION

The success rate on pain medicine examinations has been:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>79%</td>
<td>83%</td>
<td>86%</td>
<td>78%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Since the inception of the program in 1993, the ABA has issued 4,339 PM certificates. Qualified diplomates of other ABMS Member Boards take the same PM examination and are held to the same passing standard as ABA diplomates. For these examinees the 2010 success rate was 94%

PAIN MEDICINE RECERTIFICATION

All ABA certificates in pain medicine are time-limited. The ABA has recertified 1,702 diplomates in the subspecialty since beginning a PM recertification program in 2000.

The success rate on pain medicine recertification examinations has been:

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>88%</td>
<td>93%</td>
<td>88%</td>
<td>89%</td>
<td>92%</td>
<td>86%</td>
<td>91%</td>
</tr>
</tbody>
</table>

HOSPICE & PALLIATIVE MEDICINE CERTIFICATION

The Hospice & Palliative Medicine examination is administered by the American Board of Internal Medicine every other year. ABA candidates took the examination for the first time in 2008. Nineteen of 22 ABA candidates (86%) passed the examination. The examination was delivered in 2010 to 53 ABA candidates, 39 (74%) of whom passed.
The Board of Directors has adopted a policy that provides a discounted fee to applicants who submit applications early for anesthesiology certification and subspecialty recertification.

**APPLICATION FEES FOR 2012 EXAMINATIONS**

Current application fees are as follows:

<table>
<thead>
<tr>
<th>Anesthesiology Certification Application</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td></td>
</tr>
<tr>
<td>From 1/4/2011 to 6/30/2011</td>
<td>$900</td>
</tr>
<tr>
<td>From 7/1/2011 to 10/31/2011</td>
<td>$1,350</td>
</tr>
<tr>
<td>From 11/1/2011 to 12/22/2011</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Certification Application</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td></td>
</tr>
<tr>
<td>From 2/16/2011 to 2/15/2012</td>
<td>$600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Recertification Application</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted</td>
<td></td>
</tr>
<tr>
<td>From 1/4/2011 to 6/30/2011</td>
<td>$900</td>
</tr>
<tr>
<td>From 7/1/2011 to 10/31/2011</td>
<td>$1,350</td>
</tr>
<tr>
<td>From 11/1/2011 to 12/22/2011</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

**2012 EXAMINATION FEES**

Discounted examination fees are also provided for anesthesiology certification and subspecialty recertification. Current examination fees are as follows:

<table>
<thead>
<tr>
<th>Part 1 Examination</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee paid from 1/16/2012 to 3/31/2012</td>
<td>$600</td>
</tr>
<tr>
<td>Fee paid from 4/1/2012 to 4/30/2012</td>
<td>$900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 2 Examination</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2012 and Fall 2012              $2,100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty Examinations</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee paid from 4/1/2012 to 4/30/2012</td>
<td>$950</td>
</tr>
<tr>
<td>Fee paid from 5/1/2012 to 5/31/2012</td>
<td>$1,425</td>
</tr>
</tbody>
</table>
The fee for the Maintenance of Certification in Anesthesiology (MOCA) Cognitive Examination is due upon registration for the examination. This fee includes one Cognitive Examination opportunity.

<table>
<thead>
<tr>
<th>Fee</th>
<th>2011 Exams</th>
<th>2012 Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOCA Cognitive Examination Fee</td>
<td>$2,000</td>
<td>$2,100</td>
</tr>
<tr>
<td>Re-Examination Fee</td>
<td>$750</td>
<td>$800</td>
</tr>
</tbody>
</table>

To submit an application or register for an examination for which you have applied, log into your portal account at www.theABA.org. The ABA requires credit card payment of application and examination fees. The ABA accepts American Express, Diner’s Club, Discover, Mastercard, and Visa credit cards.

Current fees are posted on the ABA website at www.theABA.org. The Board reserves the right to change fees when necessary.
IN REMEMBERANCE OF MARTHA JANE MATJASKO, MD: 1942 - 2011
ABA Director: 1992-2004

M. Jane Matjasko, MD of Baltimore and Frederick, Maryland, passed away at the age of 68 on January 10, 2011 after a long and courageous battle with cancer.

Dr. Matjasko was a national and international leader in the field of anesthesiology. She made significant contributions to the certification processes of the American Board of Anesthesiology (ABA), and to the maintenance of certification initiatives of the ABA and the American Board of Medical Specialties (ABMS).

Dr. Matjasko became an Associate Examiner of the ABA in 1976, and provided this important service to the Board and the specialty for 31 years. She became a member of the ABA Board of Directors in 1992. During her twelve-year tenure on the Board, she served as an ABA representative to the ABMS Assembly (1995-2003), ABA Secretary (1999-2001), Chair of the ABA MOC Committee (2000-2003), and ABA President (2002-2003). Her leadership was instrumental in making changes to the ABA oral examination that improved the format and content of the examination and the consistency and objectivity of examiner ratings and candidate evaluations. She was an early and ardent advocate for maintenance of certification at the ABMS and within the ABA. Due in large measure to her efforts, the ABA launched its Maintenance of Certification in Anesthesiology (MOCA) program in January 2004.

Dr. Matjasko graduated from the Medical College of Pennsylvania in 1968. She then matriculated to the University of Maryland Medical Center (UMMC) in Baltimore where she began a 37-year relationship with the university. She completed her internship, residency and fellowship in anesthesiology at UMMC, and in 1972 she joined the faculty of the School of Medicine. Dr. Matjasko retired in 2005 after 15 years as Chair of the Department of Anesthesiology where she was the second woman to ever hold the position of department chair. Dr. Matjasko remained dedicated to the department until her death and recently funded two endowed professorships that bear her name.

Dr. Matjasko became a nationally-known, respected, and admired leader in the specialty of anesthesiology at a time when few women were anesthesiologists, much less department chairs. She served as Director of the Foundation for Anesthesia Education and Research (FAER), was a member of the Anesthesiology Residency Review Committee of the Accreditation Council of Graduate Medical Education, was very active in the American Society of Anesthesiologists, and was involved with the Association of University Anesthesiologists, the Society of Neurosurgical Anesthesia and Critical Care, and the Association of American Medical Colleges.

“Our specialty has lost a champion for education, research and patient safety...M. Jane Matjasko was truly a guiding force in the field of anesthesiology, serving as a tireless advocate for patients, and a selfless and visionary leader, mentor, and professor...Dr. Matjasko was a warm, compassionate individual. She was kind to everyone she interacted with-faculty, residents, students, patients, colleagues and staff.”

~Peter Rock, MD, MBA – Dr. Martin Helrich Professor and Chairman, Department of Anesthesiology, University of Maryland School of Medicine

Dr. Matjasko is survived by her husband, Shao Huang Chiu, MD of Frederick, Maryland and a son, David Chiu, MD, an anesthesiologist in North Carolina.
Your ABA portal account, available at www.theABA.org, provides a single location to view and update everything associated with your professional relationship with the ABA. If you have lost your ABA portal account password, you can easily reset it by accessing the ABA online portal and selecting “CLICK HERE to change your password.” The next screen you see will present a form which will ask you to provide your ABA ID number or birth date and your last name or the last 4 digits of your Social Security Number. After submitting this information, you will confirm your name and create your new password. Because your privacy is important to the ABA, we will not send a copy of your password to your email address. Please store your password in a safe place for future use.

**As a Resident**, you can review the credits granted for your Clinical Base and Clinical Anesthesia training and research, as well as see the the number of months of training required to complete the Continuum of Education in Anesthesiology.

**As a Candidate**, you can apply for primary board certification, update your medical license information, register for examinations and view your examination results.

**As a Diplomate**, you can view your ABA status in primary and subspecialty certification as well as view your requirements for maintaining those certifications. Your ABA portal account serves as your full guide to the Maintenance of Certification in Anesthesiology (MOCA) program, allowing you to see what requirements you have completed and what still need to be done. Here you can update your medical license information, report any CME credits, submit your practice performance assessment and improvement activities, register for the MOCA Cognitive Examination and view your examination results.

**All Portal Users** can stay informed about ABA information through links to the ABA Booklet of Information (BOI), ABA Newsletter and other important notices. Soon, the ABA will be undertaking the first major redesign of our Doctor’s Portal since its introduction almost 10 years ago. Please feel free to give us your feedback on the ABA portal accounts by using the ABA’s “Contact Us” feature available in the upper right corner of every ABA web page, including the public website and your ABA portal account. Please use the “Website / Portals” subject when sending us your suggestions regarding our websites.
The ABA continues to transition from paper-based processes to electronic processes in all areas of business but especially in our communication to our constituents. In 2011, even more communications will be sent through electronic media, which we believe will improve both the efficacy and efficiency of communications.

**EMAIL ADDRESSES**

Because the ABA continues to move toward all electronic communications, your email address is very important to us. Each time you log into your ABA portal account, please verify your contact information and email address. With an accurate email address, the ABA can convey important and timely information electronically.

**ABA NEWSLETTER AND BOOKLET OF INFORMATION (BOI)**

The 2011 ABA News and the BOI are available on the publications section of the ABA website at [www.theABA.org](http://www.theABA.org). Links to view both the newsletter and BOI are posted on the ABA portal accounts and sent electronically to all constituents who have an accurate email address on record. To ensure that you receive these and all other ABA communications, please update your portal account with your most up-to-date email address and add `communications@theABA.org` to your “safe senders” list.

**FUTURE PLANS**

The ABA interacts with its various constituents differently and continues to look for ways to automate and streamline its communications. In the future, this will involve more portal-based communications and the use of email alerts at the physician’s request. We know how busy ABA constituents are, and we want to maximize the convenience of physician communications with the ABA. The ABA is always open to suggestions and feedback, so if you have an idea or a comment about the future use of email or portal accounts, please share it with us.
The ABA is pleased to announce that we will be exhibiting at the annual meetings of the Society for Pediatric Anesthesia (SPA), the American Society of Anesthesiologists (ASA), and the New York State Society of Anesthesiologists (NYSSA).

In 2010, ABA staff had the pleasure of speaking to and assisting more than 600 constituents. Poised with literature and computers, ABA staff will be available again this year to answer any questions you may have and help you navigate through your ABA portal account.

For additional information about the ABA, please visit our website at www.theABA.org or call the ABA Communications Center at (866) 999-7501.

### 2011 SPA ANNUAL MEETING

<table>
<thead>
<tr>
<th>Location:</th>
<th>Hyatt Regency, Chicago, Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, October 14:</td>
<td>7:00 am - 3:30 pm</td>
</tr>
</tbody>
</table>

### 2011 ASA ANNUAL MEETING

<table>
<thead>
<tr>
<th>Location:</th>
<th>McCormick Place, Chicago, Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, October 15:</td>
<td>11:00 am – 6:30 pm</td>
</tr>
<tr>
<td>Sunday, October 16:</td>
<td>9:00 am – 5:00 pm</td>
</tr>
<tr>
<td>Monday, October 17:</td>
<td>9:00 am – 3:00 pm</td>
</tr>
</tbody>
</table>

### 2011 NYSSA/POST GRADUATE ASSEMBLY

<table>
<thead>
<tr>
<th>Location:</th>
<th>Marriott Marquis, New York, New York</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, December 10:</td>
<td>8:00 am – 3:00 pm</td>
</tr>
<tr>
<td>Sunday, December 11:</td>
<td>8:00 am – 3:00 pm</td>
</tr>
<tr>
<td>Monday, December 12:</td>
<td>8:00 am – 12:00 pm</td>
</tr>
</tbody>
</table>
ABA EXHIBIT BOOTHs

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<tr>
<td>Sunday, October 17:</td>
<td>12:30 pm – 6:00 pm</td>
</tr>
<tr>
<td>Monday, October 18:</td>
<td>9:00 am – 4:00 pm</td>
</tr>
<tr>
<td>Tuesday, October 19:</td>
<td>9:00 am – 3:00 pm</td>
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<td>10:00 am – 6:00 pm</td>
</tr>
<tr>
<td>Monday, December 12:</td>
<td>9:00 am – 1:00 pm</td>
</tr>
</tbody>
</table>
The ABA released our new public website last year. We continue to update and improve the site and appreciate the feedback we get from all of our constituents. You can access the ABA public website here.

WHAT’S NEW

This year, we concentrated on specific improvements to the ABA public website that will enhance your ability to access information specific to you.

MOCA PAGES

We transformed the MOCA pages to make it easier for you to find what you need when you need it. Click here to access the new MOCA pages.

MOCA PAGE LAYOUT

With a simplified page layout, it is now easier for you to quickly find information about any aspect of MOCA. The new MOCA page includes a brief description of the MOCA program followed by links to the ABA Information Session presentation, MOCA Frequently Asked Questions, MOCA Requirements by Certification Year, Information for Diplomates certified before 2000, and MOCA for Subspecialties (MOCA-SUBS).
ABA WEBSITE UPDATES

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MOCA COMPONENTS SECTION

The section displayed below focuses on the 4 parts of MOCA. Click any of these new links to expand a component for more information, and click it again to minimize it. This new layout allows you to directly access detailed information on each MOCA component, eliminating unnecessary searching or scrolling.

General Information
- Information Session Presentation
- Frequently Asked Questions
- MOCA Requirements by Certification Year
- Information for Diplomates Certified Before 2000 (Non-Time Limited)
- MOCA for Subspecialties (MOCA-SUBS)

MOCA Components: Click to expand any of the components below for more information.

**Part 1: Professional Standing**

**BOI Section 4.02.A**

ABA diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada. Furthermore, all US and Canadian medical licenses that a diplomate holds must be unrestricted.

To fulfill this requirement, diplomates should annually review and update their medical license information via their portal account. [Click here for instructions.]

**Part 2: Lifelong Learning and Self-Assessment**

**Part 3: Cognitive Examination**

**Part 4: Practice Performance Assessment and Improvement**

MOCA REQUIREMENTS BY CERTIFICATION YEAR

The final section displayed on the following page lists the specific MOCA requirements (Parts 1, 2, 3, and 4) by certification year. Just like the MOCA Components section, click on the section that interests you and it will expand with more information. As an example, see the link below for Diplomates Certified in 2008. This table shows what you need to do each year to maintain your ABA certification if you were certified in 2008. Click [here](#) to go directly to this portion of the MOCA web page.

Continued on page 30
ABA websites are critically important to us, since they represent one of the primary channels for communication between the ABA and our constituents. We are always looking for ways to improve these channels and appreciate your feedback.

FUTURE ABA WEBSITE PLANS

ABA websites are critically important to us, since they represent one of the primary channels for communication between the ABA and our constituents. We are always looking for ways to improve these channels and appreciate your feedback.

ABA DOCTOR’S PORTAL

Soon, the ABA will be undertaking the first major redesign of our Doctor’s Portal since its introduction. The ABA Customer Advisory Board (CAB) is composed of ABA constituents, including residents, applicants, and diplomates. We will be working closely with the CAB later this year to get their feedback on the current Doctor’s Portal and their suggestions for improving it. We’d like to hear from you also. Feel free to give us your feedback by using the ABA's “Contact Us” feature available in the upper right corner of every ABA web page, including the public website and your ABA portal account. Please use the “Website / Portals” subject when sending us your suggestions regarding our websites.
The following special programs will be held to provide information and answer questions about the ABA programs for initial certification and Maintenance of Certification in Anesthesiology (MOCA). MOCA is the program that the ABA developed so diplomates with a time-limited anesthesiology certificate could maintain uninterrupted certification status. ABA directors will conduct information sessions in 2011, in conjunction with annual meetings of the International Anesthesia Research Society (IARS), the American Society of Anesthesiologists (ASA) and the New York State Society of Anesthesiologists (NYSSA).

These sites were chosen to provide access to as many interested individuals as possible. The dates below are subject to change. No fee will be charged for any of the ABA Information Sessions, no pre-registration is required, and attendance will be limited only by safe occupancy designated by the hotel or convention center. Please note, however, you will have to register with the other organizations if you plan to attend any of their general meetings.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, May 22, 2011</td>
<td>2:45 pm — 3:45 pm</td>
<td>International Anesthesia Research Society</td>
<td>Vancouver, Canada at the Westin Bayshore Hotel</td>
</tr>
<tr>
<td>Saturday, October 15,</td>
<td>4:30 pm — 5:30 pm</td>
<td>American Society of Anesthesiologists Annual Meeting</td>
<td>Chicago, Illinois at McCormick Place</td>
</tr>
<tr>
<td>Saturday, December 10,</td>
<td>5:30 pm — 6:30 pm</td>
<td>65th Post Graduate Assembly of the NYSSA</td>
<td>New York, NY at the Marriott Marquis Hotel</td>
</tr>
</tbody>
</table>

At each session prepared remarks by ABA Directors will focus on topics such as:

INITIAL CERTIFICATION
- Comparison of the Part 1 and Part 2 Examinations
- Overview of specific areas evaluated in the Part 2 Examination
- Outline of the Part 2 Examination process
- Identification of common problems encountered by candidates
- Discussion of the successful candidate of the Part 2 Examination

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)
- Part 1: Assessments of Professional Standing (Medical Licensure)
- Part 2: Lifelong Learning and Self-Assessment (CME activities)
- Part 3: Cognitive Examination and Prerequisites
- Part 4: Practice Performance Assessment and Improvement
- Diplomates’ online portal accounts
- MOCA-SUBS for maintenance of subspecialty certification

The Board hopes you will be able to attend one of these sessions if you have questions or are seeking information about the examination process for initial certification, the Part 2 Examination format or content, or the MOCA program. For those who cannot attend, a copy of the presentation is available on the ABA website in the News & Events section.
The American Board of Anesthesiology acknowledges a debt of gratitude to the ABA diplomates who assisted the Board in 2010. The ABA directors truly appreciate their service and are pleased to recognize and thank them for their contributions.

PART 1 EXAMINATION

Representatives to the ABA/ASA Joint Council on In-Training Examinations

| James DiNardo | Robert Gaiser | Donald Martin |
| Sylvia Dolinski | Jeffrey Gross | Roger Mecca |
| John Emhardt | Jerome Klafta | John Rowlingson |

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| Joseph Antognini | Stacy Jones | Lazarre Ogden |
| Carl Borromeo | Eric Kitain | Paul Pagel |
| John Chow | Bruce Kleinman | Manuel Pardo |
| Richard Dutton | Catherine Kuhn | Anthony Passannante |
| Stephanie Goodman | Barry Kussman | Meg Rosenblatt |
| Stephen Heard | Vinod Malhotra | Keith Ruskin |
| David Hepner | John Moyers | Randall Schell |
| Rosemary Hickey | Kenneth Nelson | Scott Segal |

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| Delbert Black | Robert Howard | James Munis |
| Gregory Botz | Narasimhan Jagannathan | Kevin Ng |
| Kathleen Chainberg | Brian Johnson | Christopher O’Connor |

Standard Setting Study

| Ruben Azocar | Miguel Cobas | Ellen Iannoli |
| Melinda Bailey | Laurie Davies | Stephen Kimatian |
| Amanda Burden | Michael Eisses | Jocelyn McClain |
| Arthur Calimaran | Caroline Ferris | Thomas McLoughlin, Jr |
| Brian Cammarata | David Fishman | Mary Njoku |
| Franklyn Clandis | Brian Grose | Cathleen Peterson-Layne |

MOCA Standard Setting Study

| Brian Harrington | Jan Kramer | Dolores Njoku |
| Joy Hawkins | Christine Lallos | Kenneth Petroni |
| Frederick Hensley, Jr. | Lars Newsome | Evan Pivalizza |

MOCA Exam Review Committee

| Richard Stypula | Michael Wall |

MOCA Committee

| Arnold Berry |
PART 2 EXAMINATION
Candidate Registration and Orientation

James Arens  Carl Hug  Myer Rosenthal  Robert Stoelting
Harry Bird  Francis James  Raymond Roy  Stephen Thomas
D. David Glass  C. Philip Larson  Alan Sessler
Orin Guidry  William Owens  Stephen Slogoff

Part 2 Examiners

David Alfery  Saundra Curry  Frederick Hensley  Aubrey Maze
John Algren  Michael D’Ambra  Mark Hershey  Jocelyn McClain
John Allyn  Laurie Davies  Roberta Hines  Brian McGrath
John Ammon  Jennifer Davis  Charles Hogue  William McIlvaine
Valerie Arkosh  James DiNardo  Jay Horrow  Anne McKenzie-Brown
Donald Arnold  Sylvia Dolinski  William Hurford  Thomas Mcloughlin
Ruben Azocar  Karen Domino  Ellen Iannoli  Patrick McQuillan
Douglas Bacon  Kevin Donovan  Jack Isler  Roger Mecca
Melinda Bailey  Elizabeth Drum  Richard Jaffe  Robert Melashenko
Keith Baker  John Drummond  Scott Jellish  Gordon Morewood
Richard Beers  Stevin Dubin  Kenward Johnson  John Moyers
Arnold Berry  Bryan Dunlop  Stacy Jones  Stanley Muravchick
James Berry  Steven Edelstein  Richard Kaplan  Michael Murray
Edwin Bowe  Jan Ehrenwerth  Jeffrey A. Katz  Joseph Neal
Ferne Braverman  James Eisenach  Jeffrey Katz  Edward Nemergut
Lois Bready  James Eisenkraft  Mark Keegan  Lars Newsome
Russell Brockwell  Michael Eisses  Gregory Kerr  Chong Nicholls
Daniel Brown  Sheila Ellis  Stephen Kmatian  Kenneth Niejadlik
Morris Brown  John Emhardt  James Kindscher  Dolores Njoku
Raeford Brown  Jerry Epps  Charles Kingsley  Mary Njoku
Sorin Brull  Lucinda Everett  Eric Kitain  Mark Norris
Brenda Bucklin  Jeffrey Feldman  Klaus Kjaer-Pedersen  Edward Ochroc
Amanda Burden  Caroline Ferris  Jerome Klafta  Christopher O’Connor
John Burelback  David Fish  Jonathan Kraidin  Kristen Odegard
Napoleon Burt  David Fishman  Jan Kramer  Michael Olympio
John Byrne  Joseph Fitzgerald  Catherine Kuhn  Barbara Page
Michael Cahalan  Robert Forbes  Lawrence Kushins  Paul Pagel
Arthur Calimaran  Arthur Foreman  Christine Lallos  Susan Palmer
William Camann  Robert Gaiser  John Lang  Anthony Passannante
Brian Cammarata  Thomas Gayeski  William Lanier  Andrew Patterson
Kathleen Chaimberg  Brooks Gentry  Charles Laurito  Ronald Pearl
Michael Champeau  Mark Gerhardt  John Lawrence  William Perkins
Gilles Chemtob  Martin Giesecke  Robert Leckie  Cathleen Peterson-Layne
Grace Chien  Nancy Glass  Paul Lennon  Kenneth Petroni
May Chin  Michael Goldberg  Michael Licina  Charise Petrovitch
Franklyn Cladis  Gilbert Grant  Alan Lisbon  Gerald Piscerchia
Cantwell Clark  James Grant  Ronald Litman  Evan Pivalizza
Miguel Cobas  Jeffrey Green  Keith Littlewood  Christian Popa
C. David Collard  Kelly Grogan  Spencer Liu  Susan Porter
Neil Connelly  Brian Grose  Philip Lumb  Richard Priellip
Joanne Conroy  Joel Gunter  Thomas Mancuso  Donald Prough
John Cooper  Alexander Hannenberg  Jonathan Mark  Zenaide Quezado
Thomas Cox  Brian Harrington  Thomas Martin  Muhammad Rafique
Joseph Cravero  Joy Hawkins  Timothy Martin  Thomas Rahils
Gregory Crosby  Stephen Hays  Douglas Martz  John Rask

Continued on page 34
Recognition of Diplomates’ Service and Contributions, continued from page 33

Sally Raty
Linda Rice
David Righi
Peter Rock
Mark Romanoff
Meg Rosenblatt
Carl Rosow
David Rothenberg
Danielle Roussel
John Rowlingson
Deborah Rusy
Francis Salinas
Theodore Sanford
Scott Schartel
Dawn Schell
Steven Schwalbe
Alan Schwartz

Jeffrey Schwartz
James Scott
Phillip Scuderi
Barry Segal
Scott Segal
Joseph Seltzer
Nancy Setzer-Saade
Christoph Seubert
David Shaff
Sam Sharar
James Shear
Edward Sherwood
Richard Sommer
Sulpicio Soriano
Roy Soto
Christine Stock
Richard Stypula

Erin Sullivan
John Sullivan
Lisa Sullivan
Santhanam Suresh
Cephas Swamidoss
Joseph Szokol
M. Angele Theard
Daniel Thys
Michael Todd
Kevin Tremper
Christopher Troianos
Kenneth Tuman
Gregory Unruh
Albert Varon
Susan Vassallo
Steven Venticinque
David Vertullo

Donald Arnold
Douglas Bacon
John Butterworth
William Camann
May Chin

Neil Connelly
John Cooper
James DiNardo
Karen Domino
John Emhardt

Robert Gaiser
Nancy Glass
Jack Isler
William McIlvaine
Joseph Neal

CRITICAL CARE MEDICINE EXAMINATION

Examination Committee

Neal Cohen
Mark Keegan
David Rothenberg

Test Question Authors

Steven Deem
Steven Greenberg
Mitchell Keamy
Gregory Kerr

Benjamin Kohl
Christine Lallos
Linda Liu
Mary Njoku

Mark Nunnally
Andrew Patterson
Andrew Rosenberg
Michael Wall

PAIN MEDICINE EXAMINATION

Examination Committee

Charles Argoff (ABPN)
Miles Belgrade (ABPN)
Anthony Chiodo (ABPMR)

Quinn Hogan
Raphael Leo (ABPN)
Brenda McClain

Stephen Noll (ABPMR)
Richard Rosenquist
William Spillane

Test Question Authors

Anke Bellinger
Gary Brenner
Jill Eckert
Robert Goldstein
Christina Herring (ABPN)

Marc Huntoon
Mark Hurdle (ABPMR)
Richard Kendall (ABPMR)
Joel Kent
Dhanalakshmi Koyyalagunta

David Martin
Srdjan Nedeljkovic
Jaroslaw Przybyl
Noah Rosen (ABPN)
Mark Rubenstein (ABPMR)

Linda Sorkin (Research)
Thomas Strouse (ABPN)

The American Board of Anesthesiology, Inc.
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Avner Gereboff  Gerald Maccioli  Shelly Sords  Christopher Zell

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Jerry Epps  Joy Hawkins  Gregory Kerr  Charles Whitten

Research Committee

Andrew Patterson  Keith Berge

Pediatric Anesthesiology

Steven Hall
CONGRATULATIONS TO OUR 2010 DIPLOMATES!

AWARDED PRIMARY OR SUBSPECIALTY CERTIFICATION

PRIMARY CERTIFICATION IN ANESTHESIOLOGY

John Abadir
Esamelden Abdelnaem
Alexander Abess
Anil Abraham
Ron Abrons
Alizabeth Acevedo
Henri Acosta
Michael Acquaviva
Victor Adamov
Ben Adams
Kristin Adams
Satish Adawadkar
Xavier Adrien
Anil Adusumalli
Aakash Agarwala
Obianuju Agbakwu
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Ramin Ahsaei
Imran Akbar
Nasreen Akhtar
Amir Alavi
Hilda Alcala
Bader AlDossary
Bill Alexander
John Alexander
Sean Alexander
Haitham Al-Grain
Asra Ali
Erum Ali
Syed Ali
Piotr Al-jindi
Azzam Alkhudari
Frederick Allen
Dondee Almazan
Gracie Almeida-Chen
Joseph Alofi
Mario Alvarado
Sethabel Alvarado
Jose Alvarez
Angela Amin
Lowell Amiotte
Young An
Natasa Ancevska-Taneva

Jonathan Andermann
Jonathan Anderson
Michael Anderson
George Andrews
Michael Angel
Travis Ansley
Jonathan Anson
Kristina Antanaviciene
Michael Antonelli
Sashi Arabolu
Aldo Aranda
Nicole Arboleda
Oyebisi Aremu
Freda Armah
Aileen Armstrong
Christopher Armstrong
Patrick Armstrong
John Arnold
Violeta Aronov
Sarah Aronson
Carlos Artime
Methapan Arunakul
Fawn Atchison
Rony Atiyeh
Matthew Atkins
Tamer Attia
Heidi Atwell
Michelle Au
Gretchen Aurin
Antoinette Austin-Glass
Deborah Axelrod
Medhat Ayad
Tangwan Azefor
Jennifer Badia
Ignacio Badiola
Andrew Baek
Anne Baetzel
Naghma Baig
David Bailey
Emily Baird
Kelly Baird
Dawnisa Baker
MacArthur Baker
Matangi Bala
Aletia Baldwin
Scott Bale
Elizabeth Bales
Philippe Ball
Robert Ball
Natalie Ballert
Konstantin Balonov
Neelam Bandi
Justina Baptiste
Izabela Barnes
Kara Barnett
Richard Barnhardt
Jeremy Baron
Bridget Barrow
Karsten Bartels
Eric Barua
Veena Basava
Ellen Basile
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McKay Bateman
Joel Beachkofsky
Ryan Bearer
Daniel Becker
Stacie Beckman
Jordan Beever
Nathan Beget
Matthew Behrens
Vinayak Belamkar
Matthew Belan
James Bell
Chanda Bell-Lamarque
Brian Belnap
John Benjamin
Crystal Benjamin-Jackson
Clayne Benson
Hubert Benzon
Shahram Beroukhim
Walter Bethune
Robert Bettis
Taran Bhalla
Ramola Bhambhani
Prashant Bhandare
Himani Bhatt
Shibani Bhattacharyya
Shreyas Bhavsar
Kiran Bhoopal
Christina Biello
Aless Bilbow
Michael Binder
Felicia Birch
Daljit Birdee
Deann Birnel
Virlyn Bishop
Joshua Black
Justin Black
Sarah Blake
Cy Blanco
Amber Bledsoe
Christopher Bledsoe
Jared Blum
Susan Bolton
Joseph Borau
Tony Borboa
Kathryn Borsodi
Vera Borzova
David Boswell
Kristine Boulanger
Carole-Anne Boulin
Kaylea Boutwell
Allyson Braasch
Ryan Bradley
Alison Brainard
Jason Brainard
Jason Bramlett
Jasdeep Brar
Ryan Braun
Peter Bravos
William Bray
John Brenner
Jeremy Bricker
Eldor Brish
Anthony Brocato
Megan Brocket
Meredith Brooks
Colin Brown
Jason Brown
Jeffrey Brown
Melissa Brown
Eric Brumberger
Frances Bruno
James Bruns
Edward Bryan
Jack Buckley
Sarah Buhay
Quoc-chuong Bui
Jeffrey Burbidge
Scott Burlison
Jami Burns
Robert Burwell
Kenji Butterfield
Michael Buys
Amy Cabbabe
Yessica Cabrera
Jin Cai
Julia Caldwell
Shawn Calvin
Gabriel Camilo
Rafael Campanini
Andrew Campbell
Cederic Campbell
Neal Campbell
Mario Cancemi
Vincent Capalbo
Efren Cardenas
Adam Carinci
Anna Carlock
Benjamin Carroll
Brent Carroll
Aaron Carter
Tekuila Carter
William Carter
Daniel Carvallo
Manuel Casanova
Perry Cassady
Sarah Cassias
Sarah Castaneda
Anna Castelli
Alvin Castillo
Phil Castillo
James Caswell
Paul Cattafi
Alexander Catton
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Jessica Cebula
Thomas Chalifoux
Eric Chan
Karina Chan
Kathryn Chance
Fritz Jose Chandler
Alin Chang
Candace Chang
Angela Chao
Maurice Chaplin
Greysen Chappelle
Danton Char
Matthew Charous
David Chatwin
Donghui Chen
Henry Chen
Howard Chen
Jeff Chen
Mingda Chen
Steve Chen
Steven Chen
Jessica Cheney
Hong Cheng
Rodney Cheng
Sara Cheng
Abraham Cherian
Oksana Chernobelsky
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Megan Coffman
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Matthew Coleman
Heather Colmender
Elfrren Colon-Rodriguez
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Erik Condon
Christopher Connor
Benjamin Conrad
Joseph Conroy
Christian Consilvio
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John Cooke
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Benjamin Cramer
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David Creamer
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Ettore Crimi
Leah Crisafi
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Amanda Crow
Qi Cui
Qi Cui
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Spencer Curtis
Leslie Cuzick
Edyta Czarnowska-Gancarz
Fiona Danahy
Michael Danekas
Brian Daniel
Jerry Daniel
James Daniels
Melanie Darke
Maire Daugharty
Geraldine Daumerie
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Shabeera Rauther
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Tyson Riesenberg
Damon Robinson
Marjorie Robinson
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Continued on page 50
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