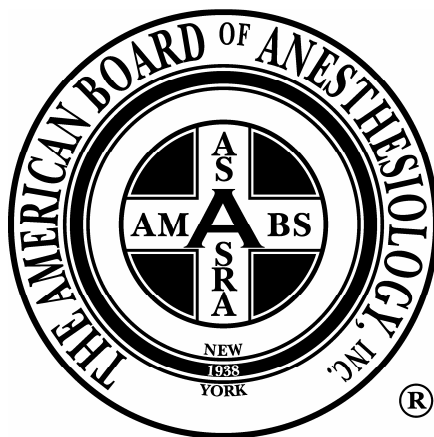


**THE  
AMERICAN BOARD  
OF  
ANESTHESIOLOGY, INC.**

Member Board of the American Board of Medical Specialties



The above certification mark is a registered certification mark of The American Board of Anesthesiology, Inc.

**Booklet of Information**

**Certification  
Subspecialty Certification  
Recertification  
Maintenance of Certification**

**March 2007**

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## INTRODUCTION

The American Board of Anesthesiology, Inc. (the “ABA” or “Board”) publishes its Booklet of Information to inform all interested individuals of the policies, procedures, regulations and requirements governing its certification programs.

A copy of the booklet is sent annually to the chairs of anesthesiology departments and the directors of ACGME-accredited anesthesiology residency programs and to every resident in those programs who is properly registered by the program with the ABA.

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

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

**Applicants 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.**

# THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

## 1.01 HISTORY

A committee representing the American Society of Anesthetists, Inc., the American Society of Regional Anesthesia, Inc., and the Section on Surgery of the American Medical Association was established to devise a plan for an organization with the specific purpose of certifying physicians practicing in the field of anesthesiology. The formation of The American Board of Anesthesiology, Inc., an affiliate of The American Board of Surgery, Inc., was completed on June 2, 1937. The Advisory Board for Medical Specialties and the Council on Medical Education of The American Medical Association approved affiliation in 1938. In 1941 the Advisory Board for Medical Specialties approved the establishment of The American Board of Anesthesiology, Inc. as a separate primary Board.

In 1977 the Society of Critical Care Medicine approached the American Board of Medical Specialties ("ABMS") to discuss the possibility of obtaining official recognition for physicians with expertise in critical care medicine. In response the ABA and three other interested Member Boards initiated exploratory investigations into both joint and individual mechanisms for awarding such recognition. On March 21, 1985, the ABMS voted to permit the ABA and several other Member Boards to issue certificates in critical care medicine.

The ABA notified the ABMS in 1989 of its intent to subcertify in pain management and subsequently had discussions with other ABMS Member Boards with an interest in this subspecialty. ABMS approved the ABA pain management application at its March 1991 meeting with the condition that the subspecialty certificate be time-limited. On September 26, 1991, ABMS voted to permit the ABA to issue certificates in pain management that would be valid for ten years. In March 2002, ABMS approved changing the name of the subspecialty to Pain Medicine.

In 1995, the ABA approved a policy of time-limited certification, so that **all certificates** issued by the ABA on or after January 1, 2000, will be valid for a period of ten (10) years after the year the candidate passed the certifying examination. The ABMS approved the ABA proposal for recertification in Anesthesiology at its March 21, 1996 meeting and the proposals for recertification in Critical Care Medicine and Pain Management at its September 17, 1998 meeting.

## 1.02 PURPOSES

The ABA exists in order to:

**A.** Maintain the highest standards of practice by fostering educational facilities and training 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 period.
- (4) Management of critically ill patients.
- (5) Diagnosis and treatment of acute, chronic and cancer related pain.
- (6) Clinical management and teaching of cardiac and pulmonary resuscitation.

- (7) Evaluation of respiratory function and application of respiratory therapy.
- (8) Conduct of clinical, translational and basic science research.
- (9) Supervision, teaching and evaluation of performance of both medical and paramedical personnel involved in perioperative care.
- (10) Administrative involvement in health care facilities and organizations, and medical schools necessary to implement these responsibilities.

**B.** Establish and maintain criteria for the designation of a Board certified anesthesiologist.

**C.** Inform the Accreditation Council for Graduate Medical Education (“ACGME”) concerning the training required of individuals seeking certification as such requirements relate to residency 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 recertification as a diplomate of the ABA 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. 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 of the Board 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 assure 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 also is an essential characteristic of the Board certified anesthesiologist.

**E.** 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 subspecialty certification or recertification in an ABA designated subspecialty of anesthesiology have been met.

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

### 1.03 ABA CERTIFICATION MARKS

The ABA is the owner of the following certification marks:

A. The ABA seal:



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

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

## **PRIMARY CERTIFICATION IN ANESTHESIOLOGY**

### **2.01 CERTIFICATION REQUIREMENTS**

At the time of certification by the ABA, the candidate shall be capable of performing independently the entire scope of anesthesiology practice (see Sections 1.02.A and 1.02.D) and must:

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

Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition. 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.

**B.** Have fulfilled all the requirements of the Continuum of Education in Anesthesiology.

**C.** Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final six-month period of Clinical Anesthesia training in each anesthesiology residency program.

**D.** Have satisfied all examination requirements of the Board.

**E.** Have a professional standing (see Section 5.06) satisfactory to the ABA.

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

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

### **2.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY**

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

**A.** During the Clinical Base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education from the date the training begins to the date it ends.

**Training as a fellow in a subspecialty program is not an acceptable Clinical Base experience.**

Acceptable **CLINICAL BASE** experiences include training in internal or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The Clinical Base year must include at least ten months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most one month may involve the administration of anesthesia. At most two months of the Clinical Base year may involve training in specialties or subspecialties that do not meet the aforementioned criteria.

*Effective July 1, 2008, the Clinical Base year must include at least 8 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most one month may involve the administration of anesthesia. Other rotations completing the 12 months of broad education should be relevant to the practice of anesthesiology.*

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

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

(1) Experience in **BASIC ANESTHESIA TRAINING** is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-2 years be spent in basic anesthesia training with a majority of this time occurring during the CA-1 year.

(2) **SUBSPECIALTY ANESTHESIA TRAINING** is required to emphasize the theoretical background, subject material and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, regional anesthesia and pain medicine. It is recommended that these experiences be subspecialty rotations and occupy 7-12 months of the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the program director.

In addition to the above requirements for subspecialty experiences, two months of training in **critical care medicine** are required during Clinical Anesthesia training. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients. Experience in short-term overnight post-anesthesia units, intermediate step-down units, or emergency rooms, does *not* fulfill this requirement.

(3) Experience in **ADVANCED ANESTHESIA TRAINING** constitutes the CA-3 year. The CA-3 year is a distinctly different experience than the CA 1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. *Residents must complete the Clinical Base and CA 1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.*

The program director, in collaboration with the resident, will design the resident's CA-3 year of training. They will select one of two tracks designated as the advanced clinical track and the clinical scientist track. Regardless of the track selected, resident assignments in the CA-3 year should

include the more difficult or complex anesthetic procedures and care of the most seriously ill patients.

Residents in the **ADVANCED CLINICAL TRACK** are required to complete a minimum of six months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training, in one to three selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at most six months during the CA-3 year and no more than twelve months during the CA 1-3 years.

The **CLINICAL SCIENTIST TRACK** consists of clinical training in combination with research experience. *The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research.*

The Clinical Scientist Track may be fulfilled by completing six months of clinical or laboratory research experience during 48 months of training which must include 12 months of Clinical Base and a minimum of 30 months of Clinical Anesthesia.

*A resident must have a satisfactory Clinical Competence Committee report for 6 months of Clinical Anesthesia training immediately preceding any research period unless prospectively approved by the ABA Credentials Committee.*

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

(1) The CA 1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited anesthesiology residency programs in the United States or its territories. An ACGME-accredited program includes the sponsoring (parent) institution and major participating institutions (i.e., institutions that have an RRC-approved integration or affiliation agreement with the sponsoring institution).

(2) The period of Clinical Anesthesia training as an enrolled resident of any single program is at least six months of uninterrupted training.

(3) The six-month period of Clinical Anesthesia training in any one program ends with receipt of a satisfactory Certificate of Clinical Competence. *To receive credit from the ABA for a period of Clinical Anesthesia training that is not satisfactory, the resident must immediately complete an additional six months of uninterrupted Clinical Anesthesia training in the same program with receipt of a satisfactory Certificate of Clinical Competence. If a resident receives consecutive Certificates of Clinical Competence that are not satisfactory, additional training is required.* When a resident receives a satisfactory Certificate of Clinical Competence immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.

(4) Training away from the resident's ACGME-accredited anesthesiology program cannot occur until completion of at least one year of Clinical Anesthesia or during the last 3 months of the CA-3 year, unless such training will be in another ACGME-accredited anesthesiology program.

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

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

**D. Prospective approval is required** for exceptions to ABA policies regarding the training planned for individual residents (see Sections 2.02.B (3) and 2.02.C (4) above). In addition, prospective approval is required for alteration in the number of hours per week of training or alteration in the temporal distribution of the training hours (e.g. substantially different night and weekend hours) from other residents in the program. The Credentials Committee of the ABA considers requests for prospective approval on an individual basis. The ABA office must receive the request from the program director on behalf of a resident at least **four months** before the resident begins the training in question. It is the responsibility of the program director and the resident to assure that the request is received in a timely manner.

### **2.03 ABSENCE FROM TRAINING**

The total of any and all absences may not exceed 60 working days (12 weeks) during the Clinical Anesthesia 1 – 3 years of training. Attendance at scientific meetings, not to exceed five working days per year, shall be considered a part of the training program. Duration of absence during the Clinical Base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of six months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

### **2.04 ENTRANCE REQUIREMENTS**

At the time of application to enter the examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology practice (see Sections 1.02.A and 1.02.D) and must:

**A.** Have graduated from a medical school in a state or jurisdiction of the United States or in Canada that was accredited at the date of graduation by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the American Osteopathic Association. Graduates of medical schools outside the jurisdiction of the United States and Canada must have *one* of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, comparable credentials from the Medical Council of Canada, or documentation of training for those who entered postdoctoral medical training in the United States via the Fifth Pathway as proposed by the American Medical Association.

**B.** Provide evidence satisfactory to the Board of having been awarded a medical or osteopathic degree acceptable to the Board.

**C.** Provide evidence acceptable to the Board of having satisfied the licensure requirement for certification (See Section 2.01.A). The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

Residents in training may submit evidence with their application of having qualified on examinations that provide eligibility for medical licensure (e.g., USMLE Steps 1, 2 and 3) on or before the standard application deadline (see Section 2.07). Residents who do so must have evidence of permanent, unconditional, unrestricted and currently unexpired medical licensure on file in the ABA office by November 30 of the year in which the Part 1 (written) examination for which they applied is administered.

**D.** Have on file in the Board office evidence of having satisfactorily fulfilled all requirements of the continuum of education in anesthesiology before the date of examination and after receiving a medical or osteopathic degree acceptable to the ABA. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final six months of Clinical Anesthesia training in each residency program (see Sections 2.02.C(3) and 2.05 for details). A **grace period** will be permitted so that applicants completing this requirement by September 30 may apply for the immediately preceding July Part 1 (written) examination.

**E.** Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of his or her current practice of anesthesiology. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by spending, on average, at least one day per week during one of the previous three years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the applicant's current practice of anesthesiology and use them in determining the applicant's qualifications for admission to the examination system. The Clinical Competence Committee Report from the department **and** the evaluation of the program director and others will be used as the basis for assessing admission qualifications.

**F.** If residency training was completed more than 12 years before the date of application, or if a second or subsequent application has been declared void, the applicant must have reestablished his or her qualifications for admission to the examination system.

Admission qualifications may be reestablished by qualifying on an entry examination designated by the Board. The Board has designated the examination administered annually by the Joint Council on In-Training Examinations as the entry examination. Information about the entry examination and a registration form may be obtained by writing the Joint Council c/o the American Society of Anesthesiologists. Alternatively, the applicant may complete 12 consecutive months of additional clinical training in anesthesia **as a CA-3 year resident in one ACGME-accredited program or as a fellow in one ACGME-accredited anesthesiology subspecialty program** with receipt of a satisfactory Certificate of Clinical Competence covering the final six months.

The applicant must qualify on the entry examination or satisfactorily complete the year of additional training after the date the ABA declared his or her most recent application void. The applicant must complete the requalifying examination before applying to the ABA. If the applicant will complete the year of additional training by the end of the grace period (see Section 2.04.D), he or she may apply to the ABA for the immediately preceding July Part 1 (written) examination. The applicant must apply to the ABA within three years of having reestablished his or her qualifications for admission to examination.

**G.** International medical graduates practicing anesthesiology in the United States may use an alternate path at most once to qualify for entrance into the ABA examination system for initial certification in the specialty (see Section 5.08). They must fulfill all of the above entrance requirements except requirements D and F. In lieu of Entrance Requirement D, the department chair and the international medical graduate should refer to Section 5.08.

**H.** **The ABA will *not* validate or report the results to applicants who sit for the Part 1 (written) examination and do not fulfill those conditions identified in Sections 2.04.C and D by the deadlines.**

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

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision (see Section 5.05).

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

## **2.05 CERTIFICATE OF CLINICAL COMPETENCE**

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

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

## **2.06 APPLICATION PROCEDURE**

**A.** Application for admission to the ABA examination system must be made using the ABA Electronic Application System, via the ABA website at [www.theABA.org](http://www.theABA.org). Exceptions to this requirement will be considered upon written request. Written requests are to be addressed to the ABA Secretary and must include the basis for the requested exception.

**B.** The application form includes the following Acknowledgement, which the applicant shall be required to sign by electronic signature.

*I, the undersigned applicant ("Applicant"), 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 application or the ABA does not accept it, the ABA will retain the application fee and any late fee.*

*I represent and warrant to the ABA that all information contained in this application ("Application") is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this Application 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.*

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

*I acknowledge that I have received a copy of the applicable ABA Booklet of Information and read the Booklet. I agree to be bound by the policies, rules, regulations and requirements published in the applicable Booklet, in all matters relating to consideration of and action upon this Application and Certification should it be granted. I understand that ABA certificates are subject to ABA rules, regulations and Bylaws, all of which may be amended from time to time without further notice. In addition, I understand and acknowledge that in the event I have violated any of the ABA rules governing my Application and/or Certification, or in the event I fail to comply with any provisions of the ABA Certificate of Incorporation or Bylaws, 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.*

**C.** The Application also includes the following Release, which the applicant shall be required to sign by electronic signature.

*I, the undersigned applicant ("Applicant"), hereby apply to the ABA for entrance into its examination system for the purpose of obtaining ABA certification status ("Certification"). I acknowledge that this application ("Application") 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 Application, (# \_\_\_\_\_), I authorize all persons holding testimony, records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Information") to release such Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my Application. The Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any treatment or rehabilitation related thereto. The purpose of releasing such Information is to determine or verify my qualifications for entrance into the ABA entrance examination and ABA Certification. A copy of this release may accompany any request made by the ABA for such Information.*

*I authorize the ABA to: (1) report my status in the examination system, including the results of any Part 1 (written) or Part 2 (oral) examination, to the Director and Department Chair of the program from which I completed my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system. I also authorize the ABA to use any and all Information for the purpose of conducting longitudinal studies to assess the ABA certification process. Such Information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my Application or Certification status. Subject to applicable state and federal law requirements, 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 Application, provided such acts or proceedings are made or conducted in good faith.*

## **2.07 FILING DEADLINES AND DECISION DATE**

**A.** The test date for the **ABA Part 1 (written) examination** is **July 14, 2007**. In 2008, the testing window for the computer delivered Part 1 examination is **August 4 – 6, 2008**.

The **standard deadline** for the ABA to receive a completed application and the application fee is December 15 of the year immediately preceding the year in which the Part 1 (written) examination is to be administered.

The **late deadline** by which the ABA must receive a completed application, the application fee and the late fee is January 15 of the examination year.

*The January 15 late deadline for receipt of a completed application and the appropriate fees is absolute. Regardless of the reason, the ABA will not consider an application for primary certification that it receives after January 15 of the examination year.*

The ABA will make a decision about an applicant's qualifications for admission to the Part 1 (written) examination by March 15 of the examination year. No later than that date, the ABA must receive all documentation it requires to make that determination. This includes, but is not limited to, references and evidence of having qualified for medical licensure. An application will not be accepted if the required documentation is not received by that date. *It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.*

**B.** The **ABA Part 2 (oral) examination** is administered twice each year. The test dates are **April 16 – 20** and **October 1 – 5, 2007**. In 2008, the test dates are **April 14 – 18** and **September 22 – 26**. The **registration deadline** is October 15 of the preceding year for the spring oral examination and February 15 of the examination year for the fall oral examination.

## **2.08 FEES**

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA. The Board reserves the right to change fees when necessary.

All fees paid to the ABA are non-refundable.

The **application fee** for initial certification is \$550.00

A \$300.00 **late fee** is due with an initial certification application received by the ABA after the standard deadline and no later than the late deadline (see Section 2.07).

A \$400.00 **examination fee** is due when candidates accept a Part 1 (written) examination opportunity.

A \$1,725.00 **examination fee** is due when candidates accept a Part 2 (oral) examination opportunity.

There is a **cancellation fee** for canceling an examination appointment. The fee is \$100.00 for the Part 1 (written) examination and \$750.00 for the Part 2 (oral) examination. The fee must accompany the candidate's letter canceling the examination appointment.

A \$50.00 charge will be made whenever a check is returned for nonpayment.

## 2.09 THE EXAMINATION SYSTEM

The examination system for the ABA's primary certificate has two distinct parts, the Part 1 (written) examination and the Part 2 (oral) examination. Each is designed to assess different qualities of a Board certified anesthesiologist as previously defined in Section 1.02.D.

The **Part 1 (written) examination** is designed to assess the candidate's knowledge of basic and clinical sciences as applied to anesthesiology. Part 1 (written) examinations are held annually in locations throughout the United States and Canada on a Saturday in July. A passing grade, as determined by the Board, is required.

It is necessary for candidates to pass the Part 1 (written) examination to qualify for the Part 2 (oral) examination. Candidates must wait at least six months after passing the Part 1 (written) examination to be eligible to appear for the Part 2 (oral) examination.

The **Part 2 (oral) examination** is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios. The attributes are sound judgment in decision-making and management of surgical and anesthetic complications, appropriate application of scientific principles to clinical problems, adaptability to unexpected changes in the clinical situations, and logical organization and effective presentation of information. The Part 2 (oral) examination emphasizes the scientific rationale underlying clinical management decisions. The ABA conducts Part 2 (oral) examinations in the spring and fall of each year at a single location in the United States. Examiners are Directors of the Board and other ABA diplomates who assist as associate examiners. A passing grade, as determined by the Board, is required.

The ABA will *not* schedule candidates to appear at consecutive Part 2 (oral) examinations. Candidates who do not take or do not pass the Part 2 (oral) examination, for which they are scheduled, for whatever reason, are not eligible to appear at the next regularly scheduled Part 2 (oral) examination.

**A.** The **duration of candidate status** is limited. Every candidate is given one opportunity a calendar year, for three years, to successfully complete each examination requirement. All candidates must satisfy the Part 1 (written) examination requirement within three years of the date of the first Part 1 (written) examination that follows acceptance of the application. All candidates must satisfy the Part 2 (oral) examination requirement within three years of the date of the first Part 2 (oral) examination for which they become eligible. The ABA will declare the candidate's application void if the candidate does not satisfy an examination requirement within the prescribed number of opportunities or time, whichever comes first.

**B.** The ABA sends **notification of an examination opportunity** to every candidate eligible to appear for the examination at least four months prior to the examination date. The notification is sent to candidates at their address of record on file in the Board office.

Candidates are *required* to respond to every Part 1 (written) and Part 2 (oral) examination notice via the ABA website at [www.theABA.org](http://www.theABA.org) by the response date established by the ABA, whether or not they accept the examination opportunity.

The ABA notifies candidates of the exact date, time and location of their examination and the rules for its conduct at least two months before the date of examination.

The Board 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 an **address change** via the ABA website at [www.theABA.org](http://www.theABA.org), or by writing the ABA office. Candidates must call the Board office if they do not receive an examination notice they are expecting within the time frame described above. The candidate's ABA identification number, or alternatively social security number, should be included on all correspondence to the Board solely for identification purposes.

**C.** The ABA requires every candidate to **accept each examination opportunity**. The ABA must receive the candidate's reply to the notice of an examination opportunity via the ABA website at [www.theABA.org](http://www.theABA.org) by the deadline specified in the notification. The candidate **forfeits the examination opportunity** if the ABA does *not* receive acceptance of the examination opportunity or the candidate's written request and reason to be excused from the examination opportunity by the response deadline. **The Board will excuse a candidate from at most one opportunity to satisfy an examination requirement without forfeiting the opportunity.**

**The Board expects a candidate who accepts an examination opportunity to keep the examination appointment. Candidates who inform the Board that they are canceling their examination appointment are charged a cancellation fee and may forfeit the examination opportunity.** Notice of cancellation must be in writing and must include a check in the amount of the cancellation fee.

If an event over which they had no control prevented them from keeping their examination appointment, the candidate may submit a written request to be excused from the examination without forfeiting the examination opportunity. The request must include an explanation and independent documentation of the event. The ABA must receive the candidate's request no later than three weeks after the examination date. The Board will consider the request only if it is the candidate's first request to be excused from an opportunity to satisfy the examination requirement.

**A candidate who does not cancel an examination appointment and does not keep the appointment forfeits the examination opportunity and the examination fee.**

**D.** The Board reserves the right to limit the number of candidates to be admitted to any examination. Places in the **Part 2 (oral) examination schedule** are assigned randomly when more candidates request the examination than can be accommodated. Candidates who are not assigned to the examination they requested are assigned to the next examination for which they are eligible.

**E.** ABA examinations are administered to all candidates under the same standardized testing conditions. The Board will consider a candidate's complaint about the testing conditions under which an ABA examination was administered only if the complaint is received within three weeks of the test date.

## **2.10 STATUS OF INDIVIDUALS**

The ABA reserves to itself exclusively 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 application for certification is valid.

The ABA defines **clinically active** as performing, teaching or supervising anesthesia in the operating room or other anesthetizing areas an average of one day per week during twelve consecutive months over the preceding three years in patients having a varied degree of systemic disease and who are undergoing surgery or diagnostic procedures requiring anesthetic care

consistent with the knowledge of the currently relevant pharmacology, physiology and medicine. The ABA has defined the following **certification statuses**:

- Certified
- Certified – Not Clinically Active
- Retired – Certified
- Retired

Diplomates designated by the ABA as Not Clinically Active have attested to the ABA that they do not meet the ABA definition of clinical activity and do not plan to be clinically active for at least three years. Diplomates designated by the Board as Retired – Certified 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 other than Certified have to apply to the ABA to re-attain Certified status. (See Section 5.07).**

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 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.
- The physician is a candidate in the ABA recertification and maintenance of certification system.
- The physician never was certified by the ABA

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 at [www.theABA.org](http://www.theABA.org), which is the primary source official for verification of ABA certification status. *The fee for written confirmation of an individual's status is \$35.00.*

The certification marks identified in Section 1.03 are certification marks 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 an individual has misappropriated its certification marks for the purpose of misrepresenting his or her 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.

## **2.11 NONSTANDARD EXAMINATION CONDITIONS**

The ABA supports the intent of the Americans with Disabilities Act ("ADA") and has a process for considering requests that its assessment programs be modified to accommodate an individual with a disability (see Section 6). Anyone having questions about the process should write or call the Executive Director of the Board at the ABA office.

## **2.12 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.

## **2.13 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.

## **2.14 REAPPLICATION**

The ABA declares void the application of a candidate who does not satisfy the examination requirements in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges and requirements that apply at the time of reapplication. In particular, individuals who previously applied under the provisions of the Board's now-defunct Royal College Certification policy must complete the continuum of education in anesthesiology (see Section 2.02) satisfactorily before submitting another application. The applicant who meets existing requirements will be readmitted into the examination system.

*The re-applicant for primary certification who has had a second or subsequent application declared void for any cause, or has completed anesthesia residency training more than 12 years before the date of reapplication, must reestablish his or her qualifications for admission to the examination system before filing another application. The manner in which this may be done is described in Section 2.04.F. In all instances, the candidate must pass both the Part 1 (written) and Part 2 (oral) examinations under the new application.*

## ABA SUBSPECIALTY CERTIFICATION

### 3.01 ABA SUBSPECIALTY CERTIFICATES

The ABMS has authorized the ABA and other ABMS Member Boards to award certification in the subspecialties of Critical Care Medicine, Pain Medicine, and Hospice and Palliative Medicine.

- A.** The discipline of **critical care medicine** 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 of necessity 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** 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** is based on expanding scientific knowledge about symptom control when cure is not possible and appropriate care during the last months 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. The subspecialist may take on the primary management of patients, during which he or she 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.

### **3.02 CERTIFICATION REQUIREMENTS**

At the time of subspecialty certification by the ABA, the diplomate shall be capable of performing independently the entire scope of anesthesiology practice (see Sections 1.02.A and 1.02.D) and must:

- A.** Be a diplomate of the ABA.
- B.** Fulfill the licensure requirement for certification (see Section 2.01.A)
- 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 (see Section 5.06) satisfactory to the ABA.

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 ten years after the year the candidate passes the subspecialty examination. Holders of a time-limited certificate may apply to the ABA to recertify in the subspecialty no sooner than three years before their subspecialty certification ends.

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

### **3.03 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 Section 2.02.D for details).

The ABA grants a fellow credit towards 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 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.

**B.** The initial period during which an applicant was permitted to qualify for subspecialty examination by **Temporary Criteria** ended in 1993 for Critical Care Medicine certification and in 1998 for Pain Medicine certification.

During the first five years of certification in Hospice and Palliative Medicine, candidates who have not had formal training in an ACGME-accredited Hospice and Palliative Medicine fellowship may be admitted to the examination via **Temporary Criteria**. Before the application, they must demonstrate at least 800 hours of clinical involvement during the last five years of subspecialty level practice of hospice and palliative medicine. Clinical involvement includes:

1. At least two years and 100 hours of participation with a hospice or palliative care team, and active care of at least 50 terminally ill patients. OR,
2. Prior certification by the American Board of Hospice and Palliative Medicine and evidence of clinical activity in hospice and palliative medicine in the two years preceding the application.

### **3.04 ABSENCE FROM TRAINING**

The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (4 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.

### **3.05 ENTRANCE REQUIREMENTS**

At the time of application to enter the subspecialty examination system of the ABA, the applicant shall be capable of performing independently the entire scope of anesthesiology subspecialty practice and must:

**A.** Be certified by the ABA. Applicants for subspecialty certification must be a diplomate of the ABA no later than **December 31** of the year in which the subspecialty examination is administered.

**B.** Have fulfilled the licensure requirement for certification (see Section 2.01.A). The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.

**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. Applicants who will complete the subspecialty training requirement by the end of the grace period (see Section 2.04.D) may apply for that year's subspecialty examination.

**D.** Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of the applicant's current practice of the subspecialty. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement

by practicing the subspecialty, on average, at least one day per week during one of the previous three years. The ABA may use such documentation and evaluations as part of its assessment of the applicant'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 applicant's current practice of the subspecialty and use them in determining the applicant's qualifications for admission to the examination system. The Clinical Competence Report from the department **and** the evaluation of the program director and others will be used as the basis for assessing admission qualifications.

**E.** If an applicant completed anesthesiology subspecialty fellowship training more than 12 years before the date of application, or if an applicant has had a second or subsequent subspecialty application declared void, the ABA must have evidence that the applicant has reestablished his or her qualifications for admission to the subspecialty examination system. To fulfill the subspecialty requalification requirement, the applicant must complete four more consecutive months of training in the subspecialty. The training must be in an ACGME-accredited anesthesiology subspecialty program and be completed satisfactorily before applying for examination.

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

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision (see Section 5.05).

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

### **3.06 APPLICATION PROCEDURE**

**A.** Application for admission to the ABA examination system must be made using the ABA Electronic Application System via the ABA website at [www.theABA.org](http://www.theABA.org). Exceptions to this requirement will be considered upon written request. Written requests are to be addressed to the ABA Secretary and must include the basis for the requested exception.

**B.** The application form includes the identical Acknowledgement and Release statements included in the application for primary certification (see Sections 2.06.B and C). The applicant for subspecialty examination shall be required to sign each statement by electronic signature.

### **3.07 FILING DEADLINES AND DECISION DATE**

**A.** The **critical care medicine** certification examination is administered once each year. Test dates are **September 15, 2007 and September 13, 2008**.

The **pain medicine** certification examination is administered once each year. Test dates are **September 15, 2007 and September 13, 2008**.

Beginning in 2008, the **hospice and palliative medicine** examination will be administered every other year. The 2008 test date has not yet been determined.

**B.** The **standard deadline** for the ABA to receive a completed application and the application fee is March 15 of the year in which the subspecialty examination is to be administered.

The **late deadline** by which the ABA must receive a completed application with the application fee and a late is March 31 of the examination year.

*The late deadline for receipt of a completed application and the appropriate fees is absolute. Regardless of the reason, the ABA will not consider a subspecialty application it receives after the late deadline.*

The ABA will make a decision about an applicant's qualifications for admission to a subspecialty examination by May 15 of the examination year. No later than that date, the ABA must receive all documentation it requires to make that determination. This includes, but is not limited to, references and verification that the training requirement is met. An application will not be accepted if the required documentation is not received by that date. *It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.*

### **3.08 FEES**

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA. The Board reserves the right to change fees when necessary.

All fees paid to the ABA are non-refundable.

The **application fee** for subspecialty certification is \$250.00.

A \$300.00 **late fee** is due with a subspecialty application received by the ABA after the standard deadline and no later than the late deadline (see Section 3.07).

A \$750.00 **examination fee** is due when candidates accept a subspecialty examination opportunity.

The **cancellation fee** for canceling a subspecialty examination appointment is \$100.00. The fee must accompany the candidate's letter canceling the examination appointment.

A \$50.00 charge will be made whenever a check is returned for nonpayment.

### **3.09 THE EXAMINATION SYSTEM**

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.

Subspecialty examinations in critical care medicine and pain medicine are administered annually. The first hospice and palliative medicine examination will be administered in the fall of 2008; subsequently, the examination will be administered every two years.

The ABA will mail notice to all eligible candidates announcing the registration procedure and date of the examination approximately four months prior to the date of its scheduled administration.

The **duration of candidate status** is limited. Every candidate is given one opportunity a calendar year, for three years, to satisfy a subspecialty examination requirement. The candidate must satisfy the examination requirement within three years of the date of the first examination that follows acceptance of the application. Because the hospice and palliative medicine examination is administered every other year, candidates for certification in this subspecialty will have three

opportunities to satisfy the examination requirement between the date of the first examination they are eligible to take and the next three consecutive administrations of the examination. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

The **ABA policies** regarding examination notices, excused absences, candidate responses and address changes are stated at Sections 2.09.B. and C. Its policies regarding examination under nonstandard conditions, irregular examination behavior and unforeseeable events may be found at Sections 2.11, 2.12 and 2.13.

### **3.10 STATUS OF INDIVIDUALS**

Inquiries about the current status of physicians relative to the ABA subspecialty certification system should be addressed to the ABA office. The ABA will affirm the status of physicians who are certified in a subspecialty by the ABA. For others, the response to the inquiry will be in keeping with ABA policy (see Section 2.10).

### **3.11 REAPPLICATION**

The ABA declares void the application of a candidate who does not satisfy the examination requirements in the prescribed number of opportunities or time for whatever reason. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be readmitted into the examination system.

*Every re-applicant who qualified previously by Temporary Criteria is required to have completed satisfactorily the one-year continuum of education in the subspecialty before reapplying for the subspecialty certificate.*

## RECERTIFICATION AND MAINTENANCE OF CERTIFICATION

### 4.01 BACKGROUND

**A.** Initiatives at federal, state and local levels convinced the ABA that some of its diplomates would need or desire a mechanism to demonstrate their continuing qualifications. In May 1989, the ABA announced its intent to develop a program for continued demonstration of qualifications (“CDQ”), which would afford its diplomates the opportunity to *voluntarily* demonstrate current knowledge and quality of practice. The ABA approved a policy of time-limited certification in 1995. All certificates issued by the ABA on or after January 1, 2000 will expire ten (10) years after the year the candidate passes the certification examination. The ABA took this step to reassure the public that the diplomate continues to demonstrate the attributes of a Board certified anesthesiologist. The ABMS approved the ABA recertification proposal in March 1996. Subsequently, the ABA changed the name of the CDQ program to recertification.

**B.** In 1998, the ABMS approved ABA proposals for recertification in the subspecialties of critical care medicine and pain management. The credentialing requirements, examination and passing standard are the same for certification and recertification. The ABA administers the subspecialty examinations to recertification candidates annually.

**C.** ABA Recertification Programs include a commitment to continuing education, an assessment of the quality of practice in the local environment, and an evaluation of knowledge. *Diplomates who hold a certificate that is not time-limited may voluntarily elect to apply to the ABA for recertification. The ABA will not alter the status of their certification if they do not recertify.*

**D.** This voluntary program for recertification in the specialty of anesthesiology is only for diplomates certified by the ABA before the year 2000. This recertification program ends in 2009.

**E.** The ABMS approved the concept of maintenance of certification (“MOC”) in 2000. The twenty-four (24) ABMS Member Boards subsequently endorsed the concept. MOC is a program of continual self-assessment and lifelong learning, along with periodic assessment of professional standing, cognitive expertise and practice performance and improvement. The ABA is committed to evolving its recertification programs to MOC programs.

**F.** The ABA presented a proposal for the Maintenance of Certification in Anesthesiology Program (“MOCA”) to ABMS in 2002. The transition from the current recertification program to MOCA began in 2004. This allows adequate time for diplomates issued a time-limited certificate to satisfy all MOCA requirements. The maximum interval between initial certification that is time-limited and successful completion of the requirements to maintain certification for the first time, as well as each time MOCA is required thereafter, is ten (10) years.

### 4.02 SPECIALTY AND SUBSPECIALTY RECERTIFICATION PROGRAMS

The ABA established the **voluntary recertification program** for diplomates before it began issuing time-limited certificates in anesthesiology. Only Diplomates certified in anesthesiology by the ABA before January 1, 2000, are eligible to apply for the recertification program. The soonest they may apply is seven years after their initial certification or recertification by the ABA. Diplomates certified before 2000 who might have a future need to recertify should consider participating in the program before it closes in 2009. Participation will not jeopardize a participant’s diplomate status.

The ABA established **subspecialty recertification programs** for diplomates with subspecialty certification whether or not the subspecialty certificate issued to them is time-limited. The soonest diplomates may apply for subspecialty recertification is seven years after their certification or recertification in the subspecialty by the ABA. All diplomates certified in a subspecialty by the ABA are eligible to apply for recertification in that subspecialty. Diplomates with a subspecialty certificate that is not time-limited will not jeopardize their subspecialty certification status by participating in the subspecialty recertification program.

## **A. RECERTIFICATION REQUIREMENTS**

The ABA recertification programs include two major components: an evaluation of the quality of current practice conducted at the local level and a secure written examination. To be admissible to an ABA recertification examination, the applicant shall be capable of performing independently the entire scope of specialty or subspecialty practice and must:

- (1) Be a physician to whom the ABA previously awarded certification in the specialty or subspecialty.
- (2) Have fulfilled the licensure requirement for certification (see Section 2.01.A). The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system.
- (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 applicant's current privileges where a substantial portion of the applicant's practice takes place. The documentation includes evaluations of various aspects of the applicant's current practice and verification that the applicant meets the Board's clinical activity requirement by practicing the medical discipline for which recertification is being sought, on average, at least one day per week during one of the previous three years (see Sections 2.04.E and 3.04.). If the applicant's practice is entirely office-based, three letters of reference solicited by the ABA from referring physicians should be on file.

The ABA shall issue a recertification certificate to the applicant who is accepted for and satisfies the anesthesiology or subspecialty recertification examination requirement established by the ABA.

**The voluntary program for recertification in the specialty of anesthesiology is only for diplomates certified by the ABA before the year 2000. This recertification program ends in 2009.** ABA specialty and subspecialty recertification certificates are subject to ABA rules, regulations and Bylaws, including its Booklet of Information, all of which may be amended from time to time without further notice.

## **B. APPLICATION PROCEDURE AND DECISION DATES**

Application for admission to the ABA recertification examination must be made using the ABA Electronic Application System, via the ABA website at [www.theABA.org](http://www.theABA.org). Exceptions to this requirement will be considered upon written request. Written requests are to be addressed to the ABA Secretary and must include the basis for the requested exception.

The application form includes the identical Acknowledgement and Release statements included in the application for initial certification (see Sections 2.06.B and C). The recertification applicant shall be required to sign each statement by electronic signature.

**(1) Anesthesiology recertification examination:**

The anesthesiology recertification examination is administered twice each year. The test dates are **August 4-18, 2007, January 5-19, 2008** and **August 2-16, 2008**.

The ABA will make a decision about an applicant's qualifications for admission to each examination by the **decision deadline**, which is August 31 of the preceding year for the January examinations and March 31 of the examination year for the August examinations. The decision deadline is absolute, and the ABA must receive all the documentation it requires to make a determination about an applicant's qualifications by that date. Documentation includes, but is not limited to verification of current credentialing/hospital privileges.

When the ABA does not receive required documentation by the decision deadline, it will consider the application for the next anesthesiology recertification examination. *It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.*

The application process is continuous and will remain open until December 31, 2008. The ABA voluntary recertification program ends in 2009, and December 31, 2008 is the final date that a diplomate may apply for an anesthesiology recertification examination in 2009.

**(2) Subspecialty recertification examinations:**

The **critical care medicine** recertification examination is administered once each year. Test dates are **September 22-October 6, 2007** and **September 20-October 4, 2008**.

The **pain medicine** recertification examination is administered once each year. Test dates are **September 22-October 6, 2007** and **September 20-October 4, 2008**.

The **standard deadline** for the ABA to receive a completed subspecialty recertification application and the application fee is March 15 of the examination year. The **late deadline** for the ABA to receive a completed application with the application fee and a late fee is March 31 of the examination year.

*The late deadline for receipt of a completed subspecialty recertification application and the appropriate fee are absolute. Regardless of the reason, the ABA will not consider a recertification application it receives after the late deadline for the examination.*

The ABA will make a decision about an applicant's qualifications for admission to a subspecialty recertification examination by the May 15 **decision deadline**. No later than that date, the ABA must receive all the documentation it requires to make that determination. Documentation includes, but is not limited to verification of current credentialing/hospital privileges. An application will not be accepted if the required documentation is not received by that date. *It ultimately is the responsibility of every applicant to assure that the ABA receives all required documentation in a timely manner.*

## **C. FEES**

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA. The Board reserves the right to change fees when necessary.

All fees paid to the ABA are non-refundable.

There is no application fee for **anesthesiology recertification**. A \$750.00 examination fee is due when candidates accept an anesthesiology recertification examination opportunity.

The application fee for **subspecialty recertification** is \$250.00. A \$300.00 **late fee** is due with an application received by the ABA after the standard deadline and no later than the late deadline. A \$750.00 examination fee is due when candidates accept a subspecialty recertification examination opportunity.

The **cancellation fee** for canceling a specialty or subspecialty recertification examination appointment is \$100.00. The fee must accompany the candidate's letter canceling the examination appointment.

A \$50.00 charge will be made whenever a check is returned for nonpayment.

#### **D. THE EXAMINATION SYSTEM**

The ABA shall determine that admission to a recertification examination is warranted when required information submitted by and on behalf of the applicant is satisfactory. The ABA will notify an applicant who is accepted as a candidate for recertification after approval of all credentials. The ABA will notify all eligible candidates of the location(s) and date of their examination approximately four months prior to the date of its scheduled administration.

The Board, acting as a committee of the whole, reserves the right not to accept an application. The applicant has the right to seek review of such decision (see Section 5.05).

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

The **anesthesiology recertification examination** is designed to assess current knowledge of the breadth of anesthesia practice and presents clinically relevant items that apply to all types of anesthesia practice. It will be administered semi-annually in 2007, 2008 and 2009. There is no limit to the number of opportunities a candidate has to satisfy the anesthesiology recertification examination requirement before the program ends in 2009.

**Subspecialty recertification examinations** are designed to test for the presence of knowledge considered essential for the ABA diplomate to function as a practitioner of the subspecialty. They are administered annually. Every candidate is given one opportunity a calendar year, for three years, to satisfy the subspecialty recertification examination requirement. The candidate must satisfy the examination requirement within three years of the date of the first examination that follows acceptance of the application. The ABA will declare the candidate's application void if the candidate does not pass the examination within the prescribed number of opportunities or time, whichever comes first. Physicians whose application has been declared void may reapply to the ABA.

The **ABA policies** regarding examination notices, excused absences, candidate responses, and address changes are stated at Sections 2.09.B. and C. Its policies regarding examination under nonstandard conditions, irregular examination behavior and unforeseeable events may be found at Sections 2.11, 2.12 and 2.13.

#### **E. STATUS OF INDIVIDUALS**

Inquiries about the current status of physicians should be addressed to the ABA office. For physicians certified by the ABA who subsequently complete the recertification program, the ABA will affirm their diplomate status and the year of their recertification. For others, the response to the inquiry will be in keeping with ABA policy (see Section 2.10).

## **F. REAPPLICATION**

To reapply for subspecialty recertification, the physician must submit a new application. Such application shall be subject to the fees, rules, privileges and requirements that apply at the time of reapplication. The applicant who is judged to meet existing requirements will be accepted as a candidate for recertification.

### **4.03 MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY PROGRAM**

The ABA issues diplomates a certificate that is valid for 10 years to diplomates certified on or after January 1, 2000. The voluntary recertification program is not open to holders of a time-limited anesthesiology certificate. They must satisfactorily complete the requirements of MOCA before their time-limited certificate expires to maintain diplomate status in the specialty.

MOCA is a 10-year program of ongoing self-assessment and lifelong learning, continual professional standing assessment, periodic self-directed assessments of practice performance and quality improvement, and an examination of cognitive expertise. A diplomate's MOCA cycle begins the day after the ABA awards initial certification or maintenance of certification in the specialty. The ABA awards a MOCA certificate when a diplomate has completed all MOCA program requirements within the preceding 10 years.

ABA maintenance of certification certificates are subject to ABA rules, regulations and Bylaws, including its Booklet of Information, all of which may be amended from time to time without further notice.

Physicians should maintain competency in the following general areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The MOCA requirements for Professional Standing, Lifelong Learning and Self-Assessment (LLSA), Cognitive Expertise, and Practice Performance Assessment and Improvement (PPAI) are designed to provide assessments of these six general competencies.

#### **A. PROFESSIONAL STANDING ASSESSMENT**

ABA diplomates must hold an active, unrestricted license to practice medicine in at least one jurisdiction of the United States or Canada. Further, all US and Canadian medical licenses that a diplomate holds must be unrestricted (see Section 5.06).

The ABA assesses a diplomate's Professional Standing continually. 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. 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. Diplomates discovered not to have made disclosure may be subject to sanctions on their diplomate status. Professional Standing acceptable to the ABA is a prerequisite qualification for cognitive examination and for maintenance of certification.

#### **B. LIFELONG LEARNING AND SELF-ASSESSMENT**

ABA diplomates should continually seek to improve the quality of their clinical practice and patient care through self-directed professional development. This should be done through self-assessment and learning opportunities designed to meet the diplomate's needs and the MOCA requirement for Lifelong Learning and Self-Assessment ("LLSA").

The LLSA requirement for maintenance of certification is 350 credits for continuing medical education (“CME”) activities. Of the 350 credit total:

- (1) At least 250 credits must be Category 1 credits for ACCME-approved programs or activities.
- (2) At most 100 credits may be for programs and activities for which Category 1 credit is not awarded.
- (3) No more than 70 credits may be for CME programs and activities completed in the same calendar year.

The prerequisite qualification for cognitive examination is at least 200 credits.

Beginning with the 2006 calendar year, the ABA will grant at most 70 LLSA credits for all CME activities completed in a single calendar year. Thus, MOCA candidates will have to complete some LLSA activity in at least 5 years of each 10-year MOCA cycle. They are encouraged to complete some LLSA activity in each of the six general competencies for physicians.

CME sponsors may submit CME activities and credits to the ABA electronically for ABA diplomates. ABA diplomates may self report their CME activities and credits to the ABA electronically. Whereas provider-reported CME activities do not require verification, self-reported CME activities are subject to audit and verification by the ABA within three years of their submission. **Therefore, diplomates must keep documentation of every self-reported CME activity for at least three years after they submit it to the ABA for LLSA credit.**

### **C. COGNITIVE EXPERTISE ASSESSMENT**

MOCA candidates must demonstrate their cognitive expertise by passing an ABA examination administered via computer under secure, proctored, standardized testing conditions. They may satisfy the examination requirement no earlier than the 7<sup>th</sup> year of their 10-year MOCA cycle. Examination pre-requisites for the purpose of satisfying the MOCA program requirement are:

- (1) Professional standing acceptable to the ABA.
- (2) PPAI participation acceptable to the ABA.
- (3) At least 200 LLSA credits submitted to the ABA at least five months prior to the examination date.

Prior to the 7<sup>th</sup> year of their MOCA cycle, candidates may take the cognitive examination as often as they wish, for practice or a reason unrelated to the MOCA program. There are no pre-requisites to take the examination for practice. Candidates must register with the ABA to take the examination and pay the examination fee within one month of the **decision deadline**.

Candidates may take the MOCA examination to satisfy the maintenance of certification requirement or for practice at most twice during a calendar year. There is no limit to the number of times they may take the examination. The ABA will inform registered examinees of the procedure for making an examination appointment approximately two months prior to the examination date.

The MOCA cognitive examination is administered twice each year. The test dates are **August 4-18, 2007, January 5-19, 2008** and **August 2-16, 2008**.

The ABA will make a decision about a MOCA candidate’s eligibility for examination by the **decision deadline**, which is August 31 of the preceding year for the January examinations and March 31 of the examination year for the August examinations. The decision deadline is absolute, and the ABA must have documentation that the candidate has met all of the prerequisites by that date. When the ABA does not have the required documentation by the decision deadline, it will evaluate the candidate’s eligibility for the next MOCA examination. *It ultimately is the responsibility*

*of MOCA candidates to assure that the ABA receives documentation in a timely manner that they have met all of the MOCA examination prerequisites.*

#### **D. PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT**

ABA diplomates should be continually engaged in a self-directed program of practice assessment and performance improvement (PPAI). For MOCA, the PPAI process consists of the ABA obtaining attestations and evidence of the candidate's clinical activity and ongoing program of practice assessment and performance improvement. The ABA minimum clinical activity requirement is the practice of anesthesiology or a recognized anesthesiology subspecialty, on average, at least one day per week during one of the previous three years (see Sections 2.04.E, and 3.04.D).

Each year, the ABA will audit a sample of Year 5 and Year 9 MOCA candidates to obtain evidence to support attestations about their PPAI program. Audited candidates will be required to provide documentation and other evidence to demonstrate their participation in the PPAI process. They also will be required to identify their department chair, practice group president or other individual from whom the ABA will solicit evidence-based attestations about the MOCA candidate's clinical practice.

Evidence of PPAI acceptable to the ABA is a prerequisite for the MOCA Cognitive Examination and is a requirement for maintenance of certification in anesthesiology.

#### **E. MOCA CYCLE DURING AND AFTER TRANSITION PERIOD**

The transition from a voluntary recertification examination program to MOCA began in January 2004. ABA diplomates whose date of initial certification or most recent recertification is before 2000 may voluntarily participate in either the recertification program until it ends in 2009 or the MOCA program. The first time they apply for MOCA they may complete the MOCA program in as soon as one year. They may expedite the completion of the MOCA program only once; thereafter, the 10-year MOCA program is their only option.

The MOCA program is the only option for ABA diplomates certified in or after 2000 to maintain their certification. The ABA automatically enrolls diplomates in MOCA upon their certification, recertification or maintenance of certification.

Diplomates issued a time-limited certificate in 2000, 2001, 2002, or 2003 have only 6, 7, 8 and 9 years, respectively, to complete their first MOCA cycle before their certification expires. For them, the LLSA requirements for the secure examination prerequisite and for the awarding of maintenance of certification are prorated. They may visit the ABA website or contact the Board office for additional information regarding their MOCA program requirements.

Diplomates issued a time-limited certificate in or after 2004 have 10 years to complete all MOCA requirements before their certification expires. They have to complete 350 LLSA hours with a minimum of 250 Category 1 hours, complete the PPAI and Cognitive Examination requirements, and have acceptable Professional Standing. A prerequisite for them to take the cognitive exam is 200 LLSA credits. They can take the secure examination no sooner than the 7<sup>th</sup> year of their MOCA cycle.

Diplomates certified before 2000 have a certificate that is not time-limited. The first time they are a MOCA candidate, they have the option to complete the MOCA program expeditiously within as soon as one year of commencing their participation. The Professional Standing assessment is continual. PPAI attestations will be required within 6 months of their request to expedite the MOCA process. They can satisfy LLSA requirements on the basis of CME activities completed after certification and

within the past 10 years. They can take a secure examination when they have satisfied all of the prerequisite requirements by the examination's decision deadline (see Section 5.03.F).

Diplomates with a certificate that is not time-limited may complete the expedited MOCA program only once. Thereafter, their next MOCA cycle will be 10 years and will begin the day after their MOCA certification is awarded.

## F. ENROLLMENT APPLICATION PROCEDURE

Diplomates are automatically enrolled in MOCA when they are awarded time-limited specialty certification and again when they successfully complete each MOCA cycle, including an expedited MOCA cycle. The ABA automatically enrolls diplomates with a non-time limited primary certificate in MOCA upon their completion of the voluntary recertification program in or after 2003 and upon their completion of the MOCA program in 2005 or thereafter. **All other ABA diplomates have to apply to the ABA to enroll in MOCA.**

There is no MOCA application fee. Diplomates not automatically enrolled in MOCA may apply to enroll at any time. Application for MOCA must be made electronically via the ABA website at [www.theABA.org](http://www.theABA.org). Exceptions to this requirement will be considered upon written request. Written requests are to be addressed to the ABA Secretary and must include the basis for the requested exception.

Applicants must provide information about all their medical licenses and current contact information (e.g., postal address) to complete the application process. *It ultimately is the responsibility of every applicant to assure that the ABA receives all required information.*

## G. FEES

The ABA is a nonprofit organization. Fees are based on the cost of maintaining the functions of the ABA. The Board reserves the right to change fees when necessary.

All fees paid to the ABA are non-refundable.

There is no enrollment or **application fee** for MOCA.

The \$750.00 **examination fee** is due when candidates accept a secure examination opportunity.

The **cancellation fee** for canceling a MOCA examination appointment is \$100.00. The fee must accompany the candidate's letter canceling the examination appointment.

A \$50.00 charge will be made whenever a check is returned for nonpayment.

## H. STATUS OF INDIVIDUALS

The ABA reserves to itself exclusively the right to define an individual's relationship to the ABA maintenance of certification system (see Section 2.10).

An individual's current status relative to the ABA examination and certification system may be confirmed *at no charge* via the ABA Diplomat and Candidate Directory at [www.theABA.org](http://www.theABA.org), which is the official primary source for verification of ABA certification status. *The fee for written confirmation of an individual's status is \$35.00.*

## **BOARD POLICIES**

### **5.01 ALCOHOL AND SUBSTANCE ABUSE**

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

The ABA will admit qualified applicants and candidates with a history of alcohol abuse to its examination system and to examination if, in response to its inquiries, the ABA receives acceptable documentation that they do not currently pose a direct threat to the health and safety of others.

The ABA will admit qualified applicants and candidates with a history of illegal use of drugs to its examination system and to 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.

### **5.02 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 provision of the Certificate of Incorporation of this Board or its By-Laws; or
- B.** The person certified shall not have been eligible to receive such certificate whether or not 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.** The person certified shall have made any misstatement or omission of fact in his or her application 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 5.06) satisfactory to the Board.

The Board shall be the sole judge of whether or not the evidence or information before it is sufficient to require or permit revocation of any certificate issued by the Board, and the decision of the Board shall be final. The individual has the right to seek review of such decision (see Section 5.05).

### **5.03 CERTIFICATION BY OTHER ORGANIZATIONS**

The ABA will make no statement about the comparability of the ABA 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 specialty or subspecialty certification or recertification.

### **5.04 RECORDS RETENTION**

The ABA retains certain documents pertaining to an individual's residency training, application 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 or recertification 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:

- In the absence of an application for certification, Certification Records pertaining to the ABA entrance requirements are retained for seven years from the date of the most recent correspondence to or from the ABA regarding the requirements.
- Certification Records pertaining to an unsuccessful application are retained until the individual submits another application to the ABA or the aforementioned seven-year period expires, whichever occurs first.
- Certification Records corroborating the results of a candidate's examination are retained until 6 months after the date of the most recent correspondence to or from the ABA regarding the results.
- Certification Records corroborating the candidate's fulfillment of the ABA certification requirements (e.g., evidence of medical licensure) are retained until one year after the date of the most recent correspondence to or from the ABA regarding the candidate's certification by the ABA.
- Certification Records pertaining to adverse board actions, including termination or other sanctions, are retained for seven years from the date of the most recent correspondence to or from the ABA regarding such board action.
- Certification Records corroborating a diplomate's completion of an ABA maintenance of certification program are retained until the diplomate has completed the current MOCA cycle or ten years, whichever occurs first. All other Certification Records related to an ABA maintenance of certification program, including supporting documentation and evaluation results, are retained until 6 months after the date of the most recent correspondence to or from the ABA regarding the results.
- A Certification Record pertaining to a candidate's completion of an ACGME-accredited anesthesiology residency program is 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.
- Certification Records for candidates issued an ABA certification are retained indefinitely. These Certification Records include documents and entries attesting that each certification requirement was met.

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.

#### **5.05 FORMAL REVIEW PROCESS**

The only actions of the ABA that are subject to formal review are a decision not to accept an application, 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 thirty (30) days of receiving notification of the Board's decision. The individual shall address the notice to the ABA Secretary at the Board office 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 notice of a request for formal review within the time and in the manner prescribed, the request will be screened to determine whether or not 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.

#### **5.06 PROFESSIONAL STANDING**

Professional standing satisfactory to the ABA is a requirement for acceptance as a candidate for ABA certification and for certification, subcertification, recertification and maintenance of certification by the ABA.

Applicants with a medical license that is revoked, suspended or surrendered in lieu of revocation or suspension will not be accepted as a candidate for initial certification in anesthesiology. Applicants with less severe restrictions on a medical license may be accepted into the ABA system and certification may be deferred until the medical license is unrestricted or the Credentials Committee recommends and the Board approves awarding certification to the physician.

Candidates with a medical license that is revoked, suspended or surrendered in lieu of revocation or suspension will not be permitted to take ABA examinations until the license is unrestricted, and then only if the application period is valid. Candidates with less severe restrictions on a medical license may be permitted to take ABA examinations and certification may be deferred until the medical license is unrestricted or the Credentials Committee recommends and the Board approves awarding certification to the physician.

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 or "conditions"), which may include revocation of the certification.

## 5.07 RE-ATTAINING CERTIFICATION STATUS

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

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

- Pass the ABA Part 1 (written) examination.
- Pass the ABA Part 2 (oral) 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 an applicant who has been certified in both anesthesiology and one or more anesthesia subspecialties, and who has changed their certification status to “not clinically active”, “retired”, or “retired-certified”, or who has had the certificates revoked, to re-attain those certifications at different times. If an applicant had qualified under temporary criteria for a certificate, the status of which the diplomate has changed to either “not clinically active”, “retired”, or “retired-certified”, or which has been revoked, the ABA may require the applicant to complete additional training or satisfy other additional conditions acceptable to the ABA.

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

## 5.08 ALTERNATE ENTRY PATH TO PRIMARY CERTIFICATION EXAMINATIONS

The ABA has approved a 7-year pilot program that would allow international medical graduates, certified by the national anesthesiology organization in the country where they trained in the specialty and practicing anesthesiology in the United States, to qualify for entrance into the ABA examination system for initial certification in the specialty at most once via an alternate entry path. The objective of the pilot program is to encourage outstanding foreign trained and certified anesthesiologists, who come to the United States, to become productive members of U.S. academic anesthesiology programs.

### A. ALTERNATE ENTRY PATH

International medical graduates interested in using the alternate entry path must complete a total of 4 years of continuous experience in one anesthesiology department that commences on or after July 1, 2007. The ABA must prospectively approve the four-year program planned for the international medical graduate. At the time the anesthesiology department enrolls the international medical graduate with the ABA, the department must have an ACGME-accredited anesthesiology residency or fellowship training program that has continued full accreditation and a review cycle of three years or more. **An anesthesiology department can have no more than two international medical graduates enrolled in the pilot program at one time.**

## **B. PROSPECTIVE APPROVAL AND ENROLLMENT PROCESSES**

The chair of the anesthesiology department that sponsors the foreign certified anesthesiologist must submit to the ABA a 4-year plan, co-signed by the physician, for prospective approval by the ABA Credentials Committee. The ABA must receive the 4-year plan no later than 4 months before the department enrolls the foreign certified anesthesiologist with the ABA and the 4-year period of continuous experience commences.

The experiences planned for the foreign certified anesthesiologist will consist of 4 years of resident or fellowship training, research, or faculty experience, or combination thereof. The 4-year experience must be in the same institution in which the anesthesiology program resides. The 4-year plan must provide the education and research foundations needed for a successful career in academic anesthesiology and should be specifically designed and identified for the candidate.

The department chair also has to submit the following documents with the request for prospective approval of a 4-year plan for a foreign trained and certified anesthesiologist:

- Documentation of the physician's anesthesiology certification in a country other than the U.S. that was preceded by postgraduate training in anesthesiology that is comparable in duration to training in the specialty provided by ACGME-accredited anesthesiology programs in the U.S.
- Written verification satisfactory to the Board of the physician's anesthesiology certification from the certifying body.
- Evidence satisfactory to the Board that the physician has been awarded a medical or osteopathic degree acceptable to the ABA.
- Evidence of *one* of the following:
  - A permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates; or,
  - Comparable credentials from the Medical Council of Canada; or,
  - An active license to practice medicine or osteopathy in one state of the United States or in Canada that is permanent, unconditional and unrestricted.

## **C. PERIODIC EVALUATION REPORTS**

At 6-month intervals, the department chair must submit to the ABA attestations that the physician is currently a resident or fellow in an ACGME-accredited program, or is actively engaged in research, or is a faculty member with a full-time primary appointment in the ACGME-accredited program. At the same time, the department chair will provide the ABA with an assessment of the physician's performance during the preceding six months relative to the ABMS- and ACGME-approved six general physician competencies.

## **D. REQUIREMENTS FOR ENTRANCE INTO THE ABA EXAMINATION SYSTEM**

Before the ABA will accept a physician in the alternate entry path program as a candidate for examination and certification, the physician must complete satisfactorily the 4-year program of continuous experience in one anesthesiology department that was planned by the department chair and prospectively approved by the ABA. The ABA will permit the physician to apply for the Part 1 (written) examination if he or she will complete the 4-year program by the end of the grace period (see Section 2.04.D)

The foreign trained and certified anesthesiologist must apply to the ABA for examination. In addition to submitting the application electronically, the ABA requires that the physician:

- Have on file in the ABA office attestations from the department chair that the applicant completed satisfactorily the 4-year program planned by the department chair and prospectively approved by the ABA Credentials Committee.

- Provide evidence acceptable to the Board of having 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 applicant holds must be free of restrictions. The applicant must inform the ABA of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABA will determine whether, and on what terms, the applicant shall be admitted to the ABA examination system. (See Section 2.01.A)
- Have on file with the Board documentation attesting to the applicant's current privileges and evaluations of various aspects of his or her current practice of anesthesiology. Such evaluations will include verification that the applicant meets the Board's clinical activity requirement by spending, on average, at least one day per week during one of the previous three years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the chair of the anesthesiology department that enrolled the physician in the alternate entry path program and use them in determining the applicant's qualifications for admission to the examination system. The department's assessment of the physician's performance relative to the ABMS- and ACGME-approved six general physician competencies at 6-month intervals **and** the evaluation of the anesthesiology department chair will be used as the basis for assessing admission qualifications.

#### **E. OUTCOME MEASURES TO ASSESS THE PILOT PROGRAM'S SUCCESS**

The ABA will judge the success of this 7-year pilot program and the continued ability of departments to participate in the process on the basis of the certification success and subsequent academic productivity of their participants in the alternate entry path. **Thus, department chairs should encourage participants in this pilot project to actively participate in department educational activities, to take the in-training examination annually, and to otherwise retain or gain basic anesthesiology knowledge and experience that would help them to attain ABA certification.**

The ABA will evaluate the success of the pilot program *in toto*. However, there could be consequences for a specific department's continued participation in the program if its participants do not achieve ABA certification, do not remain in academic anesthesiology or are not academically productive subsequent to completing the program.

## EXAMINATION UNDER NONSTANDARD CONDITIONS

The ABA supports the intent of the Americans with Disabilities Act. To accommodate individuals with disabilities, the ABA will make reasonable 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.

### 6.01 REQUESTING ACCOMMODATION

Individuals must request examination under nonstandard conditions in writing no later than the deadline for filing an application for the examination. The request must state the nature of the individual's disabilities and all the modifications or auxiliary aids being requested.

Documentation and other evidence of the nature, severity and impact of the individual's disability must accompany the request. The documentation 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. 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 (generally performed within five years of the request for examination under nonstandard conditions) 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.

The ABA office must receive all documentation and other evidence substantiating the individual's disabilities no later than four months before the examination date. Documentation includes, but is not limited to:

- Name, address, telephone number and qualifications of each expert who provides a report documenting the individual's disabilities.
- Dates and locations of all assessments performed and included in the documentation.
- A complete history of the diagnosed condition, including evidence of the condition in childhood, whether or not the condition was formally diagnosed in the past, and if so, when and what type of testing accommodations were offered.
- A psychological history that rules out alternative explanations (e.g., anxiety, depression disorders) for the perceived deficit. (Psychometric testing of emotional functioning might be helpful to rule out alternative explanations.)
- Evaluation reports that include standardized testing results and scores or ratings from an individually administered IQ test and from tests of reading comprehension under timed and extended-time conditions that are scored with appropriate norms.
- Testing results and scores or ratings from standardized tests of information processing variables presumed to underlie the diagnosed condition (e.g., a test of sustained attention in cases of attention deficit hyperactivity disorder; tests of phonemic decoding, visual processing, etc. in cases of reading disorder; an individually administered achievement battery in cases of learning disability).

- A specific diagnosis of the individual's disabilities to be accommodated using standard nomenclature; i.e., International Classification of Diseases [ICD]; American Psychiatric Association Diagnostic and Statistical Manual [DSM].
- An explanation of how the diagnosed condition(s) significantly impacts the individual's ability to take the examination under standard testing conditions.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

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.

## **6.02 CONSIDERING A REQUEST**

A committee of the ABA (hereinafter referred to as "the committee") will consider the individual's request and the documentation submitted to substantiate the basis for it. 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 Secretary of the ABA will send the individual a letter of notification of the committee's action. If the individual's request is not granted, the letter shall include the basis for the committee's action. The individual has the right to seek review of such decision (see Section 5.05).

**ABA EXAMINATION DATES: 2007 – 2008**

(See appropriate section of the Booklet of Information for detailed information about application deadlines and decision dates)

Exam Year	CERTIFICATION EXAMINATIONS					RECERTIFICATION EXAMINATIONS			MOCA Cognitive Exam
	Part 1 (Written) Examination	Part 2 (Oral) Examination	CCM Certification	PM Certification	HPM Certification	Anesthesiology Recertification	CCM Recertification	PM Recertification	
2007	Jul 14	Apr 16 – 20	Sep 15	Sep 15	No Exam	Aug 4 – 18	Sep 22 – Oct 6	Sep 22 – Oct 6	Aug 4 – 18
		Oct 1 – 5							
2008	Aug 4 – 6	Apr 14 – 18	Sep 13	Sep 13	To Be Determined	Jan 5 – 19	Sep 20 – Oct 4	Sep 20 – Oct 4	Jan 5 – 19
		Sep 22 – 26				Aug 2 – 16			Aug 2 – 16
<b>BOI Section</b>	2.07.A	2.07.B	3.07.B	3.07.B	3.07.B	4.02.B.1	4.02.B.2	4.02.B.2	4.03.D