ABA The American Board of Anesthesiology

2026 Policy Book

Member Board of The American Board of Medical Specialties

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Albert Faulconer, M.D.	1955-1969	David H. Chestnut, M.D.	1997-2009
Forrest E. Leffingwell, M.D.	1955-1969	Kenneth J. Tuman, M.D.	1997-2009
Robert D. Dripps, M.D.	1956-1967	Steven C. Hall, M.D.	1998-2010
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Richard H. Barrett, M.D.	1959-1971	Glenn P. Gravlee, M.D.	1999-2011

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GENERAL INFORMATION

1.01 GENERAL INFORMATION

The American Board of Anesthesiology (the ABA) publishes the Policy Book to inform all interested individuals of the policies, procedures, and requirements governing ABA certification programs. The ABA reserves the right to amend the Policy Book from time to time without advance notice. There are several chapters in this book that apply to individuals in different situations:

- Staged Examinations (Initial Certification in Anesthesiology)
- MOCA program
- Subspecialty Certification
- Subspecialty Recertification

The ABA views the program director of the anesthesiology department as responsible for the particular residency program. The ABA corresponds officially about training matters with the program director and the department chair. If the chair notifies the ABA that another faculty member has been appointed as a designated official with responsibility for coordinating the administration of the residency program, the ABA will correspond with the department chair, program director, and designated official about training matters.

The ABA provides information about its criteria to enter its examination system for voluntary certification by the ABA. Each training program determines the design of its program to provide each resident/fellow with training that allows its trainees to fulfill the criteria for entering the ABA examination system if they so choose. It is crucial that residents/fellows who wish to pursue certification know the requirements described in this Policy Book, since it is the resident/fellow who must meet the requirements for ABA certification. 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, a resident/fellow should write to the secretary of the ABA.

Physicians choosing to take ABA examinations have the responsibility to know and comply with the ABA's policies, procedures, requirements, and deadlines regarding admission to, and opportunities for, examination.

1.02 MISSION AND PURPOSES

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

A. Advance the highest standards of practice by fostering lifelong education in anesthesiology, which the ABA defines as the practice of medicine dealing with but not limited to:

(1) Assessment of, consultation for, and preparation of patients to receive anesthesia.

(2) The perioperative management of patients receiving surgical, obstetric, therapeutic, or diagnostic procedures.

(3) Monitoring and maintenance of normal physiology during the perioperative or periprocedural period.

(4) Management of critically ill patients.

(5) Diagnosis and treatment of acute, chronic, and cancer-related pain.

(6) Management of hospice and palliative care.

(7) Clinical management and teaching of cardiac, pulmonary, and neurologic resuscitation.

(8) Evaluation of respiratory function and application of respiratory therapy.

(9) Conduct of clinical, translational and basic science research.

(10) Supervision, teaching and evaluation of performance of both medical and allied health personnel involved in perioperative or periprocedural care, hospice and palliative care, critical care and pain management.

(11) Administrative involvement in health care facilities and organizations, and medical schools as appropriate to the ABA's mission.

(12) Maintenance of standards of medical professionalism as defined in this Policy Book.

B. Establish and maintain criteria for the designation of a Board-certified and subspecialty-certified anesthesiologist as described in the Policy Book.

C. Inform the Accreditation Council for Graduate Medical Education (ACGME) concerning the training the ABA requires of individuals seeking certification as such requirements relate to residency and fellowship training programs in anesthesiology.

D. Establish and conduct processes by which the ABA may judge whether a physician who voluntarily applies should be issued a certificate indicating that the required standards for certification or continuing certification have been met.

A diplomate of the ABA must possess knowledge, judgment, adaptability, clinical skills, technical facility, and personal characteristics sufficient to carry out the entire scope of anesthesiology practice without supervision and without accommodation or with reasonable accommodation. An ABA diplomate must logically organize and effectively present rational diagnoses and appropriate treatment protocols to peers, patients and their families, and others involved in the medical community. A diplomate can consult with others and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A Board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

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

ABA certification is considered a higher standard than medical licensure. Demonstration of conduct consistent with professional norms (Professional Standing as defined in the ABA Policy Book, Section 7.06 and Professionalism as defined in the ABA Policy Book, Section 7.16 is a condition for certification by the ABA.

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

1.03 ABA TRADEMARKS AND CERTIFICATION MARKS

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

Trademark

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

1.04 FEES

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

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

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

1.05 STATUS OF INDIVIDUALS

The ABA reserves the right to define an individual's status relative to the ABA examination and certification system.

The ABA defines **clinically active** as providing direct patient care in anesthesiology and/or any of its related subspecialties for at least one day per week, on average for 12 consecutive months. This medical care must have taken place within the prior three years.

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

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

Diplomates designated as "Certified - Not Clinically Active" have attested that they do not meet the ABA's definition of clinical activity. Diplomates designated by the ABA as "Retired" have attested that they have an active certificate free of restrictions, and with an attestation they are no longer engaged in patient care and not performing any function for which board certification is required. **Diplomates with a status of "Retired," "Revoked," or "Suspended" must reapply with the ABA to re-attain "Certified" status [see Section 7.07].**

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

Diplomates registering with the ABA to reattain 'Clinically Active' status, please visit the ABA website at www.theaba.org; at the top of the site, click on 'Continue Certification' and then 'Status Designations' to access additional status designation information and forms for reattaining ABA status. The forms must be completed and submitted to the ABA.

In addition to the physician's full name, inquiries should include other identification information if available. The ABA responds to inquiries with one or more of the following statements:

- The physician is certified by the ABA.
- The physician is currently enrolled in the MOCA program.
    - The physician is participating in MOC.
    - The physician is not participating in MOC.
- The physician currently is not clinically active.
- The physician is retired from the practice of anesthesiology.
- The physician was certified by the ABA from (date of certification) to (date certification expired).
- The ABA revoked the physician's certification, which had been in effect from (date of certification) to (date of revocation).
- The ABA suspended the physician's certification, which had been in effect from (date of certification) to (date of suspension).
- The physician is a candidate in the ABA examination system [see Sections 2.10, 3.06.A and 5.09.C for the definition of a "candidate"].
- The physician has never been certified by the ABA.

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

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

Please note that in the event the ABA has reason to believe individuals have misrepresented their status with the ABA, they will consider such actions to be misappropriation of their certification marks and 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 also impose restrictions on the eligibility of the individual to participate in the ABA examination system, including but not limited to permanent exclusion from entrance to the examination system; and the ABA will notify any state medical licensure board known to have licensed the individual of the misrepresentation of ABA certification.

NOTE: The ABA has intentionally removed

Section 2, "Traditional Exams (Part 1 & Part 2): Initial Certification in Anesthesiology.

INITIAL CERTIFICATION IN ANESTHESIOLOGY

3.01 CERTIFICATION REQUIREMENTS

At the time of certification by the ABA, the candidate must in accordance with ABA standards:

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

The ABA must receive acceptable evidence of the candidate having satisfied the licensure-in-good-standing requirement before awarding certification.

B. Have fulfilled all the requirements of the continuum of education in anesthesiology.

C. Have from each anesthesiology residency program a Certificate of Clinical Competence on file with the ABA 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 ABA.

E. Have satisfactory professional standing as determined by the ABA [see Section 7.06].

F. Be capable of performing independently the entire scope of anesthesiology practice without accommodation or with reasonable accommodation [see Sections 1.02.A, 1.02.D and 8.09].

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

ABA certificates in anesthesiology issued Jan. 1, 2000-Dec. 31, 2023, are valid for 10 years after the year the candidate passes the examination for certification. ABA certificates in anesthesiology issued on or after Jan. 1, 2024, are valid for five years after the year the candidate passes the examination for certification.

ABA certificates are subject to ABA rules and policies, including their Policy Book, all of which may be amended from time to time without further notice.

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

3.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY

The continuum of education in anesthesiology established by the ABA consists of four years of full-time training subsequent to the date the medical or osteopathic degree has been conferred. The ABA understands that for an individual to be eligible for appointment to an ACGME- accredited program, at the time of enrollment the training program will verify that a resident has graduated from a medical school in a state or jurisdiction of the U.S. or in Canada that was accredited at the date of graduation by the Liaison Committee of Medical Education, the

Committee on Accreditation of Canadian Medical Schools, or the American Osteopathic Association (AOA). The ABA also understands that graduates of medical schools outside the jurisdiction of the U.S. and Canada must have one of the following: a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or comparable credentials from the Medical Council of Canada.

For its purposes, the ABA considers the continuum of education to consist of twelve months of fundamental clinical skills and 36 months of approved training in anesthesia (CA-1, CA- 2 and CA-3 years). Prospective approval is required for exceptions to ABA policies regarding the training planned for individual residents. The ABA will consider requests from training programs to grant CA training credit to residents in its program for specific clinical rotations that were previously completed in a specialty training program other than anesthesiology. To support review of such requests, the training program must complete and submit the required Request Form for Clinical Anesthesia (CA) Credit for Training Completed in Another Specialty. A copy of the form is available via the ABA website; click here to access.

A. During the twelve months of fundamental clinical skills, the physician must be enrolled and training as a resident in a transitional year or specialty training program in the U.S. or its territories that is accredited by the ACGME, or outside the U.S. 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 fundamental clinical skills experience**.

Twelve months of the resident's educational program must provide broad education in the fundamental clinical skills of medicine relevant to the practice of anesthesiology. The fundamental clinical skills of medicine education completed as part of an anesthesiology residency need not be contiguous but must be completed before starting the final year of the resident's training program. At least six months of the fundamental clinical skills of medicine education must include experience in caring for inpatients in family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or any of the surgical specialties, or any combination of these. In addition, during the twelve fundamental clinical skills months: 1) there must be at least one month, but at most two month(s) each of critical care and emergency medicine, and 2) no more than one month may be spent rotating on an intraoperative anesthesiology service, and no more than one month on pain medicine.

To be eligible for ABA certification, the resident must complete the twelve months of fundamental clinical skills before beginning CA-3-year clinical rotations.

B. To be eligible for ABA certification, **the three-year clinical anesthesia curriculum (CA 1-3)** must consist of experience in basic anesthesia training, subspecialty anesthesia training, and advanced anesthesia training. It must be a graded curriculum of increasing difficulty and learning that is progressively more challenging of the resident's intellect and technical skills.

(1) To be eligible for ABA certification, the ABA expects the physician to have **experience in basic anesthesia training** that is intended to emphasize basic and fundamental aspects of the management of anesthesia. The ABA recommends 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) The ABA expects the physician to have **subspecialty anesthesia training** that emphasizes the theoretical background, subject material, and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, perioperative evaluation, regional anesthesia, and pain medicine. For ABA certification, the ABA recommends these experiences be subspecialty rotations and occur in the CA-1 and CA-2 years. For ABA certification purposes, these rotations in the CA-1 and CA-2 years can occur in any sequence.

By the end of the CA-3 year, the ABA requires experiences in perioperative care that include four months of distinct rotations in critical care medicine with progressive responsibility and three months in pain medicine that may include one month in an acute perioperative pain management rotation, one month in a rotation for assessment and treatment of inpatients and outpatients with chronic pain, and one month of

regional analgesia experience in pain medicine. The physician's experience in these rotations must emphasize the fundamental aspects of anesthesia, preoperative evaluation and immediate postoperative care of surgical patients, and assessment and treatment of critically ill patients and those with acute and chronic pain. An acceptable critical care rotation acceptable to the ABA 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 ABA **requirement.**

(3) The ABA expects the CA-3 year to have provided **experience in advanced anesthesia training** constitutes the CA-3 year. The ABA expects the physician's CA-3 year to be a distinctly different experience than the CA 1-2 years, requiring progressively more complex training experiences and increased independence and responsibility for the resident. The ABA expects resident assignments in the CA-3 year to have included the more difficult or complex anesthetic procedures and care of the most seriously ill patients. For ABA certification purposes, residents must complete twelve months of fundamental clinical skills and CA 1-2 years of training before they begin clinical rotations in fulfillment of the CA-3 year requirement.

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

(4) The ABA considers certain **options for research during the anesthesiology residency**. Interested residents can spend approximately 25% of a three- or four-year training program, and 38% of a five-year program, engaged in scholarly activities. ABA suggested templates for research during the anesthesiology residency are posted on the ABA website at www.theaba.org. The ABA expects the candidate's program director to have developed a plan with strict guidelines for research activity and "work product" oversight if a resident's research activities will be more than six months. For ABA purposes, 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 ABA expects that involvement in scholarly activities must result in the generation of a specific permanent "work product." An acceptable work product is anything that is created – physically or electronically – based on the research that the resident conducted. It is anything that would allow the learnings from the research conducted by the resident to be preserved and passed on to others in the future who might want to extend the research. This would include a presentation, report, manuscript, conference poster, dataset or anything else that results from the research. For ABA purposes, review of scholarly activity and the permanent work product will occur at the local level by a Scholarship Oversight Committee responsible for overseeing and assessing the trainee's progress and verifying to the ABA the requirement has been met. To be considered for ABA certification, the ABA expects the Scholarship Oversight Committee to consist of three or more faculty members. To be considered by the ABA, the program director may have served as a trainee's mentor and participated in the activities of the Scholarship Oversight Committee but should not have been a standing member.

The ABA will consider the following exceptions by application to its Credentialing Committee (at least four months in advance):

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

The ABA is willing to consider credit for research activities, provided the resident has at least six months of satisfactory clinical anesthesia (CA) training on file with the ABA prior to beginning research. If a resident receives an unsatisfactory Certificate of Clinical Competence (CCC) report immediately preceding any research activity, the ABA will not give credit for the research activity unless approved by the ABA Credentialing Committee before the resident undertakes the research.

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 no more than two ACGME-accredited anesthesiology residency programs in the U.S. 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). For ABA certification, **all three years of CA training must occur in programs that are accredited by the ACGME for the entire period of training**.

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

(3) The six-month period of clinical anesthesia training in any one program ends with receipt of a satisfactory CCC report [see Section 3.04]. To receive credit for a six-month period of clinical anesthesia training that is not satisfactory, the resident must immediately complete an additional six months of uninterrupted clinical anesthesia training, not including research, in the same program with receipt of a satisfactory CCC report. A resident with an unsatisfactory training period reported with gaps in training (e.g., leave of absence) will not receive credit for any training reported prior to the gap in the period because it was not immediately followed by six months of uninterrupted clinical anesthesia training. **If a resident receives consecutive CCC reports that are not satisfactory, the ABA will require additional training**. When a resident receives a satisfactory CCC report immediately following consecutive periods of training that are not satisfactory, the ABA will grant credit only for the period of satisfactory training and the most recent of the periods of unsatisfactory training immediately preceding it.

For residents who receive an unsatisfactory CCC report for a period of training completed in an integrated training program where rotations during the twelve months of fundamental clinical skills are intermingled with clinical anesthesia rotations, the ABA Credentialing Committee in its discretion will determine the amount of training credit granted for the unsatisfactory period.

A resident who fails the BASIC Examination [see Section 3.06.A] may take the examination again at the next opportunity. The ABA strongly encourages residents to register and take the BASIC Examination as soon as they meet the eligibility requirements defined in Section 3.07 to enable them to address any deficits while in their programs.

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

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

Residents must remain enrolled in their programs while training away from the ACGME-accredited programs, and the ABA requires their programs must report the training on the Clinical Competence Committee report filed for the period involved.

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

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

E. The ABA requires prospective approval for exceptions to its policies regarding the training planned for individual residents [see Sections 3.02.B (3) and 3.02.C (4)]. The ABA Credentialing Committee considers requests for prospective approval on an individual basis. The ABA must receive the request from the program director on behalf of a resident at least four months before the resident begins the training in question. It is the responsibility of the program director and the resident to ensure the request is received by the ABA in a timely manner.

3.03 ABSENCE FROM TRAINING

The ABA has established certain training requirements for a candidate to enter the ABA examination system. The following outlines permissible absences that will not result in delay in a candidate being eligible to enter the examination system:

- Without prior approval from the ABA, a candidate may be absent from training up to a total of 80 working days (16 weeks) during the twelve months of fundamental clinical skills through CA3 years of training.
- Attendance at scientific meetings, not to exceed five working days per year, and the day of the BASIC Examination shall be considered part of the training program and not count toward the absence calculation.
- The ABA will consider requests for up to 40 additional days (eight weeks) away from training (over and above the 80 working days). Such additional leave of absence time must be approved by the ABA as follows:
    - Any request for such leave must be received by the ABA office within four weeks of the resident's resumption of the residency program.
    - The request shall be completed by the program director using the designated form located in the Record of Training Information Database (RTID), and signed by the resident.
    - The request must include: (1) the reason for the absence training request (serious medical illness, military family leave, parental or family leave covered under the Family and Medical Leave Act would be reasons acceptable to the ABA) and (2) documentation about how all clinical experiences and educational objectives will be met.

For absences in excess of those described above, the ABA will require lengthening the total training time to compensate for the additional absences from training. The additional training days required will be equal to the total number of working days missed beyond (1) the 80 working days allowed during the twelve months of fundamental clinical skills through -CA3 years; and (2) the additional 40 working days if approved by the ABA.

Residents who have their residency extended may take the summer ADVANCED Examination if they complete all requirements by Sept. 30 of the same year. They may take the winter ADVANCED Examination if they complete all requirements by March 30 of the same year.

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 more than six months, the ABA Credentialing Committee shall determine the number of months of training the resident must complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

3.04 CERTIFICATE OF CLINICAL COMPETENCE

For residents seeking certification, the ABA requires the resident's training program to file, on forms provided by the ABA, a Certificate 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. **For ABA purposes, the program director or department chair must not chair the Clinical Competence Committee that provides the Certificate**.

Entry into the ABA examination system is contingent upon the registrant having a Certificate of Clinical Competence on file with the ABA attesting to satisfactory clinical competence during the final period of clinical anesthesia training in or under the sponsorship of each program [see Section 3.02.C (3) for details]. The ABA will deny entry into the ABA examination system until this requirement is fulfilled.

Residents who wish to appeal a Certificate of Clinical Competence must do so through the reporting institution's grievance and due process procedures The ABA does not provide any appeal concerning the Certificate.

3.05 PROGRAM DIRECTOR'S REFERENCE FORM

The ABA requires every candidate to request the candidate's residency program director to electronically file a Program Director's Reference Form on the candidate's behalf upon graduation from the residency program. The Program Director's Reference Form requests information regarding the clinical abilities, medical licensure status, professionalism and any practice limitations of the candidate.

Entry into the ABA examination system is contingent upon the program director's recommendation. The ABA will deny entry into the ABA examination system until this requirement is fulfilled. This reference evaluation will be used as part of the process by which the ABA judges whether the candidate meets the standards of a Board-certified anesthesiologist articulated in Section 1.02.D. Entrance into the ABA examination system may also be denied if the ABA, in its discretion, is not satisfied with the recommendation based upon reasonable consideration of information known at the time.

The ABA considers references to be confidential and will not disclose the contents or a copy to the candidate unless the person providing the reference consents in writing. Candidates should contact their references if more information is desired. Residents who wish to appeal a final recommendation from the program director or department chair must do so through the reporting institution's grievance and due process procedures. The ABA does not provide any appeal concerning the Program Director's Reference Form.

3.06 OVERVIEW OF STAGED EXAMINATIONS

The staged examinations were designed to better support the movement toward competency-based training in graduate medical education. The staged examinations consist of three distinct stages: the BASIC Examination, the ADVANCED Examination and the APPLIED Examination. Each is designed to assess different qualities of a Board-certified anesthesiologist as defined in Section 1.02.D.

Individuals who began the continuum of education in anesthesiology on or after July 2012 and are scheduled to complete residency training on or after June 30, 2016, will take staged examinations. Residents are automatically enrolled in the staged examination process when their anesthesiology residency program submits a resident enrollment form. Residents must then register for each examination when they meet the registration eligibility criteria for that examination.

A. **The BASIC Examination**, which will be administered at the end of a resident's CA-1 year, focuses on the scientific basis of clinical anesthetic practice including content areas such as pharmacology, physiology, anatomy, anesthesia equipment, and monitoring. The content outline, available at www.theaba.org, provides a detailed description of the covered topics. The examination is offered twice each year. Residents must pass the BASIC Examination to qualify for the ADVANCED Examination. The ABA strongly encourages residents to register and take the BASIC Examination as soon as they meet the eligibility requirements defined in Section 3.07.

B. **The ADVANCED Examination**, which will be administered after graduation from residency training, focuses on clinical aspects of anesthetic practice including subspecialty-based practice and advanced clinical issues. The content outline provides a detailed description of the topics covered, which is inclusive of the topics covered in the BASIC Examination. The ADVANCED Examination is administered twice each year. Candidates must pass the ADVANCED Examination to qualify for the APPLIED Examination.

C. **The APPLIED Examination** is designed to assess the candidate's ability to demonstrate the attributes of an ABA diplomate when managing patients presented in clinical scenarios, with an emphasis on the rationale underlying clinical management decisions. These attributes include sound judgment in making decisions, proper 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 APPLIED Examination includes two components: a Standardized Oral Examination (SOE) and an Objective Structured Clinical Examination (OSCE). The SOE is an oral assessment using realistic patient cases with two Board-certified anesthesiologist examiners questioning an examinee in a standardized manner. These examinations assess clinical decision-making and the application or use of medical knowledge with realistic patient scenarios. The OSCE is a series of short, simulated clinical situations in which a candidate is evaluated on skills such as history taking, physical exam, procedural skills, clinical decision-making, counseling, professionalism, and interpersonal skills. Both components are administered by ABA diplomate examiners.

For the OSCE component, candidates will participate in a seven-station circuit to evaluate their proficiency in the skills listed in the OSCE Content Outline, which is available at www.theaba.org. Each OSCE encounter will be eight minutes long, and candidates will have four minutes between stations to review the next scenario. The OSCE portion of the APPLIED Exam will take 84 minutes from start to finish.

Candidates will interact with a standardized patient actor as part of the scenario in some exam rooms. In others, candidates will interact directly with an examiner. Examiners will not be in most exam rooms. Instead, the sessions will be recorded for grading purposes.

The APPLIED Examination will be administered multiple times each year.

- Candidates who complete residency training on or after Oct. 1, 2016, are required to pass both the SOE and the OSCE to satisfy the APPLIED Examination requirement. Candidates will receive a separate score for each component of the APPLIED Examination - the SOE and the OSCE. If one component is failed, the candidate will retake only the failed component. Candidates must pass both components.

D. Our examinations are administered to all residents and candidates under the same standardized testing conditions. The ABA will consider a resident's/candidate's complaint about the testing conditions under which an examination was administered only if the complaint is received within one week of the examination date. Candidates should document their complaint via email to the ABA at APPLIEDExam@theaba.org.

E. Individuals will be considered candidates in the ABA Examination System when their first registration for the ADVANCED Examination is accepted.

F. For the most current examination dates and registration deadlines, please visit the ABA website at www.theaba.org.

G. Once candidates pass all the staged examinations, meet other requirements for certification, and are awarded a certificate, they are automatically enrolled into the MOCA program. A description of the program can be found in the MOCA section.

3.07 BASIC EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS

Residents are automatically enrolled in the staged examinations process when their anesthesiology residency program submits a resident enrollment form. The ABA will determine entry into the examination system is warranted when required information submitted by and on behalf of the resident is satisfactory. The ABA will notify residents of their eligibility to register for the BASIC Examination after they have approved of all their credentials. The notification is sent to residents at their email address on file in the ABA office. The ABA office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control, including but not limited to candidates unsubscribing from ABA email communications.

At the time of registration for the BASIC Examination, the resident must:

A. Have evidence on file in the ABA office of having satisfactorily completed 18 months of training, including fundamental clinical skills and clinical anesthesiology training. Residents who will complete this requirement before March 31 may register for the following summer BASIC Examination. Residents who will complete this requirement before Sept. 30 may register for the following fall BASIC Examination.

B. The ABA will not validate the results to residents who take the BASIC Examination and do not fulfill the conditions identified above.

3.08 BASIC EXAMINATION REGISTRATION

The ABA must receive all required documentation to make a decision about a resident's qualifications for registration to the BASIC Examination. Registration will not be accepted if the required documentation is not received by each registration deadline (please see the Examination Dates available on the last page of this section). It is the responsibility of every resident to ensure that the ABA receives all required documentation in a timely manner. We are committed to treating all individuals with respect. We expect the same in return. Abusive behavior toward our staff will result in cancellation of your examination.

A. Approximately three months prior to each BASIC Examination administration, the ABA will notify residents of their eligibility to register for an examination. The notification is sent to the resident's email address on file. The ABA office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control, including but not limited to candidates unsubscribing from ABA email communications. Residents who register for an examination must pay the registration fee at that time. Current fees and deadlines are posted at www.theaba.org.

B. Registration for the BASIC Examination must be made via the ABA GO physician portal, which is accessible through the ABA website at www.theaba.org.

C. Registration includes the following Acknowledgment and Release forms, which the registrant shall be required to sign by electronic signature:

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

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

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

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

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

In connection with my registration, I authorize all persons holding testimony, records, documents, opinions, information, and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Background Information") to release such Background Information to the ABA, its employees, and agents. This authorization applies whether or not such persons are listed as a reference on my registration. The Background Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. I understand that such Background Information may be used to determine, verify, or deny my qualifications for entrance into the ABA entrance examination and ABA certification. I understand the ABA treats this information as confidential and will not release the content or a copy of any references to me unless the person providing the reference consents in writing. A copy of this release may accompany any request made by the ABA for such Background Information.

I authorize the ABA to report my status in the examination system, including the results of any examination, to the director and department chair of the program from which I received my clinical training. I understand and agree that I must notify the ABA in writing to the attention of reportingoptout@theaba.org to withdraw my consent. I authorize the ABA to: (1) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (2) respond to any inquiry about my status in the ABA examination system. I understand and agree that once my examination registration is completed and granted, this consent cannot be withdrawn.

I also authorize the ABA to record the video and audio of my performance during the ABA examinations at the ABA Assessment Center for educational, quality, and scoring purposes. Such recordings will be used for ABA internal purposes only and will be retained in accordance with ABA retention policies. I understand that any use of a mobile or recording device during the examination may result in my examination being invalidated and the loss of my registration fee. Furthermore, I understand and agree that my examination will be invalidated and I will forfeit my registration fee if I: (i) use any image capturing or recording device during the examination; (ii) make any attempt to record, reproduce, transmit or transcribe any portion of the examination; and/or (iii) disclose to any third party any portion of the examination in any format or medium

now known or later created (collectively, "Prohibited Uses"). I further understand and agree that the ABA reserves its right to take all legal action against me if I engage in any of the Prohibited Uses, including without limitation claims for copyright infringement, misappropriation of trade secrets, and breach of contract..

I also understand the ABA may use any and all Background Information for the purpose of conducting longitudinal studies to assess the ABA certification process. I further understand the ABA, alone or in collaboration with other researchers, may use physicians' National Provider Identifier (NPI) and other information from the registration, testing, assessment, and certification process (the "Assessment Information") to conduct scientific research relating to anesthesiologists, the practice of anesthesiology, and/or or the education of anesthesiologists. Any and all information used for research may be reported or released to the public only in the aggregate without any individual identification.

Use of any Background Information or Assessment Information for analysis or research will not impact in any way my individual registration, test results, or certification status. I understand and agree that should I not wish for my information to be used for research purposes, prior to taking the exam I must notify the ABA in writing to the attention of researchoptout@theaba.org to opt out and withdraw consent for my information to be used as part of research studies. I cannot opt out and consent cannot be withdrawn once my information has been de-identified and/or aggregated as part of any research study.

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

I hereto acknowledge and agree that jurisdiction and venue shall be exclusively in the federal or state courts located within Wake County, North Carolina, over any claims arising out of or relating to this Agreement and Release or any matter between the undersigned and the ABA. This choice of venue is intended by the parties to be binding, thereby precluding the possibility of litigation between the parties other than in Wake County, North Carolina. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in and stipulates that the state and federal courts located in Wake County, North Carolina shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy, or proceeding between them.

This Agreement and Release shall be governed and construed in accordance with the laws of the state of North Carolina, as they apply to contracts made and to be performed in the state of North Carolina, regardless of any choice of law principles to the contrary.

3.09 ADVANCED EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS

At the time of registration for the Advanced Examination, a resident must:

A. Have passed the BASIC Examination.

B. Have evidence on file in the ABA office of having satisfactorily completed 39 months of fundamental skills and clinical anesthesiology training before the date of the ADVANCED Examination. Such evidence must include a satisfactory Certificate of Clinical Competence covering the final six months of clinical anesthesia training in each residency program.

- Registrants completing the full training requirement by Sept. 30 may register for the summer ADVANCED Examination. Registrants who will complete this requirement after Sept. 30 may register for the winter ADVANCED Examination.

- Registrants completing the full training requirement by March 31 may register for the winter ADVANCED Examination. Registrants who will complete this requirement after March 31 may register for the summer ADVANCED Examination.

C. Have documentation on file with the ABA attesting to the registrant's current privileges and evaluations of various aspects of their current practice of anesthesiology. Such evaluations will include verification that the registrants meet the ABA's clinical activity requirement by spending, on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the residency program director or others familiar with the registrant's current practice of anesthesiology and use them in determining the resident's qualifications for admission to the ABA examination system.

D. Be capable of performing the entire scope of anesthesiology practice without supervision and without reasonable accommodation [see Sections 1.02A, 1.02D and 8.09].

E. The ABA will not validate the results of registrants who take the ADVANCED Examination and do not fulfill those conditions identified in Section 3.09 by the deadlines.

3.10 ADVANCED EXAMINATION REGISTRATION

The ABA must receive all required documentation to make a decision about a candidate's qualifications for registration to the ADVANCED Examination. Registration will not be accepted if the required documentation is not received by the registration deadline. It is the responsibility of every candidate to ensure that the ABA receives all required documentation in a timely manner. We are committed to treating all individuals with respect. We expect the same in return. Abusive behavior toward our staff will result in cancellation of your examination.

A. Approximately three months prior to each ADVANCED Examination administration, the ABA will notify residents of their eligibility to register for an examination. The notification is sent to residents at their email address on file. The ABA office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control, including but not limited to candidates unsubscribing from ABA email communications. Residents who register for an examination must pay the registration fee at that time. Current fees and deadlines are posted at www.theaba.org.

B. Registration for the ADVANCED Examination must be made via the ABA GO physician portal, which is accessible through the ABA website at www.theaba.org.

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

3.11 APPLIED EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS

At the time of registration for the APPLIED Examination, the candidate must:

A. Have passed the ADVANCED Examination.

B. Provide evidence of having satisfied the licensure-in-good-standing requirement before awarding certification. Training and expired licenses do not fulfill this licensure-in-good-standing requirement for certification. When there is a restriction or condition in force on any of the candidate's medical licenses, the ABA Credentialing Committee will determine whether, and on what terms the candidate will be admitted to the ABA Examination System. The ABA will not validate the results to candidates who take the APPLIED Examination and do not fulfill the licensure-in-good-standing requirement.

3.12 APPLIED EXAMINATION REGISTRATION

The ABA must receive all documentation required to make a decision about a candidate's qualifications for registration to the APPLIED Examination by the registration deadline. Registration will not be accepted if the required documentation is not received by the deadline. It is the responsibility of every candidate to assure that the ABA receives all required documentation in a timely manner. We are committed to treating all individuals with respect. We expect the same in return. Abusive behavior toward our staff will result in cancellation of your examination.

A. Physicians who have graduated from residency, passed the ADVANCED Examination, and met all eligibility requirements will be eligible to take the APPLIED Examination. When a physician passes the ADVANCED Examination, they will receive notification in their official result letter that they are eligible to register for the APPLIED Examination.

B. The APPLIED Examination will be administered multiple times each year. To schedule an APPLIED Examination, eligible candidates will rank-order their preference for all six administration weeks. Once the registration period closes, candidates will receive their assigned week. The ABA will do their best to accommodate preferences but cannot guarantee a candidate's top choices. The ABA will then assign specific examination dates and times within the selected week. Two months prior to an examination, the ABA will notify candidates of the exact date, time, and location of their examination and the rules of examination conduct.

A candidate may request one exam week change, free of charge, for a medical or military reason, pending availability. The candidate must provide independent documentation to be approved by the ABA. To request an exam week change, please email APPLIEDExam@theaba.org.

If a candidate does not plan to attend their scheduled exam, they must cancel their examination as defined in Section 3.13.A.

C. Candidates who do not take or do not pass the APPLIED Examination for which they are scheduled, for whatever reason, may schedule their next APPLIED Examination no earlier than four months following the current scheduled examination.

D. Registration includes the following Acknowledgment and Release forms, which the registrant shall be required to sign by electronic signature:

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

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

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

I acknowledge that I have read a copy of the ABA Policy Book. I agree to be bound by the policies,rules, regulations, and requirements published in the book, in all matters relating to consideration of and action upon this registration and certification. I understand that ABA certificates are subject to ABA rules and regulations, all

of which may be amended from time to time without further notice. I understand and acknowledge that in the event I have violated any of the ABA rules governing my registration and/or certification, such violations shall constitute cause for disqualification from the ABA examination system or from the issuance of an ABA certificate or for revocation of certification and indication of such action in the ABA Diplomate and Candidate Directory.

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

In connection with my registration, I authorize all persons holding testimony, records, documents, opinions, information, and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Background Information") to release such Background Information to the ABA, its employees, and agents. This authorization applies whether or not such persons are listed as a reference on my registration. The Background Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. I understand that such Background Information may be used to determine, verify, or deny my qualifications for entrance into the ABA entrance examination and ABA certification. I understand the ABA treats this information as confidential and will not release the content or a copy of any references to me unless the person providing the reference consents in writing. A copy of this release may accompany any request made by the ABA for such Background Information.

I authorize the ABA to report my status in the examination system, including the results of any examination, to the director and department chair of the program from which I received my clinical training. I understand and agree that I must notify the ABA in writing to the attention of reportingoptout@theaba.org to withdraw my consent. I authorize the ABA to: (1) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (2) respond to any inquiry about my status in the ABA examination system. I understand and agree that once my examination registration is completed and granted, this consent cannot be withdrawn.

I also authorize the ABA to record the video and audio of my performance during the ABA examinations at the ABA Assessment Center for educational, quality control and scoring purposes. I also authorize the ABA to use the audio recordings of my performances to produce de-identified transcripts of my exam performances to explore the ability of generative artificial intelligence (AI) tools to improve candidate and examiner feedback for education and training purposes and to produce internal reports. The AI will analyze the text of the transcript to assess future exam content, to determine common issues and mistakes to better formulate future exams and to enhance examiner feedback. I understand that externally shared information will be aggregated and de-identified. I also understand that all video and audio recordings, as well as all transcripts produced from the audio recordings will be retained for the time necessary to complete the scoring and the deidentification in accordance with ABA retention policies following which only deidentified information will be retained. I understand that any use of a mobile or recording device during the examination may result in my examination being invalidated and the loss of my registration fee.

Furthermore, I understand and agree that my examination will be invalidated and I will forfeit my registration fee if I: (i) use any image capturing or recording device during the examination; (ii) make any attempt to record, reproduce, transmit or transcribe any portion of the examination; and/or (iii) disclose to any third party any portion of the examination in any format or medium now known or later created (collectively, "Prohibited Uses"). I further understand and agree that the ABA reserves its right to take all legal action against me if I engage in any of the Prohibited Uses, including without limitation claims for copyright infringement, misappropriation of trade secrets, and breach of contract.

I also understand the ABA may use any and all Background Information for the purpose of conducting longitudinal studies to assess the ABA certification process. I further understand the ABA, alone or in collaboration with other researchers, may use physicians' National Provider Identifier (NPI) and other

information from the registration, testing, assessment, and certification process (the "Assessment Information") to conduct scientific research relating to anesthesiologists, the practice of anesthesiology, and/or or the education of anesthesiologists. Any and all information used for research may be reported or released to the public only in the aggregate without any individual identification.

Use of any Background Information or Assessment Information for analysis or research will not impact in any way my individual registration, test results, or certification status. I understand and agree that should I not wish for my information to be used for research purposes, prior to taking the exam I must notify the ABA in writing to the attention of researchoptout@theaba.org to opt out and withdraw consent for my information to be used as part of research studies. I cannot opt out and consent cannot be withdrawn once my information has been de-identified and/or aggregated as part of any research study.

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

I hereto acknowledge and agree that jurisdiction and venue shall be exclusively in the federal or state courts located within Wake County, North Carolina, over any claims arising out of or relating to this Agreement and Release or any matter between the undersigned and the ABA. This choice of venue is intended by the parties to be binding, thereby precluding the possibility of litigation between the parties other than in Wake County, North Carolina. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in, and stipulates that the state and federal courts located in Wake County, North Carolina shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy, or proceeding between them.

This Agreement and Release shall be governed and construed in accordance with the laws of the state of North Carolina, as they apply to contracts made and to be performed in the state of North Carolina, regardless of any choice of law principles to the contrary.

3.13 NOTIFICATION AND CANCELLATION OF EXAMINATIONS

Our office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control, including but not limited to candidates unsubscribing from ABA email communications. Residents and candidates must immediately notify the ABA of a mailing or email address change via their ABA GO physician portal account at www.theaba.org, or by writing to the ABA office. Residents and candidates must email the ABA at APPLIEDexam@theaba.org if they do not receive an examination notice they are expecting within the time frames described above. The resident's and candidate's ABA identification number should be included on all correspondence to the ABA solely for identification purposes.

A. **A resident or candidate who cancels a scheduled examination appointment** must submit a cancellation request on the ABA GO physician portal at least one week prior to the examination administration week. A cancellation fee must accompany the request in order to retain the registration fee for the next examination appointment. Current cancellation fees are posted at www.theaba.org.

B. **A resident or candidate who misses a scheduled examination appointment** because of an unavoidable or catastrophic event must submit a written request with explanation and independent documentation of the event. The ABA must receive the candidate's request and the cancellation fee no later than three days after the examination date to retain the examination fee for the next examination appointment. If a scheduled appointment is missed for a reason that does not represent an unavoidable or catastrophic event, the registration fee will be forfeited. Forfeiting of the registration fee is solely at the discretion of the ABA. This policy is applicable to all staged exams. Please contact exams@theaba.org for BASIC & ADVANCED exams

and APPLIEDexam@theaba.org for APPLIED exams to submit a request for a fee waiver due to an unavoidable or catastrophic event.

C. **A resident or candidate who misses a scheduled examination appointment and <u>does not cancel</u>** the scheduled examination appointment forfeits the registration fee.

D. **A candidate who cancels or misses a scheduled APPLIED Examination for reasons not related to an unavoidable or catastrophic event** will be prioritized behind newly eligible candidates for rescheduling purposes and will be guaranteed a new exam date within two years of the date of the cancelled or missed appointment.

E. Candidates should notify the ABA immediately at APPLIEDexam@theABA.org if they are unable to make their scheduled APPLIED Examination.

3.14 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited. Candidates who complete residency training on or after Jan. 1, 2012, must satisfy all requirements for certification within seven years of the last day of the year in which residency training was completed. If a candidate does not satisfy all requirements for certification within the prescribed time period, the candidate must reestablish eligibility for the ABA examination system [see Section 3.15].

The ABA does not recognize “Board Eligible” as a physician status relative to the ABA Examination System. Therefore, physicians should refrain from making any representations of being “Board Eligible” [See Section 1.05].

3.15 REESTABLISHING ELIGIBILITY FOR CERTIFICATION

If a candidate does not satisfy all requirements for certification within the prescribed time period specified in Section 3.14, the ABA will declare the candidate’s registration void. Physicians whose registrations have been voided may submit a new registration after reestablishing eligibility for certification. Such registration shall be subject to the fees, rules, privileges, and entrance requirements that apply at the time of reregistration. Physicians will only be allowed to reestablish eligibility for certification once.

To reestablish eligibility for certification, physicians must take and pass the BASIC Examination to reenter the ABA examination system for initial certification. After reestablishing eligibility, candidates must satisfy all requirements for certification, including successfully completing the ADVANCED Examination and both the Standardized Oral Examination and Objective Structured Clinical Examination components of the APPLIED Examination, by Dec. 31 of the fourth year following the successful completion of the BASIC Examination. Physicians will be considered candidates in the ABA examination system when their registration for the ADVANCED Examination is accepted.

Physicians who completed residency training prior to Jan. 1, 2012, who would not satisfy all of the traditional requirements for certification by Dec. 31, 2018, must take and pass the BASIC Examination to re-enter the ABA examination system for initial certification. After reestablishing eligibility, candidates must satisfy all requirements for certification, including successfully completing the ADVANCED Examination and both the Standardized Oral Examination and Objective Structured Clinical Examination components of the APPLIED Examination, by Dec. 31 of the fourth year following the successful completion of the BASIC Examination. Physicians will be considered candidates in the ABA examination system when their registration for the ADVANCED Examination is accepted. Find examination dates and registration information on the ABA website under “Get Certified,” “Initial Exams.”

MOCA

(ANESTHESIOLOGY AND SUBSPECIALTY CERTIFICATIONS)

Note: Starting 2024, the certification cycle for all ABMS specialties, including anesthesiology, moved from a 10-year cycle to a five-year cycle. The five-year cycle will start after completion of the current 10-year cycle or as of January 1, 2024, for all newly certified diplomates.

There is only one set of MOCA requirements, no matter how many certificates a diplomate is upholding [see Section 4.03].

- All diplomates with current time-limited certificates in anesthesiology or an anesthesiology subspecialty can register for MOCA in their ABA GO physician portal account, as can diplomates with non- time-limited certificates in anesthesiology (those certified before 2000) and/or non-time-limited certificates in critical care medicine who are participating in MOCA.
- Diplomates with non-time-limited certificates in anesthesiology or critical care medicine who are not enrolled in MOCA can voluntarily register for MOCA.
- Newly certified diplomates can register for MOCA in their ABA GO physician portal account immediately after the ABA awards them certification.
- Time-limited certificate holders whose subspecialty certificates in pain medicine or critical care medicine expired on or before Dec. 31, 2016, must reestablish eligibility for subspecialty certification and successfully complete the subspecialty certification exam before being eligible to register for MOCA [see Section 5.12].
- Time-limited anesthesiology certificate holders whose certificates expired from Dec. 31, 2011, to Dec. 31, 2016, must complete a portion of the staged examinations requirements before being eligible to register for MOCA [see Section 4.04.A].

4.01 UPHOLDING SPECIALTY AND SUBSPECIALTY CERTIFICATION

ABA diplomates who choose to uphold both initial certification in anesthesiology and subspecialty certification will benefit from one set of program requirements for MOCA.

4.02 UPHOLDING ONLY SUBSPECIALTY CERTIFICATION

ABA diplomates may choose to uphold their subspecialty certification without upholding their initial certification in anesthesiology (once they are both obtained). However, when a time-limited anesthesiology certification expires, the physician is no longer Board-certified in the specialty. Should this occur, the information on the ABA Diplomate and Candidate Directory will indicate that their certification in anesthesiology is no longer valid. The ABA will also advise the American Board of Medical Specialties (ABMS) that the physician no longer holds a valid certificate in anesthesiology.

Although diplomates may choose to uphold only their subspecialty certification, the ABA strongly encourages them to uphold their initial certification in anesthesiology. The ABA does not recommend upholding only a subspecialty certificate and urge diplomates to consider the potential consequences for them that may be imposed by entities other than the ABA before choosing to let their certification in anesthesiology expire.

4.03 MOCA REQUIREMENTS

A. ANNUAL MOCA REGISTRATION

We are committed to treating all individuals with respect. We expect the same in return. Abusive behavior toward our staff may result in cancellation of your MOCA registration.

All eligible diplomates will complete an annual registration process to participate in MOCA, and to gain access to MOCA Minute questions.

To register, diplomates must complete the following activities within their ABA GO physician portal accounts:

- Confirm their personal contact information
- Verify their medical licenses (must meet the licensure-In-good standing policy)
- Electronically sign the following forms:
    - Acknowledgment and Release

      I, the undersigned registrant ("registrant"), hereby agree to participate in the American Board of Anesthesiology, Inc.'s (ABA) MOCA program. I acknowledge that my participation is voluntary and subject to the ABA rules and policies, all of which may be amended from time to time without further notice. I further acknowledge and agree that all MOCA fees paid to the ABA are non-refundable.

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

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

      I acknowledge that I have read a copy of the ABA Policy Book. I agree to be bound by the policies, rules, and requirements published in the book, in all matters relating to consideration of and action upon my participation in the MOCA program, and certification should it be granted. I understand that ABA certificates are subject to ABA rules and policies, 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 registration and/or certification, such violations shall constitute cause for disqualification from the ABA MOCA program 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.

      In connection with my status in the MOCA program, 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 "Background Information") to release such Background Information to the ABA, its employees, and agents. This authorization applies whether or not such persons are listed as a reference on my registration. Background Information includes anything relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. I understand that such Background Information may be used to determine, verify, or deny my qualifications as a diplomate in the ABA MOCA program. I understand the ABA treats this information as confidential and will not release the content or a copy of any references to me unless the person providing the reference consents in writing. A copy of this release may accompany any request made by the ABA for such Background Information.

      I authorize the ABA to: (1) report my participation status in the MOCA program, and (2) use a pattern of responses in psychometric analyses to confirm observations and reports of suspected irregularities on the answering of MOCA Minute questions. I understand and agree that once I elect to participate in the MOCA program, my consent cannot be withdrawn for prior obtained and

reported information. To withdraw from the MOCA program and the prospective reporting of information, I understand that I must notify the ABA in writing to the attention of MOCA@theaba.org.

I also understand the ABA may use any and all Background Information for the purpose of conducting longitudinal studies to assess the ABA certification process or the MOCA program. I further understand the ABA, alone or in collaboration with other researchers, may use physicians' National Provider Identifier (NPI) and other information from the registration, testing, assessment, and certification process, including my participation in the MOCA program (the "Assessment Information"), to conduct scientific research relating to anesthesiologists, the practice of anesthesiology, and/or the education of anesthesiologists. Any and all information used for research may be reported or released to the public only in the aggregate without any individual identification.

Use of any Background Information or Assessment Information for analysis or research will not impact in any way my registration, MOCA participation, or certification status. I understand and agree that should I not wish for my information to be used for research purposes, I must notify the ABA in writing to the attention of researchoptout@theaba.org to opt out and withdraw consent for my information to be used as part of research studies. I cannot opt out and consent cannot be withdrawn once my information has been de-identified and/or aggregated as part of any research study.

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 participation in the MOCA program, provided such acts or proceedings are made or conducted in good faith.

I hereto acknowledge and agree that jurisdiction and venue shall be exclusively in the federal or state courts located within Wake County, North Carolina, over any claims arising out of or relating to this Agreement and Release or any matter between the undersigned and the ABA. This choice of venue is intended by the parties to be binding, thereby precluding the possibility of litigation between the parties other than in Wake County, North Carolina. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in, and stipulates that the state and federal courts located in Wake County, North Carolina shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy, or proceeding between them.

This Agreement and Release shall be governed and construed in accordance with the laws of the state of North Carolina, as they apply to contracts made and to be performed in the state of North Carolina, regardless of any choice of law principles to the contrary.

- **CME Release**

In connection with the American Board of Anesthesiology Inc.'s (ABA) MOCA program, the ABA allows certain continuing medical education (CME) providers to electronically submit verification of a Diplomate's program participation in order to make it easier for ABA Diplomates to document fulfillment of their CME requirements. CME activities submitted to the ABA from a CME provider are NOT subject to audit by the ABA.

On occasion, the ABA is contacted by CME providers to obtain or verify certain Diplomate identifying information to submit program participation data to the ABA. Before the ABA may provide this information to a CME provider, the ABA must obtain authorization directly from the physician.

I hereby authorize the ABA to release my name, date of birth, date of medical school graduation, and ABA unique identification number to ABA registered CME providers. Please note the ABA identification number is not my Social Security number.

I understand that the ABA does not review, evaluate, or monitor data received from registered CME providers.

- **CME for MOCA Minute**

  If I elect to earn continuing medical education credit from the American Society of Anesthesiologists (ASA) by answering all 30 MOCA Minute questions in the assigned calendar quarter, I agree to allow the ABA to share my ABA identification number, NPI number, and email address with the ASA. The credits earned each quarter will be issued by the ASA to the ABA on my behalf in the subsequent year.

  The ASA has determined that ASA members will receive educational credits at no charge and non-members will be annually charged $160 by the ASA. The ABA will not receive any remuneration for this program.

- **Copyright Policy**

  MOCA Minute questions are proprietary information of the American Board of Anesthesiology (ABA) and are the ABA's copyrighted material. By your registration for MOCA, you agree not to share, copy, create derivative works, or otherwise distribute the questions to any third party without the ABA's explicit written consent. MOCA Minute questions are the sole property of the ABA.

  Diplomates are expected to participate in MOCA Minute with the highest level of professionalism and integrity, and as such are required to answer their own MOCA Minute questions and not assist other diplomates in answering theirs or seek the assistance of others.

  Diplomates found to have violated the copyright protection by engaging in the aforementioned activities, received or gave assistance in the answering of MOCA Minute questions, or in some other conduct or manner, will be subject to disciplinary actions by the ABA, which may include permanent disqualification from MOCA.

- **Independent Practice Requirement**

  Although admission into the MOCA program and success with components of the program are important steps in the ABA continuing certification process, these components alone do not guarantee being awarded continuing certification. The ABA reserves the right to make the final determination of whether each diplomate meets all of the requirements for continuing certification, including Professional Standing and the ability to perform independently in the specialty or subspecialty, with or without reasonable accommodation for disabilities, before awarding continuing certification.

- Request nonstandard accommodations (if applicable)
- Answer substance use disorder statement
- Complete their practice profiles by selecting a practice location and practice areas by topic
- Pay the annual MOCA fee ($350 for the first certificate and $100 for each additional certificate). Note: The annual registration fee is cumulative. If you fail to pay the registration fee, that cost will roll over and be added to the total amount owed the following year.

B. MEDICAL LICENSE

Acceptable professional standing to be designated as participating in MOC includes, at minimum, holding an active, unrestricted license to practice medicine in at least one jurisdiction of the U.S. or Canada. Further, all U.S. and Canadian medical licenses that a diplomate holds must be unrestricted. The ABA assess a diplomate's professionalism continually as one means to assess professional standing. Further information regarding professional standing requirements is found in Section 7.06.

C. CME ACTIVITIES

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 (LLS).

The LLS requirement is 250 credits for continuing medical education (CME) activities within a 10-year certification cycle and 125 credits for a five-year certification cycle.

(1) All credits must be:

a. ACCME/AMA PRA-approved Category 1
b. American Osteopathic Association Category 1-A
c. Accredited CPD credits issued by the Royal College of Physicians of Canada and the Association of Faculties of Medicine of Canada

(2) A maximum of 60 CME credits may be completed per calendar year. Participants are encouraged to complete some CME activity in each of the six general competencies for physicians.

(3) For 10-year certification cycles, half of the CME requirement (125 credits) must be completed by the end of Year 5 [see Section 4.03.F (2)].

(4) **Self-assessment CMEs are not required**. Diplomates who previously completed self-assessment CMEs or wish to do so in the future will receive credit in MOCA.

Patient Safety CME Credit Requirements

(1) All diplomates and non-time-limited diplomates who register for MOCA are required to complete 10 Category 1 patient safety CME credits every five years. A list of the approved activities is available on the ABA website at www.theaba.org and on a physician's ABA GO portal accounts.

CME sponsors may submit CME activities and credits to the ABA electronically for diplomates. 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 within three years of their submission. Therefore, diplomates must keep documentation of every self- reported CME activity for at least three years after their submission.

D. MOCA MINUTE

MOCA Minute replaces the MOCA and MOCA-SUBS exams as the Assessment of Knowledge, Judgment, and Skills. MOCA Minute questions are multiple-choice questions with a single best answer, like those presented on previous MOCA and subspecialty recertification exams. MOCA Minute allows diplomates to assess their knowledge, gauge whether they have retained knowledge over time, and demonstrate their proficiency continuously throughout their five-year and 10-year MOCA cycles.

Diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and/or maintain an MDT p-value of ≥ 0.10 every year except for the last year of the certification cycle. During the last year of the certification cycle, diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and maintain an MDT p-value of ≥ 0.10. Diplomates can answer all 30 questions at once; however, they cannot answer more than 30 questions per day. Diplomates who miss answering questions in the first three quarters of the year can make up the missed questions in subsequent quarters. Diplomates who answer questions incorrectly will receive similar questions on the same topic over time to gauge whether they have learned the material.

The ABA will waive as many as two calendar quarters of MOCA Minute questions (60 questions) when:

- Active military diplomates personally submit a written request to the ABA Secretary attesting to their deployment and lack of computer access; or

- Diplomates have a current severe illness and personally submit a written request to the ABA Secretary including a letter from their treating physician substantiating their illness.

Other reasonable requests or justifiable hardships will be reviewed on a case-by-case basis.

MOCA Minute questions are based on the certificates diplomates are upholding.

- **Diplomates only upholding anesthesiology certification** will receive general anesthesia questions that represent the base of knowledge every physician anesthesiologist should know and questions about new knowledge areas the ABA believes diplomates need to learn quickly (e.g., Ebola). Additionally, they will receive questions based on the areas of practice they select in their practice profile during the MOCA annual registration.

- **Diplomates only upholding critical care medicine, pain medicine, or pediatric anesthesiology certification** will receive some subspecialty-specific questions representative of what certified diplomates should know and some questions based on the areas of practice they select in their practice profile during the MOCA annual registration.

- **Diplomates upholding multiple certifications in anesthesiology, critical care medicine, pain medicine, and/or pediatric anesthesiology** will receive questions related to each certification area.

- **Diplomates upholding hospice and palliative medicine or sleep medicine certification** will receive questions based on general anesthesia knowledge as well as areas selected in their practice profile. MOCA Minute is optional for these diplomates as they have to take and pass the subspecialty recertification exam or participate in the American Board of Internal Medicine's Longitudinal Knowledge Assessment to fulfil the MOCA Minute requirement.

- **Diplomates upholding neurocritical care (NCC) medicine certification** will receive questions based on general anesthesia knowledge as well as areas selected in their practice profile. MOCA Minute is optional for these diplomates as they have to take and pass the subspecialty recertification exam or participate in the American Board of Psychiatry & Neurology’s Article-Based Continuing Certification Pathway (ABCC) to fulfil the MOCA Minute requirement.

- **Diplomates upholding health care administration, leadership, and management (HALM) certification** will receive questions based on general anesthesia knowledge as well as areas selected in their practice profile. MOCA Minute is optional for these diplomates as they have to take and pass the subspecialty recertification exam to fulfil the MOCA Minute requirement.

Diplomates may access MOCA Minute questions via their ABA GO physician portal. Once diplomates access a question, they have one minute to answer it and will learn immediately whether they answered correctly or not. Diplomates will receive the questions’ rationale, a critique and associated references and educational materials. Participants may also submit feedback to the ABA on the question and the question’s relevancy to their practice. Questions not answered within the time allotted will be counted as incorrect answers.

The ABA uses Measurement Decision Theory (MDT) to evaluate diplomates’ MOCA Minute performance. MDT is a statistical model that estimates the likelihood or probability that diplomates are keeping their specialty-specific

knowledge up-to-date based on their pattern of responses to MOCA Minute questions. **Diplomates who maintain an MDT probability or p-value of ≥ 0.10 are meeting the standard**.

- Diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and/or maintain an MDT p-value of ≥ 0.10 every year except for the last year of the certification cycle. During the last year of the certification cycle, diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and maintain an MDT p-value of ≥ 0.10.

- Any unanswered MOCA Minute questions will be considered incorrect and will negatively impact diplomates' MDT p-value.

Diplomates will be informed on a continuous basis in their ABA GO physician portal account whether they are meeting the standard for MOCA Minute. By the end of their certification cycle, if a diplomate does not have a MDT probability or p-value of ≥ 0.10, the ABA may not issue the diplomate a new certificate. The ABA will make decisions about diplomates' certification status based on their performance in all four components of the MOCA program.

Anesthesiology Special Purpose Exam (ASPEX)

Diplomates who are not meeting the MOCA Minute standard in the year their certification expires can take the ASPEX as a secondary assessment for the certificate(s) they are upholding (anesthesiology, critical care medicine, pain medicine, and/or pediatric anesthesiology). The ABA will notify diplomates via email of their eligibility for ASPEX.

Diplomates certified in anesthesiology in 2006, 2007, or 2008:

- Diplomates who passed the MOCA Examination will not be required to participate in MOCA Minute until their current certificates expire and will not have to pay the annual MOCA fee until 2026. However, they will still need to register annually for MOCA.
- Diplomates who failed their most recent MOCA Examination will be required to register annually for MOCA and participate in MOCA Minute but will not be required to pay the annual MOCA fee until 2026.

E. IMPROVEMENT IN MEDICAL PRACTICE/QUALITY IMPROVEMENT

ABA diplomates should be continually engaged in a self-directed program of Improvement in Medical Practice (IMP). The ABA made changes to the requirements based on diplomate feedback and changes to the ABMS standards that allow for greater flexibility to provide diplomates with options to participate in activities that are most relevant to their practice.

Simulation is an optional quality Improvement (QI) activity. The ABA developed a point system for QI that weighs activities based on the time and effort associated with completing them. Diplomates must earn 25 points during the five-year certification cycle and 50 points during the 10-year. They may choose activities from the QI list to accumulate points. The list of QI activities is available at www.theaba.org. This list is subject to change.

Diplomates are no longer required to submit completed activities; they will attest to the completion of the QI points via the ABA GO physician portal. QI activities will remain subject to audit.

F. PARTICIPATING IN MOC REQUIREMENTS

The ABA will report the status of all diplomates as it relates to their participation in one or more MOC program (Anesthesiology, Critical Care Medicine, Hospice and Palliative Medicine, Pain Medicine, Pediatric Anesthesiology, Sleep Medicine) based on the below criteria.

Diplomates certified prior to 2000 have certificates that are not time-limited and are not required to participate in MOCA.

"Participating in MOC"

Diplomates are considered to be participating in MOC if they are making continuous progress toward completing all of the requirements as measured by:

(1) Maintaining satisfactory professional standing:
   a. Holding an active, unrestricted license to practice medicine in at least one jurisdiction of the U.S. or Canada. Further, all U.S. and Canadian medical licenses that a diplomate holds must be unrestricted.
   b. Updating the current expiration date(s) of their medical license(s) no later than 60 days after renewal via the ABA website at www.theaba.org.

(2) Actively participating in Continuing Medical Education (CME):
   a. For 10-year certification cycles, half of the CME requirement (125 credits) must be completed and reported to the ABA by the end of Year 5. For five-year certification cycles, 125 credits must be completed and reported to the ABA by the last year of certification.
   b. For 10-year certification cycles, the total requirement of 250 CME credits must be completed and reported to the ABA by the last year of certification.
   c. For 10-year certification cycles, 20 credits must be Category 1 Patient Safety CME. For five-year certification cycles, 10 credits must be Category 1 Patient Safety CME.

(3) **Diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and/or maintain an MDT p-value of ≥ 0.10 every year** except for the last year of the certification cycle. During the last year of the certification cycle, **diplomates must complete 30 MOCA Minute questions per calendar quarter (120 per year by 11:59 p.m. EST on Dec. 31) and maintain an MDT p-value of ≥ 0.10.**

(4) Actively participating in Quality Improvement (QI) activities, which includes attestation of having completed 25 points during the five-year certification cycle and 50 points during the 10-year cycle.

"Not Participating in MOC"

Diplomates are considered to not be participating in MOC if they are unable to complete the above requirements in the specified timeframes. If diplomates are unable to complete the program requirements by the expiration date of their current time-limited certificate, they will be classified as "Expired" and "Not Board Certified."

Diplomates certified prior to 2000 have certificates that are not time-limited. These diplomates **are not required** to recertify or participate in the MOCA program or its subspecialties, but are strongly encouraged to do so. The Diplomate and Candidate Directory on the ABA website will note that these diplomates are not required to participate in MOC.

G. MOCA REQUIREMENTS FOR CANDIDATES WHOSE INITIAL CERTIFICATION IN ANESTHESIOLOGY HAS BEEN DEFERRED

Despite passing the initial certification examinations, some candidates will not receive initial ABA certification because their certification has been deferred. For candidates whose certification has been deferred, MOCA requirements shall be determined as follows:

- Candidate's five-year or 10-year MOCA cycle will now begin once certification has been awarded; not at the time the candidate passes the APPLIED Examination.
- Candidates will not be allowed to participate in MOCA Minute until certification is awarded.

Candidates will be allowed to accumulate MOCA CME credit and MOCA QI activities that were accumulated at the time of certification.

Additional requirements may be determined by the ABA Credentialing Committee.

H. MOCA REQUIREMENTS FOR DIPLOMATES WHO ARE NOT CLINICALLY ACTIVE

Diplomates who are not clinically active and hold time-limited certificates in anesthesiology or a related subspecialty can uphold their certification(s) by completing the following MOCA requirements:

- Medical License: Maintain satisfactory Professional Standing
- CME Activities: Complete the required CME activities
- MOCA Minute: Demonstrate proficiency by participating in MOCA Minute
- Quality Improvement (QI): The MOCA QI requirement is waived for diplomates who are designated as "Certified – Not Clinically Active."

Diplomates interested in registering with the ABA to reattain 'Clinically Active' status, please visit the ABA website at www.theaba.org. At the top of the page, click on 'Maintain Certification', then click on 'Status Designations.' You can locate the 'Clinically Active' forms which include specific information for reattaining ABA status. Please download, complete and return the appropriate form to the ABA.

I. EXPIRED TIME-LIMITED CERTIFICATES

Time-limited certificate holders who fail to meet the MOCA requirements by the expiration of their most recent certificate in anesthesiology or certificate for continuing certification in the specialty of anesthesiology will have their certification status changed to "expired." To regain their certification status of "diplomate," they must complete all MOCA requirements as described below:

a. The ABA will move their MOCA cycle forward for a one-year grace period (extension year). Any activities that were completed in the original Year 1 (e.g., CME) are removed and they are required to redo those activities. If the MOCA Minute requirement was not completed, diplomates can be re-certified after answering 30 questions per quarter for four consecutive quarters.

b. Upon successful completion of all MOCA requirements (which are defined by their original MOCA cycle), the ABA will issue that physician a certificate for continuing certification in the specialty of anesthesiology valid for five years from the date of completion of the program.

c. If the physician fails to complete the requirements within a year after the expiration of their certificate, their MOCA cycle will expire.

Reinstatement Fee: Diplomates will be charged a fee of $525 for the one-year grace period. The ABA reserves the right to change fees when necessary. All fees paid are non-refundable.

4.04 REESTABLISHING ELIGIBILITY FOR INITIAL CERTIFICATION FOR TIME-LIMITED CERTIFICATE HOLDERS

A. MOCA PARTICIPATION EXCEEDING EXTENDED YEARS FOR TIME-LIMITED CERTIFICATE HOLDERS

Former diplomates who do not complete all MOCA requirements within the extended year of the expiration of their most recent certificate in anesthesiology or certificate for continuing certification in the specialty of Anesthesiology must complete the following steps to reestablish their status as an ABA diplomate. Physicians will only be allowed to reestablish eligibility for the ABA examination system once.

- Meet the requirements for entering the ABA Examination System [see Staged Examinations section]; and
- Register for admission to the ABA Examination System; and
- Pass the ADVANCED Exam; and

- Pass both the Standardized Oral Examination and Objective Structured Clinical Examination components of the APPLIED Examination under the new registration.

Candidates must successfully complete the requirements for certification in anesthesiology within seven years of the last day of the year in which their registration was accepted.

B. MOCA PARTICIPATION FOR NON-TIME LIMITED CERTIFICATE HOLDERS

Effective Dec. 31, 2020, all diplomates with non-time-limited certificates, who do not meet all MOCA program requirements by the end of their MOCA cycle, will have their current cycle voided and will be required to re-register if they wish to continue in the MOCA program.

4.05 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION

Time-limited certificate holders whose subspecialty certificates in pain medicine or critical care medicine expired on or before Dec. 31, 2016, must reestablish eligibility for subspecialty certification and successfully complete the subspecialty certification exam before being eligible to register for MOCA [see Section 6.03].

4.06 MOCA EDUCATIONAL ACTIVITIES

Medical specialty societies and other healthcare organizations offering quality educational activities to enable physicians to fulfill the MOCA requirements may submit a proposal for their educational activities to be considered for approval.

The ABA may also consider collaborating with medical societies and healthcare organizations to provide activities designed to help the ABA diplomates fulfill the CME, MOCA Minute and QI requirements of the MOCA program.

Educational activity requirements and applications are available at www.theaba.org.

SUBSPECIALTY CERTIFICATION

5.01 SUBSPECIALTY CERTIFICATIONS

The ABMS has authorized the ABA and other ABMS Member Boards to award certification in the subspecialties of critical care medicine, pain medicine, hospice and palliative medicine, sleep medicine, pediatric anesthesiology, neurocritical care, adult cardiac anesthesiology, and health care administration, leadership, and management.

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

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

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

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

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

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

E. **Pediatric anesthesiology (PA)** is a discipline of anesthesiology that includes the evaluation, preparation, and management of pediatric patients undergoing diagnostic and therapeutic procedures in operative and critical

care settings. In addition, this discipline also entails the evaluation and treatment of children with acute and chronic pain disorders.

F. **Neurocritical care (NCC)** is devoted to the comprehensive multisystem care of critically ill patients with neurological diseases and conditions. Because of the vast scope of the field, neurocritical care is a multidisciplinary subspecialty.

G. **Adult Cardiac Anesthesiology (ACA)** is the perioperative care of patients undergoing cardiovascular procedures and includes: the pre-operative patient evaluation and optimization of clinical status prior to the cardiothoracic procedure; the Interpretation of cardiovascular and pulmonary diagnostic test data, pharmacological and mechanical hemodynamic support, and peri-operative critical care, Including ventilatory support and peri-operative pain management. Diplomates In Adult Cardiac Anesthesiology possess competence in advanced-level-perioperative transthoracic echocardiography.

H. **Health Care Administration, Leadership, and Management (HALM)** is a subspecialty based on integrating expertise from medicine, health systems science, quality improvement, patient safety, business, public health, communication, computer science, economics, law and other disciplines in a singular subspecialty certification. HALM certification will provide physicians the opportunity to enhance their practice and set standards in physician leadership.

5.02 CERTIFICATION REQUIREMENTS

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

A. Be an ABA diplomate.

B. Fulfill the licensure-in-good-standing requirement for certification as follows: Hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional and unrestricted. Further, every U.S. and Canadian medical license the registrant holds must be free of restrictions.

C. Have fulfilled the subspecialty training requirement.

D. Have satisfied the subspecialty examination requirement.

E. Have satisfactory professional standing [see Section 7.06].

F. Be capable of performing independently the entire scope of subspecialty practice without accommodation or with reasonable accommodation.

For initial subspecialty certification, diplomates must be meeting MOCA requirements. (Please see the MOCA section.)

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

The ABA, acting as a committee of the whole, reserves the right not to accept an exam registration. The registrant has the right to seek review of such a decision [see Section 7.05]. The ABA reserves the right to correct clerical errors affecting its decisions.

The ABA awards subspecialty certification only to qualified ABA diplomates who do not hold a valid certificate in the same subspecialty from another ABMS Member Board. ABA-administered subspecialty certificates are valid for five years after the year the candidate passes the subspecialty examination. Diplomates with a time-limited certificate in

sleep medicine and hospice and palliative medicine may take the subspecialty recertification examination as early as the seventh year of their most recent certification.

ABA subspecialty certificates are subject to the ABA's rules and policies, including their Policy Book, all of which may be amended from time to time without further notice.

5.03 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 U.S. 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., twelve months of fundamental clinical skills and CA 1-3 years) unless the ABA Credentialing Committee prospectively approves a different training sequence for the fellow (see below for details).

The ABA grants a fellow credit toward the ABA subspecialty training requirements in two successive six-month increments, each of which ends with a satisfactory Certificate of Clinical Competence (CCC) report. To receive credit 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 CCC report. If more than one six-month period of subspecialty training ends with a CCC report that is not satisfactory, the ABA Credentialing Committee will determine the number of months of additional training the fellow will have to complete to satisfy the training required for admission to the ABA examination system.

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

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

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

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

5.04 ABSENCE FROM TRAINING

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

For a two-year Anesthesiology Critical Care Medicine (ACCM) fellowship, the Absence from Training policy grants a maximum of four weeks of time away (such as for vacation) from the program per year, a total of eight weeks for a two-year program, and up to six weeks of additional leave for purposes of parental, caregiver, and medical leave. If such additional time away for purposes of parental, caregiver, and medical leave is taken, then this revised policy allows for up to 14 weeks away from training and does not require an extension in training.

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 Credentialing 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.

5.05 CERTIFICATE OF CLINICAL COMPETENCE

The ABA requires every candidate seeking an anesthesiology subspecialty certification to have their training program electronically file a Certificate of Clinical Competence in January and July on behalf of each fellow who has spent any portion of the prior six months in subspecialty anesthesia training in or under the sponsorship of the fellowship program and its affiliates. **For purposes of the ABA required certificate, the program director or department chair must not chair the committee that issues the certificate.**

Entry into the ABA examination system is contingent upon the registrant having a Certificate of Clinical Competence on file with the ABA attesting to satisfactory clinical competence during the final period of fellowship training in or under the sponsorship of each program. The ABA will deny entry into the ABA examination system until this requirement is fulfilled.

Fellows who wish to appeal a Certificate of Clinical Competence must do so through the reporting institution’s grievance and due process procedures. The ABA does not provide an appeal procedure.

5.06 PROGRAM DIRECTOR’S REFERENCE FORM

The ABA requires every candidate to obtain from the candidate’s fellowship program director an electronically filed Program Director’s Reference Form upon graduation from the fellowship program. The Program Director’s Reference Form requests information regarding the professional standing, abilities, and character of the fellow.

Entry into the ABA examination system is contingent upon the program director's recommendation. The ABA will deny entry into the ABA examination system until this requirement is fulfilled. This reference evaluation will be used as part of the process by which the ABA judges whether the candidate meets the standards of a Board-certified anesthesiologist articulated in Section 1.02.D. Entrance into the ABA examination system may also be denied if the ABA, in its discretion, is not satisfied with the recommendation based upon reasonable consideration of information known at the time.

The ABA considers references to be confidential and will not disclose the contents or a copy to the candidate unless the person providing the reference consents in writing. Candidates should contact their references if more information is desired. Fellows who wish to appeal a final recommendation from the program director or department chair must do so through the reporting institution’s grievance and due process procedures.

5.07 TEMPORARY CRITERIA FOR NEUROCRITICAL CARE

A. Temporary criteria ("grandfathering criteria") for subspecialty certification in neurocritical care applies through the 2026 exam registration deadline to diplomates:

(1) Who are currently practicing neurocritical care medicine and are certified in neurocritical care by the United Council for Neurologic Subspecialties (UCNS) or the Committee on Advancing Subspecialty Training (CAST)
OR

(2) Who have completed a UCNS, CAST, or other non-accredited fellowship in neurocritical care.
OR

(3) Whose post-training neurocritical care clinical practice is documented as one of the following (based on a 40-hour work week*):

a. At least seven hours per week for the past six years (17% of clinical practice time)
b. At least 10 hours per week for the past four years (25% of clinical practice time)
c. At least 13 hours per week for the past three years (33% of clinical practice time)
d. At least 20 hours per week for the past two years (50% of clinical practice time)
e. Academic program director, administrator, or researcher: At least 10 hours per week for the past four years (25% of clinical practice time)

*Physicians whose total practice exceeds 40 hours per week may still use the 40 hours number as the denominator of their percentage calculation.

5.08 TEMPORARY CRITERIA FOR ADULT CARDIAC ANESTHESIOLOGY

Temporary pathways for subspecialty certification in adult cardiac anesthesiology (ACA) will be available between 2023-2028 to diplomates who meet the temporary criteria as outlined on the ABA website. To view the ACA temporary criteria information, visit the ABA website at www.theaba.org or click here.

ABA diplomates not meeting the criteria can request the ABA's Credentialing Committee to review their situation and determine whether they might still be eligible to take the certification exam in adult cardiac anesthesiology. All requests for special consideration should include as much documentation as possible along with an explanation of why the applicant believes the published criteria should be waived.

5.09 OVERVIEW OF SUBSPECIALTY CERTIFICATION EXAMINATIONS

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

A. Examination Administration

(1) For the most current examination dates and deadlines, please visit the ABA website at www.theaba.org.

(2) Our examinations are administered to all candidates under the same standardized testing conditions at computer-based testing centers located throughout the U.S. and Canada. The ABA will consider a candidate's complaint about the testing conditions under which an examination was administered only if the complaint is received within one week of the examination date. Candidates should document their complaint via email to the ABA at Exams@theaba.org.

(3) Our policies regarding irregular examination behavior, unforeseeable events, and examination under nonstandard conditions may be found in Sections 7.12, 7.13, and 8.01, respectively.

B. The Critical Care Medicine Examination is administered once each year.

C. The Pain Medicine Examination is administered once each year.

D. The Hospice and Palliative Medicine Examination is administered once each year.

E. The Sleep Medicine Examination is administered once each year.

F. The Pediatric Anesthesiology Examination is administered once each year.

G. The Health Care Administration, Leadership, and Management Examination is administered once every other year.

H. The Adult Cardiac Anesthesiology Examination is once each year.

I. The Neurocritical Care Examination is administered once every other year.

5.10 REGISTRATION ELIGIBILITY REQUIREMENTS

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

A. Be certified by the ABA. An exception will be made for candidates for ABA initial certification who are enrolled in an ACGME-accredited fellowship program and who are scheduled to take the APPLIED Exam in the year in which they are registering to an ABA (ACA, CCM, PA, PM) subspecialty certification examination. The results of a subspecialty certification examination taken under this policy exception will only be validated if the candidate is awarded ABA certification in the specialty of anesthesiology prior to their duration of candidate status expiring.

B. Have fulfilled the licensure-in-good-standing requirement for certification [see Section 5.02.B]. Registrants who have a medical license restriction will be permitted to register for and take a subspecialty certification examination; however, certification will be deferred until the nature of the restriction is reviewed and a determination is made by the ABA Credentialing Committee.

C. Have documentation on file in the ABA office of having satisfactorily fulfilled the subspecialty training requirement or, if applicable, Temporary Criteria in lieu of formal training in an accredited subspecialty program. **A grace period** will be permitted so registrants completing the subspecialty training requirement by Dec. 31 may register for the immediately preceding subspecialty certification examination.

D. Have documentation on file with the ABA attesting to the registrant's current privileges and evaluations of various aspects of the registrant's current practice of the subspecialty. Such evaluations will include verification that the registrant meets the ABA's clinical activity requirement by practicing the subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years. The ABA may use such documentation and evaluations as part of its assessment of the registrant's qualifications for admission to its subspecialty examination system. The ABA may solicit such documentation and evaluations from the fellowship program director or others familiar with the registrant's current practice of the subspecialty and use them in determining the registrant's qualifications for admission to the examination system. The CCC report from the department and the evaluation from the program director and others will be used as the basis for assessing admission qualifications.

E. Be capable of performing independently the entire scope of anesthesiology subspecialty practice without accommodation or with reasonable accommodation.

F. Be meeting the ABA's MOCA program requirements. (Please see the MOCA section.)

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

5.11 REGISTRATION PROCEDURE

A. Registration for admission to the ABA examination system must be made using the ABA GO physician portal, which can be accessed via the ABA website at www.theaba.org.

J. Registrations may be completed at any time during the registration period. Current registration dates and fees are published at https://www.theaba.org/get-certified/.

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

K. The ABA must receive all documentation required to make a decision about a registrant's qualifications for admission to a subspecialty certification examination by the decision deadline. This includes, but is not limited to, references and verification that the training requirement is met. A registration will not be accepted if the required documentation is not received by that date. It is the responsibility of every registrant to ensure that the ABA receives all required documentation in a timely manner. Physicians will be considered candidates in the ABA examination system when their registration for a subspecialty examination is accepted.

L. Registration includes the following Acknowledgment and Release forms, which the registrant shall be required to sign by electronic signature:

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

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

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

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

(2) I, the undersigned registrant ("registrant"), hereby agree to participate in the American Board of Anesthesiology, Inc.'s (ABA) subspecialty certification program. I acknowledge that my participation is voluntary and subject to the ABA rules and policies, all of which may be amended from time to time without further notice.

In connection with my registration, I authorize all persons holding testimony, records, documents, opinions, information, and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Background Information") to release such Background Information to the ABA, its employees, and agents. This authorization applies whether or not such persons are listed as a reference on my registration. Background Information includes any information relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. I understand that such Background Information may be used to determine, verify, or deny my qualifications for entrance into the ABA entrance examination and ABA certification. I understand the ABA treats this information as confidential and will not release the content or a copy of any references to me unless the person providing the reference consents in writing. A copy of this release may accompany any request made by the ABA for such Background Information.

I authorize the ABA to: (1) report my status in the examination system; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the ABA examination system. I understand and agree that once my examination registration is completed and granted, this consent cannot be withdrawn.

I understand the ABA may use any and all Background Information for the purpose of conducting longitudinal studies to assess the ABA certification process. I further understand the ABA, alone or in collaboration with other researchers, may use physicians' National Provider Identifier (NPI) and other information from the registration, testing, assessment and certification process (the "Assessment Information") to conduct scientific research relating to anesthesiologists, the practice of anesthesiology and/or the education of anesthesiologists. Any and all information used for research may be reported or released to the public only in the aggregate without any individual identification.

Use of any Background Information or Assessment Information for analysis or research will not impact in any way my individual registration, test results, or certification status. I understand and agree that should I not wish for my information to be used for research purposes, prior to taking the exam I must notify the ABA in writing to the attention of researchoptout@theaba.org to opt out and withdraw consent for my information to be used as part of research studies. I cannot opt out and consent cannot be withdrawn once my information has been de-identified and/or aggregated as part of any research study.

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

I hereto acknowledge and agree that jurisdiction and venue shall be exclusively in the federal or state courts located within Wake County, North Carolina, over any claims arising out of or relating to this Agreement and Release or any matter between the undersigned and the ABA. This choice of venue is intended by the parties to be binding, thereby precluding the possibility of litigation between the parties other than in Wake County, North Carolina. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in, and stipulates that the state and federal courts located in Wake County, North Carolina shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy, or proceeding between them.

This Agreement and Release shall be governed and construed in accordance with the laws of the state of North Carolina, as they apply to contracts made and to be performed in the state of North Carolina, regardless of any choice of law principles to the contrary.

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

5.12 EXAMINATION REGISTRATION, SCHEDULING & CANCELLATION

A. Examination Registration and Scheduling

Candidates will register for the examination in the year of the subspecialty certification examination and will pay a single fee upon registration. Registration for subspecialty examinations begins March 1 of each year. See Examination Dates at www.theaba.org under "Get Certified," "Subspecialty Certification."

The ABA will notify candidates of their eligibility to register for a subspecialty examination via their email address on file. Candidates who register for an examination by the established deadline must pay the registration fee at that time. Current fees are posted at www.theaba.org.

Once candidates have registered for an examination and paid the fee via their ABA GO physician portal, they will be **notified via email** with instructions on how to schedule examination appointments with the examination administration vendor. The ABA office is not responsible for an interruption in communication with a candidate that is due to circumstances beyond its control, including candidates unsubscribing from ABA email communications.

B. Notification and Cancellation of Examination Appointments

(1) **A candidate who cancels a scheduled examination appointment** must submit a cancellation request on the ABA GO physician portal at least one week prior to the examination administration week. A cancellation fee must accompany the candidate's request to retain the examination fee for the next examination appointment. Current fees are posted at www.theaba.org.

(2) **A candidate who misses a scheduled examination appointment** because of an unavoidable or catastrophic event must submit a written request with explanation and independent documentation of the event. The ABA must receive the candidate's request and the cancellation fee no later than three days after the examination date to retain the examination fee for the next examination appointment. If a scheduled appointment is missed for a reason that does not represent an unavoidable or catastrophic event, the examination fee will be forfeited. Forfeiting of the examination fee is solely at the discretion of the ABA. Please contact exams@theaba.org to submit a request for a fee waiver due to an unavoidable or catastrophic event.

(3) **A candidate who misses an examination appointment and does not cancel the scheduled examination appointment forfeits the examination fee**.

Our office is not responsible for an interruption in communication with a candidate due to circumstances beyond its control, including candidates unsubscribing from ABA email communications. Candidates must immediately notify the ABA of a mailing or email address change via the ABA website at www.theaba.org, or by writing to the ABA office. The candidate's ABA identification number should be included on all correspondence to the ABA solely for identification purposes.

5.13 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited as follows:

A. The ABA will no longer limit the number of opportunities per calendar year candidates will be given to satisfy an examination requirement.

B. Candidates who completed subspecialty training prior to Jan. 1, 2012, had until Dec. 31, 2018, to satisfy all requirements for subspecialty certification.

C. Candidates who complete subspecialty training on or after Jan. 1, 2012, must satisfy all requirements for certification within seven years of the last day of the year in which subspecialty training was completed.

5.14 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION

If a candidate does not satisfy all requirements for subspecialty certification within the initial seven-year prescribed time (as described in Section 5.12), the ABA will declare the candidate's registration void. Physicians whose registrations have been voided may submit a new registration for the subspecialty certification examination. At the time of registration, the registrant must meet the eligibility requirements (as described in Section 5.08).

In addition to meeting the requirements in Section 5.09, the physician must complete the following prior to submitting a new registration:

- **For Critical Care Medicine, Pain Medicine, or Pediatric Anesthesiology Certification**: Take and pass the relevant subspecialty Anesthesiology Special Purpose Exam (ASPEX). Physicians who do not pass ASPEX must wait a minimum of four months before retaking the examination.

- **For Hospice and Palliative Medicine or Sleep Medicine**: Take and pass the relevant subspecialty recertification exam offered by the American Board of Internal Medicine (ABIM).

- **For Neurocritical Care**: Take and pass the relevant subspecialty recertification exam offered by the American Board of Psychiatry and Neurology (ABPN).

- **For Health Care Administration, Leadership and Management**: Take and pass the relevant subspecialty recertification exam offered by the American Board of Emergency Medicine (ABEM).

Physicians reestablishing eligibility for subspecialty certification must satisfy all requirements for subspecialty certification by Dec. 31 of the fourth year following the successful completion of the applicable ASPEX (for critical care medicine, pain medicine, or pediatric anesthesiology) or the relevant subspecialty recertification exam offered by ABIM (for hospice and palliative medicine or sleep medicine). Physicians will only be allowed to reestablish eligibility for the subspecialty certification once. Physicians who qualified previously by Temporary Criteria must meet all eligibility requirements (as described in Section 5.08) at the time of registration to reestablish eligibility for subspecialty certification.

SUBSPECIALTY RECERTIFICATION

CRITICAL CARE MEDICINE, PAIN MEDICINE & PEDIATRIC ANESTHESIOLOGY

6.01 SUBSPECIALTY RECERTIFICATION

The subspecialty recertification program has transitioned to MOCA for all ABA diplomates with current certificates (see the MOCA section).

6.02 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited as follows:

A. Candidates whose subspecialty recertification expired on or before Dec. 31, 2016, had until Dec. 31, 2018, to satisfy all requirements for subspecialty recertification.

If a candidate did not satisfy all requirements for recertification within the prescribed time period, as described above, the ABA declared the candidate's registration void. Physicians whose registrations for subspecialty recertification were voided will be required to reestablish eligibility for subspecialty certification [see Section 6.03].

6.03 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION

Formerly subspecialty certified physicians whose registrations were voided due to the duration of candidate status policy must reestablish eligibility for subspecialty certification (as defined in Section 5.09).

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

ABA POLICIES

7.01 ALCOHOL AND SUBSTANCE USE DISORDER

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

The ABA will admit qualified physicians with a history of alcohol use disorder to the ABA's examination system and to the examination if, in response to inquiries, the ABA receives acceptable documentation that they are not currently abusing alcohol.

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

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

7.02 REVOCATION OF CERTIFICATION

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

A. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any rule or policy of the ABA; or

B. The person certified shall not have been eligible to receive such certificate whether or not the facts making them ineligible were known to, or could have been ascertained by, the ABA or any of its directors, employees, agents or volunteers at the time of issuance of such certificate; or

C. Persons certified shall have made any misstatement or omission of fact in their registration for such certificate or in any other statement or representation to the ABA or its representatives; or

D. The person certified shall fail to maintain satisfactory professional standing [see Section 7.06].

The ABA will be the sole judge in its discretion of whether the evidence or information is sufficient to require or permit revocation of any certificate issued, and the decision shall be final. The individual has the right to seek review of such a decision [see Section 7.05].

7.03 CERTIFICATION BY OTHER ORGANIZATIONS

The ABA will make no statement about the comparability of the their 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 initial certification in anesthesiology or subspecialty certification or recertification.

7.04 RECORDS RETENTION

The ABA retains certain documents pertaining to an individual's residency and fellowship training, registration for certification, examination opportunities, and examination results for the sole purpose of determining that the requirements for admission to the ABA examination system, certification, recertification, or continuing certification are fulfilled.

The following is a brief summary of the Records Retention Policy:

A. The following records regarding physicians' successful completion of residency and fellowship programs are retained for 75 years:

- Certificate of Clinical Competence
- Program Directors Reference Forms
- Training Away from Program Administrative Approval
- Resident/Fellow Feedback
- Resident Enrollment Form

B. Records corroborating the results (pass/fail) of a physician's examination are retained indefinitely.

- APPLIED Examination result letters are retained for 75 years. All other examination result letters are retained for 10 years following the examination.
- Physicians' score records and performance reports are retained for 10 years following the examination.

C. Records pertaining to adverse ABA actions, including ABA sanctions, are retained indefinitely.

D. The following records regarding the MOCA program are retained for 75 years:

- Annual MOCA Registration
- Medical Licensure
- CME
- Quality Improvement

E. Records pertaining to results of MOCA Minute are retained for four years.

F. Certification records for candidates issued an ABA certification are retained indefinitely.

G. Records pertaining to requests for examination/assessment under nonstandard testing conditions, including any supporting documentation, evaluations, medical records or expert reports, are retained indefinitely.

The ABA has a procedure for secure destruction of documents in an individual's file when the period specified for retention of the documents has expired.

7.05 REQUESTS FOR RECONSIDERATION

The ABA, being dedicated to the principles of fairness and consistency in its dealings with its registrants, candidates, and diplomates, has established a policy for review of certain ABA decisions. The only actions that are reviewable are a decision to 1) deny exam registration, 2) deny exam registration due to an incident of irregular examination behavior, 3) deny test accommodation, and 4) revocation or suspension of certification. When the ABA makes such a decision, the physician will be notified in writing. Such notice shall contain a concise statement of the

reasons for the decision, including, as applicable, copies or references to pertinent policies, procedures and deadlines; the established criteria and procedure for seeking reconsideration; and a clear statement that any right to reconsideration will be waived by the individual if not exercised by the stated deadline.

Reconsideration requests for denials of exam registration will not be considered if the original denial was due to an incomplete registration; non-payment of applicable fees; or failure to meet the requirements for continuum of education, satisfactory professional standing (see Section 7.06), or clinical activity. An ABA decision to revoke certification is not subject to reconsideration if the revocation was due to unsatisfactory professional standing which remains unresolved per Section 7.06. Satisfactory professional standing is a continuing requirement for initial certification, subspecialty certification, and continuing certification. The only basis on which the ABA may consider your request for reconsideration of a decision to revoke or suspend certification based on unsatisfactory professional standing is if you provide written documentation that your medical license(s) has been restored without restrictions. Such documentation must be provided within the 30-day timeframe for submitting the request for reconsideration.

Physicians may exercise their right to request reconsideration by submitting a Request for Reconsideration Form within 30 days of receipt of the notice of the ABA decision in question. All requests for reconsideration will incur a $500 administration fee. If the form and fee are not received within the time and in the manner prescribed, the decision of the ABA is considered final and not subject to further review. The form should be sent via email to credentialing@theaba.org to the attention of “ABA Case Administration.” The form should include the reason(s) justifying reconsideration, including a concise rationale for why the physician believes the ABA’s decision was inconsistent with its policies and/or not supported by the evidence available to the ABA at the time the decision was made. Upon receipt of the required form within the time and in the manner prescribed, the request will be evaluated by the appropriate Committee. The Committee, in its discretion, may affirm, reverse, or modify the initial decision. The ruling of the Committee will be final and not subject to further review.

7.06 PROFESSIONAL STANDING

Satisfactory professional standing is a continuing requirement for initial certification, subspecialty certification, and continuing certification. ABA candidates and diplomates are considered to have satisfactory professional standing if they meet both the ABA’s definitions of licensure-in-good-standing and medical professionalism as defined below and in the glossary. The ABA assesses the professional standing of residents, candidates, and diplomates continually.

- Licensure-in-Good-Standing: A candidate or diplomate must hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional, and unrestricted. Further, every U.S. and Canadian medical license a candidate or diplomate holds must be free of restrictions.
- Medical professionalism: Medical professionalism is a belief system and behaviors that support trustworthy relationships in which group members profess to each other and the public the shared competency standards and ethical values they promise to uphold in their work. Medical professionalism embraces a wide variety of behaviors, including a commitment to carrying out professional responsibilities and adhering to ethical principles; demonstrating compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population.

Please also refer to Section 7.16: ABA Policy on Professionalism.

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

in these circumstances that proceed to take any examination assume the risk that the ABA may defer or deny certification or continuing certification. ABA approval or permission to take an examination is not a guarantee that the ABA will grant certification or continuing certification.

The ABA may initiate proceedings to suspend or 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 the ABA's receipt of notice of such action. The ABA may decide to undertake proceedings to take action against diplomates with other, less severe medical licensure restrictions (e.g., probation, reprimands, or "conditions"), including but not limited to revocation of the certification. Failure to respond to ABA communications regarding the initiation of revocation proceedings constitutes grounds for action to revoke diplomates' certification(s). Diplomates discovered not to have made disclosure to the ABA may be subject to sanctions on their diplomate status including but not limited to revocation of certification.

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

7.07 REATTAINING CERTIFICATION STATUS

The ABA has a registration procedure for diplomates with the designation of "Certified – Not Clinically Active" or "Retired" to seek to reattain "Certified" status. There is also a procedure for physicians whose ABA certification is suspended or revoked to register with the ABA to seek to reattain certification. Diplomates interested in registering with the ABA to seek to reattain a status designation, please visit the ABA website at www.theaba.org. At the top of the page, click on 'Continue Certification', then click on 'Status Designations.' You can locate the appropriate forms which include specific information for seeking to reattain ABA status. Please download, complete and return the form to the ABA.

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

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

The ABA may choose in their discretion to allow a registrant who has been certified in both anesthesiology and one or more anesthesia subspecialties, and who has changed their certification status to "Certified - Not Clinically Active" or "Retired," or who has had the certificates "Revoked," to re-attain those certifications at different times. In their discretion, the ABA may require the registrant to complete additional training or satisfy other additional conditions if a registrant had qualified under temporary criteria for a certificate, and the status of the diplomate has changed to either "Certified - Not Clinically Active" or "Retired," or has the certificate "Revoked" or "Suspended." In their discretion, the ABA may require the registrant to complete additional training or satisfy other additional conditions.

Certifications that are reattained are subject to the requirements for continuing certification and to ABA rules and policies, including the Policy Book, all of which may be amended from time to time without further notice.

7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION

The Alternate Entry Path (AEP) program allows international medical graduates who are certified by the national anesthesiology organization in the country where they trained and are now practicing anesthesiology in the U.S. to qualify for entrance into the ABA examination system for initial certification in anesthesiology. The objective of the program is to encourage outstanding internationally trained and certified anesthesiologists to become productive members of anesthesiology programs located in the United States and accredited by the Accreditation Council for Graduate Medical Education (ACGME). Documented achievement in teaching and/or scholarship, rather than the potential for future success, is required for acceptance into the AEP program. Also, the application must describe the ability of the sponsoring department to provide a strong academic environment.

AEP program participants will spend four years in an anesthesiology program located in the United States and accredited by the ACGME as fellows, researchers, or faculty members. Participants are expected to actively participate in departmental educational activities and to otherwise retain or gain basic anesthesiology knowledge and experience that would help them to attain ABA certification.

The ABA requires that any AEP candidate participate as international medical graduate in an anesthesiology residency or fellowship training program with “continued full” ACGME accreditation status to be considered for the ABA AEP program through either the clinician educator pathway, exceptional clinician pathway or the research and fellowship pathway. The ABA accepts participation in **anesthesiology departments that have as many as eight international medical graduates enrolled in the AEP program at one time. The ABA requires** a letter of justification from the department chair to consider AEP candidates from any program with more than four AEP candidates at one time, which the ABA in its discretion will review for approval.

A. CLINICIAN EDUCATOR PATHWAY

To be considered for entry into the AEP Clinician Educator Pathway, physicians must:

- Be internationally trained with 4+ years (3+ years of anesthesiology-specific training) of post-graduate medical education.
- Have a letter of support from the sponsoring program’s chair and program director.
- Be board-certified in anesthesiology from an ABA-approved certifying body.
- Have an active clinical appointment for a minimum period of four years after enrolling in the AEP program.
- Have an academic appointment in a department of anesthesiology with an ACGME-approved residency and should be an outstanding clinician educator in the field of anesthesiology.
- Have the sponsoring program’s department chair and program director submit a four-year mentoring plan for future academic development as a clinician educator, co-signed by the physician, for prospective approval by the ABA Credentialing Committee. The ABA must receive the four-year plan no later than four months before the internationally certified anesthesiologist enrolls in the AEP program and the four-year period of continuous experience commences.

For the portion of the four-year experience that will be spent as a clinician educator, the enrollment should address these items:

  - Describe how the contributions from the candidate will enhance the department’s educational program.

- Describe the educational facilities available to the candidate over the course of the four-year plan.
- Describe the department infrastructure available for the candidate to develop as a clinician educator.
- Identify the specific individuals within the department or institution available to support the candidate's development as a clinician educator.
- Identify the specific mentors or colleagues who will collaborate with the candidate in their development as a clinician educator over the four years; also, describe their roles in supporting the development of the candidate as an educator.
- Document the tangible results expected from the candidate over the four years of the plan (e.g., book chapters, electronic educational media, manuscripts, grants, lectures, new curriculum development, trainees mentored by the candidate, national educational presentations, etc.).
- Demonstrate excellence in teaching and excellence in clinical anesthesiology during the four-year period specifically designed and identified for the physician.

Documented achievement in teaching requires:

- Recognition by peers and students as an excellent teacher (evaluations, invitations to teach at conferences, authorship of teaching materials (book chapters, guidelines, review articles).
- Documented participation in faculty development programs AND application of principles of education from those programs (include previously attended courses and courses to which the faculty has applied).

Mentoring plans for candidates must demonstrate a trajectory of scholarship in education over four years. Examples of evidence of scholarship for a mid-career faculty include:

(1) Development of educational materials, including new curricular offerings, educational programs, textbook chapters, syllabi, computer programs, videotapes or simulation technology that make a unique contribution to the quality and methods of education.

(2) Regional or national recognition of educational expertise demonstrated by participation and/or leadership in educational societies, invited lectureships, publications related to education, membership on editorial boards of education focused journals.

Examples of evidence of scholarship for a senior faculty include:

(1) Publications of literature related to education.

(2) Development of innovative methodologies on materials which have influence and impact both regionally, nationally or internationally.

(3) Leadership in organizations focused on educational guidelines, policy and practice

(4) Visiting lectureships on educational theory or practice.

B. RESEARCH & FELLOWSHIP PATHWAY

To be considered for entry into the AEP Research and Fellowship Pathway, physicians must:

- Be internationally trained and certified anesthesiologists practicing in the U.S.
- Be internationally trained with 4+ years (3+ years of anesthesiology-specific training) of post- graduate medical education.

- Have a pre-existing track record of scholarship as represented by the scholarship of discovery, dissemination, and application. The scholarship of discovery is accomplished by obtaining peer-reviewed funding or by publication of original research in peer-reviewed journals. The scholarship of dissemination is accomplished by publication of review articles in peer-reviewed journals or chapters in textbooks. The scholarship of application is accomplished by publication of case reports or clinical series at local, regional, or national professional and scientific society meetings. High-quality ongoing scholarship is critical to acceptance into the AEP program.

- Have an active clinical appointment for a minimum period of four years after enrolling in the AEP program.

Have the chair of the anesthesiology department that sponsors them submit a four-year plan, co- signed by the physician, for prospective approval by the ABA Credentialing Committee. The ABA must receive the four-year plan no later than four months before the candidate is enrolled in the AEP program and the four-year period of continuous experience commences.

- Demonstrate discovery of new knowledge in the specialty, excellence in teaching, and excellence in clinical anesthesiology during the four-year period specifically designed and identified for the physician.

C. EXCEPTIONAL CLINICIAN PATHWAY

Documented achievement in clinical excellence, rather than the potential for future success, is required for acceptance into the AEP program. Also, the application must describe the ability of the sponsoring department to provide an outstanding academic environment.

Documented achievement in clinical practice requires:

(1) Recognition by peers and learners as an excellent clinician (evaluations, invitations to teach at conferences, authorship of guidelines and practice parameters).

(2) The expectation for faculty concentrating on this area of focus is superb performance as clinicians or public health practitioners to improve patient care.

(3) Documented participation in faculty development programs (e.g., leadership training, ultrasound workshops) AND application of principles of leadership and/or clinical skills from those programs (include previously attended courses and courses to which the faculty has applied).

(4) Greater than 80% of time spent taking care of patients in the clinical setting.

Mentoring plans for candidates must demonstrate a trajectory of scholarship in leadership and/or clinical practice over four years.

Examples of clinical excellence for a mid-career faculty may include:

(1) Important contributions to quality assurance programs, clinical or public health practice guideline development or policy panels.

(2) Membership on editorial boards of clinical or public health specialty journals.

(3) Development of guidelines/patient care or public health protocols which are used locally, regionally or nationally.

(4) Recognition by peers and learners as a health care professional delivering quality patient care or related patient service or direct public health interventions if applicable. Expertise within the faculty member's

discipline should be evident, though leadership may not be predominant.

(5) Academic citizenship demonstrated by service on departmental, local, national organization committees and leadership in university/national professional organizations.

Examples of clinical excellence for a senior faculty may include:

(1) Publication of reviews and book chapters related to the clinical or public health discipline.

(2) National or international recognition as an expert in the clinical or public health discipline.

(3) Service as a consultant to federal agencies charged with assessing clinical treatments or public health intervention programs.

(4) Invited lectureships or teaching related to the discipline on a national or international level.

(5) Prominent role on national organizations/committees defining treatment methodologies, care guidelines, technologies or public health interventions that change practice.

(6) Recognition by peers and learners as a health care professional delivering quality patient care, related patient service or direct public health service interventions if applicable. Expertise within the faculty member's discipline should be evident, though leadership may not be predominant.

(7) Academic citizenship demonstrated by service on departmental, university, local, national organization committees and/or leadership in university/national professional organizations.

D. PROSPECTIVE APPROVAL AND ENROLLMENT PROCESSES

The ABA must receive the four-year plan with the application no later than four months before the internationally certified anesthesiologist is enrolled with the ABA and the four-year period of continuous experience commences. The experiences planned for the internationally certified anesthesiologist must consist of four years of fellowship training, research or faculty experience, or a combination thereof. During the four-year period, these anesthesiologists shall demonstrate discovery of new knowledge in the specialty, excellence in teaching and excellence in clinical anesthesiology. The four-year experience must be in the same institution in which the anesthesiology program resides. The four-year plan should be specifically designed and identified for the candidate.

All applications for the AEP program will incur a $2,500 fee. This fee must be mailed by immediately following the application submission.

The ABA requires the candidate's department chair to submit the following documents as part of the candidate's application and any request for prospective approval of a candidate's four-year plan:

(1) Documentation of the physician's anesthesiology certification in a foreign country 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.

(2) Written verification of the physician's anesthesiology certification from the certifying body.

(3) Evidence that the physician has been awarded a medical or osteopathic degree.

(4) Evidence of one of the following:

a. A permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates; or
b. Comparable credentials from the Medical Council of Canada; or
c. An active license to practice medicine or osteopathy in one state of the U.S. or in Canada that is permanent, unconditional, and unrestricted.

E. PERIODIC EVALUATION REPORTS

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

F. ENTRANCE REQUIREMENTS FOR THE ABA INITIAL CERTIFICATION EXAMINATION SYSTEM

Approved AEP participants are enrolled in the staged examinations process for initial certification in anesthesiology. Participants must complete satisfactorily the approved four-year program of continuous experience in one anesthesiology department before the ABA will allow them to register and take any of the initial certification examinations. Should a current AEP participant request a transfer to another institution to complete the pathway, the ABA will require the Department Chair of the new institution to submit a written letter along with an updated 4-year plan. The Credentialing Committee will review the request and determine if the new plan still meets the AEP requirements for certification.

The ABA will permit physicians to register for the BASIC Examination when they meet the eligibility requirements for registration [see Section 3.07]. Participants must pass the BASIC Examination to qualify for the ADVANCED Examination. Upon completion of the four-year program, an AEP participant will be permitted to register for the ADVANCED Examination [see Section 3.10]. Upon successful completion of the ADVANCED Examination participants may register for the APPLIED Examination [see Section 3.12].

The internationally trained and certified anesthesiologist must register for each examination. In addition to submitting the registration electronically, the ABA requires that the physician:

(5) Have attestations on file in the ABA office from the department chair that the physician completed satisfactorily the four-year program planned by the department chair and prospectively approved by the ABA Credentialing Committee.

(6) Provide evidence of having licensure-in-good-standing in accordance with Section 7.06 Physicians must inform the ABA of any conditions or restrictions in force on any active medical license they hold. When there is a restriction or condition in force on any of the physician's medical licenses, the ABA Credentialing Committee will determine in its discretion whether, and on what terms the physician will be admitted to the ABA examination system [see Section 3.01.A].

(7) Have documentation on file with the ABA attesting to the physician's current privileges and evaluations of various aspects of their current practice of anesthesiology. Such evaluations will include verification that the physician meets the ABA's clinical activity requirement by spending, on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties. The ABA may solicit such documentation and evaluations from the chair of the anesthesiology department in which the physician in the alternate entry path program is enrolled and use them in determining the physician's qualifications for admission to the examination system. The ABA will use the department's assessment of the physician's performance relative to the ABMS- and ACGME-approved six general physician competencies at six-month intervals and the evaluation of the anesthesiology department chair as the basis for assessing admission qualifications.

7.09 ALTERNATE ENTRY PATH TO SUBSPECIALTY CERTIFICATION

The Alternate Entry Path - Fellowship (AEP-F) program allows international medical graduates who are certified by the American Board of Anesthesiology (ABA) through the Alternate Pathway, and are practicing anesthesiology in the U.S., to qualify for entrance into the ABA examination system for Cardiac Anesthesiology, Critical Care Medicine, Pediatric Anesthesiology, and Pain Medicine. The objective of the program is to encourage outstanding internationally trained and certified anesthesiologists to become productive members of U.S. academic anesthesiology programs within the specialty. Completion of the Alternate Pathway in Anesthesiology is required. A record of documented achievement in teaching and/or scholarship, rather than the potential for future success, is critical to acceptance into the AEP program, as is the ability of the sponsoring department to provide an outstanding academic environment.

AEP fellowship program participants must spend one year in an academic anesthesiology training program as faculty members. Participants are expected to actively participate in departmental educational activities and to otherwise retain or gain anesthesiology knowledge and experience that would help them to attain ABA Fellowship certification. The international medical graduate in the AEP program must participate in a department that has an anesthesiology residency or fellowship training program with “continued full” ACGME accreditation status. The ABA will not count the individuals who participate in the AEP-Fellowship toward the maximum of four individuals participating in the AEP.

A. FELLOWSHIP PATHWAY QUALIFICATIONS

When the graduate of the Alternate Pathway program enrolls, the graduate’s department must have an ACGME accredited fellowship in the specialty. To be considered for entry into the AEP Fellowship, physicians must:

- Be Board-certified in anesthesiology from the ABA.
- Have verification of satisfying the ABA’s Professional Standing Policy in Section 7.06..
- Be internationally trained with 4+ years (3+ years of anesthesiology-specific training) of post-graduate medical education as well as additional training in the desired fellowship of at least one year in duration.
- Have a letter of support from the sponsoring program’s chair and program director.
- Have an active clinical appointment for a minimum period of one year after enrolling in the AEP program.
- Have an academic appointment in a department of anesthesiology with an ACGME-approved fellowship and should be an outstanding clinician educator in the field of anesthesiology.
- Have the sponsoring program’s department chair and program director submit a mentoring plan of one year duration for future academic development, co-signed by the physician for prospective approval by the ABA Credentialing Committee.
- Demonstrate excellence in teaching and excellence in clinical anesthesiology during the year specifically designed and identified for the physician.

B. PERIOD EVALUATION REPORTS

At six-months and at one year, the physician must have the physician’s department chair provide an assessment of the physician’s performance during the preceding six months relative to the American Board of Medical Specialties and ACGME approved six general physician competencies.

All participants must take the In-Training Exam (ITE) for the fellowship.

C. CERTIFICATION ENTRANCE REQUIREMENTS

AEP Fellowship participants must complete the planned and approve one-year program in one anesthesiology subspecialty department before the ABA will accept them as a candidate for subspecialty certification.

7.10 INDEPENDENT PRACTICE REQUIREMENT

Physicians must be capable of performing independently the entire scope of practice in the specialty or subspecialty, with or without reasonable accommodation for disabilities.

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

The ABA routinely reminds candidates' program directors the ABA will require their attestation to whether a physician meets all of the criteria for admission to the ABA examination system, including the independent practice requirement, at the time the candidates from their program complete their residency and/or fellowship training program.

As part of the registration process for ABA examinations and MOCA, the ABA presents all registrants with their definition of independent practice and asks whether they satisfy the requirement, without accommodation or with reasonable accommodation.

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

7.11 DATA PRIVACY AND SECURITY POLICY

This **Privacy Notice and Policy ("Privacy Notice")** describes the information the **ABA** collects, how the ABA uses and retains this information, with whom the ABA shares it, and the choices you have in connection with these activities. This Privacy Notice applies to their registration, examination, certification, recertification, and continuing certification processes (collectively, "**Certification Processes**"), their website, https://www.theaba.org/ (the "**Website**"), and third-party social media platforms (collectively, the "**Services**").

1. PERSONAL INFORMATION THE ABA COLLECTS, HOW THE ABA USES IT, AND HOW THE ABA SHARES IT

When you interact with the ABA through the Services, the ABA collects your personal information. Personal information is information that identifies, relates to, describes, is capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular individual.

The ABA will collect your personal information when you:

- **Register for ABA GO Account.** When you create an ABA GO account, the ABA will collect your identifiers (last four digits of your social security number, ABA ID, date of birth and last name). This information will be used to verify you and create your account. Your name, city, state and certification status will be publicly available on the Website and is searchable by any user of the Website based on your first and/or last name in the "verify a physician's certification status" function of the Website. Unless you have opted out, the ABA may also disclose certain registrant, candidate, or diplomate information to research partners approved by the ABA to conduct studies to assess ABA certification processes or scientific research relating to anesthesiologists, the practice of anesthesiology, and/or the education of anesthesiologists. Such research partners are required to keep information confidential.

- **Register for RTID.** When your training program registers you in the RTID, the ABA will collect your identifiers (name, email address, telephone number, mailing address), professional history (medical licensure history and status, and examination history), education information (education history and status), and sensitive personal information (date of birth, social security number, gender, race, and ethnicity),. The ABA will use this information to create your RTID account.

- **Register for an examination.** When you register for an examination, the ABA will collect your identifiers (name, email address, telephone number, mailing address), professional history (medical licensure history and status, and examination history), education information (education history and status), sensitive personal information (date of birth, gender, race, and ethnicity), and health information to support your request for an accommodation (as applicable). The ABA will use your identifiers, professional history, and education information to assess your qualifications to register for the examination. The ABA will also collect and share with their third-party test service provider your, date of birth, test sponsor's identification number, , previous examination history, and if applicable, accommodations granted, which the service provider will only be permitted to use to provide the services to the ABA. The ABA will also use your name and contact information to communicate with you about the examination, your results, and to keep in touch with you in the future. The ABA will only use your sensitive personal information (race and ethnicity) for research and quality assurance purposes.

- **Participate in an examination.** When you participate in an examination, we record your performance and in doing so also collect your audio and visual information. We use the recordings, together with your personal identifiers, to score your exam and for quality control purposes. We will also use the recordings to create deidentified transcripts which we will use, with the help of an artificial intelligence (AI) tool, to determine common issues and mistakes with a view to improve future exams. We will not use the information externally in identified format. All video and audio recordings, as well as all transcripts produced from the audio recordings will be retained for the time necessary to complete the scoring and the deidentification in accordance with ABA retention policies following which only deidentified information will be retained.

- **Use a third-party testing provider to administer a written examination.** When you arrive at a third-party testing center, the testing center will collect, on their behalf, your identifiers (examination identification number, one form of a government-issued identification number), and signature. This information will be used by the testing center, on their behalf, to verify your identity. The third-party testing center will collect visual and auditory information (an audio and video recording of you while you are taking the examination) to proctor the examination, identify examination dishonesty and cheating, and review the recording in the future related to any allegation of dishonesty and cheating. After the examination is completed, the ABA will collect, through their third-party examination provider, your test results.

- **Request a Duplicate Certificate.** When you complete the duplicate certificate request form, the ABA will collect your identifiers (name, ABA ID Number, address to ship the certificate, and, if different, an address for future correspondence) and the certificate type. The ABA will use this information to process your request, ship the duplicate certificate to the address you provided, and communicate with you in the future.

- **Submit a Data Request.** When you submit a request for data to use for scientific literature or medical education, the ABA will collect your identifiers (name, business telephone number, business address, and signature) and employer information (institution name, position/job function), the request and request fulfillment date, and a description of: (a) the data requested, (b) the purpose for which the data will be used, and (c) the final product in which the requested data or analysis of the requested data will appear. The ABA

will use this information to process your request, communicate with you about the request, and if approved, coordinate the delivery of the requested data.

- **Complete the Media Contact form.** When you complete the media contact form, the ABA will collect your identifiers (name, business telephone number, business email address) and the details of your inquiry. The ABA will use this information to communicate with you about your request.

- **Subscribe to ABA marketing communications.** When you are added to the ABA's marketing communications list, if the ABA has not collected it already, they will collect your personal identifiers (name and email address). The ABA uses this personal information to send you email alerts, text messages and phone calls. The ABA will share your identifiers (name and email address) with the ABA's email marketing provider to send you the emails. You can unsubscribe at any time by clicking on the "unsubscribe" link in each email. Please note that the ABA will continue to send you notifications necessary to the Services, or your request services or inquiries. The ABA's communications contain tracking technologies to analyze whether a predefined action took place by a recipient. You can disable tracking by disabling the display of images by default in your email program.

- **Make a Payment.** The ABA may provide paid products and/or services within the Services. In that case, the ABA uses third-party services for payment processing (e.g., payment processors). The ABA will not store or collect your credit card information. That information is provided directly to the ABA's third- party payment processors whose use of your personal information is not governed by this Privacy Notice. These payment processors adhere to the standards set by PCI-DSS as managed by the PCI Security Standards Council, which is a joint effort of brands such as Visa, MasterCard, American Express, and Discover. PCI-DSS requirements help ensure the secure handling of payment information. The payment processor the ABA works with is Authorize.net. For information on Authorize.net, visit their Privacy Policy web page: https://www.authorize.net/company/privacy/

- **Visit the Website.** In addition to the personal information, you provide directly to us, the ABA also collects information automatically as you use the ABA Website. The ABA uses essential, functional, analytics, and advertising cookies to collect your internet or other electronic network activity information (device, usage, location information (determined through your IP address), such as your browsing history, configuration, unique online identifiers, and interactions with ABA ads on third-party websites), when you interact with the Website. The ABA uses this information to: (i) track you within the Website; (ii) enhance user experience; (iii) conduct analytics to improve the Website; (iv) prevent fraudulent use of the Website; (v) diagnose and repair Website errors, and, in cases of abuse, track and mitigate the abuse; and (vi) market to you more effectively across different web pages and social media platforms. In general, to disable cookies and limit the collection and use of information through them, you can set your browser to refuse cookies or indicate when a cookie is being sent. When you opt-out, an opt-out cookie will be placed on your device. The opt-out cookie is browser and device specific and will only last until cookies are cleared from your browser or device. Particular third-party cookies to note on the ABA Website include:

    - **Google Analytics.** The ABA uses Google Analytics to collect information on your use of the ABA Website to improve the Website. In order to collect this information, Google Analytics may set cookies on your browser or read cookies that are already there. Google Analytics may also receive information about you from applications you have downloaded that partner with Google. The ABA does not combine the information collected through the use of Google Analytics with personally identifiable information. Google's ability to use and share information collected by Google Analytics

about your visits to the ABA Website is restricted by the Google Analytics Terms of Use and Privacy Policy. Generally, to prevent your data from being used by Google Analytics, you can download the Google Analytics opt-out browser add-on.

- **Interact with the ABA on social media**. When you interact with the ABA's page on social networking websites, such as Facebook, X, LinkedIn, and Instagram (each a "**Social Media Page**" and collectively "**Social Media Pages**"), the ABA collects basic engagement metrics and uses it to tailor content and marketing and uses it to improve user experience as set forth in this section. Please note that the ABA does not control the use or storage of the information that you have posted to any social networking websites. This information is collected and processed by the social networking websites for their own purposes, including marketing. For more information on how Facebook, Twitter ("X"), LinkedIn, and Instagram use your personal information, please see Facebook's Privacy Policy, Twitter's (X's) Privacy Policy, LinkedIn Privacy Policy, and Instagram's Privacy Policy.

- **Social Media Pages**. When interacting with the ABA's Social Media Pages, they collect, from you, your personal *identifiers* (first and last name) and *visual information* (photograph (i.e., profile picture)), as well as any information that you provide when interacting with their Social Media Pages (e.g., commenting, sharing, and rating). The ABA uses this information to advertise ABA services, for events and invitations, and to communicate with users via the contribution and comment function. Because the ABA's Social Media Pages are publicly accessible, when you use them to interact with other users, for example by posting, leaving comments or liking or sharing posts, any personal information that you post in them or provide when registering can be viewed by others or used by them as they see fit.

- **Community Management**. The ABA collects, from you, your engagement, including "likes", shares, messages and other interactions with the content, in order to analyze and evaluate how ABA content is perceived, to learn from it, and to improve ABA public relations efforts. The ABA uses this information to create outreach that matches ABA Social Media Pages and to disseminate it via social networking sites.

- **Events and Photos.** When you register for an event on the ABA's Social Media Page, the ABA collects, from you, your personal identifiers (first and name, email address, telephone number, physical address, and any other information you provide). The ABA uses this information to create and manage the event (e.g., to create the guest list, accreditation and admission control, room and personnel planning, planning the catering) as well as to send you your invitation and notifications about the event. The ABA also uses this information for prevention of fraud and defense against legal claims. At events for which you have registered, photos and video recordings may be made (possibly by a photographer commissioned by us), in which you may also be shown. If you are the central subject of a recording, the photographer will ask you before the recording/taking the photo whether you agree and consent. The ABA uses the photos for ABA public relations and marketing on their various media/digital media outlets.

- **Messenger Functionality**. When using messenger functionality on Social Networks, Social Networks collect, automatically, your internet or other electronic network activity information (IP address, date and time of the server request, time zone, specific browser or app function, access status, amount of data transferred, browser or app from which the Request comes, device type, operating system used, and its interface (e.g., Android or IOS), language, version of the operating system, and device identifiers). The ABA does not use this information; its use is governed by the respective Social Networks' privacy policies (linked above).

- **Information Processed Solely by Social Networks.** The ABA does not know how the Social Networks use personal information for its own purposes, how long the personal information is stored on the Social Network or whether the Social Network data is passed on to third parties. If you are currently logged in to a Social Network as a user, the Social Network automatically collects, through trackers on your device, your Social Network ID or a link between the Social Network ID and the advertising ID (IDFA from Apple or GAID from Google) when you open the Social Network app through your mobile device (e.g., smartphone or tablet). This enables the Social Network to understand that you have visited the ABA's Social Media Page along with other Social Network pages that you have clicked on, whether you clicked on Social Network buttons integrated into websites that partner with the Social Network, and other online interactions that report user data to the Social Network. Based on this data, content or advertising tailored to you can be offered. You can find more information about the personal information collected by Social Networks, how it is used and how long it is stored by visiting the Social Network's privacy policies, linked above.

PLEASE NOTE: ABA Services may contain links to other sites the ABA does not operate. If you click on a third-party link, you will be directed to that third party's site. The ABA strongly advises you to review the privacy policy of every site you visit. The ABA has no control over and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

Data Retention

Unless otherwise stated in this Privacy Notice, the ABA retains your personal information (i) for as long as the relevant account exists, or (ii) until the ABA no longer needs your information to fulfill the purposes for which the ABA collected it. However, the ABA may need to use and retain your personal information for longer than the periods indicated above for purposes of:

- **Compliance with ABA legal obligations**. For example, retaining your records for the purpose of accounting, dispute resolution, and compliance with labor, tax, licensing, and financial laws and regulations.

- **Meeting ABA safety and security commitments**. Such as keeping ABA properties secure and preventing fraud.
- **Exercising or defending legal claims**. The ABA also may need to retain personal information for longer than the periods indicated above in order to respond to legal process or enforceable governmental requests, or to enforce ABA contracts or Terms of Use, including investigation of potential violations.

2. HOW THE ABA SHARES YOUR PERSONAL INFORMATION

ABA shares personal information in the following instances:

- **Within ABA.** The ABA shares your personal information within ABA to provide efficiently and effectively, or keep in contact with you through, the Services Access to your personal information is limited to those on a need-to-know basis, including ABA staff and Board members.

- **With service providers.** The ABA shares personal information with service providers that assist them in providing the Services or ABA services. These service providers are described more specifically in the **PERSONAL INFORMATION THE ABA COLLECTS, HOW THE ABA USES IT, AND HOW THE ABA SHARES IT** section of this Privacy Notice. Generally, the ABA may share relevant personal information with third-party vendors such as publishing certification information, verifying Continuing Medical Education course completions, test center and proctoring services, deploying informational emails, or

payment processing.

- **In the event of a corporate reorganization**. In the event that the ABA intends to alter, or does alter the structure of ABA business, such as a reorganization, the ABA would share personal information with third parties and their agents and advisors for the purpose of facilitating and completing the restructuring. The ABA would also share personal information with third parties if the ABA undergoes bankruptcy or liquidation, in the course of such proceedings.

- **For legal purposes**. The ABA will share your personal information where the ABA is legally required to do so, such as in response to court orders, law enforcement or legal process, including for national security purposes; to establish, protect, or exercise ABA legal rights, as required to enforce ABA terms of service or other contracts; to defend against legal claims or demands; to detect, investigate, prevent, or take action against illegal activities, fraud, or situations involving potential threats to the rights, property, or personal safety of any person; or to comply with the requirements of any applicable law to which ABA is subject.

- **With your consent.** Apart from the reasons identified above, the ABA may request your permission to share your personal information for a specific purpose. The ABA will notify you and request consent before you provide the personal information or before the personal information you have already provided is shared for such purpose. You may revoke your consent at any time.

ABA may also share anonymized and aggregated data ("De-Identified Information") in marketing materials.

3. GENERAL INFORMATION CHOICES

You have the following choices with respect to your personal information:

- **Change your ABA GO account information.** You can update your information directly within your Account Settings in your ABA GO account. You are encouraged to change your personal information when necessary. The ABA generally does not make changes to physicians' personal information in their ABA GO accounts. The only change that requires intervention by the ABA is a name change, which requires documentation of the change.

- **Opt-out of marketing email trackers**. You can disable tracking by disabling the display of images by default in your email program.

- **Opt-out of marketing communications.** You may opt-out of receiving marketing emails from the ABA by clicking the "unsubscribe" link provided with each email. Please note that the ABA will continue to send you emails necessary to the Services or any assistance or services you request. For text message marketing, you can opt out by replying "STOP" to any automated text message.

- **Opt Out of Other Cookies.** All session cookies are temporary and expire after you close your web browser. Persistent cookies can be removed by following your web browser's directions. To find out how to see what cookies have been set on your computer or device, and how to reject and delete the cookies, please visit: https://www.aboutcookies.org/. Please note that each web browser is different. To find information relating to your browser, visit the browser developer's website and mobile application. If you reset your web browser to refuse all cookies or to indicate when a cookie is being sent, some features of the ABA website may not

function properly. The opt-out cookie will not work for essential cookies. If the cookie is removed or deleted, if you upgrade your browser or if you visit the ABA from a different computer, you will need to return and update your preferences. By clicking on the “Opt-Out” links below, you will be directed to the respective third-party website where your computer will be scanned to determine who maintains cookies on you. At that time, you can either choose to opt out of all targeted advertising or you can choose to opt out of targeted advertising by selecting individual companies who maintain a cookie on your machine.

- Association of National Advertisers opt-out registration: https://dmachoice.thedma.org/
- Network Advertising Initiative (NAI) Opt-Out: https://www.networkadvertising.org/managing/opt_out.asp
- Digital Advertising Alliance (DAA) Opt-Out: https://optout.aboutads.info

4. DO NOT TRACK

The ABA does not recognize “Do Not Track” requests for internet browsers. Do Not Track is a preference you can set to inform websites and applications that you do not want to be tracked.

5. SECURITY OF YOUR PERSONAL INFORMATION

The ABA implements and maintains reasonable security measures to protect the personal information they collect and maintain from unauthorized access, destruction, use, modification, or disclosure. Examination results and sensitive registrant, candidate, and diplomate data transmissions are encrypted and stored in secure areas of ABA systems accessible only by authorized ABA personnel with a unique ID and password. ABA database servers used for transactions and communication with registrants, candidates, and diplomates are located in a restricted, secure area accessible only by authorized personnel. Firewalls and monitoring devices are utilized to seek to prevent unauthorized access via the internet. However, no security measure or modality of data transmission over the Internet is 100% secure and the ABA is unable to guarantee the absolute security of the personal information the ABA has collected from you.

6. AGE RESTRICTION

The Services are not intended for individuals under the age of thirteen (13). If the ABA learns that they have collected or received personal information from a child under the age of thirteen (13), the ABA will delete that information. If you believe the ABA might have information from or about a child under the age of thirteen (13), please contact them at (866) 999-7501 or coms@theaba.org.

7. CHANGES TO THIS PRIVACY NOTICE

The ABA may amend this Privacy Notice in their sole discretion at any time. If the ABA does, the ABA will post the changes here and will indicate the date the changes go into effect. The ABA encourages you to review their Privacy Notice to stay informed. If the ABA makes changes that materially affect your privacy rights, they will notify you by prominent posting on the Website, and/or via email, and request your consent, if required.

8. CONTACT THE ABA

If you have any questions regarding this Privacy Notice, please contact the ABA at (866) 999-7501 or coms@theaba.org.

Last modified Jan. 1, 2025.

7.12 IRREGULAR EXAMINATION BEHAVIOR

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

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

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

(1) The ABA will give the resident an unsatisfactory rating for appropriate Essential Attributes and for overall clinical competence on the six-month Certificate of Clinical Competence report for the training period that included the examination date for the In-Training Examination.

(2) The ABA will not consider any registration for examination and certification from individuals found to have engaged in irregular examination behavior on the In-Training Examination any sooner than two years after the initial examination for which they otherwise could have qualified.

B. For ABA candidates found to have engaged in irregular examination behavior on any other ABA examination:

(1) The ABA will declare the candidate's registration void.

(2) The ABA will consider a registration from the candidate to retake the exam on which the candidate engaged in irregular examination behavior no sooner than 21 months after the violation occurred.

C. For diplomates found to have engaged in irregular MOCA Minute behavior:

(1) The ABA will declare the diplomate's responses void and will withdraw the diplomate from MOCA.

(2) The ABA will not consider MOCA enrollment for at least two years.

The above statements do not limit the ABA's ability to impose more severe consequences. In its sole discretion, the ABA may require an individual who is found to have engaged in irregular examination/MOCA Minute behavior to wait a longer period of time to apply or may deny reexamination/participation in MOCA Minute. These decisions are final and not subject to review.

7.13 UNFORESEEABLE EVENTS

In the event of a natural disaster, war, pandemic, terrorist attack, strike, civil disorder, curtailment of transportation facilities, government directive 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.

7.14 ASSESSMENT SCORE VERIFICATION POLICY

The ABA offers an exam score verification service to physicians who wish to have the accuracy of their reported scores verified. This service applies to all ABA certification assessments, including written and oral exams, the OSCEs, and MOCA Minute.

- For written exams, the service is limited to verifying that the responses recorded and scored were those of the examinee and were correctly transformed into a scaled score.
- For oral exams and the OSCEs, the service is limited to verifying the scores assigned by examiners to the examinee's performance were correctly recorded and transformed into a scaled score.
- For MOCA Minute, the service is limited to verifying that the annual Measurement Decision Theory (MDT) probability or p-value is correctly calculated based on the diplomate's responses to their required 120 MOCA Minute questions as of the end of the most recent calendar year.

The score verification service is not a review of the content, what the correct answer or acceptable performance should be, the acceptability of testing site conditions or examiner style, or a reconsideration of the passing standard. In the case of oral examinations and OSCEs, examiners will not reevaluate the examinee performance.

The ABA employs extensive and rigorous quality control procedures to ensure the accuracy of the assessment results reported to ABA candidates/diplomates and as of the publication of this Policy Book have no record of a discrepancy ever being detected; therefore, physicians should keep this in mind when assessing whether to request this service.

Physicians who wish to request the exam score verification service should send a completed request form with the fee to us, postmarked within six weeks of the official release date of your exam results. The ABA will communicate the exam score verification outcome within six weeks of receiving the request.

More information, including the request form and fee, is available at www.theaba.org.

7.15 ELECTRONIC RECORDING DEVICE POLICY

The ABA seeks to optimize the abilities of each candidate by providing a safe and secure environment. Also, the ABA strives to protect the privacy of candidates, examiners, and testing materials. Use of mobile phones and other electronic recording devices is prohibited during the APPLIED Examination.

Any use of mobile or other electronic recording device from the time of registration until departure from the building at the conclusion of the examination may result in candidates' examination being invalidated and loss of the registration fee.

Furthermore, if candidates attempt to record, transmit or transcribe any portion of the examination, their examination will be invalidated and they will forfeit their registration fee.

7.16 ABA POLICY ON PROFESSIONALISM

Certification by the American Board of Anesthesiology (ABA) represents that a diplomate has demonstrated the professionalism, knowledge and skills to practice safely in the specialty of anesthesiology or a subspecialty.

Consequently, the ABA believes that certification holds a special status in society as a mark of expertise and trustworthiness and understands that the public and members of the medical community use certification as a measure of an anesthesiologist's knowledge, skills and professionalism. Professionalism being a core element of ABA certification is important to the value of certification.

The ABA recognizes the significant efforts that diplomates make in promoting professionalism through the provision of high-quality patient care, upholding professional conduct and behaviors, and continuous education. The ABA is committed to supporting and promoting physicians' professionalism while prioritizing learning and improvement to assist diplomates' fulfillment of professionalism expectations.

ABA certification is considered a higher standard than medical licensure. Demonstration of conduct consistent with professional norms, equivalent to Professional Standing as defined in the ABA Policy Book, Section 7.06, is a condition for certification by the ABA.

Conduct consistent with professional norms includes:

- being licensed in good standing (see below) AND
- demonstration of behavior consistent with the ABA definition of medical professionalism. (See ABA Policy Book)

The ABA verifies annually that each diplomate is licensed in good standing by at least one licensing jurisdiction in the United States or its territories or Canada. "In good standing" means that the license has not been subject to any actions arising out of relevant misconduct as defined by the ABA and set forth in this policy. Any and all additional licenses currently held by a diplomate shall be in good standing. Any and all additional licenses previously held by a diplomate should have been in good standing at the time of their expiration.

The ABA expects diplomates to demonstrate professional behavior. Diplomates are assumed to satisfy professional standards of conduct unless credible verifiable evidence exists of relevant misconduct. "Relevant misconduct" is any conduct related or unrelated to a diplomate's practice that represents, in the judgment of the ABA, the following:

- a risk to the safety of patients, members of the diplomate's health care team or the public; or
- a threat to the trustworthiness of the profession or of the certification.

To support its deliberations, the ABA may review information about actions by regulatory, governing and credentialing bodies received or made available to it by organizations including, but not limited to, the American Board of Medical Specialties, state licensing boards, the National Practitioner Data Bank, the Centers for Medicare and Medicaid Services, the Drug Enforcement Agency, medical or professional societies, or the courts. The ABA may consider evidence of any crime or conduct involving moral turpitude or unethical behavior for which a diplomate is convicted, enters a plea of guilty or nolo contendere or is found liable by a judge or jury (for example, but not limited to, violent or sexual crimes, medical malpractice or harassment) as evidence of a lack of professionalism.

The ABA will render an independent judgment about professional misconduct in the context of each case based on available credible evidence. The ABA may consider the context of actions taken by state licensing boards or regulatory, governing and credentialing bodies and may choose to act or not act depending on the ABA's interpretation, in its sole discretion, of whether or not professional norms have been breached.

A diplomate's underlying conduct may be unrelated to the practice of medicine yet may nevertheless constitute misconduct that creates a safety risk or undermines the trustworthiness of the profession or of the certification.

The ABA retains full discretion over the determination to revoke or impose a limitation on certification based on a diplomate's breach of professional norms.

A diplomate who has been granted a license with practice limitations (e.g., because of a disability) may be deemed to be in compliance with this Policy, unless the diplomate breaches professional norms. A diplomate who is suffering from a mental or substance use disorder is encouraged to seek care through a physician health program ("PHP") or similar program providing a safe environment in which to receive treatment and support in recovery. A diplomate

who is participating in a PHP may be deemed to be in compliance with this Policy. In these instances, the ABA retains full discretion over whether and to what extent to revoke or impose a limitation on certification if the ABA believes in its discretion that the diplomate's condition or abilities at the time presents any risk to the safety or care of patients or the health care team.

The ABA will provide diplomates with a fair and impartial procedure prior to a certification action based on the ABA's determination of a breach of professional norms. Notice of the alleged breach of professional norms and intent to initiate proceedings will be provided to the diplomate and the diplomate will be provided an opportunity to respond in writing. The ABA grants diplomates the opportunity to have a certification-related decision made by the ABA reconsidered in accordance with ABA Policy.

The ABA will communicate certification actions to the diplomate, will publicly display final actions against a certificate on the ABA website and will share information about revoked certifications with ABMS.

The ABA is not an investigative body. Rather, it will rely on information provided to it by organizations with investigative authority and capability (e.g., state medical boards, law enforcement agencies, the court system) as a basis upon which to make a certification decision.

The ABA recognizes that the majority of diplomates consistently demonstrate conduct consistent with professional norms. All diplomates are encouraged to uphold the competency standards and ethical values in their work that their patients, the public, and other members of the healthcare team expect from medical professionals.

REQUESTING ACCOMMODATION

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

8.01 REQUESTING ACCOMMODATION

To receive an accommodation, individuals must have a physical or mental impairment that substantially limits their ability to perform one or more major life activities (e.g., walking, seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (e.g., neurological, endocrine, or digestive system) that impacts their ability to participate in the ABA's assessment programs as compared with most people in the general population. The ABA encourages individuals with disabilities to request accommodations by submitting the Request for Accommodation Form for the assessment for which accommodation is sought. The ABA only reviews and responds to one assessment accommodation request at a time. Individuals seeking accommodation on more than one assessment must submit a separate request form for each assessment type at the time they are eligible to take that assessment.

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

Individuals are highly encouraged to submit their request form and supporting documentation as early in the registration process as possible. In order to be considered for the current assessment cycle, Request forms must be submitted by the request deadline. The request form must state the nature of the individual's disability(ies) and any accommodation(s) being requested. The ABA office must receive all documentation and other evidence substantiating the need for accommodation no later than the published deadline. Physicians may access the request form via the ABA GO physician portal and/or during the registration process. Applicable deadlines for submitting requests are available here.

All individuals requesting accommodations should read the Guidelines for Requesting Accommodation (available here). The guidelines are provided for examinees, evaluators, faculty, and others involved in the accommodation process. Individuals requesting accommodation(s) are encouraged to share these guidelines with their evaluator, therapist, treating physician, etc., so the appropriate documentation can be assembled to support the request for accommodation.

Documentation and other evidence of the nature, severity, and impact of the individual's disability must include an evaluation report from the qualified healthcare professional who assessed the individual's disability explaining the functional impact of the impairment(s) (i.e., how the disability limits the individual's ability to take the ABA examination under standard testing conditions). Supporting documentation must include the diagnosis of the relevant impairment, a description of the current functional impact of the impairment including, where appropriate, the impact of any available mitigating measures (e.g., a medication, assistive device, or prosthetic) or compensating behaviors.

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

A prior history of accommodation does not, in and of itself, warrant accommodation on the particular ABA examination for which accommodation is requested. If a candidate has previously been approved by the ABA for assessment under nonstandard conditions, the ABA reserves the right to require the individual to provide additional or newer documentation to demonstrate a current need for accommodation. The ABA also reserves the right to verify independently, at the ABA's own expense, the nature and severity of an individual's disabilities and the resulting impact on the individual's ability to take the assessment under standard testing conditions.

All requests for accommodations, including any supporting documentation, evaluations, medical records, or expert reports, will become part of, and retained indefinitely in, the individual's ABA file [see Section 3.04]. All medical and/or mental health information is considered confidential and will be used by the ABA and its vendors only to evaluate the need for accommodations and to provide approved accommodations. The only exceptions are when disclosure may be required pursuant to a valid request for information from an administrative agency or a valid subpoena or other court order. Notwithstanding the above, the ABA reserves the right to utilize these certification records in connection with ABA determination at any time of whether the registrant or candidate meets the requirements for entrance into the ABA examination system, or the requirements for certification, recertification, or continuing certification including the independent practice requirement [see Section 7.10].

8.02 CONSIDERING A REQUEST

An ABA committee will consider any request for accommodation that is timely received. If a request is received after the ABA's published deadline dates, the request will not be considered for the current examination cycle.

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

The committee will make reasonable accommodations for qualified individuals with disabilities when there is sufficient evidence of an impairment 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 permitted if they do not fundamentally alter the measurement of skills or knowledge that the programs are intended to test or otherwise result in an undue burden on ABA programs.

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

The ABA will send the individual a letter of notification of the committee's action. If the individual's request is not granted, the letter shall include the basis for the committee's action. The individual has the right to seek review of such decision [see Section 7.05].

GLOSSARY

Policy Book – Published to inform all interested individuals of the policies, procedures, and requirements governing its certification programs.

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

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

Accreditation Council for Graduate Medical Education (ACGME) – The organization that evaluates and accredits graduate medical training programs (including internships, residencies, and fellowships) in the U.S. ACGME is an associate member of ABMS.

ADVANCED Examination – Focuses on clinical aspects of anesthetic practice and emphasizes subspecialty-based practice and advanced clinical issues.

APPLIED Examination – Includes two components: A Standardized Oral Examination (SOE) and an Objective Structured Clinical Examination (OSCE).

BASIC Examination – Focuses on the scientific basis of clinical anesthetic practice and concentrates on content areas such as pharmacology, physiology, anatomy, anesthesia equipment and monitoring.

Candidate – An individual who is eligible to register with the ABA for initial certification or subspecialty certification or has registered and whose certification has not been granted yet.

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

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

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

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

Clinically Active – Physicians are considered clinically active if they provide direct patient care in anesthesiology and/or any of its related subspecialties for at least one day per week, on average for 12 consecutive months. This medical care must have taken place within the prior three years.

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

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

Decision Deadline – A time limit the ABA establishes for all documentation to be received to make a decision about admission into the examination system.

Diplomate – An ABA-certified physician.

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

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

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

Fellow – A physician in an accredited graduate medical education subspecialty program.

Fundamental Clinical Skills – A twelve-month curriculum consisting of clinical rotations during which a resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems.

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

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

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

Licensure-in-Good-Standing – A candidate or diplomate must hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the U.S. or province of Canada that is permanent, unconditional and unrestricted. Further, every U.S. and Canadian medical license a candidate or diplomate holds must be free of restrictions.

Licensure Restriction – A candidate or diplomate has had their medical license revoked, suspended, or surrendered in lieu of revocation or suspension.

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

MOCA program – A program that includes continuing assessment of Professional Standing; ongoing Lifelong Learning and Self-Assessment; Assessment of Knowledge, Judgment, and Skills; and Improvement in Medical Practice, to ensure ABA diplomates demonstrate a commitment to quality clinical outcomes and patient safety.

Medical Professionalism – Medical professionalism is a belief system and behaviors that support trustworthy relationships in which group members profess to each other and the public the shared competency standards and ethical values they promise to uphold in their work. Medical professionalism embraces a wide variety of behaviors, including a commitment to carrying out professional responsibilities and adhering to ethical principles; demonstrating compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population.

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

Program Director's (PDIR) Reference Form – A form that program directors are required to file regarding the clinical abilities, medical licensure status, professionalism and any practice limitations of a resident upon graduation.

Professional Standing – ABA candidates and diplomates are considered to have satisfactory professional standing if they meet both the ABA's definitions of licensure-in-good-standing and medical professionalism.

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

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

Resident – A physician in an accredited graduate medical education specialty program.

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

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

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

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

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