POLICY BOOK

– 2024 –

MEMBER BOARD OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES
4200 SIX FORKS ROAD, SUITE 1100 | RALEIGH, NC 27609-2687

ABA THE AMERICAN BOARD OF ANESTHESIOLOGY

TABLE OF CONTENTS

TABLE OF CONTENTS 2

FORMER DIRECTORS 4

2023 – 2024 BOARD OFFICERS 5

GENERAL INFORMATION 6

1.01 GENERAL INFORMATION 6
1.02 MISSION AND PURPOSES 6
1.03 ABA TRADEMARKS AND CERTIFICATION MARKS 8
1.04 FEES 8
1.05 STATUS OF INDIVIDUALS 8

STAGED EXAMINATIONS (BASIC, ADVANCED & APPLIED) 10

3.01 CERTIFICATION REQUIREMENTS 10
3.02 THE CONTINUUM OF EDUCATION IN ANESTHESIOLOGY 10
3.03 ABSENCE FROM TRAINING 14
3.04 CERTIFICATE OF CLINICAL COMPETENCE 15
3.05 PROGRAM DIRECTOR'S REFERENCE FORM 15
3.06 OVERVIEW OF STAGED EXAMINATIONS 16
3.07 BASIC EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS 17
3.08 BASIC EXAMINATION REGISTRATION 17
3.09 ADVANCED EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS 19
3.10 ADVANCED EXAMINATION REGISTRATION 20
3.11 APPLIED EXAMINATION REGISTRATION ELIGIBILITY REQUIREMENTS 20
3.12 APPLIED EXAMINATION REGISTRATION 21
3.13 NOTIFICATION AND CANCELLATION OF EXAMINATIONS 21
3.14 DURATION OF CANDIDATE STATUS 22
3.15 REESTABLISHING ELIGIBILITY FOR CERTIFICATION 22

MOCA 2.0 23

4.01 MAINTAINING SPECIALTY AND SUBSPECIALTY CERTIFICATION 23
4.02 MAINTAINING ONLY SUBSPECIALTY CERTIFICATION 23
4.03 MOCA 2.0 REQUIREMENTS 24
4.04 REESTABLISHING ELIGIBILITY FOR INITIAL CERTIFICATION FOR TIME-LIMITED CERTIFICATE HOLDERS 31
4.05 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION 31
4.06 MOCA 2.0 EDUCATIONAL ACTIVITIES 32

SUBSPECIALTY CERTIFICATION 32

5.01 SUBSPECIALTY CERTIFICATIONS 32
5.02 CERTIFICATION REQUIREMENTS 33
5.03 FELLOWSHIP REQUIREMENT 34
5.04 ABSENCE FROM TRAINING 35
5.05 CERTIFICATE OF CLINICAL COMPETENCE 35
5.06 PROGRAM DIRECTOR'S REFERENCE FORM 35
5.07 TEMPORARY CRITERIA FOR NEUROCRITICAL CARE 36
5.08 TEMPORARY CRITERIA FOR ADULT CARDIAC ANESTHESIOLOGY 36
5.09 OVERVIEW OF SUBSPECIALTY CERTIFICATION EXAMINATIONS 36
5.10 REGISTRATION ELIGIBILITY REQUIREMENTS 37
5.11 REGISTRATION PROCEDURE 37
5.12 EXAMINATION REGISTRATION, SCHEDULING & CANCELLATION 39

5.13 DURATION OF CANDIDATE STATUS 40
5.14 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION 40

SUBSPECIALTY RECERTIFICATION 42

6.01 SUBSPECIALTY RECERTIFICATION 42
6.02 DURATION OF CANDIDATE STATUS 42
6.03 REESTABLISHING ELIGIBILITY FOR SUBSPECIALTY CERTIFICATION 42

BOARD POLICIES 43

7.01 ALCOHOL AND SUBSTANCE USE DISORDER 43
7.02 REVOCATION OF CERTIFICATION 43
7.03 CERTIFICATION BY OTHER ORGANIZATIONS 43
7.04 RECORDS RETENTION 44
7.05 REQUESTS FOR RECONSIDERATION 44
7.06 PROFESSIONAL STANDING 45
7.07 REATTAINING CERTIFICATION STATUS 46
7.08 ALTERNATE ENTRY PATH TO INITIAL CERTIFICATION 46
7.09 ALTERNATE ENTRY PATH TO SUBSPECIALTY CERTIFICATION 50
7.10 INDEPENDENT PRACTICE REQUIREMENT 51
7.11 DATA PRIVACY AND SECURITY POLICY 51
7.12 IRREGULAR EXAMINATION BEHAVIOR 56
7.13 UNFORSEEABLE EVENTS 57
7.14 ASSESSMENT SCORE VERIFICATION POLICY 57
7.15 ELECTRONIC RECORDING DEVICE POLICY 58
7.16 ABA POLICY ON PROFESSIONALISM 58

REQUESTING ACCOMMODATION 60

8.01 REQUESTING ACCOMMODATION 60
8.02 CONSIDERING A REQUEST 61

GLOSSARY 62

FORMER DIRECTORS

T. Drysdale Buchanan, M.D.	1938-1940
John S. Lundy, M.D.	1938-1955
E. A. Rovenstine, M.D.	1938-1948
Henry S. Ruth, M.D.	1938-1951
H. Boyd Stewart, M.D.	1938-1946
Ralph M. Tovell, M.D.	1938-1949
Ralph M. Waters, M.D.	1938-1946
Paul M. Wood, M.D.	1938-1948
Philip D. Woodbridge, M.D.	1938-1947
Charles F. McCuskey, M.D.	1940-1953
Meyer Saklad, M.D.	1944-1956
Rolland J. Whitacre, M.D.	1947-1956
John W. Winter, M.D.	1947-1950
Curtiss B. Hickcox, M.D.	1948-1959
Donald L. Burdick, M.D.	1949-1962
Frederick P. Haugen, M.D.	1949-1962
Stuart C. Cullen, M.D.	1950-1962
Harvey C. Slocum, M.D.	1950-1961
Scott M. Smith, M.D.	1950-1960
Edward B. Tuohy, M.D.	1951-1955
Milton C. Peterson, M.D.	1953-1967
Albert Faulconer, M.D.	1955-1969
Forrest E. Leffingwell, M.D.	1955-1969
Robert D. Dripps, M.D.	1956-1967
E. M. Papper, M.D.	1956-1965
Richard H. Barrett, M.D.	1959-1971
John Adriani, M.D.	1960-1972
David M. Little, Jr., M.D.	1961-1972
William K. Hamilton, M.D.	1962-1974
James H. Matthews, M.D.	1962-1971
Robert T. Patrick, M.D.	1962-1974
James E. Eckenhoff, M.D.	1965-1973
Albert M. Betcher, M.D.	1967-1975
Arthur S. Keats, M.D.	1967-1979
Donald W. Benson, M.D.	1969-1981
Richard A. Theye, M.D.	1969-1976
E. O. Henschel, M.D.	1971-1975
E. S. Siker, M.D.	1971-1983
Oral B. Crawford, M.D.	1972-1984
Robert M. Epstein, M.D.	1972-1984
Harry H. Bird, M.D.	1973-1985
C. Philip Larson, Jr., M.D.	1973-1985
Richard J. Kitz, M.D.	1974-1986
Martin Helrich, M.D.	1974-1986
Wendell C. Stevens, M.D.	1975-1988
James F. Arens, M.D.	1975-1987
Alan D. Sessler, M.D.	1977-1989
Robert K. Stoelting, M.D.	1980-1992
Stephen Slogoff, M.D.	1981-1993
Judith H. Donegan, M.D., Ph.D.	1983-1991
Carl C. Hug, Jr., M.D., Ph.D.	1984-1996
William D. Owens, M.D.	1984-1996
D. David Glass, M.D.	1985-1997
Lawrence J. Saidman, M.D.	1985-1997
David E. Longnecker, M.D.	1986-1998
Myer H. Rosenthal, M.D.	1986-1998
John R. Ammon, M.D.	1987-1999
Francis M. James III, M.D.	1988-2000
Bruce F. Cullen, M.D.	1989-2001
Stephen J. Thomas, M.D.	1991-2003
M. Jane Matjasko, M.D.	1992-2004
Raymond C. Roy, Ph.D., M.D.	1993-2005
Orin F. Guidry, M.D.	1996-2008
Patricia A. Kapur, M.D.	1996-2008
David H. Chestnut, M.D.	1997-2009
Kenneth J. Tuman, M.D.	1997-2009
Steven C. Hall, M.D.	1998-2010
Mark A. Warner, M.D.	1998-2010
Glenn P. Gravlee, M.D.	1999-2011
Mark A. Rockoff, M.D.	2000-2012
Douglas B. Coursin, M.D.	2001-2013
David L. Brown, M.D.	2002-2015
Cynthia A. Lien, M.D.	2003-2016
J. Jeffrey Andrews, M.D.	2004-2017
William W. Hesson, J.D.	2011-2017
Daniel J. Cole, M.D.	2008-2020
Brenda G. Fahy, M.D.	2008-2020
Deborah J. Culley, M.D.	2009-2021
James P. Rathmell, M.D.	2009-2021
Andrew J. Patterson, M.D., Ph.D.	2011-2022
Rupa J. Dainer, M.D.	2015-2022
Santhanam Suresh, M.D., MBA, FAAP	2010-2022
David O. Warner, M.D.	2010-2022
Margaret Pisacano, BSN, J.D., CPHRM	2017-2023

2023 – 2024 BOARD OFFICERS

PRESIDENT
Thomas M. McLoughlin Jr., M.D.
Allentown, Pennsylvania

VICE PRESIDENT
Stacie G. Deiner, M.D.
Lebanon, New Hampshire

SECRETARY
Alex Macario, M.D., MBA
Stanford, California

TREASURER
Mark T. Keegan, M.B., B.Ch.
Rochester, Minnesota

BOARD OF DIRECTORS

Hoda J. Badr, Ph.D.
Houston, Texas

Stacie G. Deiner, M.D.
Lebanon, New Hampshire

Christian Diez, M.D., MBA
Miami, Florida

Jill Eckert, D.O.
Hershey, Pennsylvania

John E. Fiadjoe, M.D.
Boston, Massachusetts

Robert R. Gaiser, M.D.
New Haven, Connecticut

Stephanie B. Jones, M.D.
Albany, New York

Tin-Na Kan, M.D.
San Francisco, California

Mark T. Keegan, M.B., B.Ch.
Rochester, Minnesota

Alex Macario, M.D., MBA
Stanford, California

Thomas M. McLoughlin Jr., M.D.
Allentown, Pennsylvania

Mohammed M. Minhaj, M.D., MBA
Evanston, Illinois

Vivek K. Moitra, M.D.
New York, New York

EXECUTIVE DIRECTOR, ADMINISTRATIVE AFFAIRS
Michele S. Pore, MBA, CAE
Raleigh, North Carolina

EXECUTIVE DIRECTOR, PROFESSIONAL AFFAIRS
Robert R. Gaiser, M.D.
New Haven, Connecticut

GENERAL INFORMATION

1.01 GENERAL INFORMATION

We publish our policy book to inform all interested individuals of the policies, procedures, regulations, and requirements governing our certification programs. The board 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:

- Traditional Examinations (Initial Certification in Anesthesiology)
- Staged Examinations (Initial Certification in Anesthesiology)
- Maintenance of Certification in Anesthesiology (MOCA 2.0) program
- Subspecialty Certification
- Subspecialty Recertification

The program director of the anesthesiology department is ultimately responsible for the residency program. We correspond officially about training matters with the program director and the department chair. If the chair notifies us that a faculty member has been appointed as a designated official with responsibility for coordinating the administration of the program, we will correspond with the department chair, program director, and designated official about training matters.

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

Physicians taking our examinations have the ultimate responsibility to know and comply with the board's policies, procedures, requirements, and deadlines regarding admission to and opportunities for examination.

1.02 MISSION AND PURPOSES

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 we define 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 our 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 our policy book.

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

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

A diplomate of the board must possess knowledge, judgment, adaptability, clinical skills, technical facility, and personal characteristics sufficient to carry out the entire scope of anesthesiology practice 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 serve as an expert in matters related to anesthesiology, deliberate with others, and provide advice and defend opinions in all aspects of the specialty of anesthesiology. A board-certified anesthesiologist is able to function as the leader of the anesthesiology care team.

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

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 board.

1.03 ABA TRADEMARKS AND CERTIFICATION MARKS

We are the owner of the following trademarks and certification marks:

A. The ABA certification mark and seal:

B. The American Board of Anesthesiology

C. Maintenance of Certification in Anesthesiology (MOCA) program

D. MOCA

E. MOCA Minute

F. MOCA 2.0

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

1.04 FEES

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

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

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

1.05 STATUS OF INDIVIDUALS

We reserve the right to define an individual's status relative to our examination and certification system. Status is limited to the period of time the physician's certification or registration for certification is valid.

We define **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.

We have defined the following **certification statuses**:

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

Diplomates designated as "Certified - Not Clinically Active" have attested that they do not meet our definition of clinical activity. Diplomates designated by the board as "Certified – Retired" or "Retired" have attested that they do not meet our definition of clinical activity and do not plan to return to the practice of

anesthesiology at any time in the future. **Diplomates with a certification status of "Retired" or "Revoked" must reapply with us to re-attain "Certified" status [see Section 7.07].**

An individual's current status relative to our examination and certification system may be confirmed at no charge via the Diplomate and Candidate Directory on our 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 our website at www.theaba.org; at the top of the site, click on 'Maintain 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. We respond to inquiries with one or more of the following statements:

- The physician is certified by the ABA.
- The physician is currently enrolled in the Maintenance of Certification in Anesthesiology (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 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.

We will affirm the status of physicians who are certified in a subspecialty by the board.

We do 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."

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

NOTE: We have intentionally removed Section 2, "Traditional Exams (Part 1 & Part 2): Initial Certification in Anesthesiology.

STAGED EXAMINATIONS (BASIC, ADVANCED & APPLIED)

INITIAL CERTIFICATION IN ANESTHESIOLOGY

3.01 CERTIFICATION REQUIREMENTS

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

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.
We must receive acceptable evidence of the candidate having satisfied the licensure-in-good-standing requirement for certification by Nov. 15 of the APPLIED Examination administration year.

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

C. Have 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 board.

E. Have satisfactory professional standing [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 board reserves the right to make the final determination of whether *each* candidate meets all of the requirements for certification, including A, E, and F above, after successful completion of examinations for certification.

ABA certificates in anesthesiology issued 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 our rules and regulations, including our 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 consists of four years of full-time training subsequent to the date the medical or osteopathic degree has been conferred. 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). 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), comparable credentials from the Medical Council of Canada.

The continuum consists of a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years). Prospective approval is required for exceptions to our policies regarding the training planned for individual residents. The ABA will consider requests from training programs to grant CA training credit to residents for specific clinical rotations that were previously completed in another specialty. 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 clinical base year, 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 clinical base 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 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.

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

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

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

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

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

emphasize the fundamental aspects of anesthesia, preoperative evaluation and immediate postoperative care of surgical patients, and assessment and treatment of critically ill patients and those with acute and chronic pain. An acceptable critical care rotation should include active participation in patient care, active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients. Experience in short-term overnight post-anesthesia units, intermediate step-down units, or emergency rooms does not fulfill this requirement.

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

CA-3 residents are required to complete a minimum of six months of advanced anesthesia training. They may spend the remaining months in advanced anesthesia training in one to three selected subspecialty rotations, or in research. Residents may train in one anesthesia subspecialty for at most six months during the CA-3 year, 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) **There are options for research during the anesthesiology residency.** Interested residents could spend approximately 25% of a three- or four-year training program, and 38% of a five-year program, engaged in scholarly activities. Suggested templates for research during the anesthesiology residency are posted on our website at www.theaba.org. The program director must develop a plan with strict guidelines for research activity and "work product" oversight if a resident's research activities will be more than six months. The resident must be enrolled in an ACGME-accredited anesthesiology program and remain active in the educational component of the program while pursuing research.

Involvement in scholarly activities must result in the generation of a specific permanent "work product." 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. 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. The Scholarship Oversight Committee must consist of three or more faculty members. The program director may serve as a trainee's mentor and participate in the activities of the Scholarship Oversight Committee but should not be a standing member.

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

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

A resident can receive credit for research activities, provided 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, no credit will be given for the research activity unless prospectively approved by our Credentials Committee.

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

(1) The CA 1-3 years of training are spent as a resident enrolled with the ABA by no more than two ACGME-accredited anesthesiology residency programs in the 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). **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, additional training is required.** When a resident receives a satisfactory CCC report immediately following consecutive periods of training that are not satisfactory, we 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 clinical base year rotations are intermingled with clinical anesthesia rotations, our Credentials Committee will determine the amount of training credit granted for the unsatisfactory period.

A resident who fails the BASIC Examination [see Section 3.06.A] the **first** time may take the examination again at the next opportunity. A resident who fails the BASIC Examination a **second** time will automatically receive an unsatisfactory for the CCC reporting period during which the examination was taken. After a **third** failed attempt at the BASIC Examination, a resident will be required to complete six months of additional training. After a **fourth** failed attempt a resident will be required to complete an additional 12 months of residency training. A resident will continue to receive an unsatisfactory for each CCC reporting period until the exam is passed, regardless of whether the resident takes the exam during the reporting period. Continuation of residency training is at the discretion of the individual training program. A resident cannot graduate from residency training without passing the BASIC Examination. We strongly encourage residents to register and take the BASIC Examination as soon as they meet the eligibility requirements defined in Section 3.07.

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

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

Our Credentials Committee must prospectively approve all anesthesia training away from the ACGME-accredited program even if the training will occur in another ACGME-accredited program [see Section 3.02.E]. The request for approval must include a chronological description of the rotations, information about resident supervision, and assurances that residents will be in compliance with the limits on training away from their ACGME-accredited programs. Further, residents must remain enrolled in their programs while training away from the ACGME-accredited programs, and their programs must report the training on the Clinical Competence Committee report filed for the period involved.

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

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

E. Prospective approval is required for exceptions to our policies regarding the training planned for individual residents [see Sections 3.02.B (3) and 3.02.C (4)]. Our Credentials Committee considers requests for prospective approval on an individual basis. We 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 in a timely manner.

3.03 ABSENCE FROM TRAINING

We have established certain training requirements for a candidate to enter our 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 60 working days (12 weeks) during the CA 1-3 years of training. During the CB year, the candidate may be absent from training up to a total of 20 working days (4 weeks) for vacation/sick days, as permitted by the policy of the candidate's institution and/or department
- 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.
- Candidates should also comply with the policy of the institution and department in which that portion of the training is served for the duration of any absence during the clinical base year.

- We will consider requests for up to 40 additional days (eight weeks) away from training (over and above the 60 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 our 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), countersigned by the department chair (if that person is different than the program director), and 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.

Absences in excess of those described above 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 60 working days allowed during the CA1-3 years and the 20 working days allowed during the CB year; 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, our 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

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

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

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

3.05 PROGRAM DIRECTOR'S REFERENCE FORM

We require every residency program director to electronically file a Program Director's Reference Form on behalf of each resident upon graduation from the residency program. Information is requested 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. We 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 board 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 board in its discretion is not satisfied with the recommendation based upon reasonable consideration of information known at the time.

We consider 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.

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. We strongly encourage 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 board 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.

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

F. The examination dates for staged examinations are available on the last page of this section. However, for the most current examination dates and registration deadlines, please visit our 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 Maintenance of Certification in Anesthesiology (MOCA) program. A description of the program can be found in the MOCA 2.0 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. We will determine entry into the examination system is warranted when required information submitted by and on behalf of the resident is satisfactory. We will notify residents of their eligibility to register for the BASIC Examination after we have approved of all their credentials. The notification is sent to residents at their email address on file in the ABA office. Our 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.

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 clinical base 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. We 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

We 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 ultimately the responsibility of every resident to ensure that we receive all required documentation in a timely manner.

A. Approximately three months prior to each BASIC Examination administration, we notify residents of their eligibility to register for an examination. The notification is sent to residents' email address on file. Our 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. 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 Physician Portal, which is accessible through our 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 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, 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, if I attempt to record, transmit, or transcribe any portion of the examination, my examination will be invalidated and I will forfeit my registration fee.

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 27 months of 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 [see Sections 2.02.C (3) for details].

- 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 board 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 our 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. We 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. We 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

We 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 ultimately the responsibility of every candidate to ensure that we receive all required documentation in a timely manner.

A. Approximately three months prior to each ADVANCED Examination administration, we notify residents of their eligibility to register for an examination. The notification is sent to residents at their email address on file. Our 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. 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 Physician Portal, which is accessible through our 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 for certification. A **grace period** will be permitted so candidates may complete this requirement by Nov. 15 of the APPLIED Examination administration year. 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, our Credentials Committee will determine whether, and on what terms the candidate will be admitted to the ABA Examination System.

C. We will not validate the results to candidates who take the APPLIED Examination and do not fulfill the licensure-in-good-standing requirement by the deadline identified above.

3.12 APPLIED EXAMINATION REGISTRATION

We 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 ultimately the responsibility of every candidate to assure that we receive all required documentation in a timely manner.

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, candidates will select an examination week from the list of available weeks posted within their portal account. Once an APPLIED Examination week reaches its capacity of appointments, candidates can no longer schedule appointments for that week. We will assign specific examination dates and times within the selected week. Two months prior to an examination, we will notify candidates of the exact date, time, and location of their examination and the rules of examination conduct.

- **Candidates who have not been assigned an exam date, time, and location** may request to change their APPLIED Examination week within the same calendar year; however, we cannot guarantee that a change will be made. To request a change, candidates must send a written request to our office with a check for the APPLIED Examination change fee. Current fees are posted at www.theaba.org.

- **Candidates who have been assigned an exam date, time, and location** may not request to change their APPLIED Examination week. If they do 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.

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 candidates unsubscribing from ABA email communications. Residents and candidates must immediately notify us of a mailing or email address change via their portal account at www.theaba.org, or by writing to our office. Residents and candidates must email us 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 board solely for identification purposes.

A. A resident or candidate who cancels a scheduled examination appointment must submit a cancellation request on the ABA Go 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. We 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 board. 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 may not schedule** another APPLIED Examination sooner than four months following the cancelled or missed appointment. 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].

We do 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, we 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 2.0

MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY PROGRAM (ANESTHESIOLOGY AND SUBSPECIALTY CERTIFICATIONS)

Note: Effective 2024, the certification cycle for all ABMS specialties, including anesthesiology, will move 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 2.0 requirements, no matter how many certificates a diplomate is maintaining [see Section 4.03].

- All diplomates with current time-limited certificates in anesthesiology or an anesthesiology subspecialty can register for MOCA 2.0 in their ABA 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 2.0.

- Newly certified diplomates can register for MOCA 2.0 in their portal account immediately after we award 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 2.0 [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 2.0 [see Section 4.04.A].

4.01 MAINTAINING SPECIALTY AND SUBSPECIALTY CERTIFICATION

ABA diplomates who choose to maintain both initial certification in anesthesiology and subspecialty certification will benefit from one set of program requirements for MOCA 2.0.

4.02 MAINTAINING ONLY SUBSPECIALTY CERTIFICATION

ABA diplomates may choose to maintain their subspecialty certification without maintaining 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 our Diplomate and Candidate Directory will indicate that their certification in anesthesiology is no longer valid. We 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 maintain only their subspecialty certification, we strongly encourage them to maintain their initial certification in anesthesiology. We do not recommend maintaining only a subspecialty certificate and want diplomates to consider any imponderable repercussions before choosing

to let their certification in anesthesiology expire.

4.03 MOCA 2.0 REQUIREMENTS

A. ANNUAL MOCA 2.0 REGISTRATION

All eligible diplomates will complete an annual registration process to participate in MOCA 2.0, and to gain access to MOCA Minute questions.

To register, diplomates must complete the following activities within their 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) Maintenance of Certification in Anesthesiology (MOCA) program. I acknowledge that my participation is subject to the ABA rules and regulations, 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, regulations, 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 regulations, 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 Maintenance of Certification 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) Maintenance of Certification in Anesthesiology (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 calendar year will be issued by the ASA to the ABA on my behalf in the subsequent calendar year.

  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 for profit 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 maintenance of certification process, they do not by themselves guarantee maintenance of certification. The board reserves the right to make the final determination of whether each diplomate meets all of the requirements for maintenance of certification, including Professional Standing and the ability to perform independently in the specialty or subspecialty, with or without reasonable accommodation for disabilities, before awarding maintenance of certification.

- Request nonstandard accommodations (if applicable)
- Answer substance abuse statement
- Complete their practice profiles by selecting a practice location and practice areas by topic
- Pay the annual MOCA 2.0 fee ($210 for the first certificate maintained and $100 for each additional certificate maintained)

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. We 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 2.0.

Patient Safety CME Credit Requirements

(1) All diplomates and non-time-limited diplomates who register for MOCA 2.0 are required to complete 20 Category 1 credits of patient safety CME. A list of the approved activities is available on our website at www.theaba.org and on physicians' portal accounts.

CME sponsors may submit CME activities and credits to us electronically for our diplomates. Diplomates may self-report their CME activities and credits to us 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.

We 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 maintaining.

- **Diplomates only maintaining 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 board 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 2.0 annual registration.

- **Diplomates only maintaining 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 2.0 annual registration.

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

- **Diplomates maintaining 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 may access MOCA Minute questions via their ABA GO 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 us on the question and the question's relevancy to their practice. Questions not answered within the time allotted will be counted as incorrect answers.

We are using 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, d**iplomates 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 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, we may not issue the diplomate a new certificate. We will make decisions about diplomates' certification status based on their performance in all four components of the MOCA 2.0 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 maintaining (anesthesiology, critical care medicine, and/or pain medicine). We 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 2.0 fee until 2026. However, they will still need to register annually for MOCA 2.0.

- Diplomates who failed their most recent MOCA Examination will be required to register annually for MOCA 2.0 and participate in MOCA Minute but will not be required to pay the annual MOCA 2.0 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). We 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. We 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 portal. QI activities will remain subject to audit.

F. PARTICIPATING IN MOC REQUIREMENTS

We will report the status of all diplomates as it relates to their participation in one or more Maintenance of Certification (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 our 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 both five-year and 10-year cycles, 20 credits must be Category 1 Patient Safety CME.

(3) Actively participating in MOCA Minute, which includes:
a. Answering 120 MOCA Minute questions per calendar year and/or maintaining an MDT probability or p-value of ≥ 0.10 except for the last year of certification, diplomates must complete all MOCA Minute questions (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 as many as five years of MOCA CME credit and as many as 25 points of MOCA QI activities that were accumulated prior to their certification date.
- Additional requirements may be determined by our 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 maintain 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 our 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 Maintenance of 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. We 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), we will issue that physician a certificate for Maintenance of Certification in the specialty of Anesthesiology valid for 10 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 board 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 Maintenance of 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 2.0 [see Section 6.03].

4.06 MOCA 2.0 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.

We may also consider collaborating with medical societies and healthcare organizations to provide activities designed to help our 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

CRITICAL CARE MEDICINE, PAIN MEDICINE, HOSPICE AND PALLIATIVE MEDICINE, SLEEP MEDICINE, PEDIATRIC ANESTHESIOLOGY, NEUROCRTICIAL CARE & ADULT CARDIAC ANESTHESIOLOGY

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 and neurocritical care.

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 painful 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.

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 2.0 section.)

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

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

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

ABA subspecialty certificates are subject to our rules and regulations, including our 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., clinical base and CA 1-3 years) unless our Credentials Committee prospectively approves a different training sequence for the fellow (see below for details).

We grant a fellow credit toward our 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, our Credentials 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.

We grant 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.

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

Our Credentials 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.

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

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. For the two-year ACCM fellowship, the total of any and all absences during this fellowship may not exceed the equivalent of 40 working days (eight weeks) during this two-year fellowship. Attendance at scientific meetings, not to exceed five working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

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

5.05 CERTIFICATE OF CLINICAL COMPETENCE

We require every anesthesiology subspecialty training program to electronically file an Evaluation of Clinical Competence in January and July on behalf of each fellow who has spent any portion of the prior six months in subspecialty anesthesia training in or under the sponsorship of the fellowship program and its affiliates. **The program director or department chair must not chair the Clinical Competence Committee.**

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

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

5.06 PROGRAM DIRECTOR'S REFERENCE FORM

We require every fellowship program director to electronically file a Program Director's Reference Form on behalf of each fellow upon graduation from the fellowship program. Information is requested regarding the professional standing, abilities, and character of the fellow.

Entry into the ABA examination system is contingent upon the program director's recommendation. We 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 board 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 board in its discretion is not satisfied with the recommendation based upon reasonable consideration of information known at the time.

We consider 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 our website. To view the ACA temporary criteria information, visit our website at www.theaba.org or click here.

ABA diplomates not meeting the criteria can request the ABA's Credentialing and Continuing Certification 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) Examination dates are available on the last page of this section. However, for the most current examination dates and deadlines, please visit our website at www.theaba.org.

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

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

c. The Hospice and Palliative Medicine Examination is administered once every other year.

d. The Sleep Medicine Examination is administered once every other year.

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

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

(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. We 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.

(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.

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.

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 by our Credentials 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 board 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 our clinical activity requirement by practicing the subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years. We may use such documentation and evaluations as part of its assessment of the registrant's qualifications for admission to its subspecialty examination system. We 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 our MOCA program requirements. (Please see the MOCA 2.0 section.)

We will determine that entry into the subspecialty examination system is warranted when required information submitted by and on behalf of the registrant is satisfactory. We 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 Physician Portal, which can be accessed via our website at www.theaba.org.

B. 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, we will not consider a registration for a subspecialty certification examination that is received after the deadline.

C. We 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 ultimately is the responsibility of every registrant to ensure that we receive 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.

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) subspecialty 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 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, 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) subspecialty certification program. I acknowledge that my 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. 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 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 on the ABA website under "Get Certified," "Subspecialty Certification."

We 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 portal account, they will be **notified via email** with instructions on how to schedule examination appointments with the examination administration vendor. Our 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 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. We must receive the candidate's request and the cancellation fee no later than three days after the examination date to retain the examination fee for the next examination appointment. If a scheduled appointment is missed for a reason that does not represent an unavoidable or catastrophic event, the examination fee will be forfeited. Forfeiting of the examination fee is solely at the discretion of the board. 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 us of a mailing or email address change via the ABA website at www.theaba.org, or by writing to our office. The candidate's ABA identification number should be included on all correspondence to the board solely for identification purposes.

5.13 DURATION OF CANDIDATE STATUS

The duration of candidate status is limited as follows:

A. We 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), we 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).

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 2.0 for all ABA diplomates with current certificates (see the MOCA 2.0 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, we 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.

BOARD 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 using drugs illegally. We support the intent of the ADA.

We will admit qualified physicians with a history of alcohol abuse to our examination system and to the examination if, in response to inquiries, we receive acceptable documentation that they are not currently abusing alcohol.

We will admit qualified physicians with a history of illegal use of drugs to our examination system and to the examination if, in response to inquiries, we receive acceptable documentation that they are not currently engaged in the illegal use of drugs.

After a physician with a history of alcohol abuse or illegal use of drugs satisfies the examination requirements for certification, we will determine whether we 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 we determine that deferral of the physician's certification is appropriate because the physician does currently pose a threat to the health and safety of others, we will assess the specific circumstances of the physician's history of alcohol abuse or illegal use of drugs to determine when the physician should request issuance of our certification.

7.02 REVOCATION OF CERTIFICATION

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

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

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

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

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

We will be the sole judge 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

We will make no statement about the comparability of the board certificate and another organization's certificate. We 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

We retain 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 maintenance of certification are fulfilled.

The following is a 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 board actions, including board sanctions, are retained indefinitely.

D. The following records regarding the Maintenance of Certification in Anesthesiology (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.

We see to the secure destruction of the documents in its file for an individual 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 board decisions. The only actions that are reviewable are a decision to deny exam registration, including for irregular examination behavior, a denial of assessment under nonstandard conditions, or revocation of a certificate issued. When we make such a decision, we will notify the physician in writing. Such notice shall contain a concise statement of the reasons for the decision, including 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 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 (i.e., medical licensure), or clinical activity. A board decision to revoke certification is not subject to reconsideration if the revocation was due to unsatisfactory professional standing which remains unresolved (i.e., the physician's medical license(s) remain revoked, suspended, or surrendered in lieu of revocation or restricted from the practice of medicine). Satisfactory professional standing is a requirement for initial certification, subspecialty certification, and maintenance of certification. The only basis on which we may consider your request for reconsideration of a decision to revoke 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 board 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 our decision was inconsistent with its policies and/or not supported by the evidence available to the board 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 requirement for initial certification, subspecialty certification, and maintenance of 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. We assess 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, or surrendered in lieu of revocation or suspension or restricted from the practice of medicine, may be permitted to take ABA examinations under some circumstances. Candidates with less severe restrictions on a medical license will be permitted to take ABA examinations. In both instances, certification may be deferred until the board reviews and approves awarding certification.

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

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

7.07 REATTAINING CERTIFICATION STATUS

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

We consider registrations for reattaining certification on an individualized, case-by-case basis. We 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.

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

Certifications that are reattained are subject to the requirements for maintenance of certification and to our rules and regulations, including our 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 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 U.S. academic anesthesiology programs. 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 an outstanding academic environment.
AEP program participants will spend four years in an academic anesthesiology training program 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.

When the anesthesiology department enrolls the international medical graduate in the AEP program through either the clinician educator pathway or the research and fellowship pathway described below, the department must have an anesthesiology residency or fellowship training program with "continued full" ACGME accreditation status. **Anesthesiology departments may have as many as eight international medical graduates enrolled in the AEP program at one time.** A letter of justification from the department chair is required and will be reviewed for approval of any amount over four.

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 our Credentialing and Continuing Certification Committee. We must receive the four-year plan no later than four months before the department enrolls the internationally certified anesthesiologist 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, please 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. OBJ

- 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. OBJ

- 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 our Credentials Committee. We must receive the four-year plan no later than four months before the department enrolls the physician 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. PROSPECTIVE APPROVAL AND ENROLLMENT PROCESSES

We must receive the four-year plan with the application no later than four months before the department enrolls the internationally certified anesthesiologist with the ABA and the four-year period of continuous experience commences. The experiences planned for the internationally certified anesthesiologist will 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 the training program immediately following the application submission.

The department chair must submit the following documents with the application and the request for prospective approval of a 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.

D. PERIODIC EVALUATION REPORTS

At six-month intervals, the department chair must 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 department chair will provide an assessment of the physician's performance during the preceding six months relative to the ABMS- and ACGME-approved six general physician competencies.

E. ENTRANCE REQUIREMENTS FOR THE ABA INITIAL CERTIFICATION EXAMINATION SYSTEM

Approved AEP participants will be 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 we 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 Department Chair of the new institution must submit a written letter along with an updated 4-year plan. The Credentials Committee will review the request and determine if the new plan still meets the AEP requirements for certification.

We 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, we require that the physician:

(1) 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 our Credentials Committee.

(2) Provide evidence of having licensure-in-good-standing, defined by the ABA 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 the physician holds must befree of restrictions. Physicians must inform us 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, our Credentials Committee will determine whether, and on what terms the physician will be admitted to the ABA examination system [see Section 3.01.A].

(3) Have documentation on file with the board 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 our 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. We may solicit such documentation and evaluations from the chair of the anesthesiology department that enrolled the physician in the alternate entry path program and use them in determining the physician's qualifications for admission to the examination system. The department's assessment of the physician's performance relative to the ABMS- and ACGME-approved six general physician competencies at six-month intervals and the evaluation of the anesthesiology department chair will be used 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 will 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 department enrolling an international medical graduate in the AEP program must have an anesthesiology residency or fellowship training program with "continued full" ACGME accreditation status. Those individuals who participate in the AEP-Fellowship will not count to the maximum of four individuals participating in the AEP.

A. FELLOWSHIP PATHWAY QUALIFICATIONS

When the anesthesiology department enrolls the graduate of the Alternate Pathway program, the 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.
- Verification of an active, unrestricted, unexpired medical license.

- 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 mentoring plan of one year duration for future academic development, co-signed by the physician for prospective approval by our 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 department chair will 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 we 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.

We 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 our record, including any information provided by the physician, or submitted by the program director in the physician's final evaluation.

We routinely remind all program directors they will be required to attest to whether a physician meets all of the criteria for admission to the ABA examination system, including the independent practice requirement, at the time they complete their residency and/or fellowship training program.

As part of the registration process for ABA examinations and MOCA, we present all registrants with our definition of independent practice and ask whether they satisfy the requirement, without accommodation or with reasonable accommodation.

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

7.11 DATA PRIVACY AND SECURITY POLICY

During registration, examination, certification, recertification, and maintenance of certification processes (collectively, "certification processes"), the American Board of Anesthesiology, Inc. ("the ABA," "us," "we,"

or "our") must collect and utilize personal and professional information pertaining to its registrants, candidates, and diplomates. The ABA has issued this Data Privacy and Security Policy to govern the collection, use, and disclosure of such information. The Policy's purpose is to help protect the security and privacy of information provided during the certification processes.

The ABA requires that registrants, candidates, and diplomates provide certain personal information to be used during the certification processes. We work diligently to keep such information confidential and protected and to limit such disclosures to those who "need to know" the information to properly perform an ABA function or operation relating to the certification processes.

The ABA maintains physical, electronic, and procedural safeguards to protect and secure all personal information in its possession. The ABA's security measures endeavor to protect the confidentiality of online communications, examination results, and other data related to the certification processes. Examination results and sensitive registrant, candidate, and diplomate data transmissions are encrypted and stored in secure areas of ABA systems accessible only by authorized board personnel with a unique ID and password. ABA database servers used for transactions and communication with registrants, candidates, and diplomates are located in a restricted, secure area accessible only by authorized personnel. Firewalls and monitoring devices are utilized to seek to prevent unauthorized access via the internet. The ABA endeavors to take reasonable precautions to ensure that personal information is not exposed to unauthorized persons. In the unlikely event that an unauthorized party gains access to personal information stored in the ABA's computer systems, the board will notify the affected person(s) without unreasonable delay and consistent with the legitimate needs of law enforcement. In this event, the ABA will take steps to determine the scope of the breach and restore our systems to a reasonable level of security.

The Service
The ABA operates the web domain theaba.org, which publishes several websites, including www.theaba.org, portal.theaba.org, go.theaba.org, and rtid.theaba.org (the "Service").

In addition to informing you of our policies regarding the collection, use, and disclosure of personal data when you use our Service, this policy also informs you of the choices you have associated with that data. The ABA may share relevant personal information with third-party vendors for them to provide services for you, such as publishing certification information, verifying Continuing Medical Education course completions, deploying informational emails, or payment processing. Third-party vendors are required to keep your personal information confidential.

The ABA may also disclose certain registrant, candidate, or diplomate personal information to third parties in response to lawful processes (such as a subpoena or court order) and make disclosures to the public regarding the registrant's, candidate's, or diplomate's certification status. In making such external disclosures to third parties, the ABA will only disclose information that is minimally necessary to accomplish the purposes described above and require any receiving party to take proper security precautions, unless such information is already in the public domain. The ABA also may disclose certain registrant, candidate, or diplomate information to research partners approved by the board 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.

The ABA takes great care to protect physicians' personal information. However, if you leave our domains while managing your ABA account and share information, including your personally identifiable information, with third parties, we will not have control over how the third party uses and secures your information. We use your data to provide and improve the Service. By using the Service, you agree to the collection and use of information in accordance with this policy.

Definitions
- Personal Data: data about a living individual who can be identified from such data (or from data and other information either in our possession or likely to come into our possession).

- Usage Data: data collected automatically from use of the Service or from the Service infrastructure itself (e.g., the duration of a page visit).

- Data Controller: someone who (either alone, jointly, or in conjunction with a group) determines the purposes for which and the manner in which any personal data are processed. For the purpose of this Privacy Policy, we are a Data Controller.

- Data Processor (or Service Provider): any person (other than an employee of the Data Controller) who processes the data on behalf of the Data Controller. We may use the services of various Service Providers to process your data more effectively.

- Data Subject: any living individual who is the subject of Personal Data, including Users and others.

- User: the individual using our Service (e.g., physicians). The User corresponds to the Data Subject, who is the subject of Personal Data.

- Information Collection and Use: We collect several different types of information for various purposes to provide and improve our Service to you.

Types of Data Collected

- Personal Data: While using our Service, we may ask you to provide personally identifiable information that can be used to contact or identify you ("Personal Data"). Personally identifiable information may include, but is not limited to:
  - Email address
  - First name and last name
  - Phone number
  - Address, state, province, ZIP/postal code, city
  - Medical licensure history and status
  - Education history and status
  - Gender, Race and Ethnicity

- Cookies and Usage Data: We may use your Personal Data to contact you with information regarding your certification status, programmatic updates, and other news of the board that may be of interest to you.

- Usage Data: We may also collect information on how the Service is accessed and used ("Usage Data"). Usage Data may include information such as your computer's Internet Protocol address (e.g. IP address), browser type, browser version, the pages of our Service you visit, the time and date of your visit, the time spent on those pages, unique device identifiers, and other diagnostic data.

- Tracking & Cookies Data: We use cookies and similar tracking technologies to monitor activity on our Service and store certain information.

  Cookies are files with small amounts of data that are stored on a User's device and may include an anonymous unique identifier. Cookies are sent to your browser from a website and stored on your device. Tracking technologies also used are beacons, tags, and scripts that collect and track information to analyze and improve our Service.

  You can instruct your browser to refuse all cookies or to indicate when a cookie is being sent. However, if you do not accept cookies, you may not be able to use some portions of our Service.

  Examples of cookies we use:
  Session cookies: used to operate our Service; stored in temporary memory and are not retained after the browser is closed.

Preference cookies: used to remember your preferences and various settings.

Security cookies: used for security purposes.

Use of Data
The ABA uses the collected data for various purposes:

- To provide and maintain our Service
- To notify you about changes to our Service
- To allow you to participate in interactive features of our Service when you choose to do so
- To provide customer support
- To gather and analyze valuable information so we can improve our Service
- To monitor the usage of our Service
- To detect, prevent, and address technical issues
- To provide you with news, programmatic information, and general updates about services and events we offer that may be of interest to you
- To conduct research, in which case your data will be decoupled from your personal identity

Retention of Data
The ABA will retain your Personal Data only for as long as is necessary for the purposes set out in this Privacy Policy. We will retain and use your Personal Data to the extent necessary to comply with our legal obligations (for example, if we are required to retain your data to comply with applicable laws), resolve disputes, and enforce our legal agreements and policies.

The ABA will also retain Usage Data for internal analysis purposes. Usage Data is generally retained for a shorter period of time, except when this data is used to strengthen the security or to improve the functionality of our Service, or we are legally obligated to retain this data for longer time periods.

Transfer of Data
Your information, including Personal Data, may be transferred to – and maintained on – computers located outside of your state, province, country, or other governmental jurisdiction where the data protection laws may differ.

- International Users: If you are an International User located outside of the U.S. and choose to provide personal information to us, please note that we transfer the data, including Personal Data, to the U.S. for processing.

  Your consent to this Privacy Policy followed by your submission of such information represents your agreement to that transfer.

  The ABA endeavors to take reasonable steps to treat your data securely and in accordance with this Privacy Policy. We will not knowingly transfer your Personal Data to an organization or a country that does not have adequate security controls in place to avoid theft, misuse or other abuses.

Disclosure of Data

- Disclosure for Law Enforcement: Under certain circumstances, the ABA may be required to disclose your Personal Data if required to do so by law or in response to valid requests by public authorities (e.g., a subpoena).

- Legal Requirements: The ABA may disclose your Personal Data if we reasonably believe such action is necessary to:
  - To comply with a legal obligation
  - To protect and defend the rights or property of the ABA
  - To prevent or investigate possible wrongdoing in connection with the Service
  - To protect the personal safety of the Service users or the public
  - To protect against legal liability

Security of Data
The security of your data is of the utmost importance to us. However, no method of data transmission using the internet or electronic storage is 100% secure. While we strive to use commercially acceptable means to protect your Personal Data, we cannot guarantee its absolute security.

"Do Not Track" Function
We do not support Do Not Track ("DNT"). Do Not Track is a preference you can set in your web browser to inform websites that you do not want to be tracked. This functionality does not work on our sites and our sites will not acknowledge, respond to, or accept a Do Not Track request.

Your Rights
The ABA aims to take reasonable steps to allow you to correct, amend, delete, or limit the use of your Personal Data. You can update your Personal Data directly within your Account Settings in your portal account. You are encouraged to change your personal information when necessary. The ABA generally does not make changes to physicians' personal information in their portal accounts. The only change that requires intervention by the ABA is a name change, which requires documentation of the change.

If you wish to be informed what Personal Data we hold about you and/or want it to be removed from our systems, or have any concerns regarding the accuracy or completeness of it, please contact our Communications Center at (866) 999-7501 or at coms@theaba.org.

In certain circumstances, you have the right:

- To access and receive a copy of the Personal Data we hold about you
- To rectify any Personal Data held about you that is verified as inaccurate
- To request the deletion of Personal Data held about you

You have the right to data portability for the information you provide to the ABA. You can request a copy of your Personal Data in a commonly used electronic format so you can manage and move it. Please note that your identity must be verified before responding to such requests.

Service Providers
We may employ third-party companies and individuals to facilitate our Service ("Service Providers"), to provide the Service on our behalf, to perform related services, or to assist us in analyzing how our Service is used. These third parties have access to your Personal Data only to perform these tasks on our behalf and are obligated not to disclose or use it for any other purpose.

Analytics
We may use third-party Service Providers to monitor and analyze the use of our Service.

Google Analytics: Google Analytics is a web analytics service offered by Google that tracks and reports website traffic. Google uses the data collected to track and monitor use of our Service. This data is shared with other Google services. Google may use the collected data to contextualize and personalize the ads of its own advertising network.

You can opt-out of having made your activity on the Service available to Google Analytics by installing the Google Analytics opt-out browser add-on. The add-on prevents the Google Analytics JavaScript (ga.js, analytics.js, and dc.js) from sharing information about your activity related to our Service. For more information on Google privacy practices, please visit the Google Privacy & Terms web page: http://www.google.com/intl/en/policies/privacy/

Payments
We may provide paid products and/or services within the Service. In that case, we use third-party services for payment processing (e.g., payment processors).

We will not store or collect your credit card information. That information is provided directly to our third-party payment processors whose use of your personal information is governed by their Privacy Policy.

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 we work with is Authorize.net. For information on Authorize.net, visit their Privacy Policy web page: https://www.authorize.net/company/privacy/

Links to Other Sites
Our Service may contain links to other sites we do not operate. If you click on a third-party link, you will be directed to that third party's site. We strongly advise you to review the Privacy Policy of every site you visit.

We have no control over and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

Children's Privacy
Our Service does not address anyone under the age of 13 ("Children"). We do not knowingly collect personally identifiable information from anyone under the age of 13. If we become aware that we have collected Personal Data from Children without verification of parental consent, we take steps to remove that information from our servers.

Changes to this Privacy Policy
We may update our Privacy Policy from time to time. We will notify you via email and posted messages on our Service of any changes to the policy prior to the change becoming effective. We will update the "effective date" at the top of this Privacy Policy.

You are advised to review this Privacy Policy periodically for any changes. Changes to this Privacy Policy are effective when they are posted on this page.

Contact Us
If you have any questions about this Privacy Policy, please contact our Communications Center at (866) 999-7501 or at coms@theaba.org.

By using the ABA site and furnishing your data to us you acknowledge you have read the foregoing ABA Privacy and Security Policy and consent to it in its entirety.

7.12 IRREGULAR EXAMINATION BEHAVIOR

The board acts to maintain the integrity of our examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates. Information about behavior we consider a violation of the integrity of our 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 board's judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. Furthermore, the candidate will be subject to punitive action as determined by the board. In that event, the candidate would be informed of the reasons for our actions and could request an opportunity to present information deemed relevant to the issue and to petition to reconsider its decision.

Irregular examination/MOCA Minute behavior means any conduct that, in our 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 our explicit and specific written consent. We consider 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) We 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) We will first consider a registration for examination and certification from individuals no sooner than two years after the initial examination for which they otherwise could have qualified.

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

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

(2) We will not consider a registration from the individual for readmission to the ABA examination system for at least two years.

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

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

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

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

7.13 UNFORSEEABLE EVENTS

In the event of a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities or other unforeseeable events which make it inadvisable, illegal or impossible for us to administer an examination to a candidate at the appointed date, time and location, or to conclude a candidate's examination, we are 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

We offer 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.

We employ extensive and rigorous quality control procedures to ensure the accuracy of the assessment results reported to our candidates/diplomates and have no record of a discrepancy ever being detected; therefore, physicians are strongly discouraged from requesting 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. We will communicate the exam score verification outcome within six weeks of receiving the request.

More information, including the request form and fee, is available here.

7.15 ELECTRONIC RECORDING DEVICE POLICY

We want an environment that optimizes the abilities of each candidate by providing a safe and secure environment. Also, we want 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, ABA certification holds a special status in society as a mark of expertise and trustworthiness and is relied upon by the public and members of the medical community. This status has been achieved and maintained in part because professionalism is a core element of ABA certification.

The Board 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 other 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 Board 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 Board may consider the context of actions taken by state licensing boards or other regulatory, governing and credentialing bodies and may choose to act or not act depending on the Board'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.

The ABA will provide diplomates with a fair and impartial procedure prior to a certification action based on 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 to the allegations. The ABA grants diplomates the right 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 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 power (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 overwhelming 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

We support the intent of the Americans with Disabilities Act. To accommodate individuals with documented disabilities who demonstrate a need for accommodation, we will make reasonable and appropriate modifications to our assessment programs that do not impose an undue burden on its programs or fundamentally alter the measurement of skills or knowledge the programs are intended to test. Emotional support, therapy, comfort, or companion animals are not covered under our policy.

8.01 REQUESTING ACCOMMODATION

Individuals must request assessment accommodation by submitting the Request for Accommodation Form for the assessment for which accommodation is sought. We only review and respond 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. We will not consider a request for accommodation on the APPLIED Examination if the individual has not first satisfied the ADVANCED Examination requirement.

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

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

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

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

The nature and severity of a disability and its impact on the individual's ability to take the assessment under standard testing conditions may change with time. Therefore, we require 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. If a candidate has previously been approved by the ABA for assessment under nonstandard conditions, we reserve the right to

require the individual to provide additional or newer documentation to demonstrate a current need for accommodation.

We reserve the right to verify independently, at our own expense, the nature and severity of an individual's disabilities and their 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]. We reserve the right to utilize these certification records in connection with our determination of whether the registrant or candidate meets the requirements for entrance into the ABA examination system, or the requirements for certification, recertification, or maintenance of certification including the independent practice requirement [see Section 7.10].

8.02 CONSIDERING A REQUEST

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

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

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

We reserve 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. We will not delay an examination pending submission of any missing documentation.

We 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, regulations, and requirements governing its certification programs.

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

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

Accreditation Council for Graduate Medical Education (ACGME) – The organization that evaluates and accredits post-MD medical residency training programs in the 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 has become eligible to register with the ABA for initial certification or subspecialty certification whose certification has not been granted yet.

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

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

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

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

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

Clinically Active – Physicians are considered clinically active if they 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 a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years).

Credentials Committee – An ABA Committee responsible for determining whether residents' training is acceptable, registrants meet requirements for admission to examination, candidates meet the requirements

for certification and subspecialty certification, and diplomates meet requirements for recertification or maintenance of certification.

Decision Deadline – A time limit we establish 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/fellowship program.

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

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

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

Liaison Committee on Medical Education (LCME) – Accredits programs of medical education leading to the M.D. in the 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).

Maintenance of Certification in Anesthesiology (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 our 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 or subspecialty program; also referred to as "intern."

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

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

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

State Medical Licensing Board – Responsible for issuing licenses to physicians within their respective geographic jurisdiction. Each state has its own board, with its own set of requirements for licensure-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). 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 our examination and certification system.