

2022 Specialty Certifying Examination Bulletin



This Bulletin, issued in August 2021, represents the official statement of the requirements in effect for the Specialty Certifying Examinations to be given in October 2022, November 2022, and December 2022.

GENDER LANGUAGE DISCLAIMER

The American Board of Obstetrics and Gynecology (ABOG) recognizes that patients have diverse gender identities and is striving to use gender-inclusive language in its publications, literature, and other printed and digital materials. In some instances, ABOG uses the word “woman” (and the pronouns “she” and “her”) to describe patients or individuals whose sex assigned at birth was female, whether they identify as female, male, or non-binary. As gender language continues to evolve in the scientific and medical communities, ABOG will periodically reassess this usage and will make appropriate adjustments as necessary. When describing or referencing study populations used in research, ABOG will use the gender terminology reported by the study investigators.

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GENERAL INFORMATION FOR ALL CANDIDATES

Candidate Responsibility

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees.

Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the Certifying Examination, as requirements may change from year to year. The *Bulletin* is available under the “Bulletins & Dates” tab online at www.abog.org. It is the candidate’s responsibility to become familiar with all of the material contained in the *Bulletin*, including the information in the Appendices. Also, each candidate is responsible for reading all of the policies included in the Policies section under the “About ABOG” tab on the ABOG home page.

After a candidate submits an application to ABOG, it is the candidate’s responsibility to inform ABOG of any changes in personal email and other addresses by changing the information in their profile on their ABOG Portal.

Definition of an Obstetrician-Gynecologist

Candidates for the Certifying Examination must practice within the boundaries indicated in the *Definition of an Obstetrician and Gynecologist*. The *Definition* can be found on the ABOG website in the Policies section under the “About ABOG” tab.

Candidate Board Status

All applicants for the Certifying Examination must have achieved "Active Candidate" status by passing the most recent Qualifying Examination (QE) that they have taken. All candidates who graduated from residency in 2020 or later must also have passed Fundamentals of Laparoscopic Surgery in order to achieve active candidate status. Please see the *Specialty Qualifying Examination Bulletin* under the “Bulletins & Dates” tab at www.abog.org for any questions.

Duration of Certificate Validity

All certificates issued by ABOG in 1986 and thereafter are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Maintenance of Certification (MOC) process each year. Certificates issued after successful completion of the Specialty Certifying Examination in October 2022, November 2022, and December 2022, will expire December 31, 2023, unless the 2023 MOC assignments are completed successfully by the deadline published in the 2023 MOC Bulletin.

A Diplomate who allows their certification to expire should contact the ABOG regarding the requirements for the re-entry process. The MOC Department phone number is 214-721-7510; the email address is MOC@abog.org. A physician whose Diplomate status expires due to failure to complete the MOC process in any year must apply for, take, and pass a secure, computer-based re-entry examination unless their certificate has been expired for six or more years. A physician whose certification has been expired for six years or longer must successfully pass the Specialty Qualifying and Certifying Examinations in order to re-establish Diplomate status.

Details of the MOC process can be found in the *Specialty MOC Bulletin* that is available under the “Bulletins & Dates” tab online at www.abog.org.

CERTIFYING EXAMINATION

Introduction

The Certifying Examination will evaluate the candidate’s approach to and rationale for the clinical care of various patient management problems in obstetrics, gynecology, and women’s health. The candidate’s case list and structured hypothetical questions (possibly including visual aids) will be used by the examiners.

Candidates will be expected to demonstrate a level of knowledge that allows them to serve as consultants to physicians in their community who are non-obstetrician-gynecologists and to provide knowledgeable and clinically capable care to women.

Candidates will be expected to demonstrate that they have acquired the capability to practice independently, to perform major gynecologic surgery, and to perform spontaneous and operative obstetric deliveries safely. Candidates will be expected to demonstrate the knowledge needed to manage complications and to perform the essential diagnostic procedures required of a consultant in obstetrics, gynecology, and women’s health.

Case lists must be submitted electronically via the ABOG case list program and must be appropriately de-identified. Candidates will not be allowed to bring a case list with them to the ABOG Testing Center.

2022 Certifying Examination Application Process

1. Applications will be accepted online at www.abog.org beginning February 10, 2022. The application fee must be paid online by credit card at the time of application. No other form of payment will be accepted. All fees are quoted and payable in US dollars. The application fee for the Certifying Examination will not be refunded. The final day applications will be accepted is April 15, 2022.
2. The completed Hospital Privileges Verification Form that is available to print at the time of application must be uploaded on the candidate’s ABOG Portal on or before March 17, 2022. If the candidate is in an ACGME-accredited fellowship, this form may be completed by the fellowship director. For non-ACGME-accredited fellowships, including those related to obstetrics and gynecology, this form must be completed by a hospital official.
3. Late fees will apply for applications received after March 17, 2022. A second late fee will apply for applications received after April 1, 2022. A full list of deadlines and fees is shown below.
4. All inquiries, applications, and correspondence must be in English.
5. Candidates will be notified by ABOG no later than June 29, 2022, to submit properly formatted case lists electronically and to pay the examination fee. The case list must be submitted by August 2, 2022, to avoid a late fee. All case lists must be entered online using the ABOG case list program by the deadline. The program will be available for case list entry on their ABOG Portal at the start of the collection year.

6. Case lists received between August 3, 2022, and August 17, 2022, will be assessed a late fee. No case lists will be accepted after August 17, 2022.

2022 Certifying Examination Fees and Deadlines

The following table lists the deadlines and fees for the Certifying Examination.

Certifying Examination: Deadlines

February 10, 2022	Applications available online
April 15, 2022	No applications accepted after this date
June 29, 2022	Candidates will be notified to submit case lists and a photograph and to pay the examination fee
August 2, 2022	Last day for receipt of case lists, photograph, and examination fee without additional late fee
August 3, 2022, to August 17, 2022	Late fee applies
August 17, 2022	No case lists or examination fees accepted after this date.
October 17-20, 2022 November 7-10, 2022 November 14-17, 2022 December 5-8, 2022	Certifying Exam Weeks

Certifying Examination: Application Fees

February 10, 2022, to March 17, 2022	\$940
March 18, 2022 to April 1, 2022	\$940 + \$360 late fee = \$1300
April 2, 2022 to April 15, 2022	\$940 + \$840 late fee = \$1680

Certifying Examination: Examination Fees

June 29, 2022 to August 2, 2022	\$1125
August 3, 2022 to August 17 2022	\$1125 + \$395 late fee = \$1520

After approval, if the candidate experiences an event that prevents sitting for the Certifying Examination, ABOG should be notified immediately. If the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee may be either be refunded or alternatively, the candidate may have the full fee applied to the following examination year.

2022 Certifying Examination Eligibility Requirements

- 1. The candidate must have passed the Qualifying Examination on their most recent attempt** prior to making application for the Certifying Examination. Candidates may not apply for the Certifying Examination while waiting for the results of their Qualifying Examination. The one exception to this rule is that candidates who will lose their certification eligibility in 2022 may apply for the Certifying Examination prior to the release of the Qualifying Examination results.

- 2. Limitation of Eligibility**

Physicians must achieve certification within eight (8) years of the completion of their residency training. Specifically, they will not be eligible to apply for either the Qualifying or Certifying Examinations after eight years, until they complete a minimum of six (6) months of supervised practice. For additional information on regaining eligibility please see the policy on Regaining Eligibility for Initial Certification found [here](#). Years spent in an ABOG or ACGME OB-GYN subspecialty fellowship training program or an ACGME-accredited second residency will not count toward the 8-year limit. However, when there is an interval of one or more years between the completion of residency training and the start of additional ACGME-accredited training, that year(s) will count toward the 8-year limit.

For fellows in an ACGME-accredited fellowship in Maternal-Fetal-Medicine, Gynecologic Oncology, Reproductive Endocrinology and Infertility, Complex Family Planning, or Female Pelvic Medicine and Reconstructive Surgery or a government fellowship, an additional year of eligibility is added for every year of training. For fellowships completed prior to 2013 for FPMRS or prior to 2017 for Gynecologic Oncology, Reproductive Endocrinology and Infertility, or Maternal Fetal Medicine, those fellowships accredited by ABOG would also extend eligibility. Fellowship training in any program other than an ABOG- or ACGME-accredited Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, Complex Family Planning, or Female Pelvic Medicine and Reconstructive Surgery or a government fellowship program will not extend the 8-year limit.

- 3. Good Moral and Ethical Character**

ABOG requires evidence of a candidate's professionalism and professional standing. This will include verification of their professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officials of organizations and institutions that know the candidate and their practice. If a candidate is involved in an investigation by a health care organization regarding practice activities or for ethical or moral issues, the individual will not be scheduled for examination, and a decision to approve or disapprove the application will be deferred until either the candidate has been cleared or until ABOG has received sufficient information to make a final decision.

A physician who has been convicted of or pleaded guilty to a felony, even if it is not related to patient care, will not be allowed to take the Certifying Examination.

4. The candidate must possess at least one active, unrestricted medical license to practice medicine in a state or territory of the United States or a Province of Canada.

If the candidate has more than one license, each medical license must not be restricted, suspended, on probation, revoked, nor include conditions of practice. The terms “restricted” and “conditions” include any limitations, terms, or requirements imposed on a physician’s license regardless of whether they deal directly with patient care. An educational or institutional license does not meet this requirement unless the candidate is currently in an ACGME-accredited fellowship training program.

If a candidate has ever had any action taken against any medical license in any territory, province or state of the United States or Canada, or any foreign country at any time, a written explanation must be provided with the application. Such actions include, but are not limited to, admonitions, reprimands, conditions, restrictions, probations, suspension, fines, required coursework, denial of application/renewal, and revocations. These actions must be reported even if they occurred in the past and are no longer active.

ABOG will investigate every candidate’s license(s) using various search techniques. A candidate that fails to inform ABOG of any action against their medical license(s) in any state, territory, or foreign nation may be ineligible to take the Certifying Examination for a minimum of three (3) years. The Board reserves the right to determine candidate eligibility to take the Certifying Examination after reviewing all material.

Candidates who are currently enrolled in an ACGME-accredited fellowship program do not need to have an independent license to practice medicine. However, if such a license(s) is held, the license(s) must not have disciplinary or non-disciplinary restrictions.

5. Actively engaged in unsupervised clinical practice

Candidates for the 2022 Certifying Examination must be in unsupervised clinical practice of Obstetrics and Gynecology from July 1, 2021, through June 30, 2022. Practice may include locum tenens work.

Physicians who are in a non-ACGME-accredited fellowship related to the field of Obstetrics and Gynecology may apply for the Certifying Examination during their fellowship if they meet all other requirements, including submission of an acceptable case list.

Time spent in a non-clinical teaching or research appointment, or in a non-clinical fellowship or graduate education program that does not involve unrestricted privileges to practice as an obstetrician-gynecologist and does not include clinical practice, will not fulfill the practice requirement.

6. Unrestricted Hospital Privileges

Candidates for the Certifying Examination must hold unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care. The latest date a candidate can have privileges in effect is December 11, 2021. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported.

“Unrestricted hospital privileges” means that the physician is a member of the medical staff and has privileges to admit patients and to practice obstetrics and gynecology. Required

Ongoing Professional Practice Evaluation (OPPE) or proctoring for new privileges are not considered a restriction for examination purposes. Any Focused Professional Practice Evaluation (FPPE) assigned by a medical staff or staff office that is not the standard for all new providers must be reported with the application and will be reviewed. When quality of care, professionalism, or peer review activities have led to a limitation of privileges or required supervision, this is considered a restricted practice, and the physician is not eligible to take the Certifying Examination. If the candidate's privileges are under investigation, suspended, or on probation (for cause), that candidate is not eligible to apply for the Certifying Examination until the investigation is completed, or the suspension or probation is lifted, and full and unrestricted privileges are granted. For any questions regarding limitations in privileges, please contact the ABOG examination department at exams@abog.org.

Candidates who are enrolled in an ACGME-accredited fellowship in an area of medicine related to Obstetrics and Gynecology are not required to hold hospital privileges. However, if a fellow has such privileges, they must be unrestricted and not under investigation for any reason.

Candidates currently in a fellowship that is not ACGME-accredited, in an ACGME-accredited fellowship not related to Obstetrics and Gynecology, or in a second residency, may collect cases during that training but must have full and unrestricted privileges to practice OB-GYN in the hospital from which they are collecting cases.

7. Approval of application and review of licensure and privileges

If the application, licensure, and privileges are acceptable after review by ABOG, the candidate will be notified by June 29, 2022. The candidate will then be asked to submit a case list.

The case list should not be submitted until the candidate is notified of approval from the Board.

ABOG reserves the right to make the final decision concerning the applicant's admission to the Certifying Examination after considering all circumstances affecting the individual situation, including a review of the case list.

8. Test Security and Attestation

On the day of the Certifying Examination, each candidate must sign the following terms of agreement. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

- a. I agree and understand that all of the test materials used in ABOG examinations are copyrighted intellectual property of ABOG and will, at all times, remain confidential.
- b. I agree and understand that I may not provide any information before, during, or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, for any reason, including, but not limited to, (i) anyone who is scheduled to take the examination or may be eligible to take the examination, (ii) any formal or informal test preparation group, service, or company, or (iii) any person representing a company or other entity that provides courses, practice tests, or other study material for the examination.
- c. I agree and understand that I may not reproduce, transmit, publish, disclose, and/or distribute any examination materials by any means, including memorization, recording,

internet, or other methods that would allow any other individual, company, or organization to recreate, in whole or in part, any test questions or material.

- d. I agree and understand that during any ABOG examination, I will not have in my possession any notes, papers, study materials, formulas, pens, pencils, cellular telephones, photographic equipment, recording devices, or other similar contraband. I will not have any type of electronic device that could provide information that could be used to answer questions on the examination. I further agree that if I am discovered to have any such device in my possession during the examination, the test will be halted immediately, and I will not receive a grade for the examination.
- e. I agree and understand that if anyone observes any action of mine that may be interpreted as violating or potentially violating test administration rules, the test will be halted immediately, and I will receive no grade for the examination.
- f. I agree and understand that if I violate any part of this agreement, (i) my test results will be canceled, (ii) I may be subject to further sanctions and/or legal action, and (iii) I will not be allowed to re-apply for the examination for a minimum of three years.
- g. I agree and understand that if ABOG discovers I have violated any terms or conditions of this agreement after I have been awarded Diplomate status, such status will be revoked.
- h. I agree and understand that, if requested by ABOG, I will fully participate in the investigation of any suspected violation of the terms and conditions of this agreement by any candidate.
- i. I attest that since the date of my application and to the day of my examination, I have had no (i) limitation or suspension of hospital privileges, (ii) substance abuse offenses, or (iii) suspension, revocation, or restriction placed on my license to practice medicine in any state or country.
- j. I agree and understand ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, agencies of government, specialty societies, laypersons, my Program Director(s), and/or the Accreditation Council of Graduate Medical Education (ACGME).
- k. I agree and understand that de-identified results of my examination may be used for research purposes by ABOG or other parties requesting the same.
- l. I agree and understand that my results may be released to my Program Director(s) by name.
- m. I agree and understand that, if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).
- n. I agree and understand that I may not appeal the results of the examination based on the format of the examination, the sufficiency or accuracy of the answers to examination

questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.

- o. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of a certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.
 - p. Under no circumstances will ABOG be liable for any consequential, special, incidental, exemplary, or indirect damages arising from or relating to this agreement, even if ABOG has been advised of the possibility of such damages.
 - q. The failure to enforce or the waiver by ABOG of a default or breach of this agreement shall not be considered a waiver of any subsequent default or breach.
 - r. This agreement is governed by the laws of the State of Texas. The exclusive jurisdiction of any suit arising out of, relating to, or in any way connected with this agreement shall be in the state or federal courts, as applicable, located in Dallas, Texas.
 - s. Provisions that survive termination or expiration of this agreement include those pertaining to limitation of liability, indemnification, nondisclosure, and others that by their nature are intended to survive.
9. **Practice in a country other than the United States or Canada**

A candidate who practices outside of the United States, its territories, or Canada, must submit with the application a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

Blueprint for the Certifying Examination

Approximately 30% of the questions on the test will be in the area of Obstetrics, 30% in Gynecology, 30% in Office Practice and Women's Health, and 10% in Cross Content. The approximate percentage of questions in subcategories is shown below.

Obstetrics

- Preconception/Prenatal/Antenatal Care (3%)
- Evaluation/Diagnosis of Antenatal Conditions (7%)
- Intrapartum Care, Complications, and Obstetrical Procedures (18%)
- Postpartum Care (2%)

Gynecology

- Preoperative Evaluation (3%)
- Perioperative Care (2%)
- Postoperative Care (3%)
- Surgical Complications (6%)

Evaluation/Diagnosis/Management of Gynecologic Conditions (7%)

Surgical Procedures (5%)

Neoplasia (4%)

Office Practice

Well-Woman Preventive Care (7%)

Office Management – Medical Problems (4%)

Office Management – Gynecology (15%)

Office Procedures (4%)

Cross Content

Communication (2.5%)

Basic Science (5%)

Ethics and Professionalism (2.5%)

The topics upon which the Certifying Examination is based on are shown in [Appendix A](#).

Administration of the Certifying Examination

You will receive correspondence through your ABOG Portal regarding the date, time, location, and process for your examination registration, orientation, and administration.

Each candidate will be assigned an examination room and will remain there for the three hours of the examination. The candidate will be informed of the names of the six examiners—two in Obstetrics, two in Gynecology, and two in Office Practice and Women’s Health—who will conduct their examination. If the candidate believes there is a conflict with one or more examiner, the conflict will be investigated. If the decision is made that an actual conflict exists, an alternate examiner will be provided. Each examiner will grade the candidate on all the topics covered within each section. The final grade will be determined analytically following the examination and will be released no later than four weeks following the examination.

The Certifying Examination is three hours in length equally divided into the areas of Obstetrics, Gynecology, and Office Practice and Women’s Health. Communication, ethics, and patient safety questions may be included in each of the three major areas. Each hour will be divided into two sections of approximately 30 minutes in length. One section will be devoted to questions derived from the candidate’s case list, and the other section will consist of structured and/or simulated cases written by ABOG. The structured cases are used to elicit the candidate’s responses to specific clinical situations. The examination will be conducted in English. A list of the topics that may be covered in the examination can be found in [Appendix A](#).

Candidates must not take ANY electronic device into the examination room. This includes any devices that can access the internet and any device with a recording feature. This includes wearable devices such as the Apple Watch and similar devices. An insulin pump is an exception to this rule.

Candidates who require accommodation for a disability must notify the ABOG office at the time of application (see [Appendix B](#)).

Candidates who will be lactating at the time of the examination should notify ABOG as soon as possible. They will be scheduled to use one of the lactation rooms on a first come, first served basis. If all the lactation rooms are full, the candidate will be given an alternative location at the ABOG Testing Center. A candidate may bring a personal breast pump to the ABOG Test Center. See [Appendix C](#) for additional information on lactation.

Use of the Case List During the Examination

During each hour of the examination, approximately 30 minutes of questions will be developed from those cases submitted by the candidate. Selected cases will be displayed on the computer screen for both the candidate and examiner's reference. Some of the questions will specifically address how the candidate evaluated and managed their actual patients. The examiner will also use the cases to explore the candidate's management of similar patients with different specifications. For example, a candidate might list a 48-year-old woman with an adnexal mass. The candidate might be asked if the management would have been different (and how) if the patient were 18 years old, or 78 years old.

Questions will be displayed which test the ability of the candidate to:

1. develop and diagnose, including the necessary clinical, laboratory, and diagnostic procedures;
2. select and apply proper treatment under elective and emergency conditions;
3. prevent, recognize, and manage complications; and
4. plan and direct follow-up and continuing care.

All case lists will be submitted electronically, and candidates may not bring a copy of their case list to the Certifying Examination for personal reference.

Case List Preparation

Case List Entry

All information for the case list for the 2022 Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG Portal and click on "Case list Entry." Common abbreviations are acceptable (see [Appendix D](#)). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Examination Department at 214-871-1619 or email exams@abog.org.

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets, and desktop computers.

Candidates will be asked to enter patient-identifying information in the ABOG case list program (i.e., Hospital, Patient Initial and Patient ID fields). This patient identification will only be used on the patient lists for verification by hospital medical records staff. The electronic copy of the case list that is submitted to ABOG will be electronically de-identified and will not contain the patient-identifying information. **The case description fields in the ABOG case list program should not contain any patient identifying information.**

Case List Submission

Any case list that fails to provide the required information, includes an insufficient number of patients, is inadequately or incompletely prepared, is not appropriately de-identified, or fails to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of their case list.

Falsification of information in the case list may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

Patients to be Listed

Case lists must include all patients primarily cared for by the candidate, including those admitted to all hospitals and cared for at all surgical centers where the candidate holds admitting and/or surgical privileges between July 1, 2021, and June 30, 2022. The lists must include a minimum of 20 obstetrical and 20 gynecological admissions, but all patients must be listed. This includes all admitted as well as all short-stay and outpatient surgical patients, even if not officially admitted to a hospital. The case list must demonstrate sufficient number, breadth, and depth of clinical experience. All patients listed must have been cared for primarily by the candidate. Candidates may not list patients for whom they have only provided a consultation with another physician. Candidates may list COVID-19 patients for whom they were primarily responsible for care if the patient fits into an appropriate category. These cases may be listed in any of the case list areas. Candidates do not need to list cases involving care provided to men.

The office practice case list is strictly limited to 40 patients. These cases should be from the candidate's practice between July 1, 2021, and June 30, 2022. Candidates may list patients seen in the emergency room or triage area of labor and delivery and may use virtual office visits on their office practice list.

The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. In the case of a partnership or group practice, the patients listed should be only those managed by the candidate. If some portion of the care was provided by a partner, that care should be indicated on the case list. If the candidate is back-up for a midwifery group, a midwife delivery may not be listed unless the candidate performed the delivery. If the candidate is faculty for residents, they should include all patients for which they have responsibility even if the resident performed the actual delivery. This includes cesarean deliveries.

Candidates may not reuse any case or case list from a previous examination.

Collection Options for Candidates Unable to Meet Case List Requirements

If the candidate does not perform obstetrical procedures, or if the candidate does not perform gynecologic procedures, or if the candidate cannot meet the minimum number of cases from their current practice, the minimum number and types of gynecological or obstetrical cases must be obtained from the additional sources listed below. Regardless of the candidate's current practice or training, the examination will cover all three areas. Candidates who limit

their practice to outpatient care only will not be eligible for certification.

1. Candidates who have been in practice for one year or more

Candidates who have been in practice for one year or more and cannot meet the minimum number of cases between July 1, 2021, and June 30, 2022, have two choices: They can submit a complete 18-month case list beginning January 1, 2021, and ending June 30, 2022, or they may supplement the case list with cases from their senior year of residency or time in fellowship to reach the minimums. If residency or prior fellowship cases are used, the candidate should only add a sufficient number of residency/prior fellowship cases to meet the minimum numbers.

Candidates may not use senior resident or prior fellowship cases to meet minimum numbers for both the Obstetrics and Gynecology case lists.

Residency and fellowship cases earlier than July 1, 2014, may not be used.

If a candidate believes they cannot meet the minimum number of cases in one area after using an 18-month case list and/or using residency or prior fellowship cases, they should email the Associate Executive Director in charge of examinations at exams@abog.org no later than April 1, 2022. They must describe the reasons why they cannot meet the minimum requirements. The ABOG Credentials Subcommittee will then review the circumstances for the deficiency. The decision of the subcommittee concerning the eligibility of the candidate will be final and cannot be appealed.

2. Candidates currently in fellowship training

Candidates currently in an ACGME-approved fellowship in a field related to Obstetrics and Gynecology may collect cases during their fellowship for the Certifying Examination. Cases that are part of their fellowship may be used if the candidate was responsible for a major portion of the case. In addition, moonlighting cases may be collected during fellowship and may be listed as collected during fellowship under the appropriate category. Current fellows must list all cases performed during the collection period.

Fellowship candidates must collect cases from the collection period of July 1, 2021, through June 30, 2022. If the minimum required number of cases cannot be met during the standard 12-month collection period, additional cases from any time during fellowship up until the final date of case collection can be used. Candidates currently in a fellowship that is not ACGME-accredited may collect cases during fellowship but must have full and unrestricted privileges to practice in the hospital from which they are collecting cases. They should indicate these cases on the case list as fellowship cases.

3. Candidates who have completed fellowship training

Candidates who have completed fellowship training should use cases from their practice. A 12- or 18-month case list may be submitted. If their fellowship training was in a field related to Obstetrics and Gynecology, they may use cases from their fellowship training if they cannot meet the minimum number of required cases from their practice. Fellowship cases earlier than July 1, 2014, may not be used. Additionally, they may use cases from their senior year of residency training if needed.

4. Candidates who may need to use residency cases

Candidates who are entering fellowship or for other reasons are concerned that they may need to use residency cases are encouraged to collect information on their patients from residency as early in the process as possible. In some cases, it has been difficult for candidates to obtain the needed information after leaving residency. The following information is needed for residency cases in order to use these patients later:

Gynecology Cases	Obstetrics Cases
<ul style="list-style-type: none"> • History and physical exam • Preoperative test results and preoperative diagnosis • Operative report • Pathology report including uterine weight, if appropriate • Postoperative diagnosis • Postoperative course including number of days of hospitalization • Postoperative complications 	<ul style="list-style-type: none"> • History and physical exam • Maternal information (gravidity, parity, age) • Antepartum Complications • Delivery/Postpartum Complications • Information on the infant to include perinatal death, birthweight, days in the hospital, Apgar score at 1 & 5 minutes, complications, and if admitted to the NICU

If a candidate is having difficulty getting information from their residency hospital's medical records department, they are encouraged to contact their residency program director for assistance. If the residency program director is unable to help, please contact the ABOG Examination Department at exams@abog.org.

Specific Instructions for Each Section of the Case List

The headings for case list categories are shown below. The specific instructions for each section follow:

Office Practice Case List

The candidate must list 40 patients with conditions that fit into the listed Office Practice categories. Follow these rules when listing office practice patients:

- a. Do not list more than two patients in any one category;
- b. It is not necessary to include a patient in every category;
- c. Do not include any patient that appears as an admitted patient on the Obstetrics or Gynecology lists; and
- d. Do not include any patients that had procedures performed in any location except the office. Specifically, patients who had an outpatient procedure in a surgical center must be listed on the Gynecology case list. Patients who had virtual visits may be listed if they fit into one of the categories in the following list.

Office Practice Categories

1. Preventive care and health maintenance
2. Wellness counseling (smoking cessation, obesity, diet, exercise, substance abuse, etc.)
3. Sexual health and dysfunction
4. Family planning (individual reproductive priorities, contraception, optimize fertility, and pre-pregnancy health)
5. Preconception evaluation, prenatal and genetic diagnosis
6. Geriatric care
7. Disorders of menstruation (amenorrhea, dysmenorrhea, abnormal uterine bleeding, premenstrual dysphoric disorder)
8. Infertility evaluation and management
9. Immunizations
10. Endometriosis: diagnosis and office management
11. Perimenopausal and menopausal care
12. Pediatric and adolescent gynecology
13. PCOS
14. Evaluation and management of acute and chronic pelvic pain
15. Vaginal disease (infections, dermatosis, VAIN, etc.)
16. Vulvar disease (infections, dermatoses, vulvodynia, pediatric issues, VIN, etc.)
17. Breast disease, benign and malignant
18. Gynecologic care for women with HIV
19. Urinary tract infections
20. Sexually transmitted infections
21. Uterine myomata
22. Office surgery (biopsy, hysteroscopy, sterilization, LEEP, etc.)
23. Cervical cancer screening, including abnormal results
24. Ultrasonography (gynecologic and first-trimester pregnancy)
25. Galactorrhea
26. Hirsutism
27. Adnexal abnormalities
28. Sexual assault and intimate partner violence
29. Office evaluation and management of pelvic floor disorders

30. Primary care issues (e.g., hypertension, hyperlipidemia, diabetes mellitus, osteoporosis, psychiatric illness)
31. Reproductive tract cancer
32. Sexual development disorders (structural, chromosomal)
33. Early pregnancy disorders (ectopic pregnancy, recurrent pregnancy loss, abortion, pregnancy of unknown location)
34. Psychiatric disorders (depression, anorexia, bulimia, etc.)
35. Diagnosis and management of hypercholesterolemia and dyslipidemias
36. Amniocentesis
37. Cancer genetic screening and preventive measures
38. Ovarian preservation counseling
39. Patients with unique obstetric or gynecologic needs (LGBTQI patients, substance and alcohol abuse)
40. Reproductive tract congenital anomalies
41. Gynecologic care for women with Hepatitis B / C
42. Structural uterine abnormalities (polyps, hyperplasia, adenomyosis)
99. Uncategorized (cases in this category do not count toward the required 40 cases)

List each patient separately and include the problem (one of the categories listed above), diagnostic procedures, treatment, results, and number of office visits during the 12-month period.

Gynecology Case List

A minimum of 20 gynecologic patients must be entered. All hospitalized and short-stay gynecological patients must be entered as follows:

- a. List all gynecologic patients managed during the 12-month collection period (or 18-month period, if an extended time case list is submitted; and/or patients chosen from fellowship or senior year of residency).
- b. A minimum of 20 gynecologic patients are required. In order to meet the minimum requirement, a candidate cannot count more than two patients from any one of the gynecology categories listed below.

Example: A candidate has 5 patients who had a diagnostic laparoscopy. They all must be entered on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 gynecological cases.

- c. A preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For non-surgical conditions, the admission diagnosis should be recorded. Non-surgical admissions will not have a surgical pathological diagnosis. The treatment recorded should include all surgical procedures, as well as primary non-surgical therapy. "Surgical diagnosis" is the final pathology diagnosis. For hysterectomy specimens, the uterine weight in grams must be recorded. In cases without tissue for histologic diagnosis, the final

clinical diagnosis should be listed. If the preoperative and postoperative diagnoses are the same and there is no pathology, you do not need to relist the diagnosis.

- d. "Nights in hospital" is the arithmetic difference between the date of discharge and the date of admission. Specific dates of admission and discharge should not be provided. If a patient had an outpatient procedure and was not admitted, list the number of nights in hospital as "0."
- e. List any remaining patients that do not fit into any of the listed categories in the "Uncategorized" category.

Gynecology Categories

1. Abdominal hysterectomy, any type
2. Laparotomy
3. Vaginal hysterectomy (including laparoscopically assisted)
4. Diagnostic laparoscopy
5. Operative laparoscopy (other than tubal sterilization and hysterectomy)
6. Operative hysteroscopy
7. Uterine myomata
8. Surgical repair of pelvic floor disorders: urinary incontinence, accidental bowel leakage, and pelvic organ prolapse
9. Surgical management of endometriosis and adenomyosis:
10. Laparoscopic sterilization
11. Manage intraoperative findings consistent with neoplasia
12. Evaluate and diagnose genetic risks of neoplasia
13. Surgical management of ectopic pregnancy and pregnancy of unknown location
14. Surgical management of pelvic pain
15. Proximal fallopian tube cannulation (chromopertubation)
16. Inpatient and surgical management of pelvic inflammatory disease/TOA
17. Surgical management of adnexal problems (excluding ectopic pregnancy and PID)
18. Surgical management of abnormal uterine bleeding
19. Surgical management of vulvar disorders
20. Postoperative complications (hemorrhage, wound, urinary tract, gastrointestinal, pain, thrombotic, embolic, neurologic, fever, etc.)
21. Surgical management of vesicovaginal fistula
22. Preoperative evaluation of coexisting medical conditions (respiratory, cardiac, metabolic diseases)
23. Gestational trophoblastic disease

24. Inpatient and surgical management of incomplete, septic, complete, and other abortion
25. Intraoperative complications (e.g., blood loss, hemorrhage, bowel injury, urinary tract injury)
26. Dilation & Curettage
27. Emergency care (e.g., gynecologic trauma, adnexal torsion, acute bleeding, etc.)
28. Laparoscopic hysterectomy (e.g., total, supracervical, robotic)
29. Lysis of intrauterine adhesions
30. Surgical management of Bartholin gland
31. Cervical conization
32. Hymenectomy
33. Labia minora reduction and vestibulectomy
99. Uncategorized (cases in this category do not count toward the required 20 cases)

If a candidate cannot list 20 gynecological cases in the above categories, an 18-month case list and/or an appropriate number of cases from fellowship or senior residency case logs may be included. If prior fellowship or senior resident cases are used, only list 20 cases.

If a candidate cannot meet the minimum number of cases after using an 18-month case list and/or using fellowship or residency cases, they should email the Associate Executive Director in charge of examinations at exams@abog.org as soon as possible to gain assistance in meeting the case list requirements.

Obstetrics Case List

A list of a minimum of 20 obstetrical patients must be entered. Separately enter each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery, and the puerperium. Normal, uncomplicated obstetrical patients should not be listed.

The term “normal obstetrical patient” for this listing implies that the:

- a. pregnancy, labor, delivery, and the puerperium were uncomplicated; and labor began spontaneously between the 39th and completion of the 41st week of gestation; patients delivering before 39 weeks gestation should be listed in the “preterm,” “late preterm” or “early term” categories;
- b. membranes ruptured or were ruptured after labor began;
- c. presentation was vertex, position was occiput OA, LOA or ROA, and labor was less than 24 hours in duration;
- d. delivery was spontaneous with or without episiotomy, from an anterior position;
- e. the infant had a five-minute Apgar score of 6 or more and weighed between 2500 and 4500 grams and was healthy, and
- f. placental delivery was uncomplicated, and blood loss was \leq 500 mL

All deliveries not fulfilling these criteria must be listed individually. Include the gestational age at admission.

A minimum of 20 obstetrical patients is required. In order to meet the minimum, a candidate cannot count more than two patients in any of the categories listed below.

Example: A candidate has 5 obstetrical patients with diabetes mellitus. They all must be entered on the case list, but only 2 of the 5 will be counted as meeting the minimum requirement of 20 obstetrical cases.

The “nights in hospital” includes all prenatal and postnatal nights. The number of nights listed is the arithmetic difference between the admission and discharge date.

If a candidate cares for a patient in the hospital, but does not deliver the patient, the information on the delivery and infant should not be listed. For example, a patient who has preterm labor without delivery would not have delivery or infant information listed.

List any remaining patients that do not fit into any of the listed categories in the “Uncategorized” category.

Obstetrical Categories

1. Preconception evaluation, prenatal, and genetic diagnosis
2. Initial management of co-existent medical diseases (e.g., cardiovascular, hypertension, renal, endocrine, psychiatric, obesity)
3. Patients at risk for preterm delivery
4. Common antepartum complication (e.g., hyperemesis, first-trimester bleeding)
5. Antepartum abnormal fetal presentations (e.g., external cephalic version)
6. Cerclage
7. Preterm delivery (before 34 weeks gestation)
8. Late preterm delivery (34 weeks 0 days to 36 weeks 6 days gestation)
9. Early term delivery (37 weeks 0 days to 38 weeks 6 days gestation)
10. Postterm delivery (pregnancy at or beyond 42 weeks 0 days gestation)
11. Thrombophilias
12. Debridement and repair of perineal dehiscence
13. Induction and augmentation of labor
14. Labor abnormalities (e.g., preterm labor, dystocia, PROM, abnormal presentation)
15. Fetal heart rate abnormalities
16. Surgical management of uterine atony
17. Cord problems (e.g., prolapsed cord, cord entanglement)
18. Operative vaginal delivery (e.g., vacuum, forceps)
19. Obstetrical hemorrhage (e.g., antepartum, intrapartum, postpartum)
20. Obstetrical lacerations (e.g., 3rd and 4th degree, cervical, vaginal)

21. Vaginal or perineal hematoma
22. Primary cesarean delivery
23. Repeat cesarean delivery
24. Vaginal birth after cesarean delivery
25. Peripartum hysterectomy
26. Complications of cesarean delivery (e.g., hemorrhage, wound infection, wound disruption, or hematoma)
27. Complications of OB anesthesia (e.g., epidural hypotension, general anesthesia complications)
28. Intrapartum or intra-amniotic infection (e.g., amnionitis, chorioamnionitis)
29. Puerperal infection (e.g., post cesarean endometritis)
30. Second-trimester spontaneous abortion
31. Third-trimester fetal loss
32. Hypertensive disorders of pregnancy (e.g., gestational hypertension, preeclampsia with or without severe features, eclampsia)
33. Cardiovascular or pulmonary disease complicating pregnancy
34. Renal or neurological disease complicating pregnancy
35. Hematological or endocrine diseases complicating pregnancy
36. Autoimmune disorders of pregnancy
37. Infectious diseases antepartum (CMV, HIV, Group A streptococcus, COVID-19 virus, etc.)
38. Psychiatric disease complicating pregnancy
39. Pregnancies complicated by human immunodeficiency virus infection (HIV)
40. Fetal growth abnormalities
41. Pregnancies complicated by fetal anomalies
42. Placental abnormalities (e.g., low lying, previa, accreta, abruption, vasa previa)
43. Thromboembolic complications
44. Non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)
45. Multifetal pregnancy
46. Diabetes and gestational diabetes
47. Shoulder dystocia
48. Surgical conditions (e.g., acute abdomen, adnexal masses)

- 49. Medical disorders unique to pregnancy (e.g., hyperemesis, cholestasis of pregnancy, acute fatty liver, peripartum cardiomyopathy, PUPPS, herpes gestationis)
- 50. Acute maternal decompensation (e.g., amniotic fluid embolism, septic shock)
- 51. Intraoperative cesarean complications (e.g., cystotomy, enterotomy, hysterotomy extension)
- 99. Uncategorized (cases in this category do not count toward the required 20 cases)

If a candidate cannot list 20 obstetrical cases in the above categories, an 18-month case list and/or an appropriate number of cases from fellowship or senior residency case logs may be included. If prior fellowship or senior resident cases are used, only list 20 cases.

If a candidate cannot meet the minimum number of cases after using an 18-month case list and/or using fellowship or residency cases, they should email the Associate Executive Director in charge of examinations at exams@abog.org as soon as possible to gain assistance in meeting the case list requirements.

Affidavits

The list(s) of obstetrics and gynecology patients from each hospital and surgical center must be verified on the Case List Affidavit form. The ABOG case list program will not allow a candidate's case list to be submitted unless the required Case List Affidavit form(s) have been uploaded. This affidavit will be printed from the ABOG case list program after the candidate enters all their cases for the required collection period. The records librarian or similar hospital official must complete the Case List Affidavit Form attesting that all hospitalized or surgical center patients primarily cared for by the candidate are listed for the period indicated. The Case List Affidavit will not include normal, uncomplicated obstetrical patients in the total number of cases as candidates are not required to list those patients. For cases chosen from the fellowship or senior residency year, the affidavit must be completed by the candidate's Program Director or the medical records librarian and must be uploaded online through the ABOG case list program located on the candidate's ABOG Portal. There is no affidavit for office practice cases.

Case List Verification and Audit

The list of patients provided by the candidate is subject to independent verification and audit by an agent or employee of ABOG. As a condition of candidacy, the candidate agrees to cooperate fully with any audit authorized by the Board, including, but not limited to:

1. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the period for which the lists of patients are required;
2. authorizing access to such hospital or other institutional records as the ABOG deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate; and
3. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to release to the Board information concerning the patient's condition and treatment.

Any audit undertaken by the Board pursuant to the authority granted by this Section shall be conducted in compliance with the HIPAA Privacy Rule.

De-Identification of Patient Case Lists

The case lists submitted to the ABOG office must not contain the patient hospital number or other identifying information other than age. **Candidates should NOT put any identifying information into the case description fields in the ABOG case list program.**

The de-identification of patient case lists does not allow the omission of any patients under the candidate's care which are otherwise required to be reported. The completeness of the candidate's case list is subject to audit. If a candidate is found to have not listed any case that is required, the candidate will be subject to disqualification from the examination and other discipline as appropriate.

Final Approval and Notification of Admission to the Certifying Examination

Candidates who have fulfilled all the requirements and ABOG has determined that they are eligible to take the examination will have a link posted on their ABOG Portal notifying them of the day, time, and place to report for their examination. The exact day and time of a candidate's examination will be provided 4-6 weeks before the start of their exam week.

It is the candidate's responsibility to ensure that their personal email address and physical mailing address are current and correct on the ABOG Portal.

Candidates may NOT request a specific month for their examination unless there is a serious reason that is beyond the control of the candidate. Any request must be accompanied by documentation and should be emailed to exams@abog.org. Such requests must be received in the ABOG office no later than May 7, 2022, but should be submitted as soon as the candidate is aware of the need for a specific week. ABOG reserves the right to deny any such request.

Results of the Examination

The results of the Certifying Examination will be reported online to each candidate no later than four weeks following their examination week.

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director(s) of any residency program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Certifying Examination Appeal Process

If at the completion of the Certifying Examination, a candidate believes the test has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within one hour of the completion of the Certifying Examination. To do

so, a candidate must telephone the Board office (214-871-1619). If the request is granted:

- A. no final grade will be assigned, and all grades will be discarded;
- B. the candidate must reapply for the Certifying Examination the next year (i.e., cannot delay beyond the next year) and meet all of the requirements applicable at that time;
- C. if the candidate meets the requirements, a second examination will be scheduled at the next regularly scheduled annual Certifying Examinations at no additional charge;
- D. the candidate must prepare a new case list for the repeat examination and the case list for the repeat examination may not include any patient listed on the first examination case list;
- E. the repeat examination will be conducted by a different team of examiners, who will not be informed that the examination is being conducted as a result of an appeal;
- F. neither the questions nor the candidate's answers on the first examination will be known to or considered by the second group of examiners; and
- G. the decision of the examiners conducting the second examination will be used by the Board to determine the results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team shall not be considered if the candidate was informed before the Certifying Examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

NEW DIPLOMATES

After passing the Certifying Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process in 2023. The MOC application is online at www.abog.org. The MOC annual fee for the first year of MOC (2023) for new ABOG Diplomates is waived. Failure to enter the process and complete all assignments in 2023 will result in expiration of certification status as of December 31, 2023.

For more information about the MOC process, please read the *Specialty MOC Bulletin* which can be found at www.abog.org under the "Bulletins & Dates" tab.

NON-ADMISSIBLE CANDIDATES, RE-EXAMINATION, AND POSTPONEMENT

A candidate disapproved for the Certifying Examination may reapply by submitting a new application, paying the appropriate fees, and meeting the requirements applicable at the time of re-application.

LIST OF CERTIFIED DIPLOMATES

Each year ABOG notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names is also sent to the American Board of Medical Specialties (ABMS) with the request that they be included in the ABMS Database that includes displays in Certification Matters™ and ABMS Solutions products

that are used for primary source verification (PSV) of certification by various stakeholders. Diplomate status may also be provided to other organizations, government agencies, and the lay public. Candidates must sign a statement acknowledging this fact at the time of the Certifying Examination.

After this effort to assure initial listings of the newly certified Diplomates, the Board assumes no responsibility for a Diplomate's listing in subsequent issues of any directory.

The results of the Certifying Examination will be forwarded to the candidate's residency program and/or the American College of Graduate Medical Education (ACGME). De-identified results of the Certifying Examination may be used by ABOG or other parties for research purposes.

APPENDIX A: SPECIALTY CERTIFYING EXAMINATION TOPICS

Obstetrics

OB1. Preconception/Prenatal/Antenatal Care

OB1.1. Provide preconception, prenatal, and antenatal care:

- A. Provide management, counseling, and testing for routine prenatal care
- B. Evaluate, diagnose, and provide initial management of co-existent medical diseases (e.g., cardiovascular, chronic hypertension, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine including thyroid, psychiatric disorders, autoimmune including DM, neoplastic, dermatologic, neurologic, obesity) during pregnancy
- C. Provide patient counseling regarding options, risks, and benefits of genetic testing

OB2. Evaluation/Diagnosis of Antenatal Conditions

OB2.1. Evaluate, diagnose, and manage the following preconception/antenatal conditions:

- A. Select, perform and/or interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)
- B. Apply knowledge of female anatomy and pathophysiology to improve patient outcomes
- C. Patients at risk for preterm delivery
- D. Common antepartum complications (e.g., hyperemesis, first trimester bleeding)
- E. Medical disorders unique to pregnancy (e.g., preeclampsia, eclampsia, hyperemesis, gestational diabetes, cholestasis, acute fatty liver, peripartum cardiomyopathy, PUPPS, herpes gestationis)
- F. Infectious diseases in pregnancy (e.g., HIV, Group A Streptococcus, varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus)
- G. Surgical conditions (e.g., acute abdomen, adnexal masses) during pregnancy
- H. Abnormal fetal presentation (e.g., external cephalic version)
- I. Manage multifetal gestation
- J. Fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)
- K. Post-term pregnancies
- L. Thrombophilias
- M. Fetal assessment/prenatal diagnosis (e.g., fetal anomalies, abnormal AFV, ultrasound assessment - infectious disease exposure, isoimmunization, non-immune hydrops)

- N. Evaluate, diagnose, and provide co-management of non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)

OB3. Intrapartum Care, Complications, and Obstetrical Procedures

OB3.1. Provide general intrapartum care:

- A. Evaluate, diagnose, and provide operative vaginal delivery (e.g., forceps, vacuum)
- B. Evaluate, diagnose, and provide operative delivery (e.g., cesarean delivery)
- C. Evaluate, diagnose, and repair obstetric lacerations and associated complications
- D. Counsel patients on analgesia options and manage intrapartum pain
- E. Evaluate and diagnose infants in need of resuscitation and perform initial management
- F. Manage induction and augmentation of labor including cervical ripening
- G. Prevention and management of thrombosis

OB3.2. Evaluate, diagnose, and manage the following intrapartum conditions:

- A. Labor abnormalities (e.g., preterm labor, dystocia, PROM, cord problems, abnormal presentation)
- B. Obstetric hemorrhage
- C. Medical disorders (including medical disorders unique to pregnancy)
- D. Infectious diseases
- E. Placental abruption
- F. Abnormal placentation
- G. Uterine rupture
- H. Uterine inversion
- I. Placental abnormalities (e.g., placenta previa and vasa previa)
- J. Acute maternal decompensation (e.g., amniotic fluid embolism, septic shock)
- K. Fetal heart rate abnormalities
- L. Previous cesarean delivery (e.g., TOLAC, VBAC)
- M. Infectious complications

OB3.3. Perform the following obstetrical procedures:

- A. Amniocentesis for fetal lung maturation and genetic testing
- B. 1st-, 2nd-, and 3rd-degree vaginal laceration repair
- C. 4th-degree vaginal laceration repair
- D. Debridement and repair of perineal dehiscence

- E. Cervical laceration repair
- F. Breech vaginal delivery
- G. Vaginal delivery of twin gestation
- H. Internal version and extraction
- I. Operative vaginal delivery (low forceps, vacuum)
- J. Shoulder dystocia maneuvers
- K. Cesarean delivery
- L. Peripartum hysterectomy
- M. Management of abnormal placental location (e.g., placenta previa)
- N. Management of abnormal placentation (e.g., placenta accreta)
- O. Surgical management of uterine atony
- P. Management of hysterotomy extension
- Q. Management of cystotomy
- R. Management of enterotomy
- S. Neonatal circumcision
- T. Cervical cerclage
- U. Postpartum uterine curettage
- V. Amnioinfusion

OB4. Postpartum Care

OB4.1. Provide general postpartum care:

- A. Provide routine care (e.g., breastfeeding, contraception, pain management)
- B. Evaluate, diagnose, and manage postpartum complications (e.g., vulvar and vaginal hematoma, endometritis, mastitis)
- C. Evaluate and manage common medical and obstetric complications or conditions (e.g., gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)
- D. Evaluate, diagnose, and manage lactation and breastfeeding complications
- E. Evaluate, diagnose, and manage postpartum hemorrhage
- F. Evaluate, diagnose, and manage postpartum hypertensive disorders

Gynecology

G1. Preoperative Evaluation

G1.1. Provide general preoperative evaluation

- A. Counsel patient about risks, benefits, and alternative treatment options
- B. Determine appropriate surgical intervention

- C. Evaluate, diagnose, and manage co-existing medical conditions
- D. Obtain informed consent

G2. Perioperative Care

G2.1. Perform the following perioperative care:

- A. Provide interventions to reduce perioperative infection
- B. Provide interventions to reduce venous thromboembolism
- C. Communicate with interdisciplinary team members to reduce surgical error (e.g., timeouts, counts, fire hazard risk)
- D. Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning

G3. Postoperative Care

G3.1. Evaluate, diagnose, and manage postoperative care

- A. A hemodynamically unstable patient
- B. Nerve injuries
- C. Wound complications
- D. Postoperative venous thromboembolism
- E. Nausea and vomiting and/or diarrhea
- F. Fever and infections
- G. Urinary tract complications
- H. Altered mental status
- I. Small / large bowel injury

G4. Surgical Complications

G4.1. Provide general intraoperative care

- A. Apply knowledge of female pelvic anatomy to reduce intraoperative complications
- B. Evaluate, diagnose, and manage intraoperative hemorrhage
- C. Evaluate, diagnose, and initially manage small / large bowel injury
- D. Evaluate, diagnose, and initially manage urinary tract injury

G5. Evaluation/Diagnosis/Management of Gynecologic Conditions

G5.1. Evaluate, diagnose, and surgically manage

- A. Acute pelvic pain
- B. Pelvic inflammatory disease/TOA
- C. Vulvar disorders
- D. Gynecologic trauma

- E. Adnexal torsion
- F. Ectopic pregnancy and pregnancies of unknown location

G6. Surgical Procedures

G6.1. Perform minimally invasive surgical procedures:

- A. Diagnostic hysteroscopy
- B. Diagnostic laparoscopy
- C. Operative hysteroscopy (e.g., endometrial ablation, myomectomy, polypectomy, septoplasty)
- D. Laparoscopic ablation and excision of endometriosis
- E. Laparoscopic hysterectomy (e.g., LAVH, supracervical, TLH)
- F. Operative laparoscopy (e.g., LOA, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, salpingostomy)
- G. Laparoscopic myomectomy
- H. Laparoscopic sterilization
- I. Lysis of intrauterine adhesions
- J. Proximal fallopian tube cannulation (chromopertubation)

G6.2. Perform gynecologic surgical procedures for benign disorders:

- A. Abdominal hysterectomy
- B. Abdominal myomectomy
- C. Bartholin gland duct cystectomy
- D. Bartholin gland duct marsupialization
- E. Bilateral tubal ligation
- F. Cervical conization
- G. Cherney incision
- H. Cornual wedge resection
- I. Dilatation and sharp curettage
- J. Dilatation and suction curettage
- K. Exploratory laparotomy
- L. Hymenectomy
- M. Labia minora reduction
- N. Lysis of adhesions
- O. Maylard incision
- P. Midline vertical incision
- Q. Oophorectomy

- R. Ovarian cystectomy
- S. Pfannenstiel incision
- T. Salpingectomy
- U. Salpingo-oophorectomy
- V. Salpingostomy
- W. Trachelectomy
- X. Vaginal hysterectomy
- Y. Vaginal septum excision
- Z. Vestibulectomy
- AA. Vulvar abscess or hematoma drainage
- AB. Wound debridement and secondary closure

G6.3. Perform surgeries for pelvic floor disorders (e.g., prolapse, incontinence):

- A. Diagnostic and operative cystoscopy and urethroscopy
- B. Surgical repair of urinary incontinence (e.g., Burch colposuspension, tension-free vaginal tape, transobturator tape sling)
- C. Vesicovaginal fistula repair
- D. Vaginal prolapse repair (e.g., anterior colporrhaphy, posterior colporrhaphy, perineorrhaphy)
- E. Vaginal apical suspension (e.g., uterosacral ligament suspension, sacrospinous ligament fixation, McCall culdoplasty)
- F. Colpocleisis

G7. Neoplasia

G7.1. Provide general neoplasia care:

- A. Evaluate, diagnose, and manage intraoperative findings consistent with neoplasia
- B. Evaluate and diagnose genetic risks of neoplasia
- C. Evaluate, diagnose, and manage gestational trophoblastic disease

Office Practice

OP1. Well-Woman Preventative Care

OP1.1. Provide routine care:

- A. Perform age-appropriate preventive health screening
- B. Provide appropriate immunizations
- C. Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures

- D. Counsel and promote wellness (e.g., weight management, diet, smoking cessation, exercise)
- E. Family planning (Individual reproductive priorities, contraception, optimize fertility, and pre-pregnancy health)
- F. Risks and benefits of ovarian preservation

OP1.2. Provide care for patients with unique obstetric or gynecologic needs

- A. Geriatric patients
- B. Pediatric (<12 years) patients and Adolescent (<21 years) patients
- C. LGBTQIA patients
- D. Substance and alcohol abuse
- E. Sexual health and dysfunction
- F. Intimate partner violence and sexual assault
- G. Psychiatric disorders
- H. Reproductive tract congenital anomalies

OP2. Office Management - Medical Problems

OP2.1. Evaluate and initiate management of primary care problems:

- A. Breast disorders
- B. Hypertension
- C. Hyperlipidemia
- D. Gastrointestinal disease
- E. Diabetes mellitus
- F. Thyroid disease
- G. Osteopenia/osteoporosis
- H. Obesity
- I. Depression and anxiety
- J. Acne and dermatological conditions
- K. Low back pain
- L. Headaches

OP3. Office Management – Gynecology

OP3.1. Perform general office gynecology care:

- A. Evaluate, diagnose, and initiate management of infertility disorders
- B. Evaluate, diagnose, and manage disorders of menopause (e.g., vasomotor, genitourinary syndrome of menopause)

- C. Evaluate, diagnose, and initiate management for sexual development disorders (e.g., structural, chromosomal)
 - D. Provide cervical cancer screening and manage abnormal results
 - E. Evaluate, diagnose, and manage adnexal abnormalities (e.g., simple and complex masses)
 - F. Evaluate, diagnose, and manage pelvic pain disorders and endometriosis
 - G. Evaluate, diagnose, and provide gynecologic care for women with HIV
 - H. Evaluate, diagnose, and provide gynecologic care for women with Hepatitis B / C
 - I. Evaluate, diagnose, and manage urinary tract infections
- OP3.2. Evaluate, diagnose, and manage endocrine disorders:
- A. Polycystic ovary syndrome (PCOS)
 - B. Galactorrhea
 - C. Hirsutism
 - D. Disorders of puberty
- OP3.3. Evaluate, diagnose, and manage disorders of menstruation:
- A. Primary amenorrhea
 - B. Secondary amenorrhea
 - C. Abnormal uterine bleeding
 - D. Premenstrual dysphoric disorder
 - E. Dysmenorrhea
- OP3.4. Evaluate, diagnose, and manage vulvovaginal conditions:
- A. Benign conditions (e.g., infections, dermatoses, cysts)
 - B. Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia
 - C. Chronic pain / vulvodynia
 - D. Pediatric (e.g., labial adhesions)
- OP3.5. Evaluate, diagnose, and manage structural uterine abnormalities:
- A. Leiomyomata
 - B. Polyps
 - C. Hyperplasia
 - D. Adenomyosis
- OP3.6. Evaluate, diagnose, and initiate management of incontinence / pelvic floor disorders:
- A. Urinary incontinence

B. Accidental bowel leakage

C. Pelvic organ prolapse

OP3.7. Evaluate and manage early pregnancy disorders:

A. Abortion (e.g., spontaneous, incomplete, missed)

B. Recurrent pregnancy loss

C. Pregnancy of unknown location

D. Ectopic

OP3.8. Evaluate, diagnose, and initiate management for reproductive tract cancer:

A. Vulva

B. Cervix

C. Uterus

D. Ovary

E. Fallopian Tubes

OP3.9. Evaluate, diagnose, and manage sexually transmitted infections

A. Chlamydia

B. Syphilis

C. Gonorrhea

D. HPV

E. Herpes Simplex Virus

F. Trichomonas

G. Rare STIs (Lymphogranuloma venereum, Chancroid, Molluscum contagiosum)

H. Partner treatment

I. Prophylaxis including PrEP

OP4. Office Procedures

OP4.1. Perform office-based procedures:

A. Diagnostic hysteroscopy

B. Endometrial ablation

C. Induced abortion

D. First trimester uterine aspiration

E. Loop electrosurgical excision procedure (LEEP)

F. Biopsies

G. Colposcopy (e.g., cervical, vaginal, vulvar)

H. Placement and removal of intrauterine device

- I. Placement and removal of long-acting reversible contraception
- J. Pessary fitting
- K. Incision and drainage of vulvovaginal cyst, abscess and hematoma
- L. Treatment of condyloma
- M. Wound care

Cross Content

C1. Communication

- C1.1. Communicate effectively and professionally with patients and/or family members about the following situations:
 - A. Unexpected outcomes (e.g., fetal demise, stillbirth, cancer, surgical complications)
 - B. Crisis situations (e.g., substance abuse, intimate partner violence)
 - C. Disclosure of adverse outcomes
 - D. Disclosure of medical errors

C2. Basic Science

- C2.1. Basic and applied science
 - A. Physiology
 - B. Anatomy
 - C. Pathology
 - D. Microbiology
 - E. Immunology
 - F. Embryology
 - G. Pharmacology
 - H. Epidemiology & Evidence-based medicine

C3. Ethics/Professionalism

- C3.1. Evaluating and managing the following ethical situations, personally or with colleagues:
 - A. Boundary violations (sexual)
 - B. Signs of excess stress and burnout
 - C. Unprofessional behavior (e.g., dishonesty, verbal abuse, disruptive behavior)
 - D. Impaired physicians (e.g., alcohol abuse, substance abuse, psychiatric disorders)
 - E. Personal and team member wellness

- F. Counsel patients on ethically complex cases
- C3.2. Act ethically and professionally:
- A. Provide care with multi-disciplinary teams (Systems-based practice)
 - B. Participate in continuous quality improvement (Practice-based learning and improvement)
 - C. Participate in hospital, department, or office-based patient safety initiatives (Patient safety)

APPENDIX B: CANDIDATE DISABILITY

The American Board of Obstetrics & Gynecology, Inc. (ABOG or Board) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed. Accommodations will only be considered with appropriate documentation. In order to implement this policy, notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at the time of application. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow the ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG's examination's ability to test accurately the skills and knowledge it purports to measure, and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

ABOG shall not exclude any candidate from examination solely because of a disability if the ABOG is provided with notice of the disability in time to permit the ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit the ABOG to verify the existence, nature, and extent of the disability. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. Also, the candidate must supply any additional information the ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which the ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

If the candidate fails to notify ABOG of a disability at the time of application and fails to achieve a passing grade, that candidate may not appeal the results of the examination but shall be entitled to sit for the next regularly scheduled written examination but must pay a new application and examination fee. If a candidate claims that their examination results were adversely affected by illness, injury, or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury, or impairment, they shall be entitled to sit for the next regularly scheduled certifying examination but must pay a new application and examination fee.

APPENDIX C: LACTATION ACCOMMODATIONS

Candidates who are lactating will be given an opportunity to use a pump prior to their examination. Please notify the ABOG office as soon as you know that you will need the lactation room. At the time of notification, a lactation room will be reserved for the candidate. The rooms are booked on a first-come, first-served basis. If all of the lactation rooms are full, the candidate will be given an alternative location at the ABOG Testing Center. Candidates are allowed to bring their own breast pump with them to the testing center.

APPENDIX D: ACCEPTABLE CASE LIST ABBREVIATIONS

AB	Abortion
AIDS	Acquired immunodeficiency syndrome
AMA	Advanced maternal age
A&P	Anterior and posterior colporrhaphy repair
AMH	Antimullerian hormone
AROM	Artificial rupture of membranes
ASCUS	Atypical cells of undetermined significance
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
cm	Centimeter
CIN	Cervical intraepithelial neoplasia
CD	Cesarean delivery
CHTN	Chronic hypertension
CBC	Complete blood count
CT	Computerized tomography
DVT	Deep vein thrombosis
DHEAS	Dehydroepiandrosterone sulfate
DM	Diabetes mellitus
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
EKG/ECG	Electrocardiogram
ECC	Endocervical curettage
EBL	Estimated blood loss
EFW	Estimated fetal weight
EGA	Estimated gestational age
E2	Estradiol
FGR	Fetal growth restriction
FHR	Fetal heart rate
FSH	Follicle-stimulating hormone
GDM	Gestational diabetes mellitus

GH	Gestational hypertension
GBS	Group B strep
gm	Gram
Hgb	Hemoglobin
HbA1c	Hemoglobin A1c
HSV	Herpes simplex virus
HRT	Hormone replacement therapy
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HTN	Hypertension
HSG	Hysterosalpingogram
IM	Intramuscular
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUGR	Intrauterine growth restriction
IUP	Intrauterine pregnancy
IV	Intravenous
kg	Kilogram
LAVH	Laparoscopic-assisted vaginal hysterectomy
LGA	Large for gestational age
LMP	Last menstrual period
LFT	Liver function test
LEEP	Loop electrosurgical excision procedure
LH	Luteinizing hormone or laparoscopic hysterectomy
Mg	Magnesium sulfate
MRI	Magnetic resonance imaging
mL	Milliliter
MIS	Minimally invasive surgery
NST	Non-stress test
OA	Occiput Anterior – may be preceded by R (right) or L (left)
OP	Occiput Posterior
OT	Occiput Transverse

PAP	Papanicolaou smear
Plt	Platelet
PCOS	Polycystic ovarian syndrome
PP	Postpartum
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor
PPROM	Preterm premature rupture of membranes
STD/STI	Sexually transmitted disease/infection
SGA	Small for gestational age
SAB	Spontaneous abortion
SROM	Spontaneous rupture of membranes
SVD	Spontaneous vaginal delivery
SUI	Stress urinary incontinence
S/D (ratio)	Systolic/diastolic ratio
TSH	Thyroid-stimulating hormone
Toco	Tocodynamometer
TAH	Total abdominal hysterectomy
TLH	Total laparoscopic hysterectomy
TVH	Total vaginal hysterectomy
TOLAC	Trial of labor after cesarean
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
US	Ultrasonography
VBAC	Vaginal birth after cesarean delivery