

2014 Bulletin
for
Subspecialty Certification
in
**Female Pelvic Medicine and
Reconstructive Surgery**
The American Board of
Obstetrics and Gynecology, Inc.



2915 Vine St., Dallas, TX 75204

First in Women's Health

This Bulletin, issued in 2013, represents the official statement of the requirements for subspecialty certification for gynecologists in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) for the 2014 examinations. It applies only to those gynecologists who started an ABOG/ABU or ACGME approved 3-year fellowship in FPMRS in 2010 and thereafter. Gynecologists applying as Seniors should refer to the FPMRS Bulletin for "Senior Applicants" that can be found on the ABOG web page. Urologists applying for subspecialty certification in FPMRS should contact the American Board of Urology.

Important Dates for Candidates for Subspecialty Certification: Female Pelvic Medicine and Reconstructive Surgery

WRITTEN EXAMINATION DATE

June 27, 2014

Applications available on-line	September 1, 2013
Late fees apply after	October 18, 2013
Last date applications accepted	December 18, 2013
Test given at national centers	June 27, 2014

ORAL EXAMINATION DATES

April, 2015*

Candidates who began an ABOG/ABU or ACGME approved 3-year fellowship in FPMRS in 2010 and thereafter will be required to take and pass an Oral Examination after passing the FPMRS written examination. The first oral examination will be given in April, 2015. Candidates will be required to submit a case list of for the 12-month period, January 1 to December 31, 2014.

Female Pelvic Medicine and Reconstructive Surgery Oral Examination

Applications available on-line	May 1, 2014
Late fees apply after	May 31, 2014
Last date applications accepted	June 30, 2014
Test at ABOG office, Dallas, TX	April, 2015

** The exact dates of the 2015 oral examination will be listed in the 2015 FPMRS Bulletin*

Important Information for all Candidates

1. Correspondence with ABOG should be sent by a service that has tracking capability.
2. Fees must be paid by credit card through the ABOG website (www.abog.org).
3. Fees are payable in US Dollars, only.
4. Deadlines are based on receipt of the information in the ABOG office, not the date of shipping. It is the candidate's responsibility to meet all deadlines. ABOG is not responsible to notify a candidate of impending deadlines.
5. It is the responsibility of each candidate to be aware of the current requirements for certification as an ABOG FPMRS subspecialist. ABOG does not assume responsibility for notifying a candidate of changing requirements for admissibility to any of its examinations or pending loss of eligibility. Candidates must meet the requirements published in the *FPMRS Subspecialty Bulletin* for the year in which they are to take an examination.
6. Subspecialty certification is time-limited. Each FPMRS subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification and must also successfully complete each year's MOC assignments to maintain certification.
7. Candidates are encouraged to read Appendix C as it outlines the thesis requirements. Candidates who submit an unacceptable thesis will not be approved to sit for the oral examination.

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The Division of Female Pelvic Medicine and Reconstructive Surgery

INTRODUCTION

The process of certification in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) by the ABOG is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for completing the application on-line at www.abog.org, for submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the senior applicant's eligibility for admission to the examination.

WRITTEN EXAMINATION

June 27, 2014 Written Examination: Application Process

1. Applications will be accepted on-line at www.abog.org beginning September 1, 2013. Late fees will apply for applications received after 5 pm CST October 18, 2013.
2. The final day applications will be accepted is 5 pm CST December 18, 2013.
3. The fee must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the test, a portion of the fee may be refunded. The portion of the fee that is attributable to the application process is not refundable nor will it be credited toward a subsequent application.
4. The applicant must supply ABOG with an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address.
5. A fellowship affidavit form will automatically print during the application process. The form must be signed by both the current Fellowship Program Director and the Chair of the Department of Obstetrics and Gynecology, and faxed to the ABOG office. This form serves to document satisfactory completion or near completion of the fellowship training.
6. A copy of the candidate's current, active medical license must be faxed to the ABOG office.

7. Following submission of the application and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year. (See below.) The candidate will be notified of admissibility to the written examination.
8. Two business days (not less than 48 hours) after the candidate has received the email notification of acceptance, the candidate should contact Pearson VUE to obtain a seat for the examination. Instructions for contacting Pearson VUE will be included in the acceptance email. Seats at Pearson VUE in individual cities are limited, and are assigned on a "first come" basis.

June 27, 2014 Written Examination: Requirements

Each of the following is a requirement for a Fellow in FPMRS to sit for the subspecialty examination. The Fellow must meet all of the requirements in effect during the year for which admission to the written examination is requested.

1. **Basic Written Test** To be admissible for the subspecialty written examination, the candidate must have passed the ABOG written examination for Basic Certification in Obstetrics and Gynecology.
2. **Fellowship Training** Physicians who complete a FPMRS fellowship program after 2012 must have successfully completed a minimum of 32 of 36 months in an ABOG/ACGME-accredited FPMRS program no later than September 30 of the year the written examination is to be taken to be eligible to apply for and sit for the FPMRS written examination.
3. **Leaves of Absence** Leaves of absence and vacation may be granted to Fellows by their Program Director in accordance with local policy. However, the total of leaves of absence including vacation must not exceed either 8 weeks in each of the first two years, 6 weeks in the third year, or a total of 15 weeks over the entire three years of fellowship.

If a fellow's leave exceeds either the yearly maximum or the program maximum, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum. The number of days that equals a "week" is a local issue that is determined by the Program Director, not ABOG.

Fellows are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the 36-month requirement of training is not permitted.

4. **Medical License** The applicant must have an unrestricted license to practice medicine in all of the states or territories of the United States or Canada in which

the candidate holds a medical license and must not be on probation or revoked. If the candidate is training in a state in which it is not necessary to have a medical license for fellowship training, an educational license will meet this requirement.

5. **Moral and Ethical Behavior** The candidate must demonstrated good moral and ethical behavior in the practice of medicine and interaction with peers and other medical personnel. A felony conviction will be considered evidence of failure to meet this standard.
6. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate's eligibility to sit for the written examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at the end of the deferral period.
7. **Limitation of Eligibility** [The following information is supplied to inform candidates of the limitation of eligibility for the FPMRS examination, although it will not be applicable until the written examination has been given a minimum of 5 times.] The candidate may not have taken and failed the FPMRS written examination 5 consecutive times without completing additional education. (See Appendix E.)

June 27, 2014 Written Examination: Content

The content of the written examination will include advanced knowledge on the subjects outlined in the *Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery*. The questions will be in a multiple-choice, one best answer format.

Conduct of the Written Examination

The written examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the test, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to a marriage certificate, divorce decree, court ordered name change, etc.

Candidates may not take any electronic devices into the examination area, and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, notes or writing instruments during the written examination. If such a device or notes are discovered at any time during the examination, or if the candidate accesses any such device or notes for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device or notes. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Test Security

At the time of application for the Basic Written Examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the written examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted, and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization or business. Furthermore, I understand that if I provide the information to any such entity I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the oral examination in whole or in part to any individual, organization or business, my test result, if any, will be negated and I will not be allowed to re-apply for the examination for a minimum of three years. Furthermore, if I had been awarded Diplomate status, such status will be withdrawn.
3. I understand that I may not record any portion of the written examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the written examination for the purpose of transmitting such material to any individual, organization or business.

Additional information about test security can be found in Appendix I.

June 27, 2014 Examination Fees and Deadlines

Sept 1, to Oct 18, 2013	\$1845
Oct 19, to Nov 18, 2013	\$1845 + \$320 late fee = \$2165
Nov 19 to Dec 18, 2013	\$1845 + \$815 late fee = \$2660

The final deadline to complete the on-line application and pay the applicable fees is 5 pm CST, December 18, 2013. No application will be accepted after this date

If the candidate must drop out of the examination due to health, certain types of military mobilizations, natural disasters or other serious reasons and the Board is notified before March 20, 2014, a portion of the examination fee may be refunded.

Re-Application

A candidate who postpones or fails the written examination in FPMRS must complete a new on-line application to be considered for the next scheduled written examination and pay a new application fee.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the written examination, the candidate may appeal the decision by writing to the ABOG Executive Director. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If a successful decision occurs after the date of the written examination, the candidate will be scheduled for the next available written examination in the subspecialty, and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Limitation of Eligibility

[Although not applicable until the FPMRS written examination has been given a minimum of 5 times, the following paragraph is included to inform candidates of the limits.]

The candidate may not have taken and failed the written examination more than 5 consecutive times without completing additional education. (See Appendix E for more information about additional training.)

ORAL EXAMINATION

April, 2015

[Please see future FPMRS bulletins for exact dates and specific information about the 2015 Oral Examination.]

April, 2015 Oral Examination: Thesis

A thesis is required by the Division of Female Pelvic Medicine and Reconstructive Surgery. The thesis will be reviewed for acceptability, and approval by the FPMRS Division is a requirement for entrance to the oral examination. The thesis need not have been published or accepted for publication at the time of submission for the oral examination. Acceptance of a thesis for publication by a refereed journal does not guarantee acceptance of the thesis for the oral examination (Appendix C).

Length of Certification

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the FPMRS oral examination in April, 2015 will expire on January 1, 2017 unless all of the 2016 MOC assignments have been completed successfully.

Appendices

Appendix A

The American Board of Obstetrics and Gynecology, Inc. Dallas, Texas

Division of Female Pelvic Medicine and Reconstructive Surgery

Dee E. Fenner, M.D., Ann Arbor, MI

Director and Representative

Timothy B. Boone, M.D., Houston, TX

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Purposes and Objectives

The primary purposes of the Division of Female Pelvic Medicine and Reconstructive Surgery are:

1. to improve the health care of women by elevating the standard of education in complex pelvic prolapse and complex urinary and rectal incontinence syndromes.
2. to evaluate educational programs offering training in Female Pelvic Medicine and Reconstructive Surgery (this evaluation will eventually be the responsibility of the ACGME RRC for Obstetrics & gynecology).
3. to define and to publish the details of the education which the division considers essential in order to attain eligibility for examination.
4. to establish procedures for evaluating the knowledge and skills of a candidate for certification as a subspecialist in Female Pelvic Medicine and Reconstructive Surgery.
5. to recommend to the American Board of Obstetrics and Gynecology for subspecialty certification physicians who have demonstrated to the satisfaction of the division their possession of special knowledge and qualifications in Female Pelvic Medicine and Reconstructive Surgery.

Definition of a Subspecialist in Female Pelvic Medicine

A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in obstetrics and gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.

Appendix B: De-Identification of Case Lists

[To be added when applicable]

Appendix C: Thesis

[The following information is provided to allow the candidate to see the subspecialty thesis requirements that are in effect for the 2014 oral examinations in MFM, REI and Gyn Oncology. These requirements may change before the 2015 FPMRS Oral Examination is given for the first time. Candidates are responsible for preparing a thesis that meets the requirements for the year they are applying to take the test.]

Preparation

1. **Format:** The format of the thesis must comply with the instructions for authors for one of the following journals: (1) American Journal of Obstetrics and Gynecology; (2) The New England Journal of Medicine; (3) Obstetrics and Gynecology, (4) Journal of Urology, (5) Urology, or (6) Neurology and Urodynamics. The chosen format must be clearly identified on the cover page of the manuscript. The manuscript may not exceed 30 pages in length, and the pages must be numbered. The thesis must be type-written in 12 point type, single-spaced, and double-sided on standard 8 1/2 x 11 paper. Reprints of published manuscripts are not acceptable. The applicant must be the sole or principal investigator and should be the only author listed on the manuscript. Do not list co-authors, institutions, or acknowledgments. No more than one thesis may be submitted.
2. **Subject Matter:** The subject matter should clearly relate to the area of Female Pelvic Medicine and Reconstructive Surgery.
3. **Research:** The thesis must be based clinical or basic research performed during the fellowship period. A review of work performed by others is not acceptable.
4. **IRB Approval:** All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the research is considered to be exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.
5. **Thesis Content:** The thesis must be a scholarly effort that most often should include the following sections:
 - a. **Abstract:** A concise statement of the work performed limited to 300 words;
 - b. **Introduction:** A short summary of the pertinent background and reasons for the project, as well as, when appropriate, a testable hypothesis and a rationale for the hypothesis;

- c. *Methodology*: If the thesis is based on bench research, a short description of the techniques used, including the quality control of the methods, must be included. If the thesis is based on clinical research, a description of the study and control groups and their appropriateness, as well as a power analysis is required;
 - d. *Statistics*: A description of the analyses performed must be included, and support of the chosen statistical techniques will be part of the defense of thesis during the oral examination.
 - e. *Discussion*: Pertinent discussion and significance of the study, including an appropriate review of the literature and justification of the conclusion(s) reached must be included;
 - f. *Summary*: A short summary of results based on the findings of the study must be included; and
 - g. *References*: Appropriate references must be included. The pages listing the references should be counted in the 30 page limit.
6. **Unacceptable Papers**: The following are not acceptable for a Fellow's thesis:
- a. book chapters,
 - b. clinical case reports,
 - c. descriptive series,
 - d. systemic reviews and meta-analyses
 - e. cost-efficiency or cost-effective analyses
 - f. results of patient surveys
7. **Thesis Defense**: During the oral examination, the candidate may be asked one or all of the following questions. Additional questions may be asked which are not listed in this outline.
- a. Hypothesis
 - 1) What were the study objectives?
 - 2) What was the population studied?
 - 3) What was the population to which the investigators intended to apply their findings?
 - b. Design of the investigation
 - 1) Was the study an experiment, case control study, randomized clinical trial, planned observations, or a retrospective analysis of records?
 - 2) Were there possible sources of sample selection bias?
 - 3) How comparable was the control group?
 - 4) What was the statistical power of the study?
 - 5) Was the design of the study appropriate for the hypothesis to be tested?
 - c. Observations
 - 1) Were there clear definitions of the terms used (i.e., diagnostic criteria, inclusion criteria, measurements made and outcome variables)?
 - 2) Were the observations reliable and reproducible?
 - 3) What were the sensitivity, specificity and predictive values of the methods?
 - d. Presentation of findings
 - 1) Were the findings presented clearly, objectively, and in sufficient detail?
 - 2) Were the findings internally consistent (i.e., did the numbers add up properly and could the different tables be reconciled, etc.)?

- e. Analysis of the results
 - 1) Were the data worthy of statistical analysis? If so, were the methods of analysis appropriate to the source and nature of the data?
 - 2) Were the analyses correctly performed and interpreted?
 - 3) Were there analyses sufficient to ascertain whether "significant differences" might, in fact, have been due to a lack of comparability of the groups (e.g., age, clinical characteristics, or other relevant variables)?
 - 4) Were the statistical analytic techniques, and the significance level described?
 - 5) Was there use of measured sensitivity without specificity?

- f. Conclusions or summary
 - 1) Which conclusions were justified by the findings?
 - 2) Were the conclusions relevant to the hypothesis?

- g. Redesign of the study

If the study could be repeated, how could the experimental design be revised to provide better reliability and validity of the conclusions?

- h. Knowledge of the breadth and depth of subject matter

A candidate may be asked about specific references cited in the thesis. The candidate will be judged on their knowledge of the literature related to the subject of the thesis.

Appendix D: Board Status

TYPES OF BOARD STATUS

1. Fellow

- a. An individual seeking subspecialty certification is registered with the Board when, upon application, the Board approves his/her entrance in an approved fellowship training program.
- b. Completion of the approved fellowship is recorded upon receipt of the annual report from each fellowship program.

2. Active Candidate

- a. An individual achieves Active Candidate status by passing the written examination in the subspecialty division.
- b. To maintain Active Candidate status, the individual must not have exceeded the limitations to admissibility for the oral examination (see limitations).
- c. Active Candidate status which has expired may be regained by sitting for and passing the Board's written examination in the subspecialty division.

3. Certified Subspecialist

- a. An individual becomes a certified subspecialist when the requirements have been fulfilled, the written and oral examinations have been satisfactorily completed, and the Board's certifying certificate has been awarded.
- b. Certificates have limited duration of validity (see certification).

4. Expired Certificate

- a. An individual who has failed to successfully complete all yearly assignments in their subspecialty maintenance of certification (MOC) process prior to the expiration date printed on their time-limited certifying diploma will hold an expired certificate. (see duration of certificate validity)
- b. Individuals in this category are no longer certified subspecialists of the American Board of Obstetrics and Gynecology, and may not advertise or otherwise designate that they are ABOG subspecialty certified.
- c. Former subspecialty Diplomates whose time-limited certificates have expired may regain Diplomat status by successfully completing the MOC re-entry

process. These individuals must contact ABOG to ascertain what is required for re-entry into the MOC process.

5. Retired Diplomate

- a. This is an individual who has retired from clinical practice at a time when they were a Diplomate. If they return to active practice after their time-limited certificate has expired, they must contact the ABOG office to determine how to regain certification status.
- b. Individuals choosing to be listed as a retired Diplomate must notify the Board. Failure to take this action will result in an Expired Certificate for an individual holding a time-limited certificate which has expired.

6. Revoked Certificate

- a. An individual may have their Diplomate status revoked by the American Board of Obstetrics and Gynecology for cause.
- b. Cause may be due to, but is not limited to, licensure revocation or suspension by any State Board of Medical Examiners, violation of ABOG or ACOG rules, regulations, and/or ethics principles or felony convictions.
- c. Such individuals will have their reason(s) for restriction(s) made available for public review if requested and in requests for status letters.
- d. It is the responsibility of such individuals to inform the ABOG when, and if, all such restrictions have been removed by all sources.
- e. In order to re-establish certification, these individuals must contact the ABOG to ascertain what is required.

7. Restricted

- a. An individual with a restricted medical license (as defined in revocation of certificate) may not participate in any ABOG examination or the MOC process.
- b. Such individuals may be considered for revocation of Diplomate status (see number 6, above).
- c. Such individuals will have the reason(s) for the restriction(s) made available for public review if requested and in requests for status letters.
- d. It is the responsibility of such individuals to inform the ABOG when, and if, all such restrictions have been removed by all sources.

The term “Board Eligible” is not a term used or recognized by ABOG, and it is not appropriate for an individual seeking Board certification to use the term to describe their status, nor for those who have only completed residency training.

Appendix E: Test Eligibility Program (TEP)

[To be added in future years when applicable]

Appendix F: Rights of Applicants and Diplomates

Jurisdiction and Venue The Corporation requires that any person applying for or holding certification status by the ABOG, whether basic certification or subspecialty certification, agree to the following:

In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas, and the laws of the State of Texas for the resolution of any and all such disputes. Further, in the event any Diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may require such Diplomate to appear and show cause why his/her certification should not be revoked and Diplomate status terminated. The Board of Directors shall establish procedures to assure that any Diplomate required to appear shall be afforded due process, and the opportunity to present a defense.

Adjudication of Disputes, Forum: Waiver of Right to Jury Trial In the event that any dispute arises between a Diplomate and the ABOG whether under the terms hereof or as a result of any action taken by the ABOG or a Diplomate as a result or consequence of submission of an application, use of the ABOG website or any documents or materials downloaded, viewed or referred to on the ABOG's website, or by reason of any Application, request for information or other contact between a Diplomate or a representative of a Diplomate and the ABOG or any representative of the ABOG, the Diplomate and the ABOG expressly agree to waive and hereby waive any rights each may have to a trial by jury of any and all issues arising in any action or proceeding between a Diplomate and the ABOG or their respective successors, representatives, or heirs. In addition, any claim, dispute, or controversy ("claim") by a Diplomate or the ABOG against the other shall be resolved in an appropriate court of law located in Dallas County, Texas, as described above. Nothing herein is designed to create or grant a Diplomate or the ABOG any rights that a Diplomate or the ABOG may not already possess.

Obligations The acceptance of an Applicant for examination by the ABOG and the granting of Diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the Applicant or Diplomate to abide, at all times, with the rules, including all of the requirements for MOC, regulations and directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

Rights: Individuals who are certified as Diplomates by the Corporation acquire no property right or vested interest in their certification or in their Diplomate status, the duration, terms, and conditions of which may be extended, reduced, modified or otherwise changed as determined by the Board of Directors, in its absolute discretion to assure greater protection of the public, to recognize knowledge and skills deemed to require further evaluation or to accommodate legal requirements.

Appendix G: Revocation of Diploma or Certificate

1. All Candidates for Certification, Subspecialty Certification and Maintenance of Certification, and all physicians holding Diplomate status must hold an unrestricted license to engage in the practice of medicine in all of the states and territories in which they are licensed, subject to the exceptions hereinafter specified.
 - a. A physician's license shall be deemed restricted for purposes of this policy if, as a result of final action by a State or other legally constituted Medical Board (hereinafter: "State Medical Board"), the physician shall have:
 - (1) had a medical license revoked or surrendered in lieu of revocation;
 - (2) had a medical license suspended for a specified period of time or until specified conditions have been met and the suspension is no longer in effect;
 - (3) been placed on probation and the probationary period had not expired;
 - (4) been made subject to special conditions or requirements which are still in effect, (including, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for the maintenance of licensure) and regardless of whether or not such conditions or requirements are imposed by order of the State Medical Board or are the result of a voluntary agreement between the physician and the State Medical Board.
 - b. Letters of concern or reprimand, not resulting in one of the stipulations which are enumerated in Section 1.a. of these requirements shall not be considered a restriction on the physician's license, even if such letters are made part of the physician's record. Likewise, a physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a State Medical Board shall not be considered for purposes of this policy to hold a restricted license to practice medicine.
2. Consequences of License Revocation, Restriction or Surrender
 - a. Upon receipt of Notice that the license of a physician seeking to sit for Certification, Subspecialty Certification or Maintenance of Certification has been revoked or restricted, as herein defined, such Physician shall be disqualified from sitting for any ABOG Certifying Examination until such restriction has been removed or expires.
 - b. Upon receipt of Notice that a Diplomate's license has been revoked or restricted, as herein defined, the Board has the authority and may at its discretion, undertake proceedings, consistent with due process, to revoke Diplomate Status. Once revoked, the Diplomate Status of the physician shall be reinstated only after the revocation or restriction on has been removed or expires, and then only on such terms as the Board deems appropriate, considering, among others

things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and his/her specialty.

- c. Upon receipt of Notice that the license of a Candidate or Diplomate has been revoked or restricted under an order which nevertheless permits to continuation of medical practice, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for Certification, Subspecialty Certification or Maintenance of Certification until the revocation or restriction is removed. In making such determination, the Board will evaluate such restrictions or revocations in accordance with pre-established standards, which are objective and non-discriminatory, and are applied consistently and uniformly.
 - d. The Board requires each Diplomate or any physician seeking to sit for Certification, Subspecialty Certification, or Maintenance of Certification to provide the Board with complete information concerning revocation, or any and all restrictions placed on a medical license within 60 days after its imposition. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction, as well as the restrictions, duration, basis, and specific terms and conditions. The Board shall also periodically review the database of the Federation of State Medical Boards, as appropriate and when available, to identify any Candidates or Diplomates who have failed to disclose license restrictions in a timely manner. The Candidate or Diplomate has the affirmative obligation to advise the Board of all revocations or restrictions and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or Diplomates who are discovered not to have made timely disclosure shall be required to show cause why their Candidate or Diplomate status should not be withdrawn, deferred or otherwise sanctioned, and the Board may defer further consideration or reinstatement of Diplomate status until such showing is satisfactorily made.
3. Each candidate, when making application, signs an agreement regarding disqualification or revocation of their diploma, certificate, or other evidence of qualification for cause. Disqualification or Diplomate revocation also may occur whenever:
- a. the physician shall not, in fact, have been eligible to receive the diploma or certificate, regardless of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
 - b. any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his diploma or certificate;

- c. the physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the Diplomate is practicing and, without limitation of the foregoing, the forfeiture, revocation or suspension of their license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in a local, regional or national organization of their professional peers, or resigning from such organization while under investigation, shall be evidence of a violation of such standards of the ethical practice of medicine;
- d. The physician had been convicted of a felony or has pled guilty to a felony;
- e. the physician shall fail to comply with the rules and regulations of this Board;

- f. the issuance of, or receipt of such diploma, certificate or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board.

Upon revocation of a diploma or certificate by this Board as aforesaid, the holder shall return their diploma or certificate and other evidence of qualification to the Executive Director of the Board and their name shall be removed from the list of certified specialists.

Appendix H: Candidate Disability

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 no fewer than 90 days prior to the date of the examination. The documentation must specify the requirements or accommodations deemed necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information the ABOG may subsequently request.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which it deems 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 90 days before the examination 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 written examination, but must pay a new application and examination fee.

Appendix I: Professionalism and Test Integrity Policy

Policy:

The purpose of ABOG's certification examinations is to assess the extent to which new graduate residents and fellows have the requisite knowledge and skill to begin the practice of Obstetrics and Gynecology and/or its subspecialties. The purpose of the ABOG MOC process is to assess the extent to which current Diplomates maintain and improve their knowledge and skill to practice Obstetrics and Gynecology and/or its subspecialties.

The ABOG policy is to maintain a sufficient level of exam security to protect the integrity of its certification decisions, which are based in part on written and oral examinations. Maintaining security ensures that the examination results always reflect only examinee attainment or maintenance of the standard of knowledge and skill essential to the practice of obstetrics, gynecology and primary care of women. The results should not reflect unauthorized access to information sources that may lead the examinee to answer questions differently than they would have, based solely on their own knowledge and skill. Such unauthorized access to sources may include, but is not limited to: (1) giving or receiving confidential examination information at any time prior to, during, or after the administration of the exam and/or (2) possession of study materials in any medium by an examinee during the time period of the exam.

The ABOG examinations are confidential and protected by federal copyright and trade secret laws. Disclosure or any use of ABOG examination content constitutes professional misconduct and may expose the candidate or Diplomate to criminal as well as civil liability. Such disclosure may also result in ABOG imposition of penalties against them, including but not limited to, invalidation of examination results, exclusion from future examinations, suspension, revocation of certification and other sanctions.

ABOG is committed to assuring that its written and oral examinations for specialty and subspecialty certification are of high quality and fundamentally fair for every candidate. The ABOG policy is to ensure, to the best of its ability, that no examinee or group of examinees receives an unfair advantage, intentional or inadvertent, on any certification examination. Candidates for certification and MOC will attest to their understanding and compliance with ABOG policies in the application process and during the examinations.

Guidelines for Individuals

The objective for examinees is master the knowledge, skill, and understanding required for practice in the field of Obstetrics and Gynecology. To this end, the following activities are permitted or disallowed:

1. **It is permissible** to discuss topics covered on the exam, the manner of test administration, and test-taking strategy in a general way. Statements such as, "There is a lot of . . ." or "I had almost no. . ." are permitted.

2. **It is not permissible** to memorize specific questions and answers that might be encountered on a future exam.
3. **It is not permissible** to give or receive explicit recollection of exact questions, answer choices, and (supposed) correct answers. Transmission of such information by any means, including but not limited to oral written and electronic, are prohibited by this policy.
4. **It is not permissible** to participate in a review course where materials are used that have been taken from any ABOG examination.
5. **It is not permissible** to use or possess manuals or other materials that contain questions or other subject matter that have been taken from any ABOG examination.

Guidelines for residency and fellowship programs (exam preparation activity)

1. Examination preparation groups, as well as topical reviews, **are permitted and encouraged** as means of preparation for examinations. The writing of sample questions and sample examinations, and the simulation of the examination setting, are also permitted and encouraged, as long as the questions used are not questions that have been or may be used on any ABOG examination.
2. **The program should NOT facilitate or condone** the memorization of specific questions and answers that might be encountered on a future exam.
3. Collections of recalled test items will **not** be tolerated in any format.
4. Program Directors should monitor their programs for evidence of violations in examination security and take necessary steps to prevent and stop this behavior.

Responsibilities

An individual observing any violation of the ABOG Professionalism and Test Integrity Policy should:

1. Exercise the principles of professionalism to maintain the integrity of the examination and of the certifications held by ABOG Diplomates.
2. Follow appropriate channels of communication within the residency or fellowship program to ensure that all such activity ceases.
3. Report such violations to ABOG.

Penalties for individuals

An individual who violates this Policy may receive a letter of warning, have their examination results invalidated, be required to retake an examination, be barred from the examination process for a period of time, have the incident reported to other parties, be permanently barred from certification, and/or be prosecuted for copyright violation.

Penalties for Programs

1. A program can receive a letter of warning, be requested to conduct an investigation and report findings to the ABOG, have the examination results of candidates from the program invalidated, be required to have its candidates retake an examination, have candidates barred from admission to ABOG exams for a period of time, be reported to other parties (such as the department chair, dean, DIO, accrediting bodies, institutional sponsors, etc.), and/or be prosecuted for copyright violation.

2. A Program Director or faculty member who is ABOG certified and who participates in or permits violations of this Policy may have action taken against their certification, including revocation, and/or may face civil and/or criminal penalties.

Examination Orientation and Content Materials Available through ABOG

ABOG recognizes the importance of providing examinees with an opportunity to learn about the design and content of its examinations. ABOG provides orientation and content information about the written and oral examinations in Bulletins available at no cost on the ABOG website.

Review Courses

Commercial test preparation materials and courses are available that claim to prepare examinees for ABOG examinations. Some of these claim to use materials that have been copied from ABOG tests. The participation in courses that use materials taken from any ABOG examination or use of such materials is strictly forbidden. Not only is this a violation of ABOG policy, but it is also unlawful for any individual to use, disclose, distribute or provide access to questions or answers from actual ABOG examinations. The consequences to a candidate who participates in courses or uses materials that include ABOG copyrighted material include exclusion from the certification process, withholding of examination results, revocation of Diplomate status, and legal action.

ABOG does not endorse any third-party materials or courses.