

# 2020 Specialty Certifying Examination Bulletin



This *Bulletin*, issued in September 2019, represents the official statement of the requirements in effect for the Specialty Certifying Examination to be given on February 2, 2021.

**Due to COVID-19, modifications have been made to the information contained in this *Bulletin*.**

Revised October 20, 2020

### *Gender Language Disclaimer*

*In its literature, publications, and other materials (digital and print), ABOG makes use of 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 or male, as well as non-binary individuals who identify as both genders or neither gender. 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.*

## IMPORTANT INFORMATION FOR ALL CANDIDATES

The American Board of Obstetrics and Gynecology understands that during the COVID-19 pandemic it may be difficult for candidates to complete the tasks related to the application process for the 2020 Specialty Certifying Examination. ABOG's goal is to partner with candidates during these difficult times so that candidates who desire to take the examination will be able to complete the application and requirements. With this in mind, ABOG has made the following changes to the application and case list process for the 2020 Specialty Certifying Examination:

1. **Due to the COVID-19 pandemic, the exam format and dates have changed. The Specialty Certifying Exam will be administered on February 2, 2021. It will be a multiple-choice examination given in Pearson VUE Testing Centers.**
2. Normally, the application fee is not refundable. If a candidate is unable to take the Certifying Examination due to reasons associated with COVID-19, all fees for the Certifying Examination can either be applied to the 2021 examination or refunded.
3. If a candidate is unable to submit the Hospital Privileges form due to issues related to the COVID-19 pandemic, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org) and the exams department will work with the candidate to complete the process.
4. Due to the COVID-19 pandemic, ABOG is waiving all late fees for both the 2020 Certifying Examination application submission and the examination fee associated with the case list submission.
5. Previously, the last day for receipt of an application for the 2020 Certifying Examination was May 22, 2020. ABOG is moving this date back to June 22, 2020, to allow candidates more time to submit the application.
6. Physicians who are unable to take the 2020 Certifying Examination due to the COVID-19 pandemic should send ABOG a brief summary of their situation to [exams@abog.org](mailto:exams@abog.org). The candidate's certification eligibility period will be extended an additional year.
7. Due to the COVID-19 pandemic, during the year of case collection, ABOG is increasing the allowed weeks of leave to 24 weeks. This includes medical leave, maternity leave, caregiver leave, vacation, furloughs, and other situations including not starting practice by July 1, 2019. Educational conferences do not count toward the 24 weeks of leave. If a candidate has to take more than 24 weeks of leave associated with COVID-19, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org).
8. Because of the COVID-19 pandemic, ABOG is extending the deadline for case list submission. There will only be one deadline – August 31, 2020 – to upload your complete Case List Affidavit(s), upload a photograph of yourself, submit the exam fee of \$1,025.00, and submit your case list. You will receive notification describing how to submit these items by July 13, 2020.
9. You may list COVID-19 patients if you were primarily responsible for their inpatient or outpatient care. You may list them in appropriate OB, GYN, and Office Practice case list categories. You do not need to list all COVID-19 patients that you did not primarily manage. You do not need to list cases involving care provided to men. Please contact us at [exams@abog.org](mailto:exams@abog.org) if you have questions.

10. Because of the COVID-19 pandemic, ABOG is decreasing the required case volume for the 2020 case collection year. For both the Obstetrics and Gynecology sections, the minimum number of cases will decrease from 20 to 15. For the Office Practice section, the minimum number of cases will decrease from 40 to 30. For the office practice case list, no more than 40 patients may be listed.
11. Candidates may use an 18-month case list for all three sections of the case list in 2020. Additionally, cases from the senior year of your residency may be used for all three sections of the case list. A former fellow may use cases from fellowship. Residency and fellowship cases earlier than July 1, 2012, may not be used. Candidates may list patients seen in the emergency room or triage area of labor and delivery on their office practice list as well as virtual office visits. If a candidate is unable to meet the minimum number of cases using an 18-month case list, and residency cases, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org) for assistance.
12. If a candidate is unable to get the Hospital Affidavit forms completed due to the COVID-19 pandemic, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org).
13. With the change of the format of the examination to a multiple-choice computer-based examination, the case list will be reviewed for acceptance to the examination. Case lists will not be used during the actual examination or for scoring the examination.

Candidates for the 2020 Certifying Examination must enter patient information for their case lists online. If they wish to do so, candidates may begin entering information in July 2019, before the results of the June 2019 Qualifying Examination are available. Additional information can be found in the [Case List Preparation](#) section. Case lists will be submitted electronically, not on paper. Candidates MUST use the electronic American Board of Obstetrics and Gynecology (ABOG) case list program to submit their cases.

Candidates who will be breastfeeding at the time of the examination must notify ABOG as soon as possible to schedule a lactation room at Pearson VUE (see [Appendix A](#)). This accommodation must be requested from ABOG prior to scheduling an appointment at the Pearson VUE Test Center.

Candidates must meet all deadlines for submission of applications, fees, case lists, and all other required materials. Deadlines are based on the receipt of the material at the ABOG office.

After passing the Certifying Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process in 2021. The MOC application is online at [www.abog.org](http://www.abog.org). The MOC annual fee for the first year of MOC for new ABOG Diplomates is waived. In addition, MOC is a continuous process therefore failure to enter the process and complete all assignments in 2021 will result in expiration of certification status as of December 31, 2021.

It is the responsibility of each candidate to update their personal email and mailing addresses on their ABOG Portal.

Eligibility to take the Certifying Examination is time limited. All candidates must achieve board certification in Obstetrics and Gynecology within eight years of the completion of their residency training. If certification is not achieved within eight years, the physician is no longer eligible to apply for either the Qualifying or Certifying Examination unless an additional six months of supervised practice is completed.

Candidates must have an unrestricted medical license to apply. Also, candidates must report any and all disciplinary or non-disciplinary actions taken against their license(s) by a state medical board at ANY time since obtaining the license(s), even if the action has been dismissed or terminated. Such actions include, but are not limited to, suspensions, revocations, surrenders, reprimands, fines, probations, restrictions, conditions, supervision and proctoring, mandated monitoring by a State provider health program, etc.

## Table of Contents

IMPORTANT INFORMATION FOR ALL CANDIDATES	2
GENERAL INFORMATION FOR ALL CANDIDATES	6
Candidate Responsibility	6
Definition of an Obstetrician-Gynecologist	6
Candidate Board Status	6
Duration of Certificate Validity	6
CERTIFYING EXAMINATION	7
Introduction	7
2020 Certifying Examination Application Process	7
2020 Certifying Examination Fees and Deadlines	8
Certifying Examination: Deadlines	8
Certifying Examination: Application Fees	8
Certifying Examination: Examination Fees	8
2020 Certifying Examination Eligibility Requirements	9
Blueprint for the Certifying Examination	14
Administration of the Certifying Examination	15
Use of the Case List During the Examination	16
Case List Preparation	16
Case List Entry	16
Case List Submission	16
Patients to be Listed	17
Collection Options for Candidates Unable to Meet Case List Requirements	18
Specific Instructions for Each Section of the Case List	20
Office Practice Case List	20
Gynecology Case List	22
Obstetrics Case List	24
Affidavits	27
Case List Verification and Audit	27
De-Identification of Patient Case Lists	27
Final Approval and Notification of Admission to the Certifying Examination	28
Results of the Examination	28
Certifying Examination Appeal Process	28
NEW DIPLOMATES	28
NON-ADMISSIBLE CANDIDATES, RE-EXAMINATION, AND POSTPONEMENT	28
LIST OF CERTIFIED DIPLOMATES	28
APPENDIX A: LACTATION ACCOMMODATIONS	30
APPENDIX B: SPECIALTY CERTIFYING EXAMINATION TOPICS	31
Obstetrics	31
Gynecology	34
Office Practice	37
Cross Content	40
APPENDIX C: CANDIDATE DISABILITY	42
APPENDIX D: ACCEPTABLE CASE LIST ABBREVIATIONS	44

## 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. Rather, 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 these may change from year to year. The *Bulletin* is available in the Bulletins/Other Publications section under the "About ABOG" tab online at [www.abog.org](http://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 the 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. Please see the Specialty Qualifying Examination Bulletin in the Bulletins/Other Publications section in the "About ABOG" tab at [www.abog.org](http://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 February 2021 will expire December 31, 2021, unless the 2021 MOC assignments are completed successfully by the deadline of December 15, 2021.

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](mailto: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 in the Bulletins/Other Publications under the “About ABOG” tab online at [www.abog.org](http://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. Because of concerns for stakeholder safety, all concepts will be tested using a clinically based multiple choice examination.

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. Case lists will be used to determine if a candidate is eligible to take the multiple-choice qualifying examination but will not be used during the examination or for scoring the examination.

### 2020 Certifying Examination Application Process

1. Applications will be accepted online at [www.abog.org](http://www.abog.org) beginning February 24, 2020. 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. If a candidate is unable to take the Certifying Examination due to reasons associated with COVID-19, the application fee for the Certifying Examination can either be applied to the 2021 examination or refunded.
2. The completed Hospital Privileges Verification Form that is available to print at the time of application must be submitted to the ABOG office on or before June 22, 2020. If the candidate is in an ACGME-accredited fellowship, this form may be completed by the fellowship director. If a candidate is unable to submit the form due to issues related to the COVID-19 pandemic, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org) and the exams department will work with the candidate to complete the process.
3. Due to the COVID-19 pandemic, ABOG is waiving all late fees for the 2020 Certifying Examination.
4. Previously, the last day for receipt of an application for the 2020 Certifying Examination was May 22, 2020. ABOG is moving this date back to June 22, 2020, to allow candidates

more time to submit the application. All inquiries, applications, and correspondence must be in English.

5. Candidates will be notified by ABOG no later than July 13, 2020, to submit properly formatted case lists electronically and to pay the examination fee. The case lists must be submitted by August 31, 2020. 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. Due to the COVID-19 pandemic, ABOG is waiving all late fees associated with the Certifying Examination case lists submission. All case lists should be submitted by August 31, 2020.
7. The Certifying Examination will be given in Pearson VUE Test Centers on February 2, 2021.

## 2020 Certifying Examination Fees and Deadlines

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

### Certifying Examination: Deadlines

February 24, 2020	Applications available online
June 22, 2020	Applications due
July 13, 2020	Candidates will be notified to submit case lists and a photograph and to pay the examination fee
August 31, 2020	Case lists, photographs, and examination fees due
February 2, 2021	Certifying Exam Date

### Certifying Examination: Application Fees

February 24, 2020, to June 22, 2020	\$840
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### Certifying Examination: Examination Fees

July 13, 2020 to August 31, 2020	\$1025
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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. If the situation preventing the candidate from taking the examination is related to COVID-19, the entire fee may be refunded or applied to the



following examination year. Additionally, an additional year of eligibility for certification will be added to the candidate's eligibility.

If a candidate is unable to take the Certifying Examination due to a diagnosed COVID-19 infection or is in quarantine due to COVID-19 exposure, they must contact ABOG no later than 5:00 CST on February 2, 2021, at [exams@abog.org](mailto:exams@abog.org) for further options. No non-COVID-19 related issues will be considered.

## 2020 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 2020 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, unless and until they have completed 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 in the Policies section under the "About ABOG" tab at [www.abog.org](http://www.abog.org). Years spent in an ABOG or ACGME OB GYN subspecialty fellowship training program or 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 approved 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, 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 or Female Pelvic Medicine and Reconstructive Surgery or government fellowship program will not extend the 8-year limit.

Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying or Certifying Examination. For additional information on regaining eligibility, please see the Policy on Regaining Eligibility for Initial Certification in the Policies Section in the "About ABOG" tab at [www.abog.org](http://www.abog.org).

Physicians who are unable to take the 2020 Certifying Examination due to the COVID-19 pandemic should send ABOG a brief summary of their situation to [exams@abog.org](mailto:exams@abog.org). The candidate's certification eligibility will be extended an additional year.

### 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 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 to be eligible to apply for the Certifying Examination.**

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 2020 Certifying Examination must be in unsupervised clinical practice of Obstetrics and Gynecology from July 1, 2019, through June 30, 2020. Due to the COVID-19 pandemic, during that year of practice, ABOG is increasing the allowed weeks of leave to 24 weeks. This includes medical leave, maternity leave, caregiver leave, vacation, furloughs, and other situations. Educational conferences do not count toward the 24 weeks of leave. If a candidate has to take more than 24 weeks of leave associated with COVID-19, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org). Practice may include locum tenens work; however, if a candidate is only performing locum tenens work, they must contact the board before applying.

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 of the additional 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 during their case collection year. For 2020 ABOG is waiving the requirement of having those privileges by October 1, 2019. The candidate must hold unrestricted privileges in each of the hospitals in which the candidate has been responsible for patient care. 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 and unless 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](mailto: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 or in a second residency, may collect cases during that training but must have full and unrestricted privileges to practice obstetrics and gynecology 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 July 13, 2020. 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

Prior to the day of the Certifying Examination, each candidate must sign the following terms of agreement on their ABOG portal. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination. The document will be available on their ABOG portal one week prior to the 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 the 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 immediately halted, 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 name and business address for publication in or by the following: Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties Directory of Certified Obstetricians and Gynecologists, and other similar publications. In addition, my name and business address will be forwarded to the American College of Obstetricians and Gynecologists and may be forwarded to The American Medical Association and potentially other similar organizations.
- 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 and understand that the 2020 Certifying Examination will be given as a multiple-choice computer-based examination in Pearson VUE centers. If I am unsuccessful in passing the examination, I will be allowed to apply for the 2021 Certifying Examination, which will be an in-person oral examination. I understand and agree that there will not be another computer-based examination offered as a Certifying Examination in the future.
- p. 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 you; (ii) your misuse of a certification; or (iii) your use or misuse of ABOG's proprietary and/or confidential information.
- q. 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.
- r. 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.
- s. 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.

- t. 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. If the candidate desires to take the Certifying Examination at an overseas Pearson VUE center they must contact ABOG at [exams@abog.org](mailto:exams@abog.org).

#### 10. Other requirements

The candidate must meet all of the requirements in the *Bulletin* for the year for which they are applying for the test. For example, those applying for the 2020 Qualifying or Certifying Examinations must meet the requirements in the *2020 Bulletin*.

### 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 B](#).

## **Administration of the Certifying Examination**

The Certifying Examination is scheduled to last approximately 4 hours. Candidates who finish before the full time has elapsed may leave the Pearson VUE Testing Center early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE Testing Center website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present two forms of identification to be admitted for the Certifying Examination at the Pearson VUE Testing Center. 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 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 Testing Center. Please carefully review the Pearson VUE policy for the complete listing of personal items not allowed in the examination area. Personal items include scarves, hats, headbands wider than 2 inches, jewelry wider than a quarter inch, and other items. If you arrive with any of the items mentioned in the personal items policy, you may be asked to remove the item from your person before walking into the testing area, unless the item is being worn for religious beliefs/purposes. A candidate who refuses to submit to any screening procedure will not be allowed to take the examination, and no portion of the fee will be refunded.

Candidates are not allowed to possess or access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments at any time during the Certifying Examination or while taking a break. Candidates may not wear any device that can access the internet. These devices include Apple Watch, Fitbit, and similar devices. If such a device is discovered at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the Certifying Examination, and all fees will be forfeit. The only exceptions are medically required devices such as an insulin pump.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed ten minutes in length. During such breaks, a candidate may not talk with any individual or access any electronic device. Candidates are not allowed to leave the Pearson VUE 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 Certifying Examination, and all fees will be forfeit.

Candidates will also be required to comply with all Pearson VUE COVID-19 policies. Please review these policies on the Pearson VUE website prior to the examination.

If special accommodations are required, those requests must be received at the ABOG office as soon as possible. Candidates who require accommodation for a disability must notify ABOG prior to booking an appointment at Pearson VUE. See [Appendix C](#) for information for disabilities. See [Appendix A](#) for information for lactating candidates.

The examination consists of single-best answer, multiple-choice questions. Many of the questions are constructed to be thought-provoking and problem-solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Certifying Examination will only be given in English. A list of the topics that may be covered in the examination can be found in [Appendix B](#).

## Use of the Case List During the Examination

For the 2020 Specialty Certifying Examination, the candidate's case list will be used to determine eligibility for admission to the examination. The case list will not be used during the testing process.

## Case List Preparation

### Case List Entry

All information for the case lists for the 2020 Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG Portal and click on "Caselist Entry." The entry process is simple, and 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](mailto: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 Case List Entry System (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 lists that are submitted to ABOG will be electronically de-identified and will not contain the patient-identifying information. **The case description fields in the Case List Entry System should not contain any patient identifying information.**

### Case List Submission

The candidate must submit their case lists to the ABOG office electronically. The candidate must upload their case lists and case list affidavit(s) to the ABOG office using the Case List Entry System located on their ABOG Portal. The Case List Entry System will become available to candidates at the beginning of the collection cycle on their ABOG Portal. All patients that are primarily cared for by the candidate in all hospitals and surgical centers



between July 1, 2019, and June 30, 2020, must be listed. If a candidate is tasked to be primarily responsible for care of COVID-19 patients during their case collection time, these patients may be listed on the case list if they fit into an appropriate category. Candidates do not need to list all COVID-19 patients in whose care they participated but did not primarily manage. Candidates do not need to list cases involving care provided to men.

During the 12 months of case collection (July 1, 2019, to June 30, 2020), no more than 24 weeks away from clinical practice is allowed.

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.

The completeness and accuracy of all submitted case lists are subject to audit by the ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination.

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, 2019, and June 30, 2020. Due to the COVID-19 pandemic, for 2020, the lists must include a minimum of 15 obstetrical and 15 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 lists 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. Candidates may list COVID-19 patients 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. In order to meet the case list minimums in 2020, candidates may use an 18-month case list (January 1, 2019, to June 30, 2020), use residency cases for both Obstetrics and Gynecology, and use fellowship cases. Residency and fellowship cases from before 2012 may not be used.

The office practice case list is strictly limited to 40 cases, but only 30 cases are required to sit for the examination in 2020. These cases should be from the candidate's practice between July 1, 2019, and June 30, 2020. Due to the COVID-19 pandemic, candidates may use an 18-month case list beginning January 1, 2019, and ending June 30, 2020, for office practice cases. For 2020 only, cases from the senior year of your residency may be also be used for the office practice case list. A former fellow may use office practice cases

from fellowship. Residency and fellowship cases must be from 2012 or later. 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.

If a candidate is unable to meet the minimum number of cases using an 18-month case list, and residency cases, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org) for assistance.

The candidate should list all patients for whom they 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 list all cesarean delivery patients for which they have responsibility even if the resident performed the actual delivery.

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, 2019, and June 30, 2020, have two choices: They can submit a complete 18-month case list beginning January 1, 2019, and ending June 30, 2020, and they may supplement the case list with cases from their senior year of residency to reach the minimums. If residency cases are used, it is only necessary to add a sufficient number of residency cases to meet the minimum numbers.

Due to the COVID-19 pandemic, for the 2020 Certifying Examination case list, candidates may use senior resident cases to meet minimum numbers for all three sections of the case lists.

Residency cases earlier than July 1, 2012, may not be used.

If a candidate believes they cannot meet the minimum number of cases in any area after using an 18-month case list and/or using residency cases, they should email the Associate Executive Director in charge of examinations at [exams@abog.org](mailto:exams@abog.org) as soon as possible. They must describe the reasons why they cannot meet the minimum requirements. The ABOG ad hoc committee will then review the circumstances for the deficiency. The decision of the committee 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.

Fellowship candidates must collect cases from the collection period of July 1, 2019, through June 30, 2020. 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. Due to the COVID-19 pandemic, for the 2020 Certifying Examination case list, cases from the senior year of residency can also be used to meet minimum requirements in all three case list sections.

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.

If a candidate cannot meet the minimum number of cases after using fellowship cases and/or using residency cases due to the COVID-19 pandemic, they should email Associate Executive Director in charge of examinations at [exams@abog.org](mailto:exams@abog.org) as soon as possible to gain assistance in meeting the case list requirements.

### **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, 2012, may not be used. Additionally, they may use cases from their senior year of residency training if needed. Due to the COVID-19 pandemic, for the 2020 Certifying Examination case lists, candidates may use senior resident cases for all three sections of the case list. They may not use residency cases if they completed residency in 2012 or earlier.

If a candidate cannot meet the minimum number of cases after using an 18-month case list and/or using residency cases due to the COVID-19 pandemic, they should email Associate Executive Director in charge of examinations at [exams@abog.org](mailto:exams@abog.org) as soon as possible to gain assistance in meeting the case list requirements.

### **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 on residency cases in order to use these patients later:

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

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](mailto: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 a minimum of 30 patients, but no more than 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. Lifestyle counseling (smoking cessation, obesity, diet, exercise, substance abuse, etc.)
3. Sexual dysfunction
4. Family planning (contraception including IUD placement, etc.)

5. Preconception evaluation, prenatal and genetic diagnosis
6. Geriatric care
7. Disorders of menstruation (amenorrhea, dysmenorrhea, abnormal uterine bleeding, etc.)
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, VAIN, etc.)
16. Vulvar disease (infections, dermatoses, VIN, etc.)
17. Breast disease, benign and malignant
18. Evaluation and office management of urinary incontinence and accidental bowel leakage
19. Urinary tract infections
20. Sexually transmitted infections
21. Uterine myomata
22. Office surgery (biopsy, hysteroscopy, sterilization, LEEP, etc.)
23. Abnormal cytology, colposcopy, and CIN
24. Ultrasonography (gynecologic and first-trimester pregnancy)
25. Galactorrhea
26. Hirsutism
27. Benign pelvic masses
28. Sexual assault
29. Domestic violence
30. Office evaluation and management of pelvic floor disorders
31. Endocrine diseases (e.g., diabetes mellitus, thyroid or adrenal disease)
32. Major medical diseases (respiratory, gastrointestinal, cardiovascular, hypertension, etc.)
33. Minor medical diseases (Headache, low back pain, irritable bowel, etc.)
34. Medical management of ectopic pregnancy
35. Psychiatric illnesses (depression, anorexia, bulimia, etc.)

- 36. Diagnosis and management of hypercholesterolemia and dyslipidemias
- 37. Amniocentesis
- 99. Uncategorized (cases in this category do not count toward the required 30 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.

If a candidate cannot meet the minimum number of cases due to the COVID-19 pandemic, they should email Associate Executive Director in charge of examinations at [exams@abog.org](mailto:exams@abog.org) as soon as possible to gain assistance in meeting the case list requirements.

### Gynecology Case List

A minimum of 15 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 during the 18-month collection period, if the extended time is needed to meet the minimum required numbers). Cases from a senior year of residency or from a fellowship that is obstetrics and gynecology related can be used to supplement the case list to meet the minimum required cases.
- b. A minimum of 15 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 15 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. "Days 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 days 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 (e.g., total, subtotal, laparoscopic, robotic)
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. Repair of pelvic floor defects; prolapse
9. Endometriosis and adenomyosis: surgical management
10. Sterilization procedures
11. Invasive carcinoma
12. Urinary incontinence and accidental bowel leakage: operative management
13. Ectopic pregnancy: surgical management
14. Operative management of pelvic pain
15. Congenital abnormalities of the reproductive tract
16. Pelvic inflammatory disease
17. Adnexal problems (excluding ectopic pregnancy and PID)
18. Abnormal uterine bleeding
19. Surgical management of VIN, CIN, and VAIN
20. Postoperative complications (hemorrhage, wound, urinary tract, gastrointestinal pain, thrombotic, embolic, neurologic, fever, etc.)
21. Management of rectovaginal or urinary tract fistula
22. Preoperative evaluation of coexisting conditions (respiratory, cardiac, metabolic diseases)
23. Gestational trophoblastic disease
24. 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., surgical management of ectopic pregnancy, acute bleeding, etc.)
99. Uncategorized (cases in this category do not count toward the required 20 cases)

If a candidate cannot list 15 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 fellowship or senior resident cases are used, only list 15 cases. Cases from earlier than 2012 may not be used.

If a candidate cannot meet the minimum number of cases after using an 18-month case list and/or using fellowship or residency cases due to the COVID-19 pandemic, they should email Associate Executive Director in charge of examinations at [exams@abog.org](mailto:exams@abog.org) as soon as possible to gain assistance in meeting the case list requirements.

### Obstetrics Case List

A minimum of 15 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. All patients primarily cared for by the candidate during the collection period must be listed except normal uncomplicated deliveries. 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 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 less than 500 ml.

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

A minimum of 15 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. List all obstetric patients managed during the 12-month collection period (or during the 18-month collection period, if the extended time is needed to meet the minimum required numbers). Cases from a senior year of residency or a fellowship that is obstetrics and gynecology related can be used to supplement the case list to meet the minimum required cases.

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 15 obstetrical cases.

List the remaining patients who do not fit into a specific category in the "Uncategorized" category.



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 teaching faculty, all resident cases for which the candidate had responsibility must be included. If the candidate is the responsible staff for a resident for a cesarean delivery, that delivery should be listed individually.

The “days in hospital” includes all prenatal and postnatal days. The number of days 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. Preterm labor without delivery
3. Premature rupture of fetal membranes at term
4. Preterm premature rupture of fetal membranes
5. Cerclage
6. Preterm delivery (before 34 weeks gestation)
7. Late preterm delivery (34 weeks 0 days to 36 weeks 6 days gestation)
8. Post term pregnancy and delivery
9. Induction and augmentation of labor
10. Labor abnormalities (including dystocia)
11. Fetal heart rate abnormalities (e.g., variable or late deceleration, absent or poor variability, tachycardia, bradycardia)
12. Breech and other fetal malpresentations
13. Cord problems (e.g., prolapsed cord, cord entanglement)
14. Operative vaginal delivery (e.g., vacuum, forceps)
15. Obstetrical hemorrhage (e.g., antepartum, intrapartum, postpartum)
16. Obstetrical vaginal lacerations (e.g., 3rd and 4th degree lacerations, cervical laceration)
17. Vaginal or perineal hematoma
18. Primary cesarean delivery
19. Repeat cesarean delivery
20. Vaginal birth after cesarean delivery
21. Cesarean hysterectomy

22. Complications of cesarean delivery (e.g., hemorrhage, wound infection, disruption or hematoma)
23. Complications of OB anesthesia (e.g., epidural hypotension, general anesthesia complications)
24. Intrapartum or intra-amniotic infection (e.g., amnionitis, chorioamnionitis)
25. Puerperal infection (e.g., post cesarean endometritis)
26. Second trimester spontaneous abortion
27. Third trimester fetal loss
28. Hypertensive disorders of pregnancy (e.g. gestational hypertension, preeclampsia, eclampsia)
29. Cardiovascular or pulmonary disease complicating pregnancy
30. Renal or neurological disease complicating pregnancy
31. Hematological or endocrine diseases complicating pregnancy
32. Autoimmune disorders of pregnancy
33. Infectious diseases (CMV, Group A streptococcus, COVID-19 virus etc.)
34. Psychiatric disease complicating pregnancy
35. Pregnancies complicated by human immunodeficiency virus infection (HIV)
36. Abnormal fetal growth
37. Pregnancies complicated by fetal anomalies
38. Placental abnormalities (e.g., low lying, previa, accreta, abruption)
39. Thromboembolic complications
40. Trauma in pregnancy (e.g., automobile accidents)
41. Multifetal pregnancy
42. Diabetes and gestational diabetes
43. Shoulder dystocia
44. Early term delivery (37 weeks 0 days to 38 weeks 6 days gestation)
99. Uncategorized (cases in this category do not count toward the required 20 cases)

If a candidate cannot list 15 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 fellowship or senior resident cases are used, only list 15 cases. Cases from earlier than 2012 cannot be used.

If a candidate cannot meet the minimum number of cases after using an 18-month case list and/or using fellowship or residency cases due to the COVID-19 pandemic, they should email Associate Executive Director in charge of examinations at [exams@abog.org](mailto: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. This affidavit will be printed from the Case List Entry System 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 to ABOG online through the Case List Entry System located on their ABOG Portal. If the candidate is unable to have the cases verified by the medical records librarian or the program director, they may have the cases verified by the Department Chair. There is no affidavit for office practice cases.

If the candidate is unable to get the affidavit forms completed due to the COVID-19 pandemic, they should contact ABOG at [exams@abog.org](mailto:exams@abog.org).

## 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 Case List Entry System.

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 to book their appointment at a Pearson VUE Test Center.

## Results of the Examination

The results of the Certifying Examination will be reported online to each candidate no later than March 19, 2021. Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Certifying Examination will be determined by psychometric evaluation of the results.

Candidates will have 14 days to request a rescore of their examination. Requests submitted after 5:00 pm CST on April 2, 2021 will not be granted.

## Certifying Examination Appeal Process

ABOG will not accept appeals from candidates who seek to challenge the content of the examination, 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. A complaint concerning any other matter of the Certifying Examination should be addressed to the ABOG Executive Director or the Associate Executive Director in charge of examinations.

## NEW DIPLOMATES

After passing the Certifying Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process in 2021. The MOC application is online at [www.abog.org](http://www.abog.org). The MOC annual fee for the first year of MOC for new ABOG Diplomates is waived. In addition, MOC is a continuous process therefore failure to enter the process and complete all assignments in 2021 will result in expiration of certification status as of December 31, 2021.

For more information about the MOC process, please read the *MOC Bulletin* which can be found at [www.abog.org](http://www.abog.org) in the Bulletins/Other Policies section under the "About ABOG" 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 the ABOG office 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 for research purposes.

## **APPENDIX A: LACTATION ACCOMMODATIONS**

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office as soon as possible and schedule at a Pearson VUE Testing Center as soon as they are approved. Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time; they will have to travel to an available location to sit for the examination. As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

## APPENDIX B: 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 C: 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 Certifying 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 D: ACCEPTABLE CASE LIST ABBREVIATIONS

A&P	Repair-Anterior and posterior colporrhaphy
AB	Abortion
AIDS	Acquired immunodeficiency syndrome
ASCUS	Atypical cells of undetermined significance
BMI	Body mass index
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
CBC	Complete blood count
CD	Cesarean delivery
CIN	Cervical intraepithelial neoplasia
cm	Centimeter
CT	Computerized tomography
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
DHEAS	Dehydroepiandrosterone sulfate
DM	Diabetes mellitus
DVT	Deep vein thrombosis
E2	Estradiol
EBL	Estimated blood loss
ECC	Endocervical curettage
EFW	Estimated fetal weight
EGA	Estimated gestational age
EKG/ECG	Electrocardiogram
FGR	Fetal growth restriction
FSH	Follicle-stimulating hormone
FHR	Fetal heart rate
GBS	Group B strep
GDM	Gestational diabetes mellitus
gm	Gram
HIV	Human immunodeficiency virus
HCG	Human chorionic gonadotropin

HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSV	Herpes simplex virus
IM	Intramuscular
IV	Intravenous
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUGR	Intrauterine growth restriction
IUP	Intrauterine pregnancy
kg	Kilogram
LAVH	Laparoscopic assisted vaginal hysterectomy
LEEP	Loop electrosurgical procedure
LGA	Large for gestational age
LH	Luteinizing hormone or laparoscopic hysterectomy
LMP	Last menstrual period
MIS	Minimally invasive surgery
ml	Milliliter
MRI	Magnetic resonance imaging
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
PCOS	Polycystic ovarian syndrome
PIH	Pregnancy induced hypertension
PP	Postpartum
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor
SAB	Spontaneous abortion
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SROM	Spontaneous rupture of membranes

STD/STI	Sexually transmitted disease/infection
SUI	Stress urinary incontinence
SVD	Spontaneous vaginal delivery
TAH	Total abdominal hysterectomy
TLH	Total laparoscopic hysterectomy
TSH	Thyroid-stimulating hormone
TVH	Total vaginal hysterectomy
US	Ultrasonography
VBAC	Vaginal birth after cesarean delivery