

2020 Bulletin
for
Subspecialty Certification
in
Female Pelvic Medicine
and
Reconstructive Surgery



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

This Bulletin, issued in February of 2019, represents the official statement of the requirements for subspecialty certification for gynecologists in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) for the 2020 examinations. It applies only to those gynecologists who have completed an ACGME-approved 3-year fellowship. Urologists applying for subspecialty certification in FPMRS should contact the American Board of Urology.

Revised December 17, 2020

Important Information for all Candidates

- 1. Due to the COVID-19 pandemic, exam dates have changed. The Qualifying Exam has been rescheduled for July 16, 2020, and the Certifying Exam has been rescheduled for April 19-21, 2021.**
- 2. Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of subspecialty supervised practice is completed. Physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification.**
- 3. The preparation of case lists for the Certifying Examination has changed. Candidates will no longer submit paper case lists. Rather, submission will be electronic. Candidates MUST use the electronic Female Pelvic Medicine and Reconstructive Surgery case list forms that will be posted on their ABOG Personal Page in early 2019.**
- 4. The submission process for the thesis and thesis affidavit for the Certifying Examination has changed. Candidates will no longer submit paper copies. Rather, submission will be via email.**
- 5. Fellows may take up to 8 weeks off each of the fellowship years. The total time off may not exceed 15 weeks over the three years.**
- 6. All fees must be paid by credit card through the ABOG website (www.abog.org) and are payable in US Dollars only.**
- 7. It is the responsibility of each candidate to be aware of the current requirements for certification as an ABOG subspecialist. ABOG does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or pending loss of eligibility. Candidates must meet the requirements published in the *FPMRS Subspecialty Bulletin* for the year in which they are to take an examination.**
- 8. Subspecialty certification is time limited. Each subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification and must also successfully complete each year's MOC assignments to maintain certification.**
- 9. Candidates should be familiar with the material under the "Policies" tab on the ABOG website.**

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The Division of Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

The process of certification in FPMRS is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for completing the application online at www.abog.org, for submitting all materials to ABOG at the time they are requested and meeting all deadlines. ABOG will make the final decision concerning the applicant's eligibility for admission to the examination.

The members of the Division of Female Pelvic Medicine and Reconstructive Surgery are listed in Appendix A.

Qualifying (Written) Examination

2020 Qualifying Examination: Application Process

1. Applications will be accepted online at www.abog.org beginning September 17, 2019. Late fees will apply for applications received after October 18, 2019. The final day applications will be accepted is December 18, 2019.
2. The total fee (application and examination) must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the examination, the examination portion of the fee will be refunded. The application portion of the fee is not refundable, nor will it be credited toward a subsequent application.
3. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
4. Following submission of the online application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year (see below). The candidate will be notified of admissibility to the Qualifying Examination.
5. After the approval email from ABOG is received, the candidate must contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long distance travel to a site with an available seat. On March 30, 2020, the ABOG reserved seats held at the Pearson VUE centers will be released. After that date it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited, and are assigned on a "first come, first served" basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.

6. If special accommodations are needed for a disability, those requests must be received at the ABOG office no later than March 23, 2020. (See Appendix B for more information about accommodations for disabilities.)
7. Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than March 23, 2020, and schedule at a Pearson VUE test center by the same date. After March 23, ABOG cannot guarantee that it will be possible to schedule an extended test at the candidate's preferred testing center. Most Pearson VUE test 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.

2020 Qualifying Examination: Requirements

Each of the following is a requirement for a candidate in Female Pelvic Medicine and Reconstructive Surgery to sit for the subspecialty Qualifying Examination. The candidate must meet all of the requirements in effect during the year for which admission to the Qualifying Examination is requested.

1. **OB GYN Qualifying Examination** A candidate may not apply for the Female Pelvic Medicine and Reconstructive Surgery Qualifying Examination unless they have previously passed the Qualifying Examination for Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG and have completed a minimum of 32 of 36 months of training, or will have completed training in an ACGME-accredited fellowship program in Female Pelvic Medicine and Reconstructive Surgery no later than September 30 of the same year the Qualifying Examination is taken. Additionally, the candidate must have completed and presented their thesis to their Program Director and division before the completion of their fellowship. If a candidate's situation changes, and they do not successfully complete their fellowship and their thesis presentation by September 30, they will not be eligible to take the Qualifying Examination in that year. Any candidate who takes the Qualifying Exam without successfully completing fellowship and completing and presenting their thesis by September 30 of the year of the examination will have their results voided and they will not receive a refund.
3. **Allocation of Time** In order to take the Qualifying Examination the candidate must have had the following experiences during fellowship:
 - a. 18 months of clinical Female Pelvic Medicine and Reconstructive Surgery
 - b. 12 months of protected research
 - i. Conducted research leading to a thesis meeting ABOG certification requirements (Appendix C)

- ii. Completed written thesis and presented work before FPMRS Division and Program Director by completion of fellowship
 - iii. Blocks must be no less than one-month duration, and while in a research block, no more than 10% (4 hours) of the Fellow's time in any week may be spent in clinical duties
 - c. 6 months of electives
 - i. Focused on specific clinical and/or research areas
 - ii. Selected at the discretion of the Program Director and Fellow
4. **Curriculum** The candidate must have a diverse experience in the management of a wide variety of clinical problems affecting the development, function, and aging of the female reproductive and urinary tract. Additionally, the candidate must have experience in the management of accidental bowel leakage (anal incontinence).
- The candidate must have experience in medical disorders, surgical techniques, and office procedures to be able to manage complex pelvic floor and urinary conditions.
5. **Leaves of Absence** Leaves of absence and vacation may be granted to Fellows by their Program Director in accordance with local policy. The total leaves of absence, including vacation, must not exceed either 8 weeks in any year or a total of 15 weeks over the entire three years of fellowship. Time missed for educational conferences does not count towards the eight (8) weeks.
- If a Fellow's leave exceeds either the yearly maximum or the program maximum, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum. The number of days that equals a "week" is a local issue that is determined by the Program Director, not ABOG.
- Fellows are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the 36-month requirement of training is not permitted.
6. **Moral and Ethical Behavior** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine, and in interactions with peers, other medical personnel and patients. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate's eligibility to sit for the Qualifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
8. **Completion and Presentation of Thesis** The candidate must have completed and presented their thesis to their Program Director and division by the final date of their fellowship. If their fellowship is extended, the candidate will have until the extended final date

of their fellowship to complete and present their thesis. A candidate's fellowship that is extended beyond September 30 of the year of the Qualifying Examination is not eligible to take the Qualifying Examination in that year.

2020 Qualifying Examination: Content

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

Conduct of the Qualifying Examination

Due to the COVID-19 pandemic, the date of the 2020 Qualifying Examination has changed from June 26, 2020, to July 16, 2020.

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

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the exam, 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, or a court-ordered name change.

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

Candidates are not allowed to access recording devices, cellular phones, paging devices, smart watches, other electronic communication and/or recording devices, and writing instruments during the Qualifying Examination. If such a device is discovered on the candidate's person 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 examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic

device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#) and must call the ABOG office before making a reservation at Pearson VUE for information on how to schedule a test site.

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than 90 days prior to the test, and schedule at a Pearson VUE Testing Center by the same date. After 90 days ABOG cannot guarantee that it will be possible to schedule an extended test. 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.

Test Integrity

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

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

Additional information about test security can be found on the ABOG website under "Policies."

2020 Qualifying Examination Fees and Deadlines

Sept 17, 2019 to Oct 18, 2019	\$1945
Oct 19, 2019 to Nov 18, 2019	\$1945 + \$320 late fee = \$2265
Nov 19, 2019 to Dec 18, 2019	\$1945 + \$815 late fee = \$2760

The final deadline to complete the online application and pay the applicable fees is December 18, 2019. No application will be accepted after this date.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the request to withdraw is made prior to March 16, 2020, and if the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable. In addition, the review committee will not consider any request that is based primarily on non-emergency matters.

Re-Application

A candidate who postpones or fails the Qualifying Examination must complete a new online application to be considered for the next scheduled Qualifying Examination. Each new application must be accompanied by a new application fee.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Qualifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Qualifying Examination, the candidate will be scheduled for the next available Qualifying Examination in the subspecialty, and no additional application fee will apply. However, the examination portion of the fee (\$870) must be paid before the deadline.

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

Limitation of Eligibility

Beginning in calendar year 2020, all physicians who have completed an ACGME-accredited fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed (see policy on Regaining Eligibility for Subspecialty Certification at www.abog.org/about-abog/policies/regaining-subspecialty-certification-eligibility).

This means that physicians who have completed subspecialty training in calendar year 2012 or earlier must be subspecialty certified by 2020 or will be required to complete 6 months of supervised practice before regaining eligibility to apply for certification.

If a physician fails to achieve subspecialty certification within 8 years of completion of an accredited Female Pelvic Medicine and Reconstructive Surgery fellowship program and successfully completes an additional 6 months of supervised practice, they must achieve subspecialty certification within 4 years of the completion of the additional supervised practice. If a physician is unable to achieve certification within 4 years, they must complete a full three-year ACGME-approved fellowship in Female Pelvic Medicine and Reconstructive Surgery in order to be eligible for certification.

Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by September 30, 2020.

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

A passing grade on the Qualifying Examination does not ensure a candidate's admissibility to the Certifying Examination.

CERTIFYING (ORAL) EXAMINATION

2020 Certifying Examination: Application Process

1. Applications will be accepted online at www.abog.org beginning May 1, 2019. Late fees will apply for applications received after May 31, 2019.
2. The final day applications will be accepted is June 28, 2019. Applications received after this deadline will not be processed.
3. The application fee must be paid by credit card through the ABOG website at the time of application. The application fee is not refundable.
4. The applicant must supply an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address as the approval (or not) to sit for the examination will be sent to the applicant at the email address provided.
5. During the application process, a completed Verification of Hospital Privileges Form will be required. This form can be printed from the candidate's ABOG Personal Page and must be signed and either emailed to ABOG at Exams@abog.org or faxed to the ABOG office.
6. Following submission of the online application form, payment of the appropriate fee, and receipt of the Verification of Hospital Privileges Form, the candidate's application will be considered in accordance with the requirements in effect for that year.
7. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must be paid at this time. The case lists will not be accepted unless the examination fee is paid in full by credit card on the ABOG website by the deadline.
8. If full payment of the examination fee has not been received by September 30, 2019, for the 2020 examination, the candidate will not be scheduled, and no fees will be refunded.
9. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Authorization for Admission Form posted on the candidate's ABOG Personal Page at least one month prior to the date of the examination. This form will indicate the date of the candidate's examination, the time and place to report, and hotel information.
10. After applying, candidates should log in to their ABOG Personal Page to begin case list collection by clicking on the Case List Entry button under the Certifying Examination box. They should also click on the Thesis Affidavit Form to print the acceptable affidavit form.
11. Each year the ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Urogynecologic Society (AUGS), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA) and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. The ABOG also provides de-identified data to fellowship

programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. The ABOG, AUGS, ACOG, AMA and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers and lay persons. The ABOG may use the results of certification examinations for research purposes and may publish the results of the research.

12. As a condition for acceptance as a candidate for certification as a Diplomate in the FPMRS subspecialty, each candidate, at the time of the Certifying Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

2020 Certifying Examination: Requirements

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of the ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. **Must have passed** the Female Pelvic Medicine and Reconstructive Surgery Qualifying Examination on their most recent attempt. 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.
3. **Have successfully completed** 36 months of training in an ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery fellowship program.
4. **Hold an unrestricted license to practice medicine** in all states or territories of the United States or Canada in which the candidates holds a medical license. Licenses that have been revoked, suspended or are on probation, or are subject to conditions of any type are considered to be restricted.
5. **Have full and unrestricted privileges to practice in FPMRS by January 1, 2019.** While full, unrestricted privileges to perform all FPMRS procedures are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The candidate's privileges must remain in effect at the time of the Certifying Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues.
6. **Be of good moral and ethical character** and have shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Have not resigned hospital privileges or membership** in any medical organization (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the

application will not be approved. The candidate must re-apply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.

8. **Have had an independent practice as a subspecialist** in FPMRS in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of FPMRS from January 1, 2019, and to retain such practice until the date of the candidate's examination. During the year of practice from January 1 through December 31, 2019, no more than 12 weeks of leave is allowed for any reason (this includes medical leave, maternity leave, vacation, not starting practice by January 1, etc.) Educational conferences do not count toward the 12 weeks of leave. Practice may include locum tenens work; however, if a candidate is only performing locum tenens work they must contact the board before applying.
9. **Submit electronic case lists** that document a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified. (See Appendix D.)
10. **Submit a thesis** that meets the minimal standards of the Division of Female Pelvic Medicine and Reconstructive Surgery. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance. (See Appendix C for information about thesis content.)
11. **Have not failed to disclose any adverse action.** If a non-disclosed falsification or adverse action is identified by ABOG, it will result in a deferral of a candidate's eligibility to sit for the Certifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
12. **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.

2020 Certifying Examination: Content

In the Certifying Examination, evaluation of the candidate will include critical review and discussion of the thesis, questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include review of the submitted case lists, discussion of structured cases, surgical techniques, and may include interpretation of operative, radiologic and computer-generated images and videos, simulations, and questions related to the content of the *Guide to Learning in Female Pelvic Medicine and Reconstructive Surgery*. The candidate should demonstrate the capability of managing complex problems

relating to Female Pelvic Medicine and Reconstructive Surgery. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Conduct of the Certifying Examination

Due to the COVID-19 pandemic, the 2020 Certifying Examination dates have been changed from April 27-30, 2020, to April 19-21, 2021.

The candidates for the examination will be informed of the time and place of the registration process when they receive information concerning their assigned examination date. Candidates who are late for registration will not be allowed to sit for the examination. Following registration, an orientation to the examination will be provided. After the orientation, the candidates will be taken to the ABOG testing center.

Each candidate will be assigned an examination room and will remain in that room for the 3 hours of the examination. The candidate will be informed of the names of the 6 examiners who will conduct their examination. If the candidate believes that one or more examiners would be inappropriate to provide them with a fair test, an alternate examiner will be provided.

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular phones and all devices that can record, including smart watches and similar devices. If a candidate is found to have an electronic device in an examination room, the test will be halted immediately, and the candidate will receive no grade for the examination. In addition, all fees will be forfeit.

Starting in 2018 paper case lists will no longer be submitted for the examination. The examiners will have access to the candidate's case lists and will select which cases to display on the examination room computer screen. Candidates will not be allowed to bring paper copies of their case lists into the examination.

Starting in 2019 paper copies of the thesis will no longer be submitted to ABOG. All theses must be emailed to thesis@abog.org in PDF format (see Thesis Deadline section for submission instructions). The candidate may bring an unmarked paper copy of the thesis to the examination.

Candidates with documented disabilities should review Appendix B, and notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 180 days prior to the date of the examination. 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.

Candidates who will be lactating at the time of the examination should notify ABOG 90 days prior to their examination date. They will be scheduled to use one of the lactation rooms on a "first come, first served" basis. If there are more candidates than available rooms, candidates will be scheduled for other accommodations.

All examinations will be conducted in English and will be administered by two examiners per section. Each examiner will grade the candidate on all the topics covered within each section. Final grades will be assigned by a committee of the ABOG Board of Directors.

At the end of the examination, the candidates will be returned to the registration area.

Test Integrity

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

1. 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.
2. 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.
3. 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.
4. I agree and understand that during any ABOG examination, I will not have in my possession any notes, papers, study materials, formulas, pens, pencils, cellular telephones, photographic equipment, recording devices, or other similar contraband. I will not have any type of electronic device that could provide information that could be used to answer questions on the examination. I further agree that if I am discovered to have any such device in my possession during the examination, the test will be halted immediately, and I will not receive a grade for the examination.
5. 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.
6. 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.
7. 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.
8. 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.

9. 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.
10. 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).
11. 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.
12. I agree and understand that my results may be released to my Program Director(s) by name.
13. I agree and understand that, if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).
14. 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.
15. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of a certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.
16. 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.
17. 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.
18. 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.
19. 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.

2020 Certifying Examination: Fees and Deadlines

Application Fee and Deadlines

May 1, 2019 to May 31, 2019	\$1080
June 1, 2019 to June 14, 2019	\$1080 + \$310 late fee = \$1390
June 15, 2019 to June 28, 2019	\$1080 + \$780 late fee = \$1860

The final deadline to complete the online application and pay the applicable fees is June 28, 2019. No application will be accepted after this date. Application fees are non-refundable, nor will they be credited toward a future application.

Examination Fee and Deadline

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2019. The email will explain the process of submitting the thesis and case lists. An examination fee must be paid on or before September 30, 2019.

September 1, 2019 to September 30, 2019	\$1210
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September 30, 2019 is the final deadline for receipt of the Examination Fee. No late payments will be accepted. If the candidate must withdraw from the examination on or before February 3, 2020, due to a medical or other documented emergency, a portion of the examination fee may be refunded.

Thesis Deadline

September 30, 2019

September 30, 2019, 11:59 pm Central time is the final deadline for emailing a PDF copy of the thesis to the examination department. The file should be saved as a PDF with the following naming convention: ABOG ID #-last name-FPMRS-thesis. One copy of the completed Thesis Affidavit form must be emailed with the thesis. The Thesis Affidavit should be saved as a PDF with the following naming convention: ABOG ID #-last name-FPMRS-TA. Both items should be emailed to thesis@abog.org. Theses received after September 30, 2019, will not be accepted. Candidates must submit a thesis that adheres to the requirements listed in Appendix C.

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must email a PDF copy of the thesis to thesis@abog.org using the naming convention above. The same thesis may be submitted. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the exam. Prior acceptance of a thesis does not assure re-acceptance. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

Case List Deadline

February 3, 2020

February 3, 2020 is the final deadline for receipt of the case lists. Case lists must be submitted electronically using the forms available on each candidate's ABOG Personal Page. Candidates must submit the case lists in the proper format and include the appropriate number of cases.

Applicants Ruled Not Admissible

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

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

Re-Application

A candidate who fails the Certifying Examination must complete a new online application and pay a new application fee. Following notification of approval to retake the Certifying Examination, the candidate must submit new case lists, thesis (either the same or new) and pay the examination fee on or before the established deadlines.

Limitations

The duration of Active Candidate status is limited.

Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed. Physicians who have completed subspecialty training in the calendar year 2012 or earlier must

be subspecialty certified by 2020 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification. (see policy on Regaining Eligibility for Subspecialty Certification at www.abog.org/about-abog/policies/regaining-subspecialty-certification-eligibility).

Case Lists

Preparation of the Case Lists

The candidate must:

1. Submit the case lists electronically by the published deadline.
2. Use the electronic forms that can be found on their ABOG Personal Page. The use of any other form or format is not allowed. A paper case list is not acceptable.
3. Collect cases between January 1 and December 31, 2019. If enough cases cannot be collected in a one-year period of time, the collection of cases can be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.
4. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
5. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given.
6. De-identify the case lists in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See Appendix D.)
7. Use standard English language nomenclature. The list of acceptable abbreviations can be found in Appendix E.
8. **List the patient only once.** If the patient is admitted more than once you should provide information regarding the additional admissions in the appropriate boxes.

For physicians who are in group practice where responsibility for patients is shared, the decision whether to list a particular patient should be based on which physician had primary responsibility for the inpatient care. However, when asked to perform a consult on an inpatient on another physician's service, that patient may be listed.

The case lists must include sufficient numbers as well as sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of FPMRS.

All submitted case lists are subject to audit by the ABOG to ensure completeness and accuracy.

Case Lists: Content

Three types of cases must be submitted: (1) prolapse and reconstructive surgical cases, (2) urinary and fecal incontinence surgical cases, and (3) office practice cases. No patient may be

listed more than once, and no patient may be included on more than one case list. Specifically, patients who are evaluated in the office and subsequently have surgery should only be listed on the surgical case list. Patients that are admitted multiple times or have multiple surgeries may only be listed once, but all complications and surgeries should be listed.

Surgical Case Lists

The surgical case lists must include ALL FPMRS surgical patients from ALL sites for which the candidate had primary responsibility during the case collection period. Each MUST include a minimum of 25 FPMRS surgical cases. No patient can be listed more than once on the surgical case list. Do not list any procedures that occurred in the office.

Prolapse and Reconstructive Surgical Cases

The list must contain a minimum of 25 prolapse and reconstructive surgical cases. Cases should be listed in the following categories:

1. Surgical Treatment of Prolapse – Apical Suspension – Vaginal
2. Surgical Treatment of Prolapse – Apical Suspension – Laparoscopic/robotic
3. Surgical Treatment of Prolapse – Obliterative procedures
4. Surgical Treatment of Prolapse – Other Pelvic Organ Prolapse
5. Surgical Reconstructive Surgery
6. Other FPMRS Procedures – Other FPMRS Procedures

Urinary and Fecal Incontinence Cases

The list must contain a minimum of 25 urinary and fecal incontinence cases. Surgeries for urinary or bowel fistulas should be listed under “Other FPMRS Procedures” on the Urinary and Fecal Incontinence case list.

1. Surgical Treatment of Urinary Incontinence – Sling
2. Surgical Treatment of Urinary Incontinence – Other Urinary Incontinence
3. Other FPMRS Procedures – Fecal Incontinence
4. Other FPMRS Procedures – Sacral Nerve Stimulator
5. Other FPMRS Procedures – Intravesical Injections (botulinum toxin)
6. Surgical Treatment of Fecal Incontinence
7. Other FPMRS Procedures – Other FPMRS Procedures

Office Practice Case List

A list of 40 patients (no more or fewer) who received non-surgical, office management must be submitted online. A patient may be listed only once. Do NOT include any patients who are on

the surgical case list. At least 1, but no more than 10 patients must be listed in each of the following 5 categories:

1. Pelvic Organ Prolapse
2. Urinary Incontinence
3. Urinary Tract Symptoms: Urgency, Frequency, Nocturia, Voiding Dysfunction, Urinary Retention, Sensory Disorders
4. Urinary Tract Disorders, Fistulae, Diverticula, Infections, Hematuria
5. Pelvic Floor Disorders: Defecation Disorders, Fecal Incontinence, Anorectal Disorders, Rectovaginal Fistulae, Sexual Dysfunction, Vaginal Pain

Certifying Examination Appeals

At the completion of the Certifying Examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within one hour of the completion of the examination. To do so, a candidate must telephone the Board office (214-871-1619).

If the request is granted:

1. No final grade will be assigned, and section grades will be discarded;
2. A second examination will be provided approximately one year later at the next regularly scheduled annual FPMRS Certifying Examinations at no additional charge;
3. The candidate must prepare new case lists in accordance with the requirements listed in the *Bulletin* for the year in which the appeal test occurs;
4. The repeat examination will be conducted by a different team of examiners, who will not be informed that this examination is being conducted as a result of an appeal;
5. Neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and,
6. The decision of the examiners conducting the second examination will be used by the Board to record the final results of the candidate's Certifying Examination.

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

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

Results of the Examination

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

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

Length of Certification

All certificates issued by ABOG after 2008 are time limited. The certification of a Diplomate who successfully passes the Female Pelvic Medicine and Reconstructive Surgery Certifying Examination in April 2021 will expire on December 31, 2022, unless all of the 2022 MOC assignments have been successfully completed. Applications for the 2022 MOC process will be available online beginning in January 2022.

Appendices

Appendix A: ABOG Division of Female Pelvic Medicine and Reconstructive Surgery

Marlene Corton, MD	University of Texas, Southwestern Medical Center, Division Chair
Mathew Barber, MD	Duke University Medical Center, Durham
Charles Nager, MD	University of California, San Diego
Karen Noblett, MD	University of California, Irvine School of Medicine
Rebecca Rogers, MD	University of Texas at Austin, Dell Medical School
Paul Tulikangas, MD	University of Connecticut

Appendix B: Candidate Disability

The American Board of Obstetrics & Gynecology, Inc. (ABOG) 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.

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.

Accommodations for the Qualifying and Certifying Examination will only be considered with appropriate documentation. ABOG shall not exclude any candidate from the Qualifying or Certifying 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.

Qualifying Examination

For the Qualifying Examination, the candidate must provide sufficient documentation to permit the ABOG to verify the existence, nature, and extent of the disability no fewer than 90 days prior to the date of the examination. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information the ABOG may subsequently request in a timely manner.

If any of the requirements or accommodations 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 by 90 days prior to the examination and fails to achieve a passing grade, that candidate may not appeal the results of the examination, but shall be entitled to sit for the next regularly scheduled 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 examination but must pay a new application and examination fee.

Certifying Examination

For the Certifying Examination, notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 180 days prior to the date of the examination. This deadline is necessary in order to allow the ABOG to request the required documentation, to review the records and to verify the disability, if necessary.

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 provides 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 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.

Appendix C: Thesis

A thesis is required by the Division of Female Pelvic Medicine and Reconstructive Surgery and must be submitted by the date listed in this *Bulletin* and according to the guidelines for preparation listed below. The Division will review the thesis and make a decision concerning acceptability. Prior publication of a thesis by a refereed journal does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

One copy of the completed Thesis Affidavit Form must be submitted with the thesis. Please see the Thesis Deadline section for further submission instructions.

Preparation

1. **Format:** The format of the thesis must comply with the instructions for authors for a major peer-reviewed journal in a field related to Female Pelvic Medicine and Reconstructive Surgery except as noted below. The name of the journal must be identified clearly on the cover page of the manuscript. Theses that are not in the proper journal format will be rejected.

The cover page of the thesis should only show the thesis title, the name of the candidate, the hypothesis, and the name of the journal.

The thesis must be type-written in single-spaced 12-point type.

Reprints of published manuscripts are not acceptable.

Some journals require a "Summary" in addition to the "Discussion" section.

2. **Hypothesis:** The thesis must clearly state the hypothesis to be tested and must be in the form of a simple declarative sentence. The hypothesis must be included in the body of the paper, not just in the Abstract. Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is statistically significantly different from YYY." Conversely, the null hypothesis may be stated. The hypothesis must appear in the body of the thesis and on the cover page

3. **De-Identification and Authorship:** The candidate must remove all wording in all areas of the thesis that would allow an examiner to be able to identify the institution where the study was performed and any co-authors.

The cover page should only list the title of the thesis, the candidate's name (do not list any co-authors), the hypothesis, and the name of the journal.

Acknowledgements are not allowed.

4. **Subject Matter:** The subject matter must clearly relate to the area of Female Pelvic Medicine and Reconstructive Surgery and be of significant importance to the field.

5. **Research:** The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.
6. **IRB Approval:** All research involving humans and animals must be reviewed and approved by the human institutional review board (IRB) or institutional animal care and use committee (IACUC) of the sponsoring institution. If the research is exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.
7. **Unacceptable Papers:** The following are not acceptable for a Fellow's thesis:
 - a. book chapters
 - b. case reports
 - c. case series
8. **Potentially Acceptable Papers:** Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series. All thesis must have the hypothesis listed on the cover page and in the body of the thesis and be of significant importance to the field of Female Pelvic Medicine and Reconstructive Surgery.
 - a. **Laboratory, translational, and animal studies.**
 - b. **Randomized Controlled Trial:** The study must adhere to the CONSORT guidelines.
 - c. **Meta-Analysis and Systemic Review:** The report must adhere to the PRISMA or MOOSE guidelines.
 - d. **Cost-Effective Analysis:** The study must adhere to the principles set forth in the "WHO guide to Cost-Effective Analysis."
 - e. **Case-Control Study:** The study must conform to the STROBE guidelines for observational studies.
 - f. **Cohort Study:** The candidate must have developed the cohort. The submitted thesis must conform to the STROBE guidelines for observational studies.
 - g. **Survey-Collected Data:** The candidate must have developed the questionnaire or used a previously validated questionnaire and there should be a 50% return and completion of the questionnaire. The submitted thesis must conform to the STROBE guidelines for observational studies.
 - h. **Epidemiologic Studies:** The submitted thesis must conform to the STROBE guidelines for Epidemiological Studies.
 - i. **Mechanistic Trials:** Mechanistic studies should meet NIH criteria for a clinical trial.
9. **Thesis Defense:** During the Certifying Examination, the candidate may be asked one or all of the following questions. Additional questions may be asked which are not listed in this outline.

- a. Hypothesis
 - 1) What were the study objectives?
 - 2) What was the population studied?
 - 3) What was the population to which the investigators intended to apply their findings?
- b. Design of the investigation
 - 1) Was the study an experiment, case-control study, randomized clinical trial, planned observations, or a retrospective analysis of records?
 - 2) Were there possible sources of sample selection bias?
 - 3) How comparable was the control group?
 - 4) What was the statistical power of the study?
 - 5) Was the design of the study appropriate for the hypothesis to be tested?
- c. Observations
 - 1) Were there clear definitions of the terms used (i.e., diagnostic criteria, inclusion criteria, measurements made and outcome variables)?
 - 2) Were the observations reliable and reproducible?
 - 3) What were the sensitivity, specificity and predictive values of the methods?
- d. Presentation of findings
 - 1) Were the findings presented clearly, objectively, and in sufficient detail?
 - 2) Were the findings internally consistent (i.e., did the numbers add up properly and could the different tables be reconciled, etc.)?
- e. Analysis of the results
 - 1) Were the data worthy of statistical analysis? If so, were the methods of analysis appropriate to the source and nature of the data?
 - 2) Were the analyses correctly performed and interpreted?
 - 3) Were there analyses sufficient to ascertain whether "significant differences" might, in fact, have been due to a lack of comparability of the groups (e.g., age, clinical characteristics, or other relevant variables)?
 - 4) Were the statistical analytic techniques, and the significance level described?
 - 5) Was there use of measured sensitivity without specificity?
- f. Conclusions or summary
 - 1) Which conclusions were justified by the findings?
 - 2) Were the conclusions relevant to the hypothesis?

g. Redesign of the study

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

h. Knowledge of the breadth and depth of subject matter

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

Appendix D: De-Identification of Case Lists

General

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be de-identified and thereby become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information is not individually identifiable health information only if the following identifiers are removed:

1. Names
2. Geographic subdivisions smaller than a State
3. Date of Birth, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
5. Biometric identifiers, including finger and voice prints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes

The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care which are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case lists is subject to audit by the Board.

Appendix E: Approved 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 excision 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