2024 Specialty Certifying Examination Bulletin

American Board of Obstetrics & Gynecology

First in Women's Health®

This *Bulletin*, issued in August 2023, represents the official statement of the requirements in effect for the Specialty Certifying Examinations to be given in October 2024 and November 2024.

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Table of Contents

GENERAL INFORMATION FOR ALL CANDIDATES 3
Gender Language Disclaimer 3
Non-Discrimination and Fairness Disclaimer 3
Candidate Responsibility 3
Definition of an Obstetrician-Gynecologist 3
Candidate Board Status 4
Duration of Certificate Validity 4
2024 CERTIFYING EXAMINATION 4
Introduction 4
Eligibility Requirements 4
Application Process 9
Case List Preparation 10
- Case List Entry 10
- Case List Submission 10
- Patients to be Listed 10
- Collection Options for Candidates Unable to Meet Case List Requirements 11

Specific Instructions for Each Section of the Case List 13
- Office Practice Case List 13
- Gynecology Case List 15
- Obstetrics Case List 18

Case List Affidavits 20
Case List Verification and Audit 20
De-Identification of Patient Case Lists 21
2024 Certifying Examination Fees and Deadlines 22
- Certifying Examination: Deadlines 22
- Certifying Examination: Application Fees 22
- Certifying Examination: Examination Fees 22

Final Approval and Notification of Admission to the Certifying Examination 23
Certifying Examination Content 23
Administration of the Certifying Examination 24
Use of the Case List During the Examination 25
Results and Scoring 25
Rescores and Appeals 26
Requests for Re-Examination 26
NEW DIPLOMATES 27
List of Certified Diplomates 27
APPENDIX A: APPROVED ABBREVIATIONS FOR EXAMINATIONS 28
APPENDIX B: SPECIALTY CERTIFYING EXAMINATION TOPICS 33
Obstetrics 33
Gynecology 35
Office Practice 37
APPENDIX C: CANDIDATE DISABILITY 41
APPENDIX D: LACTATION ACCOMMODATIONS 43

GENERAL INFORMATION FOR ALL CANDIDATES

Gender Language Disclaimer

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

Non-Discrimination and Fairness Disclaimer

The American Board of Obstetrics and Gynecology does not discriminate on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, or any other status protected by law. All candidates for certification will be treated in an equitable manner throughout the certification process and judged solely on the criteria determined by the American Board of Obstetrics and Gynecology.

Candidate Responsibility

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

ABOG annually reviews policies and procedures for determining applicant and candidate certification requirements, as well as compliance with these requirements based on industry standards. Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the Certifying Examination, as requirements may change from year to year. The *Bulletin* is available under the "Bulletins & Dates" tab online at www.abog.org. It is the candidate's responsibility to become familiar with all the material contained in the *Bulletin*, including the information in the Appendices. Each candidate is also responsible for reading all the policies included in the Policies section under the "About ABOG" tab on the ABOG home page.

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

Definition of an Obstetrician-Gynecologist

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

Candidate Board Status

All applicants for the Certifying Examination must have achieved "Active Candidate" status by passing the most recent Qualifying Examination (QE) that they have taken.

Duration of Certificate Validity

All certificates issued by ABOG in 1986 and thereafter are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Maintenance of Certification (MOC) process each year. Certificates issued after successful completion of the Specialty Certifying Examination in October 2024 and November 2024, will expire December 31, 2025, unless the 2025 MOC assignments are completed successfully by the deadline published in the 2025 *Specialty MOC Bulletin*.

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

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

2024 CERTIFYING EXAMINATION

Introduction

The process of certification by ABOG is voluntary. The ABOG Certifying Examination is the last step in ABOG’s two-step initial certification process. 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. A combination of standardized sructured cases and candidates’ own case lists will be used by the examiners during the exam to assess candidates.

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.

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.

2. **Surgical Skills Standard**

   The requirement to complete a Surgical Skills program was implemented in 2020. Candidates who are unable to complete this requirement may not take the Certifying Examination. All candidates who graduated from residency in 2020 or later must also have completed one of the two approved Surgical Skills Programs, Fundamentals of Laparoscopic Surgery (FLS) or Essentials in Minimally Invasive Gynecologic Surgery (EMIGS), in order for their Certifying Examination application to be approved.

3. **Limitation of Eligibility**

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

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

4. **Good Moral and Ethical Character**

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

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

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

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

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

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

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

6. **Actively engaged in unsupervised clinical practice**

   Candidates for the 2024 Certifying Examination must be in unsupervised clinical practice of Obstetrics and Gynecology from July 1, 2023, through June 30, 2024. During that year of practice, there is no restriction on the amount of time missed for any reason as long as the candidate can meet the case list number requirements. Practice may include locum tenens work.

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

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

7. **Unrestricted Hospital Privileges**

   Candidates for the Certifying Examination must hold unrestricted hospital privileges to practice as an obstetrician-gynecologist in each of the hospitals in which the candidate has been responsible for patient care. The latest date a candidate can have privileges in effect is December 11, 2023. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported.

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

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

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

8. **Approval of application and review of licensure and privileges**

If the application, licensure, and privileges are acceptable after review by ABOG, the candidate will be notified by June 30, 2024. 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.

9. **Test Security Attestation**

Candidates must sign the following terms of agreement designated as a "task" on their ABOG portal prior to the date of their Certifying Examination. If candidates refuse to sign the agreement, they will not be allowed to take the Certifying Examination.

a. I agree and understand that all of the test materials used in ABOG examinations are copyrighted intellectual property of ABOG and will, at all times, remain confidential.

b. I agree and understand that I may not provide any information before, during, or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, for any reason, including, but not limited to, (i) anyone who is scheduled to take the examination or may be eligible to take the examination, (ii) any formal or informal test preparation group, service, or company, or (iii) any person representing a company or other entity that provides courses, practice tests, or other study material for the examination.

c. I agree and understand that I may not reproduce, transmit, publish, disclose, and/or distribute any examination materials by any means, including memorization, recording, internet, or other methods that would allow any other individual, company, or organization to recreate, in whole or in part, any test questions or material.

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

e. I agree and understand that if anyone observes any action of mine that may be interpreted as violating or potentially violating test administration rules, the test will be halted immediately, and I will receive no grade for the examination.

f. I agree and understand that if I violate any part of this agreement, (i) my test results will be canceled, (ii) I may be subject to further sanctions and/or legal action, and (iii) I will not be allowed to re-apply for the examination for a minimum of three years.

g. I agree and understand that if ABOG discovers I have violated any terms or conditions of this agreement after I have been awarded Diplomate status, such status will be revoked.

h. I agree and understand that, if requested by ABOG, I will fully participate in the investigation of any suspected violation of the terms and conditions of this agreement by any candidate.

i. I attest that since the date of my application and to the day of my examination, I have had no (i) limitation or suspension of hospital privileges, (ii) substance abuse offenses, or (iii) suspension, revocation, or restriction placed on my license to practice medicine in any state or country.

j. I agree and understand ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, agencies of government, specialty societies, laypersons, my Program Director(s), and/or the Accreditation Council of Graduate Medical Education (ACGME).

k. I agree and understand that de-identified results of my examination may be used for research purposes by ABOG or other parties requesting the same.

l. I agree and understand that my results may be released to my Program Director(s) by name.

m. I agree and understand that, if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).

n. I agree and understand that I may not appeal the results of the examination based on the format of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.

o. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of a certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.

p. Under no circumstances will ABOG be liable for any consequential, special, incidental, exemplary, or indirect damages arising from or relating to this agreement, even if ABOG has been advised of the possibility of such damages.

q. The failure to enforce or the waiver by ABOG of a default or breach of this agreement shall not be considered a waiver of any subsequent default or breach.

r. This agreement is governed by the laws of the State of Texas. The exclusive jurisdiction of any suit arising out of, relating to, or in any way connected with this agreement shall be in the state or federal courts, as applicable, located in Dallas, Texas.

s. Provisions that survive termination or expiration of this agreement include those pertaining to limitation of liability, indemnification, nondisclosure, and others that by their nature are intended to survive.

10. **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.

Application Process

1. Applications will be accepted online at www.abog.org beginning March 1, 2024. The application fee must be paid online by credit card at the time of application. No other form of payment will be accepted. All fees are quoted and payable in US dollars. The application fee for the Certifying Examination will not be refunded. The final day applications will be accepted is April 26, 2024.
2. The completed Hospital Privileges Verification Form that is available to print at the time of application must be uploaded on the candidate's ABOG portal on or before April 26, 2024. If the candidate is in an ACGME-accredited fellowship, this form may be completed by the fellowship director. For non-ACGME-accredited fellowships, including those related to obstetrics and gynecology, this form must be completed by a hospital official.
3. Late fees will apply for applications received after April 12, 2024. A full list of deadlines and fees is shown below.
4. Prior to approval of application, all inquiries and correspondence about applications must be in English and sent to applications@abog.org.
5. Candidates will be notified by ABOG no later than June 28, 2024, to submit properly formatted case lists electronically and to pay the examination fee.
6. Once a candidate is approved to take the ABOG Certifying Examination, any questions about

exam protocols and processes should be emailed to exams@abog.org. The case list must be submitted by August 1, 2024, to avoid a late fee. All case lists must be entered online using the ABOG case list program by the deadline. The program will be available for case list entry on their ABOG portal at the start of the collection year. Candidates will not have the option to click on the Affidavit or Review and Submit tabs in the Case List Entry System until after the final date of the collection period (June 30). After June 30, candidates will have a task to submit their case list made available on their ABOG portal. Candidates will receive more detailed information on the case list submission in this notification. For more information, see the Case List Preparation section.

7. Case lists received between August 2, 2024, and August 16, 2024, will be assessed a late fee. No case lists will be accepted after August 16, 2024.

Case List Preparation

Case List Entry

All information for the case list for the 2024 Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG portal and click on "Case list Entry." Common abbreviations that are acceptable are listed in Appendix A. 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 Assessment Department at 214-871-1619 or email exams@abog.org.

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

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

Case List Submission

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

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

Patients to be Listed

Case lists must include all patients primarily cared for by the candidate, including those admitted to all hospitals and cared for at all surgical centers where the candidate holds admitting and/or surgical privileges between July 1, 2023, and June 30, 2024. The lists must include a minimum of 20 obstetrical and 20 gynecological admissions, but all patients must be listed. This includes all admitted as well as all short-stay and outpatient surgical patients, even if not officially admitted to a hospital. The case list must demonstrate sufficient number, breadth, and depth of clinical experience. All patients listed must have been cared for primarily by the candidate. Candidates may not list patients for whom they have only provided a consultation with another physician. Candidates may list COVID-19 patients for whom they were primarily responsible for care if the patient fits into an appropriate category. These cases may be listed in any of the case list areas. Candidates do not need to list cases involving care provided to men.

The office practice case list is strictly limited to 40 patients. These cases should be from the candidate's practice between July 1, 2023, and June 30, 2024. Candidates may list patients seen in the emergency room or triage area of labor and delivery and may use virtual office visits on their office practice list.

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

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

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

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. The Office Practice Case List may only contain cases from the initial collection period of July 1, 2023, through June 30, 2024. 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, 2023, and June 30, 2024, have two choices: They can submit a complete 18-month case list beginning January 1, 2023, and ending June 30, 2024, or they may supplement the case list with cases from their senior year of residency or time in fellowship to reach the minimums. If residency or prior fellowship cases are used, the candidate should only add a sufficient number of residency/prior fellowship cases to meet the minimum numbers.

   Residency and fellowship cases earlier than July 1, 2016, may not be used.

If a candidate believes they cannot meet the minimum number of cases in one area after using an 18-month case list and/or using residency or prior fellowship cases, they should email the ABOG Assessment Department at exams@abog.org no later than April 1, 2024. They must describe the reasons why they cannot meet the minimum requirements. The ABOG Credentials Subcommittee will then review the circumstances for the deficiency. The decision of the subcommittee concerning the eligibility of the candidate will be final and cannot be appealed.

2. **Candidates currently in fellowship training**

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

   Fellowship candidates must collect cases from the collection period of July 1, 2023, through June 30, 2024. 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 for obstetrics and gynecology cases. Office practice cases may only be collected from July 1, 2023, through June 30, 2024. Candidates currently in a fellowship that is not ACGME-accredited may collect cases during fellowship but must have full and unrestricted privileges to practice in the hospital from which they are collecting cases. They should indicate these cases on the case list as fellowship cases.

3. **Candidates who have completed fellowship training**

   Candidates who have completed fellowship training should use cases from their practice. A 12- or 18-month case list may be submitted. If their fellowship training was in a field related to Obstetrics and Gynecology, they may use cases from their fellowship training if they cannot meet the minimum number of required cases from their practice for the obstetrics and gynecology cases. Office practice cases must be collected from July 1, 2023, through June 30, 2024. Additionally, they may use cases from their senior year of residency training if needed. Fellowship and residency cases earlier than July 1, 2016, may not be used.

4. **Candidates who may need to use residency cases**

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

Gynecology Cases	Obstetrics Cases
• History and physical exam • Preoperative test results and preoperative diagnosis • Operative report • Pathology report including uterine weight, if appropriate • Postoperative diagnosis • Postoperative course including number of days of hospitalization • Postoperative complications	• History and physical exam • Maternal information (gravidity, parity, age) • Antepartum Complications • Delivery/Postpartum Complications • Information on the infant to include perinatal death, birthweight, days in the hospital, Apgar score at 1 & 5 minutes, complications, and if admitted to the NICU

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

Specific Instructions for Each Section of the Case List

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

Office Practice Case List

The candidate must list 40 patients with conditions that fit into the listed Office Practice categories.

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

The Office Practice Case List may only contain cases from the initial collection period of July 1, 2023, through June 30, 2024.

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 health screening and immunization for all age groups
2. Screening of mental health and social determinants
3. Cancer prevention and genetic testing for at-risk patient
4. Wellness counseling (exercise, diet, weight, alcohol or tobacco use, stress, sexual health)
5. Reproductive counseling (priorities, optimizing fertility and reproductive health, genetic screening)
6. Counseling on contraceptive or abortion options
7. Pediatric or adolescent patient
8. LGBTQIA+ patient
9. Victim of intimate partner violence or sexual assault
10. Psychiatric disorder (depression, anxiety, substance use disorder, eating disorder, PMDD)
11. Compromised health (mental or physical disability, immunocompromise)
12. Breast disorders (mass, discharge)
13. Cardiovascular disease risks (HTN, hyperlipidemia, DM, obesity)
14. Gastrointestinal disease
15. Musculoskeletal disease (low back pain, abdominal wall hernia)
16. Headache
17. Asthma
18. Osteoporosis/osteoperia
19. Infertility and recurrent pregnancy loss
20. Menopausal symptoms (vasomotor, genitourinary syndrome of menopause)
21. Sexual development disorders and transition to adulthood (genetic, structural)
22. Abnormal cervical cancer screening results (colposcopy, biopsy, LEEP, etc.)
23. Adnexal abnormality (simple and complex masses, rupture)
24. Urinary tract infection
25. Chronic genital pain disorders (dysmenorrhea, vulvodynia, interstitial cystitis, inflammatory bowel disease)
26. Endometriosis
27. Female sexual dysfunction
28. Contraceptive management (initiation, complications, benefits)
29. Androgen excess

30. Hyperprolactinemia
31. Disorders of puberty
32. Thyroid disease
33. Amenorrhea
34. Abnormal uterine bleeding (endometrial biopsy, office hysteroscopy, manage AUB)
35. Vaginal discharge and STIs
36. Vulvar or vaginal intraepithelial neoplasia
37. Vulvar dermatologic conditions (lichensclerosus, lichen planus, contact dermatitis, vitiligo, hidradenitis suppurativa)
38. Leiomyoma
39. Endometrial or cervical polyp
40. Hyperplasia or endometrial intraepithelial neoplasia
41. Adenomyosis
42. Urinary or fecal incontinence or fistula
43. Pelvic organ prolapse (evaluation, nonsurgical options)
44. Initial care of reproductive tract cancer
45. Gestational trophoblastic disease
46. Induced abortion (medication, procedural)
47. Office procedure pain management (oral agents, topical agents, cervical block)
48. Abdominal or transvaginal pelvic ultrasonography
99. Uncategorized (cases in this category do not count toward the required 40 cases)

Gynecology Case List

A minimum of 20 gynecologic patients must be entered.

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

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

All hospitalized and short-stay gynecological patients must be entered as follows:

a. List all gynecologic patients managed during the 12-month collection period (or 18-month period, if an extended time case list is submitted; and/or patients chosen from fellowship or senior year of residency).

b. A minimum of 20 gynecologic patients are required. To meet the minimum requirement, a candidate cannot count more than two patients from any one of the gynecology categories listed below.

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

c. A preoperative diagnosis should appear for all major and minor surgical procedures. The size of ovarian cysts and neoplasms must be recorded. For non-surgical conditions, the admission diagnosis should be recorded. Non-surgical admissions will not have a surgical pathological diagnosis. The treatment recorded should include all surgical procedures, as well as primary non-surgical therapy. “Surgical diagnosis” is the final pathology diagnosis. For hysterectomy specimens, the uterine weight in grams must be recorded. In cases without tissue for histologic diagnosis, the final clinical diagnosis should be listed. If the preoperative and postoperative diagnoses are the same and there is no pathology, you do not need to relist the diagnosis.

d. “Nights in hospital” is the arithmetic difference between the date of discharge and the date of admission. Specific dates of admission and discharge should not be provided. If a patient had an outpatient procedure and was not admitted, list the number of nights in hospital as “0.”

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

Gynecology Categories (*categories added as of 03/01/2024)

******Please note that case list categories were expanded on March 1, 2024, from initial release of bulletin in 2023. New categories are denoted using an asterisk. With the expansion in case list categories, you may note a duplication of categories with other case lists. Please populate the area that best allows you to meet category requirements.*

1. Adnexal emergency (PID, TOA, torsion, ruptured cyst with hemorrhage)

*2. Inpatient or surgical management of PID/TOA

3. Vulvar emergency (Bartholin gland duct or vulvar abscess, fasciitis, straddle injury, sexual assault trauma)

*4. Surgical management of Bartholin gland duct pathology

*5. Surgical management of vulvar abscess

6. Ectopic pregnancy and pregnancy of unknown location

7. Acute uterine complications (heavy abnormal uterine bleeding; myoma prolapse, degeneration, or torsion; hematometra)

8. Acute genitourinary complications (renal stone, procidentia, urinary retention, urethral diverticular abscess)

9. Operative hysteroscopy (diagnostic, polypectomy, myomectomy, ablation, adhesiolysis)

*10. Hysteroscopic polypectomy

*11. Hysteroscopic myomectomy

*12. Endometrial ablation

*13. Intrauterine septum resection

*14. Intrauterine adhesiolysis

15. Minimally invasive hysterectomy (vaginal, laparoscopic, robotic, trachelectomy)

*16. Vaginal hysterectomy

17. Operative laparoscopy (diagnostic, ovarian cystectomy, oophorectomy, sterilization, salpingectomy, etc.)

*18. Laparoscopic ovarian cystectomy

*19. Laparoscopic oophorectomy

*20. Laparoscopic sterilization

*21. Laparoscopic salpingectomy

22. Cervical conization and LEEP

23. Dilation and curettage (not pregnancy related)

*24. Dilation and curettage (pregnancy related)

*25. Dilation and evacuation

*26. Gestational trophoblastic disease

*27. Surgical repair of pelvic floor disorders: urinary or fecal incontinence, pelvic organ prolapse, fistula

*28. Preoperative evaluation of medical conditions (respiratory, cardiac, metabolic diseases)

*29. Intraoperative complications (e.g., blood loss, hemorrhage, bowel or urinary tract injury)

*30. Postoperative complications (hemorrhage, wound, urinary tract, gastrointestinal, pain, thrombotic, embolic, neurologic, fever, etc.)

31. Vulvar or vaginal surgery (hymenectomy, labiaplasty, septum excision, vestibulectomy, etc.)

32. Diagnostic cystoscopy

33. Abdominal incisions (Pfannenstiel, midline vertical, Cherney, Maylard, wound debridement)

34. Abdominal hysterectomy

35. Abdominal myomectomy

36. Abdominal adnexal surgery (cystectomy, oophorectomy, sterilization, salpingectomy, etc.)

37. Intraoperative gynecologic malignancy identified

99. Uncategorized (cases in this category do not count toward the required 20 cases)

Obstetrics Case List

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

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

a. pregnancy, labor, delivery, and the puerperium were uncomplicated; and labor began spontaneously between the 39th and completion of the 41st week of gestation; patients delivering before 39 weeks gestation should be listed in the “preterm,” “late preterm” or “early term” categories;

b. membranes ruptured or were ruptured after labor began;

c. presentation was vertex, position was occiput OA, LOA or ROA, and labor was less than 24 hours in duration;

d. delivery was spontaneous with or without episiotomy, from an anterior position;

e. the infant had a five-minute Apgar score of 6 or more and weighed between 2500 and 4500 grams and was healthy, and

f. placental delivery was uncomplicated, and blood loss was ≤ 500 mL.

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

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

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

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

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

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

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

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

Obstetrical Categories

1. Management of co-existing disease (cardiovascular, pulmonary, endocrine, psychiatric, etc.)
2. Genetic screening and testing (counseling, screen or test performed)
3. Antepartum fetal assessment (biophysical profile, nonstress test, vibroacoustic stimulation, etc.)
4. Preterm labor; preterm delivery (affected or at-risk patients)
5. Fetal anomaly diagnosed by second-trimester ultrasound examination
6. Multifetal gestation
7. Fetal growth abnormalities
8. Postterm gestation
9. Stillbirth
10. First-trimester complications (miscarriage, threatened abortion, uterine incarceration)
11. Second-trimester complications (miscarriage, cervical insufficiency, PPROM)
12. Hypertensive disorders of pregnancy (chronic hypertension, pre-eclampsia, eclampsia)
13. Pregestational and gestational diabetes mellitus
14 Medical disorders unique to pregnancy (hyperemesis, acute fatty liver, PUPPP/PEP, peripartum cardiomyopathy, etc.)
15. Antepartum infections (HIV, STIs, pyelonephritis, pneumonia, TORCH viruses, etc.)
16. Nonobstetrical surgical conditions and emergencies (renal stone, appendicitis, trauma, adnexal mass, etc.)
17. Operative vaginal delivery
18. Cesarean delivery with or without intraoperative complications
19. Obstetrical lacerations (vulvar, perineal, OASIS, vaginal, cervical)
20. Intrapartum analgesia (options counseling, provision)
21. Neonatal resuscitation; neonatal circumcision
22. Labor induction or augmentation
23. Labor abnormalities (dystocia, PROM, cord problems, abnormal position or presentation, etc.)
24. Postpartum hemorrhage (atony, inversion, retained products, etc.)
25. Placental abnormalities (placenta or vasa previa, placenta accreta spectrum, abruption, etc.)

26. Acute maternal decompensation (amniotic fluid or pulmonary embolism, high spinal analgesia, sepsis, cardiovascular shock, etc.)
27. Fetal heart rate abnormalities
28. Prior cesarean delivery (TOLAC, VBAC, uterine rupture)
29. Intrapartum infection management (chorioamnionitis, group B streptococcus, HIV, HSV, etc.)
30. Singleton breech fetus (vaginal delivery or external cephalic version)
31. Vaginal delivery of twin gestation
32. Shoulder dystocia release maneuvers
33. Peripartum hysterectomy
34. Cerclage
35. Immediate postpartum sterilization or IUD insertion
36. Acute postpartum complications (hematoma, endometritis, surgical site infection, etc.)
37. Postpartum care of medical conditions (gestational DM, hypertension, depression, etc.)
38. Lactation complications
39. Uncategorized (cases in this category do not count toward the required 20 cases)

Case List Affidavits

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

Case List Verification and Audit

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

1. providing full and unrestricted access to the candidate's office records of patients for whom the candidate had personal responsibility for professional management and care during the

period for which the lists of patients are required;

2. authorizing access to such hospital or other institutional records as ABOG deems necessary, in its absolute discretion, to verify the completeness and accuracy of the patient lists submitted by the candidate; and
3. using the candidate's best efforts to obtain, where necessary and possible, written patient consent to release to the Board information concerning the patient's condition and treatment.

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

De-Identification of Patient Case Lists

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

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

2024 Certifying Examination Fees and Deadlines

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

Certifying Examination: Deadlines

March 1, 2024	Applications available online
April 12, 2024	Application deadline with no late fee
April 26, 2024	No applications accepted after this date
June 30, 2024	Candidates will be notified to submit case lists and a photograph and to pay the examination fee
August 1, 2024	Last day for receipt of case lists, photograph, and examination fee without additional late fee
August 2-16, 2024	Late fee applies
August 16, 2024	No case lists or examination fees accepted after this date.
October 7-10, 2024 October 21-24, 2024 November 4-7, 2024 November 18-21, 2024	Certifying Exam Weeks

Certifying Examination: Application Fees

March 1, 2024, to April 12, 2024	$1,040
April 13, 2024, to April 26, 2024	$1,040 + $360 late fee = $1400

Certifying Examination: Examination Fees

June 30, 2024, to August 1, 2024	$1225
August 2, 2024, to August 16, 2024	$1225 + $395 late fee = $1620

After approval, if the candidate experiences an event that prevents sitting for the Certifying Examination, ABOG should be notified immediately. If the ABOG Credentials Subcommittee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee may be refunded.

Final Approval and Notification of Admission to the Certifying Examination

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

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

Candidates may NOT request a specific week for their examination unless there is a date conflict beyond the control of the candidate. If candidates have a need to request a specific examination week, they must email their request to exams@abog.org. Once the request has been received, a task will be made available on the candidate's ABOG portal to submit required supporting documentation. Requests must be received no later than May 7, 2024, and should be submitted as soon as the candidate is aware of the need for a specific week. ABOG reserves the right to deny any such request.

Certifying Examination Content

Approximately 33% of the questions on the test will be in the area of Obstetrics, 33% in Gynecology, and 33% in Office Practice. The approximate percentage of questions in subcategories is shown below.

- Obstetrics
  - Preconception/Prenatal/Antenatal Care (4%)
  - Evaluation/Diagnosis of Antenatal Conditions (8%)
  - Intrapartum Care, Complications, and Obstetrical Procedures (18%)
  - Postpartum Care (3%)
- Gynecology
  - Preoperative Evaluation (4%)
  - Perioperative Care (3%)
  - Surgical Complications (4%)
  - Postoperative Care (8%)
  - Gynecologic Emergencies (9%)
  - Surgical Procedures (5%)
- Office Practice
  - Well-Woman Preventive Care (10%)
  - Office Management – Medical Problems (4%)
  - Office Management – Gynecology (15%)
  - Office Procedures (4%)

Within the scope of obstetrics, gynecology, and office practice, candidates may also be assessed in Cross Content on the how they:

1. Apply knowledge of female anatomy and pathophysiology to improve patient outcomes
2. Demonstrate cultural awareness when communicating with a diverse patient population, including but not limited to, gender, age, culture, race, religion, disabilities, and sexual orientation
3. Disclose unexpected, adverse events, or medical errors or unexpected situations
4. Participate in and use systems-based surgical quality improvement processes
5. Execute timely and accurate debriefs and patient handoffs
6. Identify fitness and duty among colleagues and intervene as required
7. Create and maintain a respectful working environment
8. Provide care with multidisciplinary teams (Systems-based practice)
9. Participate in continuous quality improvement (Practice-based learning and improvement)
10. Adhere to standards of care, professional responsibilities, and ethical principles (Professionalism)
11. Crisis situations (e.g., substance abuse, intimate partner violence)
12. Apply knowledge of applied basic science (e.g., microbiology, immunology, embryology, pharmacology, genetics) to improve patient outcomes
13. Apply epidemiology, statistics, and evidence-based medicine to interpret OB GYN literature and improve patient-based outcomes
14. Provide equitable and respectful care that is responsive to a patient's culture

The topics upon which the Certifying Examination is based on are shown in Appendix B.

Administration of the Certifying Examination

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

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

The Certifying Examination is three hours in length equally divided into the areas of Obstetrics, Gynecology, and Office Practice. Each hour will be divided into two sections of approximately 30 minutes in length. One section will be devoted to questions derived from the candidate's case list, and the other section will consist of structured and/or simulated cases written by ABOG. The structured cases are used to elicit the candidate's responses to specific clinical situations. The examination will be conducted in English. Candidates must not take ANY electronic device into the examination room. This includes any devices that can access the internet and any device with a recording feature. This includes wearable devices such as the Apple Watch and similar devices. An insulin pump is an exception to this rule.

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

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

Use of the Case List During the Examination

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

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

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

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

Results and Scoring

The results of the Certifying Examination will be reported online to each candidate no later than six weeks following their examination week. We recognize waiting for up to six weeks for these important results is difficult. Please be assured during this post-examination period, extensive quality assurance checks take place to ensure your test result is fair and accurate. The Multi-Facet Rasch Model used in calculating a candidate's score accounts for examiner severity and case difficulty, and that score is determined during these weeks of statistical analysis.

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

Rescores and Appeals

If at the completion of the Certifying Examination, a candidate believes the test has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within 6 hours of the completion of the Certifying Examination. To do so, a candidate must telephone the Board office (214-871-1619) and send a follow-up email in writing to exams@abog.org.

If the request is granted:

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

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

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

Requests for Re-Examination

Candidates who are disapproved for the Certifying Examination, scheduled to take the Certifying Examination but do not do so, as well as candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG website and pay a new fee. It is necessary for each applicant to meet the requirements in effect the year the application is submitted. These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process before the applicable deadline.

NEW DIPLOMATES

After passing the Certifying Examination, each new Diplomate is required to apply for and enter the Maintenance of Certification (MOC) process in 2025. The MOC application is online at www.abog.org. The MOC annual fee for the first year of MOC (2025) for new ABOG Diplomates is waived. Failure to enter the process and complete all assignments in 2025 will result in expiration of certification status as of December 31, 2025.

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

List of Certified Diplomates

Each year ABOG notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names is also sent to the American Board of Medical Specialties (ABMS) with the request that they be included in the ABMS Database that includes displays in Certification Matters™ and ABMS Solutions products that are used for primary source verification (PSV) of certification by various stakeholders. Diplomate status may also be provided to other organizations, government agencies, and the lay public. Candidates must sign a statement acknowledging this fact at the time of the Certifying Examination.

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

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

APPENDIX A: APPROVED ABBREVIATIONS FOR EXAMINATIONS

2D	2-dimensional
3D	3-dimensional
17-OHP	17-hydroxyprogesterone
aCGH	Array comparative genomic hybridization
ACTH	Adrenocorticotropic hormone
AFI	Amniotic fluid index
AFP	Alpha-fetoprotein
AGC	Atypical glandular cells
AIS	Adenocarcinoma in situ
ALT	Alanine aminotransaminase
AMA	Advanced maternal age
AMH	Antimullerian hormone
ANC	Absolute neutrophil count
APS	Antiphospholipid antibody syndrome
ARDS	Acute respiratory distress syndrome
AROM	Artificial rupture of membranes
ART	Antiretroviral therapy or Assisted reproductive technology
ASA score	American Society of Anesthesiologists score
ASC	Abdominal sacrocolpopexy
ASCUS	Atypical cells of undetermined significance
ASRM	American Society for Reproductive Medicine
AST	Aspartate aminotransaminase
ATFP	Arcus tendineus fascia pelvis
AUB	Abnormal uterine bleeding
AZF	Azoospermia factor
BEP	Bleomycin, etoposide, cisplatin
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
BUN	Blood urea nitrogen
Cm	Centimeter
CA125	Cancer antigen 125
CBAVD	Congenital bilateral absence of the vas deferens
CBC	Complete blood count
CD4	Cluster of differentiation 4
CEA	Carcinoembryonic antigen
CI	Confidence interval
CIN	Cervical intraepithelial neoplasia
CMV	Cytomegalovirus
CNS	Central nervous system
COC	Combined oral contraceptive
CPR	Cardiopulmonary resuscitation
CT	Computerized tomography
CTA	Computerized tomography angiography
CTLA-4	Cytotoxic T lymphocyte-associated antigen 4
CVS	Chorionic villus sampling
dMMR	Deficient mismatch repair
D & C	Dilatation and curettage
D & E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry

DHEA	Dehydroepiandrosterone
DHEAS	Dehydroepiandrosterone sulfate
DIC	Disseminated intravascular coagulopathy
DKA	Diabetic ketoacidosis
DM	Diabetes mellitus
DMSO	Dimethyl sulfoxide
DNA	Deoxyribonucleic acid
DSD	Differences of sexual development
DVP	Deepest vertical pocket
DVT	Deep vein thrombosis
EAS	External anal sphincter
EBL	Estimated blood loss
ECC	Endocervical curettage
ECMO	Extracorporeal membrane oxygenation
EGA	Estimated gestational age
EIN	Endometrial intraepithelial neoplasia
ELISA	Enzyme-linked immunosorbent assay
EKG/ECG	Electrocardiogram
EMA-CO	Etoposide, methotrexate, actinomycin D-cyclophosphamide, Oncovin®
EMB	Endometrial biopsy
EFW	Estimated fetal weight
ER	Estrogen receptor
ERAS	Enhanced recovery after surgery
ESHRE	European Society of Human Reproduction and Embryology
FDA	Food and Drug Administration
FENa	Fractional excretion of sodium
FFP	Fresh frozen plasma
FGR	Fetal growth restriction
FHR	Fetal heart rate
FHT	Fetal heart tones
FIGO	International Federation of Gynecology and Obstetrics
FISH	Fluorescence in situ hybridization
FSH	Follicle-stimulating hormone
g	Gram
GBS	Group B streptococcus
G-CSF	Granulocyte colony-stimulating factor
GDM	Gestational diabetes mellitus
GIFT	Gamete intrafallopian transfer
GnRH	Gonadotropin-releasing hormone
GOG	Gynecologic Oncology Group
GTD	Gestational trophoblastic disease
GTN	Gestational trophoblastic neoplasia
HbA1c	Hemoglobin A1c
HELLP	Hemolysis, elevated liver function tests, low platelet count
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus
hMG	Human menopausal gonadotropin
HNPCC	Hereditary nonpolyposis colorectal cancer
HPO	Hypothalamic-pituitary-ovarian
HPV	Human papillomavirus
HRT	Hormone replacement therapy
HSG	Hysterosalpingogram

HSIL	High-grade squamous intraepithelial lesion
HSV	Herpes simplex virus
IAS	Internal anal sphincter
IC/BPS	Interstitial cystitis/Bladder pain syndrome
ICSI	Intracytoplasmic sperm injection
ICU	Intensive care unit
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IM	Intramuscular
INR	International normalized ratio
IPG	Implantable pulse generator
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUI	Intrauterine insemination
IUP	Intrauterine pregnancy
IV	Intravenous
IVF	In vitro fertilization
IVIG	Intravenous immunoglobulin
kg	Kilogram
KUB	Kidney, ureter, bladder
L & D	Labor and delivery
LARC	Long-acting reversible contraception
LAVH	Laparoscopic-assisted vaginal hysterectomy
LDH	Lactate dehydrogenase
LEEP	Loop electrosurgical excision procedure
LGA	Large for gestational age
LGBTQIA	Lesbian gay bisexual transgender queer intersex asexual
LFT	Liver function test
LH	Luteinizing hormone
LMP	Last menstrual period
LMWH	Low-molecular-weight heparin
LSIL	Low-grade squamous intraepithelial lesion
LVSI	Lymphovascular space invasion
mL	Milliliter
mTOR	Mammalian target of rapamycin
MCA	Middle cerebral artery
MESA	Microsurgical epididymal sperm aspiration
MIS	Minimally invasive surgery
MRI	Magnetic resonance imaging
MRKH	Mayer-Rokitansky-Küster-Hauser
MSAFP	Maternal serum alpha-fetoprotein
MSI-H, -L	Microsatellite instability-high, -low
MTP	Massive transfusion protocol
MURCS	Müllerian duct aplasia, renal aplasia, cervicothoracic somite dysplasia
NAAT	Nucleic-acid amplification test
NGS	Next-generation sequencing
NICU	Neonatal intensive care unit
NIPT	Noninvasive prenatal testing
NPO	Nil per os
NSAID	Nonsteroidal anti-inflammatory drug
OAB	Overactive bladder
OASIS	Obstetric anal sphincter injuries

OHSS	Ovarian hyperstimulation syndrome
OHVIRA	Obstructed hemivagina ipsilateral renal agenesis
PACU	Postanesthesia care unit
PALND	Para-aortic lymph node dissection
PAP	Papanicolaou smear
PARP	Poly adenosine diphosphate-ribose polymerase
PCOS	Polycystic ovarian syndrome
PCR	Polymerase chain reaction
PD-1	Programmed cell death protein 1
PD-L1	Programmed cell death ligand 1
PESA	Percutaneous epididymal sperm aspiration
PET	Positron emission tomography
PFMT	Pelvic floor muscle therapy
PFPT	Pelvic floor physical therapy
PGT-A	Preimplantation genetic testing for aneuploidy
PGT-M	Preimplantation genetic testing for monogenic disorder
PGT-SR	Preimplantation genetic testing for structural rearrangements
PLND	Pelvic lymph node dissection
PNE	Peripheral nerve evaluation
POP	Pelvic organ prolapse
POP-Q	Pelvic organ prolapse quantification system
PPH	Postpartum hemorrhage
PR	Progesterone receptor
PROM	Premature rupture of membranes
PT	Prothrombin time
PTT	Partial thromboplastin time
PPROM	Preterm premature rupture of membranes
PTNS	Posterior tibial nerve stimulation
PUBS	Percutaneous umbilical blood sampling
PUPPP	Pruritic urticarial papules and plaques of pregnancy
PVR	Postvoid residual
RAIR	Rectoanal inhibitory reflex
RBC	Red blood cell
RCT	Randomized controlled trial
RNA	Ribonucleic acid
RPL	Recurrent pregnancy loss
RPR	Rapid plasma reagin
SBO	Small bowel obstruction
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SHBG	Sex hormone-binding globulin
SLND	Sentinel lymph node dissection
SNM	Sacral neuromodulation
SNP	Single-nucleotide polymorphism
SO	Salpingo-oophorectomy: preceded by R (right) or L (left) or unilateral (U)
SROM	Spontaneous rupture of membranes
SSLF	Sacrospinous ligament fixation
STI	Sexually transmitted infection
SUI	Stress urinary incontinence
SS-A	Sjogren syndrome A
SS-B	Sjogren syndrome B
SVD	Spontaneous vaginal delivery

T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
TAH	Total abdominal hysterectomy
TCGA	The Cancer Genome Atlas
TESA	Testicular sperm aspiration
TESE	Testicular sperm extraction
TLH	Total laparoscopic hysterectomy
TNF	Tumor necrosis factor
TOLAC	Trial of labor after cesarean
TOT	Transobturator tape
TSH	Thyroid-stimulating hormone
TRALI	Transfusion-related acute lung injury
TTTS	Twin-twin transfusion syndrome
TUNEL	Terminal deoxynucleotidyl transferase-mediated deoxyuridine triphosphate-nick end labelling
TVH	Total vaginal hysterectomy
TVS	Transvaginal sonography
TVT	Tension-free vaginal tape
UAE	Uterine artery embolization
USLF	Uterosacral ligament fixation
UTI	Urinary tract infection
VAC	Vincristine, actinomycin-D, cyclophosphamide
VAIN	Vaginal intraepithelial neoplasia
VBAC	Vaginal birth after cesarean delivery
VCUG	Voiding cystourethrography
VDRL	Venereal disease research laboratory
VEGF	Vascular endothelial growth factor
VIN	Vulvar intraepithelial neoplasia
VLPP	Valsalva leak point pressure
V/Q	Ventilation/Perfusion
VTE	Venous thromboembolism
VVF	Vesicovaginal fistula
WBC	White blood cell
WES	Whole exome sequencing
WHO	World Health Organization
ZIFT	Zygote intrafallopian transfer

APPENDIX B: SPECIALTY CERTIFYING EXAMINATION TOPICS

Obstetrics

OB1. Preconception/Prenatal/Antenatal Care

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

A. Apply knowledge of pregnancy physiology to differentiate physiological changes from pathological conditions

B. Provide management, counseling, and testing for routine prenatal care (e.g., vaccinations, abnormal laboratory results, routine sonography, postpartum contraception)

C. Evaluate, diagnose, and provide initial management of co-existent medical conditions during pregnancy and preconception (e.g., cardiovascular, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine, psychiatric, autoimmune, neoplastic, dermatologic, neurologic, obesity)

D. Provide patient counseling regarding options, risks, and benefits of genetic testing (e.g., maternal carrier screening, aneuploidy screening, diagnostic testing)

OB2. Evaluation/Diagnosis of Antenatal Conditions

OB2.1. Evaluate, diagnose, and manage preconception/antenatal conditions with predominantly fetal effects

A. Select, perform, and interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)

B. Evaluate, diagnose, and manage preterm labor/delivery and those at risk

C. Evaluate, diagnose, and manage fetal anomaly identified during standard second-trimester ultrasound examination

D. Evaluate, diagnose, and manage multifetal gestation

E. Evaluate, diagnose, and manage fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)

F. Evaluate, diagnose, and manage postterm gestation

G. Evaluate, diagnose, and manage second- and third-trimester stillbirth

OB2.2. Evaluate, diagnose, and manage preconception/antenatal predominantly maternal conditions

A. Evaluate, diagnose, and manage common first-trimester complications (e.g., first-trimester bleeding, miscarriage, uterine incarceration)

B. Evaluate, diagnose, and manage second-trimester complications (e.g., cervical insufficiency, PPROM, second-trimester miscarriage/demise)

C. Evaluate, diagnose, and manage hypertensive disorders of pregnancy (e.g., chronic hypertension, gestational HTN, pre-eclampsia, eclampsia)

D. Evaluate, diagnose, and manage pregestational and gestational diabetes

E. Evaluate, diagnose, and manage medical disorders unique to pregnancy (e.g., hyperemesis, cholestasis of pregnancy, acute fatty liver of pregnancy, peripartum cardiomyopathy, PUPPP/PEP, pemphigoid gestationis, isoimmunization)

F. Evaluate, diagnose, and manage antepartum infections (e.g., HIV, varicella, parvovirus, syphilis, TORCH, COVID-19, pyelonephritis)

G. Evaluate, diagnose, and manage surgical conditions and nonobstetrical emergencies during pregnancy (e.g., acute abdomen, adnexal masses, renal stone, trauma)

OB3. Intrapartum Care, Complications, and Obstetrical Procedures

OB3.1. Provide general intrapartum care

A. Provide operative vaginal delivery (e.g., forceps, vacuum)

B. Provide cesarean delivery and manage intraoperative complications (e.g., GU injury, GI injury, uterine artery laceration, hysterotomy extension, inadequate operating space)

C. Evaluate, diagnose, and manage obstetrical lacerations and associated complications

D. Counsel patients on analgesia options and manage intrapartum pain

E. Evaluate, diagnose, and initially manage neonates in need of resuscitation; counsel about and/or perform circumcision

F. Manage induction or augmentation of labor

G. Provide interventions to reduce perioperative complications (e.g., infection, thromboembolism, blood loss, fetal injury)

OB3.2. Evaluate, diagnose, and manage intrapartum conditions

A. Labor abnormalities (e.g., dystocia, PROM, cord problems, abnormal position or presentation)

B. Management of postpartum hemorrhage and uterine inversion (e.g., uterine atony, retained placenta, uterine inversion, medical and surgical options)

C. Placental abnormalities (e.g., placenta previa, vasa previa, placenta accreta spectrum, placental abruption)

D. Acute maternal decompensation (e.g., amniotic fluid embolism, sepsis, shock, high spinal analgesia, pulmonary embolism)

E. Fetal heart rate abnormalities

F. Prior cesarean delivery (e.g., TOLAC, VBAC, uterine rupture)

G. Manage infection in labor (e.g., chorioamnionitis, Group B streptococcus, HSV, HIV, HBV, HCV)

OB3.3. Evaluate, diagnose, and manage intrapartum conditions: Procedures

A. Vaginal delivery

B. Management of singleton breech fetus (e.g., vaginal breech delivery or external cephalic version)

C. Vaginal delivery of twin gestation

D. Shoulder dystocia maneuvers

E. Peripartum hysterectomy

F. Cervical cerclage

G. Immediate postpartum contraception (e.g., sterilization or IUD insertion)

H. Transvaginal basic obstetric first- or second-trimester ultrasound examination

I. Abdominal basic obstetric second- or third trimester ultrasound examination

OB4. Postpartum Care

OB4.1. Provide general postpartum care

A. Provide routine care (e.g., pain management, wound inspection, sleep assessment, social support assessment)

B. Evaluate, diagnose, and manage postpartum complications (e.g., vulvar and vaginal hematoma, endometritis, surgical site infections; hemorrhoids)

C. Evaluate and manage common medical and obstetrical complications or conditions (e.g., gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)

D. Evaluate, diagnose, and manage lactation and breastfeeding complications (e.g., puerperal mastitis)

Gynecology

G1. Preoperative Evaluation

G1.1. Provide general preoperative evaluation

A. Perform informed consent (e.g., surgery risks, benefits, & alternatives; surgical route; blood transfusion risks; ovarian preservation; anesthesia complications)

B. Perform preoperative evaluation and ensure patient candidacy for planned surgery

C. Identify, evaluate, and optimize co-existing pertinent medical conditions

G2. Perioperative Care

G2.1. Perform perioperative care

A. Provide interventions to reduce perioperative complications (e.g., infection, thromboembolism, blood loss, fires, retained foreign body, wrong surgery site)

B. Institute enhanced recovery after surgery (e.g., perioperative pain management, ambulation, feeding)

C. Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning

G3. Surgical Complications

G3.1. Provide general intraoperative care

A. Apply knowledge of female pelvic anatomy and disease pathology to reduce intraoperative complications

B. Evaluate, diagnose, and manage intraoperative hemorrhage, including vascular injuries

C. Evaluate, diagnose, and initially manage GI tract injuries

D. Evaluate, diagnose, and initially manage GU tract injuries

E. Evaluate, diagnose, and initially manage intraoperative findings of gynecological malignancy

G4. Postoperative Care

G4.1. Evaluate, diagnose, and manage postoperative care

A. Provide routine postoperative care

B. Urinary tract injury / complications (e.g., disruption or obstruction, infection, retention)

C. Wound complications (e.g., infection, disruption, necrotizing fasciitis)

D. Vascular injury / complications (e.g., postoperative hemorrhage or hematoma, VTE, transfusion reaction)

E. Nerve injury

F. GI tract injury / complications (e.g., delayed bowel injury, ileus, SBO, infection, postoperative nausea and vomiting)

G. Pulmonary complications (e.g., pulmonary embolism, infection, asthma, volume overload)

G5. Gynecologic Emergencies

G5.1. Evaluate, diagnose, and manage gynecologic emergencies

A. Adnexal emergency (e.g., PID/TOA, adnexal torsion, ruptured ovarian cysts)

B. Vulvar emergency (e.g., Bartholin gland duct abscess, vulvar abscess, fasciitis; straddle injury; sexual assault)

C. Ectopic pregnancy and pregnancies of unknown location (e.g., tubal, interstitial, cesarean scar, cervical, ovarian sites)

D. Acute uterine complications (e.g., heavy abnormal uterine bleeding; leiomyoma prolapse, degeneration, or torsion; hematometra)

E. Genitourinary emergencies (e.g., renal stone; procidentia with retention or with erosion; urethral diverticulum infection)

G6. Surgical Procedures

G6.1. Perform minimally invasive surgical procedures

A. Operative hysteroscopy (e.g., myomectomy, polypectomy, endometrial ablation, adhesiolysis)

B. Minimally invasive hysterectomy (vaginal, laparoscopic, robotic)

C. Operative laparoscopy (e.g., lysis of adhesions, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, sterilization, ablation or resection of endometriosis, salpingostomy)

G6.2. Perform minor gynecologic surgical procedures

A. Cervical conization and LEEP

B. Dilation and curettage (not pregnancy related)

C. Vulvar or vaginal surgery

D. Diagnostic cystoscopy

G6.3. Perform major open gynecologic surgical procedures

A. Abdominal incisions (e.g., Pfannenstiel, Maylard, Cherney, midline vertical; wound debridement; closure options)

B. Abdominal hysterectomy

C. Abdominal myomectomy

D. Adnexal surgery (e.g., oophorectomy, cystectomy, salpingectomy, salpingo-oophorectomy, tubal sterilization, salpingostomy, endometriosis/ endometrioma)

Office Practice

OP1. Well-Woman Preventative Care

OP1.1. Provide routine care

A. Perform age-appropriate preventive health screening and immunization (e.g., pediatric, adolescent, reproductive-age, perimenopausal, geriatric groups)

B. Perform universal screening of mental health, substance use disorder, intimate partner violence, social health determinants

C. Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures

D. Counsel and promote wellness (e.g., physical activity, stress management, nicotine cessation, sleep health, bone health)

E. Provide reproductive counseling (individual reproductive priorities, optimize fertility and pre-pregnancy health)

F. Counsel and promote sexual health and wellness and healthy relationships

G. Counsel regarding family planning methods, contraception, sterilization, abortion options

H. Educate and counsel regarding diet and nutrition for promotion of health, weight management, disease prevention, and treatment of chronic conditions

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

A. Pediatric and adolescent patients

B. LGBTQIA patients (e.g., acknowledge gender identity, hormone suppression or replacement, gender affirming surgeries, preventive care)

C. Intimate partner violence and sexual assault

D. Psychiatric disorders (depression, anxiety, substance use disorder, eating disorder)

E. Patients with compromised health (e.g., mental disability, physical disability, immunocompromised patient, HIV infection) OP2. Office Management - Medical Problems

OP2. Office Management - Medical Problems

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

A. Breast disorders

B. Cardiovascular disease risk factors (e.g., chronic hypertension, hyperlipidemia, obesity)

C. Gastrointestinal disease

D. Musculoskeletal disorders (e.g., low back pain, abdominal wall hernia)

E. Headaches

F. Asthma

G. Osteoporosis and osteopenia

OP3. Office Management – Gynecology

OP3.1. Perform general office gynecology care

A. Evaluate, diagnose, and initiate management of infertility and recurrent pregnancy loss

B. Evaluate, diagnose, and manage menopause (e.g., vasomotor symptoms, genitourinary syndrome of menopause)

C. Evaluate, diagnose, and initiate management for sexual development disorders (e.g., structural, chromosomal, including transition to adult OB GYN care)

D. Evaluate and manage abnormal cervical cancer screening results (colposcopy, biopsy, LEEP, etc.)

E. Evaluate, diagnose, and manage adnexal abnormalities (e.g., simple and complex masses, mittelschmerz)

F. Evaluate, diagnose, and manage urinary tract infections

G. Evaluate, diagnose, and manage chronic pain conditions (e.g., vulvodynia, dyspareunia, interstitial cystitis, irritable bowel syndrome)

H. Evaluate, diagnose, and manage endometriosis

I. Evaluate, diagnose, and manage female sexual dysfunction (e.g., desire, arousal, orgasm)

J. Provide and manage contraception (e.g., options, side effects or complications, emergency contraception, LARC, noncontraceptive benefits)

OP3.2. Evaluate, diagnose, and manage endocrine disorders

A. Androgen excess (e.g., polycystic ovary syndrome, ovarian tumor, Cushing disease/syndrome)

B. Hyperprolactinemia and galactorrhea

C. Disorders of puberty

D. Diabetes mellitus

E. Thyroid disease

OP3.3. Evaluate, diagnose, and manage disorders of menstruation

A. Primary amenorrhea

B. Secondary amenorrhea

C. Abnormal uterine bleeding (endometrial biopsy, hysteroscopy)

D. Premenstrual dysphoric disorder

E. Dysmenorrhea

OP3.4. Evaluate, diagnose, and manage vulvovaginal conditions

A. Vaginal discharge (e.g., fungal, bacterial vaginosis, desquamative inflammatory vaginitis)

B. Sexually transmitted infections (e.g., syphilis, gonorrhea, trichomoniasis, chlamydial infection, chancroid, pubic lice, molluscum contagiosum, or HPV or HSV infections)

C. Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia

D. Vulvar skin conditions (e.g. contact dermatitis, lichen simplex chronicus, lichen sclerosis, lichen planus, hidradenitis suppurativa)

OP3.5. Evaluate, diagnose, and manage structural uterine abnormalities

A. Leiomyoma

B. Endometrial or cervical polyps

C. Hyperplasia and endometrial intraepithelial neoplasia (EIN)

D. Adenomyosis

OP3.6. Evaluate, diagnose, and initiate management of incontinence / pelvic floor disorders

A. Urinary incontinence

B. Fecal incontinence

C. Pelvic organ prolapse

D. Fistula

OP3.7. Evaluate, diagnose, and initiate management for reproductive tract cancer

A. Vulvar or vaginal

B. Cervical

C. Uterine

D. Ovarian/ Fallopian Tubes

E. Gestational Trophoblastic Disease (GTD)

OP4. Office Procedures

OP4.1. Perform office-based procedures

A. Induced medication abortion

B. Induced abortion procedure

C. Pessary fitting

D. Office procedure pain management (e.g., cervical block)

E. Abdominal pelvic ultrasonography

F. Transvaginal pelvic ultrasonography

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 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 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 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 ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit 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 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 ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

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

APPENDIX D: LACTATION ACCOMMODATIONS

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