2025

Specialty & Subspecialty Continuing Certification (CC) Bulletin

ABOG
American Board of Obstetrics & Gynecology
First in Women's Health®

	ContinuingCert@abog.org		(214) 871-1619
	2727 Laclede St. Dallas, Texas 75204		(214) 871-1943

Gender Language Disclaimer

This Bulletin, revised as of December 9, 2024, represents the official statement of requirements for the 2025 Specialty and Subspecialty Continuing Certification (CC) programs effective January 1, 2025.

Important Notice of Modifications to the Continuing Certification (CC) Program

Please read carefully the modifications described below as your **2025 Continuing Certification (CC)** *performance* or *participation* may impact your **2026 CC requirements**.

Participation Requirements

The annual 2025 CC application deadline is August 1, 2025, with an extended deadline on September 1, 2025. Diplomates who fail to apply by September 1, 2025, or fail to complete all 2025 CC requirements by November 15, 2025, will not be given an extension to complete their requirements in 2025. Diplomate certification statuses will remain Active, but a remedial pathway will be required in 2026 to maintain certification.

- Impacted Diplomates must apply for 2026 CC by the 2026 CC application deadline.
- An Incomplete Requirements Service fee of $795 will be assessed in addition to the 2026 CC application fee at the time of their 2026 CC application.
- Additional article-based assessments and activities will be required in 2026 to maintain certification(s).
- Impacted Diplomates who do not meet all 2026 requirements by the 2026 CC completion deadline must pass the 2027 Re-Entry Exam to regain certification(s).
- Diplomates will only be offered the remedial pathway once per 6-year period.

Diplomates with a Probationary certification status or compliance report requirements in 2025 are not eligible for the remedial pathway in 2026. Incomplete 2025 CC requirements will result in Expired certificates for these Diplomates in 2026.

Performance Requirements

- Part II: Article-based Assessments
    - All Diplomates must achieve at least 80% correct (with 2 attempts) of all 2025 article-based assessment items by November 15, 2025.
- Part III: Performance Pathway
    - Year 5 Diplomates must achieve an aggregated average of at least 86% correct (based on first attempt scores) of all article-based assessment items in Years 1-5 by November 15, 2025.
    - This 86% benchmark allows Performance Pathway participants to opt out of the CC Part III Exam in Year 6.

- CC Part III Exam
    - Year 6 Diplomates required to take and pass the 2025 CC Part III Exam must do so on July 21, 2025.
- Diplomates who fail to meet the 2025 CC performance requirements by November 15, 2025 (failing CC Part II or CC Part III Exam), will be required to take and pass the Re-Entry Exam in 2026.

2025 Re-Entry Exam

- The 2025 Re-Entry Exam will be offered on July 21, 2025. Administering this exam once per year will be the standard.
- The deadline to apply for the 2025 Re-Entry Exam is February 28, 2025.
- Diplomates' certification statuses will not be impacted until the 2025 Re-Entry Exam results are posted at the end of October. Failure to pass this exam will result in loss of board certification. Exam failure will result in certification expiration date reflecting the date the exam was taken.
- Diplomates who lose their certification status after failing the 2025 Re-Entry Exam may apply for the 2026 Re-Entry Exam by the 2026 Re-Entry Exam application deadline to regain certification.

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KEY INFORMATION ABOUT SPECIALTY AND SUBSPECIALTY CERTIFICATION

1. Certification by the American Board of Obstetrics and Gynecology (ABOG) and participation in the Continuing Certification (CC) process is voluntary.

2. Physicians certified by ABOG in 1986 and thereafter hold time-limited certificates. CC is a continuous process and certificates expire yearly. To maintain their status as Board-certified physicians, they must participate in the CC process in the year that their certificate expires and successfully complete all requirements on an annual basis. For example, if a certificate is valid through December 31, 2025, that Diplomate must complete the 2025 CC requirements.

3. Diplomates must apply for 2025 CC on August 1, 2025. A late fee of $50 will apply for applications submitted between August 2, 2025, and September 1, 2025. No further deadline extension will be provided. All annual CC requirements must be successfully completed by November 15, 2025.

4. Diplomates who passed the Specialty Certifying Exam in 2024, gain initial certification that will expire on December 31, 2025, unless they apply and successfully complete all 2025 CC requirements.

5. As changes could be made to the process each year, it is a Diplomate's responsibility to be familiar with the information in each year's *CC Specialty & Subspecialty Bulletin.*

6. It is each Diplomate's responsibility to promptly inform ABOG within 40 business days of any and all actions against a medical license, hospital or other privileges, and credentials, including having their practice monitored.

7. ABOG will discuss Diplomate information with only the Diplomate. ABOG will not release Diplomate information to a proxy.

8. It is a Diplomate's responsibility to update information in their Profile on their ABOG portal or to notify ABOG immediately of any change in address, email address, or telephone numbers.

9. ABOG is under no obligation to notify a Diplomate of impending loss of certification, deadlines, or changes in their certification status. However, ABOG will attempt to email reminders to those who may be in jeopardy of losing certification using the email address provided at the time of their most recent CC application. ABOG is not responsible for a Diplomate not receiving such emails due to change of email address, loss of notice due to spam or other filters, or any other technical problem.

10. Each Diplomate enrolled in CC has a dashboard in the ABOG portal showing their progress, which can be accessed at www.abog.org. Diplomates are encouraged to review their ABOG portal at least quarterly.

11. Diplomates will have access to all CC requirements when the application process is completed, and Diplomates are approved to participate. The application process includes attesting to the Professionalism, Professional Standing, and Professional Conduct Policy and answering questions regarding Professionalism, Professional Conduct, and Professional Standing and paying the appropriate fees. For Diplomates without hospital privileges, an attestation of professional standing must be completed by another ABOG Diplomate in good standing and uploaded to their ABOG portal, emailed, or faxed to ABOG once per 6-year CC cycle [fax: (214) 871-1943; email: ContinuingCert@abog.org].

12. Diplomates in CC Year 6 who are required or elect to take the CC Part III Exam must successfully pass the exam on July 21, 2025. Detailed information about the application process, fee, and exam content is in the section titled Part III: Assessment of Knowledge, Judgment, and Skills .

13. Diplomates who retire from practice or temporarily are clinically inactive (e.g., not involved in the provision, supervision, or administration of patient care) may request to participate in CC activities. Further information can be found in the Diplomates in Nonclinical Positions section of this bulletin.

THE CC PROCESS: GENERAL INFORMATION

The ABOG CC program is a continuous professional development process to ensure that ABOG-certified physicians maintain a high level of knowledge, judgment, and skills in their specialty and/or subspecialty throughout their careers.

The goals of the CC program are:

1. to promote professional standards,
2. to advance scientific knowledge by supporting lifelong learning, and
3. to foster improvements in Health and Health Care.

These goals are achieved through the 4-part CC process.

I. Professionalism, Professional Conduct, & Professional Standing
II. Lifelong Learning & Self-Assessment
III. Assessment of Knowledge, Judgment & Skills
IV. Practice Improvement

The CC program is designed over a 6-year cycle. However, Diplomates must complete requirements annually. After completion of each 6-year cycle, a new cycle begins the following year.

Annual Specialty CC Requirements				
Annual Application	Apply and pay by **August 1, 2025** Apply and pay with **late** fee by **September 1, 2025** Complete all requirements by **November 15, 2025**			
MOC Year	**Part I: Professionalism & Professional Standing**	**Part II: Lifelong Learning & Self-Assessment**	**Part III: MOC Examination**	**Part IV: Practice Improvement**
1-5	Update hospital privileges Attest to Professionalism, Professional Standing, and Professional Conduct Policy Submit attestation form, if requested by ABOG	Read **14** articles in any category and **1** article in Health Equity and Patient Safety Answer **120** questions	**Not required**	Complete **1** activity
6	Update hospital privileges Attest to Professionalism, Professional Standing, and Professional Conduct Policy Submit attestation form, if requested by ABOG	Read **14** articles in any category and **1** article in Health Equity and Patient Safety Answer **120** questions	If eligible for Performance Pathway, choose to participate and **receive credit** for exam If ineligible for Performance Pathway or elected to take the exam, pass the computer-based exam on **July 21, 2025**	Complete **1** activity

Annual Subspecialty CC Requirements				
Annual Application	Apply and pay by **August 1, 2025** Apply and pay with **late** fee by **September 1, 2025** Complete all requirements by **November 15, 2025**			
MOC Year	**Part I: Professionalism & Professional Standing**	**Part II: Lifelong Learning & Self-Assessment**	**Part III: MOC Examination**	**Part IV: Practice Improvement**
1-5	Update hospital privileges Attest to Professionalism, Professional Standing, and Professional Conduct Policy Submit attestation form, if requested by ABOG	Read **10** Subspecialty articles, **4** Specialty, and **1** Health Equity and Patient Safety Answer **120** questions	**Not required**	Complete **1** activity
6	Update hospital privileges Attest to Professionalism, Professional Standing, and Professional Conduct Policy Submit attestation form, if requested by ABOG	Read **10** Subspecialty articles, **4** Specialty, and **1** Health Equity and Patient Safety Answer **120** questions	If eligible for Performance Pathway, choose to participate and **receive credit** for exam If ineligible for Performance Pathway or elected to take the exam, pass the computer-based exam on **July 21, 2025**	Complete **1** activity

CC DEADLINES, DATES, AND FEES

2025 CC Deadline	Date	Fees	
		Specialty	Subspecialty
Application available	Mid-January	n/a	n/a
Application deadline	August 1st	**$290**	**$315**
Late application deadline	September 1st	**$50**	**$50**
Completion deadline	November 15th	n/a	n/a
Part III Exam application deadline	February 28th	**$1,700**	**$1,700**
Re-Entry Exam application deadline	February 28th	**$1,700**	**$2,145**

Fees

The annual CC application fee is $290 (Specialty CC) and $315 (Subspecialty CC). A late fee of $50 will apply for applications submitted between August 2, 2025, and September 1, 2025.

The exam application fee for Diplomates taking the CC Part III Exam (Year 6) or Re-Entry Exam in 2025 is assessed in addition to the annual CC application fee.

For more detailed information on Assessment Fees and Refunds, see ABOG policy here.

CME Options

The following CME options are available in the annual CC application:

Option 1: If you are an ACOG member, you will earn 25 AMA PRA Category 1 Credits™ from ACOG at no additional cost upon successful completion of all CC Part II article-based assessments.

Option 2: If you are not an ACOG member and want to earn CME, the $390 payment for CMEs will be assessed by ACOG as the accredited CME provider. You will earn 25 AMA PRA Category 1 Credits™ upon successful completion of all CC Part II article-based assessments.

Option 3: If you are not an ACOG member and do not want or need to earn CME, there is no additional cost. You may choose not to earn CME upon successful completion of all CC Part II article-based assessments.

* This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of American College of Obstetricians and Gynecologists (ACOG) and the American Board of Obstetrics and Gynecology (ABOG). ACOG is accredited by the ACCME to provide continuing medical education for physicians.

PART I: PROFESSIONALISM, PROFESSIONAL STANDING, AND PROFESSIONAL CONDUCT

The American Board of Obstetrics and Gynecology (ABOG) was founded to promote and maintain the highest standards of care in women's health. Board certification by ABOG denotes that Diplomates have demonstrated a commitment to patients' best interests, professional behavior, and adherence to certification requirements. Our accountability is both to our profession and to the communities we serve.

CC Application Requirements

Physicians must apply to participate in the CC process each year. The application is available via the ABOG portal on the ABOG website at www.abog.org.

Applications for the 2025 CC process will be accepted starting mid-January 2025 and must be submitted with the correct fee no later than August 1, 2025. Applications submitted between August 2, 2025 and September 1, 2025 will be charged a service fee. **No applications will be accepted after September 1, 2025**.

Physicians who apply for the CC process must attest that they agree to adhere to all ABOG Articles of Incorporation, Rules, Bulletins, Policies, Regulations, and other qualifications, as may be amended or supplemented.

Falsification of data submitted to ABOG or evidence of other egregious ethical, moral, or professional misbehavior may result in deferral of a physician's application to CC for at least 3 years. Failure to disclose in a timely fashion is considered falsification of data. Such physicians will lose certification during this deferral period and must apply for the Re-Entry Process to regain board certification.

Each CC applicant must meet all of the following requirements to participate in the CC process.

1. hold an active, unrestricted license to practice medicine in any and all states or territories of the United States, District of Columbia, or Province of Canada in which the physician holds a current medical license.
2. hold unsupervised, unrestricted hospital privileges in each hospital in which patient care has been conducted since their last application.
3. represent their Board certification and CC status in a professional manner.

A physician's professionalism, professional conduct, and professional standing contribute to better patient care and improved medical practice by helping to assure the public that Diplomates exhibit professionalism in their medical practice. This includes:

1. acting in patients' best interests;
2. behaving professionally with patients, families, and colleagues across health professions;
3. taking appropriate care of themselves; and
4. representing their board certification and Continuing Certification (CC) status in a professional manner.

Each physician must maintain a good moral and ethical character and an untarnished professional reputation. The method of demonstrating professionalism and professional standing may differ for different for practice settings.

ABOG requires an active, unrestricted license in any and all states or territories of the United States, District of Columbia, or province of Canada in which a Diplomate is licensed as one measure of professionalism and professional standing. ABOG will query each state licensing board through the Federation of State Medical Boards (FSMB) for lists of physicians who hold active licenses. In addition, ABOG is informed through the American Board of Medical Specialties (ABMS) and other appropriate sources about any medical board actions that are taken against Diplomates' licenses to practice. Diplomates may still participate in CC under an Administrative license depending on their specific state requirements and regulations. Review and approval from the ABOG Credentials Subcommittee is required to participate in CC.

ABOG requires documented evidence concerning the applicant's professional standing, moral and ethical character, and maintenance of hospital privileges (if applicable). This evidence may be collected by ABOG confidentially from administrative officers of organizations and hospitals where the physician is known and practices, from state and local medical boards, from medical societies, and from other appropriate sources of information.

Each CC applicant must complete the relevant task in their respective ABOG portal attesting to the Professionalism, Professional Standing and Professional Conduct Policy.

Each CC applicant must attest online that since their last CC Application there have been no:

1. disciplinary or non-disciplinary actions taken by or agreements with a state medical board including, but not limited to, reprimands, warnings, admonishments, restrictions, terms, limitations, conditions, suspensions, probations, surrenders, denials of renewal or revocations on any medical license held in any state or territory of the United States, District of Columbia, or a province of Canada;

2. charges, pleas, convictions, indictments, or deferred dispositions for any misdemeanor or felony;
3. controlled substance, drug, prescription drug, or alcohol-related offenses; or
4. limitations, restrictions, suspensions, revocations, surrenders, resignations while under investigation, denial of renewal or loss of privileges or negative actions taken by a hospital, medical facility, or healthcare organization.

Each CC applicant must also attest online that since their last CC Application there have been no:

1. disciplinary or non-disciplinary actions taken by or agreements with an institution or other government agency including, but not limited to, Medicare/Medicaid exclusion, DEA registration, federal healthcare program exclusion due to healthcare fraud, or controlled substance license violation;
2. mental or physical conditions that impairs their judgement or that would otherwise adversely affect their ability to practice medicine in a competent, ethical, and professional manner;
3. monitoring by a state medical licensing board mandated physician health program (PHP); and
4. proctoring program mandated by a hospital other than a requirement to obtain new privileges.

Applicants unable to attest to these statements online may not be approved to participate in the CC process.

Applicants must submit a written explanation if they answer “YES” to any of the above professionalism, professional conduct, and professional standing questions.

Applicants must also submit a written explanation of any monitoring by a state medical licensing board mandated PHP since the last CC application to ABOG. The physician must supply ABOG with a statement from the PHP Coordinator on their compliance with the monitoring program, if there are any restrictions to their practice, the date their program began, and the duration of their program. According to the Federation of State PHPs, any HIPAA or other required consent forms will be asked of the PHP Coordinator/monitoring program and not of ABOG. It is not necessary to have a HIPAA or other required release via ABOG.

ABOG will review the material to determine whether the physician will be allowed to participate in the CC process. In most cases, ABOG will require the applicant to clear any

and all restrictions and/or conditions on their medical license or practice of medicine before participation in the CC process will be allowed.

ABOG may, at its discretion, allow a physician practicing medicine exclusively outside the United States, its territories, District of Columbia, and Canada to be certified or maintain certification without a full and unrestricted license in at least one jurisdiction in the United States, its territories, District of Columbia, or Canada if all of the following requirements are met.

1. The physician has complied with all legal and regulatory requirements governing the practice of medicine in the country where the physician is practicing and has an unrestricted license to practice medicine in that country; and
2. Any prior license to practice medicine in the United States, its territories, District of Columbia, or Canada has not been revoked or suspended, voluntarily surrendered, or allowed to expire to avoid disciplinary action(s).

If the applicant has had privileges restricted, suspended, placed on probation, surrendered or revoked, or has had any negative action taken by a hospital, medical facility, or healthcare organization, that physician will not be allowed to participate in the CC process until all such restrictions are removed. Conditions placed on hospital privileges are considered restrictions of practice.

ABOG will review the material to determine whether the physician will be allowed to participate in the CC process. In most cases, ABOG will require the applicant to clear any and all restrictions and/or conditions in the hospital practice before participation in the CC process will be permitted.

If a physician has resigned from a hospital staff or other healthcare organization, including all membership organizations, while under investigation for ethical, moral, professional, or other alleged misbehavior or substandard patient care, a letter from that hospital or other organization stating that they are no longer pursuing the investigation of the physician must accompany the CC application. The application will not be approved until and unless such documentation is received from the healthcare organization. If the information is not received by August 1, 2025, regardless of the reason for nonreceipt, the physician will not participate in the CC process and will lose Board certification on December 31, 2025.

Physicians with medical licenses on probation for a specified length of time may request or be assigned to participate in the CC process in a probationary certification status if the reason for probation is not associated with a criminal conviction, plea, or deferred disposition. The ABOG Credentials Subcommittee will review each request or situation. The decision of the committee is final and cannot be appealed. Physicians requiring more information about the probationary certification status should contact the ABOG Office of

Medical Standards and Assessments.

It is each Diplomate's responsibility to promptly inform ABOG within 40 working days of any and all actions against a medical license, hospital or other privileges, and credentials, including having their practice monitored.

Physicians with hospital staff membership

If a physician has unsupervised hospital privileges, those privileges must be unrestricted in each hospital in which patient care has been conducted since their last CC application. Physicians who must have their practice monitored in Focused Professional Practice Evaluation (FPPE) identified by Ongoing Professional Practice Evaluations (OPPE) processes will be reviewed by ABOG to determine if the required monitoring or proctoring represents restrictions to clinical practice. If requested by ABOG, the physician must sign a release of information form. This allows ABOG to make confidential inquiries to any hospital; other medical facility; other healthcare organization (including membership organizations); physicians, nurses, trainees; and patients, as needed, to document that the physician fulfills all moral and ethical requirements.

Clinically active physicians without medical staff membership

In lieu of hospital privileges, an attestation form must be completed once per 6-year CC cycle. The attestation form must be signed by another ABOG Diplomate in good standing and cannot be signed by a spouse or family member.

Clinically inactive physicians

If a physician is not actively involved in the clinical practice of medicine but chooses to participate in the CC process another ABOG Active Diplomate in good standing, excluding a spouse or other family member, must attest in a letter once per 6-year CC cycle that the applicant is of good moral and ethical character and that the applicant has elected not to have a clinical practice. Such individuals will continue to be board-certified physicians, but their certification status will indicate that they are not in clinical practice. If the physician returns to clinical practice, they must submit written notification to ABOG.

Physicians in international practice settings

Once per 6-year cycle, physicians practicing in a country other than the United States and its territories, District of Columbia, or Canada must submit a letter with the application from a responsible senior official in the hospital or clinical setting where the applicant practices. The letter must attest that they have independent, unsupervised privileges for

the practice of Obstetrics and Gynecology and that the physician's practice of medicine meets all local standards.

Applicants Not Eligible to Participate in CC

To regain ABOG certification, Diplomates must apply through the Re-Entry Process (see Expired Certificates).

A physician not admitted to the CC process may appeal the decision by writing to the ABOG Executive Director within 90 days of notification of the action being appealed. The letter must set forth in detail the specific grounds on which the appeal is based and should provide additional information beyond that which resulted in the adverse action of nonadmittal. If it is determined by the Executive Director that the complaint is not an appealable issue, the appellant shall be notified by email within 30 working days. The process for consideration of the appeal is outlined in the ABOG Policy for Appeals.

If the physician's certification expires during the appeal process, that physician will hold an expired certificate and must pass the Re-entry Exam to reinstate certification. If the appeal is successful, Diplomate status will be reinstated, and the Diplomate must complete any incomplete yearly CC requirements.

PART II: LIFELONG LEARNING AND SELF-ASSESMENT

The Lifelong Learning and Self-Assessment component of CC contributes to improved patient care with ongoing engagement in high-quality learning activities to inform and assess current knowledge of Obstetrics and Gynecology and its subspecialties. CC Part II consists of article-based assessments developed from peer-reviewed literature, best practice guidelines, and important new studies.

Each year, ABOG delivers approximately 100 article options to the ABOG portal. Article selections and article-based assessments are released in January and May, although some may appear at other times during the year. Over the CC year, Diplomates must select 15 articles and answer 8 corresponding assessment questions per article (120 questions total). If a question is answered incorrectly, the Diplomate will receive feedback and have a second chance to answer the question.

To maintain certification and successfully complete CC Part II, Diplomates must score 80% or higher (with 2 attempts) across all 15 article-based assessments (96 or more questions correct out of 120). Those who score below 80% must take and pass the Re-Entry Exam the following year to maintain their certification.

Diplomates who score cumulatively 86% or higher (based on first attempts) on article-based assessments during CC cycle years 1-5 will be credited for the CC Part III Exam administered in Year 6 (see CC Performance Pathway for more information).

All article-based assessments must be completed by November 15, 2025.

Specialty Diplomates' annual CC Part II reading assignments are as follows.

- Read 14 articles (and complete corresponding assessments) from any category including obstetrics, gynecology, office practice, pediatric and adolescent gynecology, minimally invasive gynecologic surgery, the 5 subspecialties, or any other available article categories (e.g., emerging topics).
- Read 1 article (and complete corresponding assessment) from the health equity and patient safety category.

Subspecialty Diplomates' annual Part II reading assignments are as follows.

- Read 10 articles (and complete corresponding assessments) in the Diplomate's specific subspecialty article category.
- Read 1 article (and complete corresponding assessments) in the health equity and patient safety category.

- Read 4 articles (and complete corresponding assessments) from any category including obstetrics, gynecology, office practice, pediatric and adolescent gynecology, minimally invasive gynecologic surgery, other subspecialties, or any of the other available categories (e.g., emerging topics).

For Diplomates holding **two subspecialty certificates**, the annual Part II reading assignments are as follows.

- Read 5 articles (and complete corresponding assessments) in Diplomate's first subspecialty article category.

- Read 5 articles (and complete corresponding assessments) in Diplomate's second subspecialty article category.

- Read 1 article (and complete corresponding assessments) in the health equity and patient safety category.

- Read 4 articles (and complete corresponding assessments) from any category including obstetrics, gynecology, office practice, pediatric and adolescent gynecology, minimally invasive gynecologic surgery, the other four subspecialties, or any of the other available categories (e.g., emerging topics).

Diplomates are responsible for obtaining copies of the articles, reading them, and answering the questions accompanying the articles. ABOG strives to provide open access to as many articles as possible. However, ABOG does not own the content and it is up to the discretion of the content owners or publishers to determine whether they offer their articles for free or charge an access fee. Diplomates who are interested in accessing fee-based articles for MOC are encouraged to contact their institutional or medical libraries.

Article Selection Limits to Meet CC Requirements

- To complete CC Part II requirements, diplomates must select 15 articles and complete one 8-question assessment per article. Diplomates are limited to completing assessments for only the first 15 articles they select.

- Diplomates may read any number of additional CC articles at their convenience. However, a Diplomate can only access questions for 15 articles.

- Once a Diplomate has submitted answers to each of the 8 questions for 15 articles, they are unable to access additional questions unless additional CME credits are purchased (See Extra CME Credits).

Answer Submission Limits and Performance Feedback

- Diplomates are allowed 2 attempts to answer each assessment question correctly.
- Only first attempts contribute to the Performance Pathway threshold (86% correct on first attempt). When used, second attempts contribute to the annual CC Part II threshold (80% correct on final attempt).
- Diplomates will receive immediate feedback after submitting their answers.

User Authentication

- When submitting assessments, user authentication questions may appear randomly for enhanced security. Diplomates should be prepared to answer questions based on personal biodata.
- When authentication questions appear, diplomates must answer correctly within 30 seconds to proceed with submission.

Extra CME Credits

Diplomates may purchase an additional 10 *AMA PRA Category 1 Credits*™ for a $60 fee. Diplomates who purchase extra CME credits must read an additional 8 articles and complete one 8-question assessment per article.

These additional articles may be selected from any category in any combination. Diplomates should be aware that some articles may require access fees paid to the publisher or copyright holder.

To receive the additional CME credits, diplomates must submit their article-based assessments by November 15, 2025, and correctly answer at least 80% of the assessment questions. Answering extra CME article questions does not count toward the Performance Pathway threshold (86% correct on first attempt) or the annual CC Part II threshold (80% correct on final attempt).

Ultrasound Credit Articles

Articles marked with an “Ultrasound” tag in the ABOG portal may be approved for credit toward American Institute of Ultrasound in Medicine (AIUM) continuing education requirements. Diplomates who would like to receive ultrasound credit should contact AIUM for more details (membership@aium.org).

PART III: ASSESSMENT OF KNOWLEDGE, JUDGMENT & SKILLS

Assessment of Knowledge, Judgment and Skills builds upon and links to the continuous learning and self-assessment requirements of CC Part II. The CC Part III Assessment of Knowledge, Judgment and Skills is a secure, computer-based exam and is referred to as the CC Part III Exam.

This exam is only pertinent to those Diplomates who do not qualify for the CC Performance Pathway, or those who choose not to participate in it (see below). These Diplomates must pass the CC Part III Exam in Year 6 of each CC cycle. The exam is administered by Pearson VUE Testing Center and will only be offered on July 21, 2025. Diplomates must successfully apply for CC Part III Exam by February 28, 2025. The exam fee is in addition to the annual CC application fee.

CC Performance Pathway

Diplomates in CC Year 6 who are eligible to participate in the CC Performance Pathway must have an Active Diplomate certification status; have answered at least 86% or more of the CC Part II article-based assessment questions correctly (on first submission responses) in CC Years 1-5 of this CC cycle; and have unrestricted licenses to practice. These Diplomates will be offered a choice to either receive credit for meeting the CC Part III Exam requirement or to take the exam. Year 6 Diplomates not eligible for the Performance Pathway must take and pass the CC Part III Exam in 2025 to maintain certification.

Diplomates will be ineligible to participate in the CC Performance Pathway if they have any of the following.

1. Probationary Diplomate certification status;
2. current state board disciplinary actions on their medical license, such as revocations, suspensions, probations, denials of renewal, surrenders, restrictions, conditions; or
3. felony criminal indictments, pleas, or convictions; or deferred dispositions.

Diplomates Taking the CC Part III Exam

When Diplomates in Year 6 apply for the CC process, they will be notified if they are eligible to participate in the Performance Pathway. Those who do not qualify, or those who elect not to participate in the Performance Pathway, must pass the 2025 CC Part III Exam administered on July 21, 2025.

When a Diplomate's application has been approved, information will be sent by email explaining the process to schedule the exam with Pearson VUE test center. Reservations at each test center are scheduled on a first-come, first-served basis. Physicians are encouraged to schedule their CC Part III Exam as soon as possible after receiving the notice of approval.

CC Part III Exam information is outlined in Appendix A. Accommodation policies are outlined in Appendices B and C. Abbreviations used in exams and content topics are outlined in Appendix D and Appendix E, respectively.

PART IV: PRACTICE IMPROVEMENT

Part IV: Practice Improvement is essential for enhancing patient care through continuous assessment and the elevation of care quality within various environments, including medical practices, hospitals, health systems, and community settings. The activities associated with this section may yield improvements in patient or population health outcomes, facilitate better access to healthcare services, enhance the patient experience—including satisfaction—and contribute to increased value within the healthcare system.

Diplomates are required to select one activity that is most pertinent to their individual practice and contextual setting. Furthermore, they must engage in one of the available Practice Improvement activities annually during CC for the duration of Years 1-6. The options available include the following.

1. ABOG Practice Improvement Assessment Modules
2. ABOG-approved Quality Improvement (QI) Efforts
3. ABOG-approved Simulation Courses
4. ABMS Portfolio Program
5. QI Publications or Presentations

Practice Improvement Modules

The ABOG Practice Improvement Assessment Modules are available on the ABOG website for Diplomates to enhance their practice. Diplomates can choose from a range of topics that best align with their professional needs.

To successfully complete a module for the CC Part IV activity, Diplomates must follow a 2-step process.

1. Start: The initial phase involves engaging with the evidence-based module, which includes information and guidelines relevant to the selected topic. As part of this step, Diplomates are required to review up to 10 of their patient records. This assessment may also include reviewing specific policies instead of patient records, depending on the module's focus. After this review, Diplomates must answer a series of pertinent questions that evaluate their understanding of the material and its application to their practice.
2. Complete: Following the initial review, a 30-day period is observed during which Diplomates can reflect on what they have learned. At the end of this period, they will receive an email from ABOG containing a follow-up set of reflection questions. These questions are designed to encourage deeper contemplation on the insights gained from the module and how they can be applied to improve patient care and outcomes in their practice.

By participating in this structured process, Diplomates are not only fulfilling their certification requirements but also actively contributing to their professional development and the advancement of healthcare quality.

ABOG-approved QI Efforts

The ABOG QI Program recognizes physicians for improving patient care in their practices or being involved in team-based internal QI and/or patient safety activities addressing healthcare processes, clinical care, administration/systems, and population health, or participation in QI courses. Participation allows physicians to earn Part IV: Practice Improvement credit.

Application Process for QI Efforts

Apply:
To submit a QI application, please apply to the Office of Medical Standards and Assessments using the ABMS Portfolio Program online application system.

- Diplomates can access the online Program Portfolio application system through the Part IV: Practice Improvement section of the ABOG portal.
- Sponsors can access the application by visiting the Portfolio Program. Detailed requirements can be found below.

Review:
ABOG staff will review the application within 2 weeks. During the review period, applicants may be asked for clarification.

Report Participants:
The applicant will submit a list of participants by November 15, 2025, to ensure

processing prior to the CC deadline on November 15, 2025. Participants should be submitted within the online application system.

QI efforts in the fields of Obstetrics and Gynecology that qualify for CC Part IV credit must adhere to the following established criteria.

1. Leadership and Management: Strong leadership is essential for compliance with participation requirements, including tracking participants and clarifying roles for meaningful engagement.
2. Impact on Quality Dimensions: Focus on care areas where physicians can influence the 6 quality dimensions (ie, safety, effectiveness, timeliness, equity, efficiency, patient-centeredness).
3. Specific Aims: Objectives must be specific, measurable, relevant, and time-bound.
4. Performance Measures: Use relevant, evidence-based performance measures related to patient care for the designated unit of analysis (eg, physician, clinic).
5. Interventions: Include relevant interventions to assess for improvement.
6. Data Collection and Reporting: Develop a consistent plan for ongoing data collection and reporting to evaluate interventions over multiple cycles.
7. Implementation and Dissemination: Aim to translate improvements into routine practice or disseminate advancements in the field.
8. Resources: Ensure adequate resources are available to support successful execution while avoiding conflicts of interest.

Furthermore, the Portfolio Sponsor is accountable for tracking the physicians involved in the project or for reporting participation in course completion to ABOG prior to the November 15, 2025 CC deadline. This action ensures that Diplomates fulfill the ABOG CC Part IV requirements.

To earn CC Part IV credit for participation in approved QI initiatives, physicians must:

- attest to their meaningful participation in the approved QI effort,
- have their attestation cosigned or reported to ABOG by the project leader, and
- reflect upon their experience in the QI effort.

Criteria for Meaningful Participation

Participation by physicians in an approved QI initiative is deemed meaningful when:

1. the QI effort is structured to benefit the physician's patients and is directly aligned with their clinical practice in Obstetrics and Gynecology;
2. the physician is actively engaged in the QI effort, which comprises collaborating with care team members to devise and implement interventions, analyzing performance data to gauge the effectiveness of those interventions, and making necessary adjustments to the improvement initiative; and
3. the physician can articulate their experience, detailing modifications made in their practice and the resultant effects on the delivery of care.

Physicians may claim CC Part IV credit each time they meet the requirements for meaningful participation, contingent upon the implementation of new interventions.

ABOG-approved Simulation Courses

ABOG underscores the importance of simulation training as a contemporary method for evaluating a physician's technical, clinical, and teamwork abilities in the fields of obstetrics, gynecology, and office practice. Diplomates who engage in simulation courses at conferences or other institutions are strongly encouraged to seek CME activities that incorporate simulation. However, these activities must be preapproved by the Office of Medical Standards and Assessments.

The approval process entails a detailed assessment of the CME content and accompanying simulation activities to ensure compliance with established CC standards. This rigorous review guarantees that the simulations are relevant and meaningful, while also providing avenues for self-assessment.

These simulation activities are designed to deliver thorough, hands-on clinical education experiences tailored to medical professionals across various practice areas. They may include a variety of educational tools, such as task trainers, both low- and high-fidelity simulators, computer-based simulations, and real medical devices, all aimed at enhancing the educational experience. Ideally, these simulations promote peer-to-peer interactions, encouraging collaboration and collective learning. Additionally, programs that offer training opportunities for fellows and residents can also gain approval, significantly enriching the educational landscape.

To provide high-quality learning experiences that align with the simulation requirements established by ABOG, a set of standards has been implemented for the approval of activities and CME courses. The core curricular components that must be included in simulation courses are as follows.

- A minimum of 4 hours of total course instruction.
- Active participation in realistic simulation procedures or scenarios.
- Management of relevant patient care situations, emphasizing teamwork and communication where applicable.
- Assessment of technical skills, if relevant.
- Feedback or post scenario debriefing when appropriate.
- At least one instructor must be an ABOG Diplomate in good standing.
- Adequate resources must be available to support the successful completion of the activity without any conflicts of interest.
- The instructor-to-student ratio should not exceed 1:5.

To earn CC Part IV credit, Diplomates must fully engage in the simulation course and complete an evaluation. Following the course, participants will receive email instructions to reflect on their simulation experience and respond to web-based questions regarding its impact on their practice.

It's important to note that ABOG CC Part IV credit is distinct from CME credit. While some activities may offer CME credit, Diplomates are encouraged to contact the course provider for specific details regarding CME availability.

Application Process for Simulation Courses

Apply:

- Submit a Simulation application using the ABMS Portfolio Program online application system.
- Diplomates can access the online Program Portfolio application system through the Part IV: Practice Improvement section of the ABOG portal.
- Sponsors can access the application by visiting the Portfolio Program. Detailed requirements can be found below.

Review Process:

- ABOG staff will conduct a review of applications within a 2-week time frame. During this period, applicants may be contacted for further clarification, if necessary.

Report Participants:

- The applicant is required to submit a list of participants by November 15, 2025. This is essential to ensure that processing is completed before the CC deadline on November 15, 2025. Participants must be entered through the online application system.

ABMS Portfolio Program

ABOG through the ABMS Portfolio Program accredits institutions conducting QI projects eligible for Part IV: Practice Improvement credit. These institutions select projects that align with the Program's standards and grant credit to physicians who fulfill the participation requirements.

By engaging healthcare professionals in practice-relevant QI initiatives that meet specific criteria, the program not only addresses CC Part IV requirements but also provides an effective means to enhance healthcare quality and safety. This collaborative approach can alleviate burdens on Diplomates, administrative staff, and healthcare facilities.

The Multispecialty Portfolio Program is designed to bolster high-quality patient care. It assists obstetricians and gynecologists in identifying areas needing improvement or performance gaps, implementing changes in care delivery, and evaluating the effects of these changes on patient outcomes and practice effectiveness.

Learn more about the ABMS Portfolio Program here.

QI Publications, Presentations, and Posters

Publications

ABOG offers CC Part IV credit for individuals who author or coauthor published articles that focus on QI activities in healthcare. To qualify for this credit, the following criteria must be met.

1. The article must be published in a peer-reviewed journal.
2. It should adhere to the SQUIRE guidelines applicable to published QI articles.
3. The publication date must fall within the Diplomate's current CC cycle.

Presentations or Posters

ABOG acknowledges the importance of recognizing authorship and coauthorship for peer-reviewed oral presentations and posters that are presented at national scientific meetings. These presentations should detail the implementation and outcomes of QI projects. While the ultimate success of the project does not impact the CC Part IV credit, the project must address a recognized gap in care, be conducted prospectively, and involve multiple QI cycles.

To ensure clarity and quality in posters or oral presentations at a National Meeting, it is vital

to incorporate the following elements.

- Specific Aim: Clearly state the aim of the quality improvement project, including the target population, the desired numerical improvement, and the time frame for achieving this improvement.
- Improvement Process: Describe the quality improvement methodology used. Include details on how the intervention was implemented, how tests of change were utilized to modify the intervention, and the individuals involved in the process.
- Graphical Data Display: Provide a graphical display of data, including at least the baseline measurement and two follow-up measurements.
- Achievement Discussion: Discuss the extent to which the project's aim was achieved.
- Contributing Factors: Identify the factors that influenced the success of the project.
- Next Steps: Outline the next steps for the quality improvement project.

Submission Process for QI Publications, Presentations, and Posters

To submit your materials, please complete the QI publication, presentation, and poster attestation form. Along with this form, make sure to upload a copy of your publication, poster, or presentation directly to your ABOG portal. These submissions must focus on topics such as Quality Improvement, Patient Safety, or enhancements in Clinical Care specifically within your practice content area. Please note that submissions must not pertain to research studies or findings.

ABOG staff will review all applications submitted within a 2-week time frame. During this review process, applicants may be contacted for additional clarification or to address any questions regarding their submissions. It is important to provide thorough and clear information to facilitate this process.

Clinical Research

Clinical research plays an essential role in advancing healthcare, but it is distinct from QI initiatives. Typically, the following activities do not qualify for CC Part IV credit.

- Research publications, including comparative trials, before-and-after studies, and other studies aimed at addressing clinical or scientific questions.
- Evaluations of studies are designed to determine the effectiveness of an intervention.
- The development of quality measures.
- Retrospective analysis using administrative claims data.

Understanding these distinctions is crucial for healthcare professionals looking to meet certification requirements effectively.

DIPLOMATES IN NONCLINICAL POSITIONS

Diplomates holding nonclinical positions, such as deans, administrators, researchers, and those on sabbaticals, have the option to maintain their certification by completing CC Parts I, II, III, and IV. It is essential for these Diplomates to inform ABOG of their status and obtain approval for any requests to be exempt from Part IV: Practice Improvement requirements.

If a Diplomate is granted an exemption from CC Part IV, they will still maintain their ABOG certification status, even though they are not actively engaged in clinical practice. In the event that these individuals decide to return to a clinical setting, they are to contact ABOG to have their certification designation adjusted, potentially revoking the exempt status.

It is important to note that Diplomates who have received exemptions from CC Part IV are still required to meet all other CC obligations by the deadline of November 15, 2025. This includes ensuring that all relevant aspects of Parts I, II, and III are completed within the established time frames, guaranteeing a continued commitment to professional development, and maintaining standards of practice in the field of Obstetrics and Gynecology.

DIPLOMATES WHO ARE TEMPORARILY CLINICALLY INACTIVE OR RETIRED FROM CLINICAL PRACTICE

Diplomates with non-time-limited specialty certification

A Diplomate with a non-time-limited specialty certificate who retires from active clinical practice must notify ABOG of this transition. The Diplomate will then be listed as an inactive Board-certified physician not required to meet CC requirements.

An inactive, retired Diplomate may request to participate in CC. Such physicians must pay the appropriate CC fees and complete CC Parts I, II, and III each year, as appropriate for a 6-year CC cycle. Such Diplomates will be designated as participating in CC. In CC Year 6, these Diplomates must pass the CC Part III Exam if they are not eligible to participate in the CC Performance Pathway.

Inactive, retired physicians who only wish to participate in CC Part II to gain CME credit hours must contact ABOG for approval. Participation in CC Part II alone will not meet the criteria for designation as meeting CC requirements.

Diplomates with time-limited specialty certification

A Diplomate who is clinically inactive temporarily or takes leave from their practice for medical, family, or personal reasons may request to participate in CC without hospital privileges or an outpatient practice. Such physicians must pay the appropriate CC fees, request approval for an exemption from CC Part IV, and complete CC Parts I, II, and III each year. These Diplomates must have an active unrestricted medical license to practice in at least one state. They will be designated as participating in CC. Failure to complete the yearly CC requirements during the temporary inactivity will result in expiration of certification. When these Diplomates reenter clinical practice, they must notify ABOG, meet the CC eligibility requirements, and resume participation in CC Part IV.

A Diplomate with a time-limited specialty certificate who retires from clinical practice must notify ABOG of this transition. The Diplomate will then be listed as an inactive, retired physician. Such physicians will be designated as not required to participate in CC. Failure to notify ABOG at retirement and/or failure to continue the CC process will result in expiration of certification.

All inactive physicians who reenter practice must notify ABOG of that transition. Inactive physicians with prior time-limited certification who have not participated in CC must regain certification through the Re-Entry Process. That physician will then be eligible to reenter the process in CC Year 1.

A retired Diplomate may participate in CC. Such physicians must pay the appropriate CC fees and complete CC Parts I, II, and III each year as appropriate for a 6-year CC cycle. These Diplomates must have an active, unrestricted medical license to practice in at least one state. Such Diplomates will be designated as meeting CC requirements. In CC Year 6, Diplomates must pass the CC Part III Exam or may be eligible to participate in the CC Performance Pathway.

CME Only

Inactive, retired physicians who wish to participate in CC Part II to gain CME credit hours must contact ABOG for approval. Participation in CC Part II alone will not meet the criteria for designation as meeting CC requirements.

FAILURE TO COMPLETE CC PROCESS AND LOSS OF BOARD CERTIFICATION

A Diplomate who fails to apply for CC or to successfully complete all requirements in any given CC year must complete the requirements listed below in the year that follows.

- Apply for CC by the application deadline
- Pay Incomplete Requirements Service fee ($795), in addition to the CC application fee, assessed at the time of CC application
- Complete double requirements for article-based assessments and practice improvement activities
- Successfully complete all annual CC requirements by the CC completion deadline

If impacted Diplomates do not complete all requirements listed above by the CC completion deadline, they must pass the Re-Entry Exam the following year to maintain certification.

Re-Entry Process

A physician whose certification has expired must apply for, take, and pass a secure, computer-based Re-Entry Exam, unless their certificate has been expired for 6 years or more. The physician is also required to complete their CC requirements the same year that certification is regained. There will be a combined fee for the Re-Entry Process that includes the exam and CC fees.

A physician holding a specialty certificate that has been expired for 6 years or more must complete the specialty written and oral exam to reestablish their Diplomate status.

Expired Certificates

The following section applies to previously certified physicians who have lost ABOG certification. Such physicians are no longer Diplomates of ABOG and may not advertise or otherwise designate that they are ABOG certified. Any designation or advertisement of expired ABOG certification must accurately communicate the dates that the certification commenced and ended.

Certification Expired Fewer than 6 Years

Physicians seeking to regain certification must pass a secure, computer-based Re- Entry Exam and complete the annual CC requirements within the same year. Re-Entry Exams will be given once per year. All exams will be administered by a Pearson VUE Testing Center.

Re-Entry Application Process

Applications for the Re-Entry Exam will be available at www.abog.org beginning in January 2025, but the physician must contact the ABOG Office of Medical Standards and Assessments for access to the online application at CredentialsSubcommittee@abog.org. No application will be accepted after February 28, 2025. A nonrefundable combined exam and CC fee of $1,990 must be paid at the time of application. No application will be processed without payment of the application fee and submission of all required documents. The final date to take and pass the exam is July 21, 2025.

An approval email will be sent to the email address currently listed in the Profile Section of the applicant's personal ABOG portal when they are approved to take the exam.

Testing Sites

The approval email will contain information for contacting a Pearson VUE Testing Center to schedule a seat for the exam. Diplomates are urged to obtain a seat as soon as possible after notification of approval to avoid long-distance travel to a site with an available seat. On April 25, ABOG reserved seats held at the Pearson VUE centers will be released. After that date, it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited and are assigned on a first-come, first-served basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.

After the email is received, the Diplomate must contact Pearson VUE to schedule the exam. Instructions for contacting Pearson VUE will be included in the acceptance email. Reservations at Pearson VUE in individual cities are limited and are assigned on a "first come, first served" basis. Thus, there is no guarantee that a specific city site will be available. Applicants are encouraged to complete their application process as soon as possible.

Re-Entry Certification Limits

Candidates who successfully pass the Re-Entry Exam in 2025 will maintain their certification provided the Diplomate all completes all annual CC requirements by November 15, 2025.

Certification Expired for 6 Years or More

Physicians holding a certificate expired for 6 years or more are not eligible to apply for the Re-Entry Exam. They may only reestablish Diplomate status by taking and passing the Specialty Qualifying and Specialty Certifying Exams.

CC FOR PHYSICIANS WITH NON-TIME-LIMITED SPECIALTY CERTIFICATION

General Information

Physicians who achieved specialty certification by ABOG prior to 1986 hold certificates that are non-time-limited. That is, their certificates do not expire. However, those physicians may elect to participate in some or all of the parts of the CC process.

Such participation does not change their certification status in any manner. The duration of their certification remains unlimited.

Diplomates holding non-time-limited specialty certificates who wish to participate in CC must contact the ABOG CC office for access. They may participate in CC Parts I, II, III, and IV.

The Diplomate must submit the appropriate additional materials and pay the application fees. Please read the sections describing the application process in this *Bulletin* for those with time-limited certificates. The instructions for application and the fees are identical to those described for Diplomates with time-limited certification.

To be designated as participating in CC, Diplomates must participate in all parts of CC applicable to their practice. In most cases this will require participation in Parts I, II, III, and IV. In CC Year 6, CC Diplomates must pass the CC Part III Exam. Diplomates with non-time-limited certification are eligible to participate in the CC Performance Pathway.

Diplomates with non-time-limited certification who prefer to only participate in CC Part II Lifelong Learning and Self-Assessment to earn CME credit hours must contact ABOG for approval. Participation in CC Part II alone will not meet the criteria to be designated as meeting CC requirements.

APPENDIX A: CC PART III AND RE-ENTRY EXAMS

Fees

The fee for the secure, computer-based exam must be paid at the time of CC application by February 28, 2025, and is in addition to the CC application fee.

Exam Content

The Diplomate will be expected to demonstrate skills necessary to apply the appropriate knowledge to the management of clinical problems. These skills include:

1. obtaining needed information;
2. interpretation and use of data obtained;
3. selection, instituting, and implementing appropriate care;
4. management of complications; and
5. follow-up and continuing care.

The exam consists of 230 single-best-answer multiple-choice questions. Many of the questions are constructed to be thought-provoking and emphasize problem-solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Qualifying Exam will only be given in English. Approximately 33% of the questions on the test will be in Obstetrics, 33% in Gynecology, and 33% in Office Practice. The approximate percentage in each domain is shown below.

Obstetrics (33%)	**Gynecology (33%)**	**Office Practice (33%)**
Preconception/Prenatal/Antenatal Care (4%)	Preoperative Evaluation (4%)	Well-Woman Preventive Care (10%)
Evaluation/Diagnosis of Antenatal Conditions (8%)	Perioperative Care (3%)	Office Management – Medical Problems (4%)
Intrapartum Care, Complications, and Obstetrical Procedures (18%)	Surgical Complications (4%) Postoperative Care (8%)	Office Management – Gynecology (15%)
Postpartum Care (3%)	Gynecologic Emergencies (9%)	Office Procedures (4%)
	Surgical Procedures (5%)	

Within the scope of obstetrics, gynecology, and office practice, Diplomates may also be assessed in cross content and core competencies. Common abbreviations that may be used in ABOG exams are found in Appendix D. There is no sole source that will serve as the basis for all questions on the exam. Diplomates may want to be familiar with the topics that are assessed on the exam (Appendix E) and current textbooks in Obstetrics and Gynecology.

Exam Administration

The exam is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave the Pearson VUE Testing Center early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE Testing Center website concerning the location of their exam, as well as the time they must arrive. Candidates will be required to schedule their exam seat reservation with an 8:00 AM start time in their time zone and at a Pearson VUE location in the United States or Canada. Requests to take the exam at a Pearson VUE location outside of the US or Canada will be considered if the reason for the request is out of the control of the candidate (eg, military deployment).

Specific conduct and expectations on day of testing at the Pearson VUE Testing Center can be found here, including the Test Security agreement.

In the event of unforeseen circumstances that may disrupt or cancel your scheduled appointment on the day of testing, Pearson VUE will offer an option to reschedule your appointment within 5 business days of the original date (on or before the Friday of the week of the exam), and will strive to accommodate your preferred location, date, and time – pending availability at a given center. While they will unfortunately not guarantee preferences, Pearson VUE will work with you

to find the best alternative within the 5-business-day testing window. If the candidate does not take their exam within the required time frame, the exam fee will not be refunded and will not be credited toward future applications.

Results and Scoring

The results of the Specialty Exam will be reported online to each Diplomate on or before the last Friday in October. We recognize waiting close to 12 weeks for these important results is difficult and the format of the exam creates an expectation for immediate feedback. Please be assured during this post examination period, extensive quality assurance checks take place to ensure your test result is fair and accurate. For example, content on the exam is re-reviewed to identify potentially flawed questions. If ABOG determines a question with more than one correct answer (or no correct answer) was on the exam, test-takers will not be penalized for that item.

When results are released, ABOG will provide the Diplomate their scaled test score in addition to the result of “pass” or “fail.” Each Diplomate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut point for passing the exam is determined using standard setting methodology every 3-5 years and is equated statistically between that time.

For more information, see Appendix F on Rescores, Appeals, and Requests for Reexamination.

APPENDIX B: DIPLOMATE 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 exam is intended to test. Diplomates must indicate through the exam 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 exams 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 exams. It is essential that an applicant's documentation provides a clear explanation of the functional impairment and a rationale for the requested accommodation.

No Diplomate shall be offered an accommodation that would compromise the ABOG exam'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 exam or will result in an undue burden to ABOG.

ABOG shall not exclude any Diplomate from the exam 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 exam as are reasonably necessary to accommodate the disability. The Diplomate 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. In addition, the Diplomate 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 Diplomate 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 exam. If the Diplomate fails to notify ABOG of a disability at the time of application and fails to achieve a passing grade, that Diplomate may not appeal the results of the exam but shall be entitled to sit for the next regularly scheduled written exam but must pay a new application and exam fee.

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

APPENDIX C: LACTATION

Diplomates who are lactating may request a 30-minute break and extension of their exam if they notify the ABOG office and schedule at a Pearson VUE Testing Center.

Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval

for the test as these rooms will be assigned on a first come, first served basis.

If a candidate requests extra time for lactation, they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the exam.

As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the Diplomate will be able to schedule at their preferred testing center.

APPENDIX D: APPROVED ABBREVIATIONS

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	US 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	paraaortic lymph node dissection
PAP	papanicolaou smear
PARP	poly (ADP-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 disorders
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 volume	postvoid residual volume
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	Sjögren syndrome A
SS-B	Sjögren syndrome B
SVD	spontaneous vaginal delivery
T1DM	type 1 diabetes mellitus
T2DM	type 2 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 E: EXAM TOPICS

SPECIALTY

Obstetrics

Preconception/Prenatal/Antenatal Care
Provide Preconception, Prenatal, and Antenatal Care
Apply knowledge of pregnancy physiology to differentiate physiological changes from pathological conditions
Provide management, counseling, and testing for routine prenatal care (eg, vaccinations, abnormal laboratory results, routine sonography, postpartum contraception)
Evaluate, diagnose, and provide initial management of coexistent medical conditions during pregnancy and preconception (eg, cardiovascular, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine, psychiatric, autoimmune, neoplastic, dermatologic, neurologic, obesity)
Provide patient counseling regarding options, risks, and benefits of genetic testing (eg, maternal carrier screening, aneuploidy screening, diagnostic testing)
Evaluation/Diagnosis of Antenatal Conditions
Evaluate, Diagnose, and Manage Preconception/Antenatal Conditions with Predominantly Fetal Effects
Select, perform, and interpret antepartum fetal assessment and manage associated abnormalities (eg, biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)
Evaluate, diagnose, and manage preterm labor/delivery and those at risk
Evaluate, diagnose, and manage fetal anomaly identified during standard second-trimester ultrasound examination
Evaluate, diagnose, and manage multifetal gestation
Evaluate, diagnose, and manage fetal growth abnormalities (eg, fetal growth restriction, macrosomia)
Evaluate, diagnose, and manage postterm gestation
Evaluate, diagnose, and manage second- and third-trimester stillbirth
Evaluate, Diagnose, and Manage Preconception/Antenatal Predominantly Maternal Conditions
Evaluate, diagnose, and manage common first-trimester complications (eg, first-trimester bleeding, miscarriage, uterine incarceration)
Evaluate, diagnose, and manage second-trimester complications (eg, cervical insufficiency, PPROM, second-trimester miscarriage/demise)
Evaluate, diagnose, and manage hypertensive disorders of pregnancy (eg, chronic hypertension, gestational HTN, preeclampsia, eclampsia)
Evaluate, diagnose, and manage pregestational and gestational diabetes
Evaluate, diagnose, and manage medical disorders unique to pregnancy (eg, hyperemesis, cholestasis of pregnancy, acute fatty liver of pregnancy, peripartum cardiomyopathy, PUPPP/PEP, pemphigoid gestationis, isoimmunization)
Evaluate, diagnose, and manage antepartum infections (eg, HIV, varicella, parvovirus, syphilis, TORCH, COVID-19, pyelonephritis)
Evaluate, diagnose, and manage surgical conditions and nonobstetrical emergencies during pregnancy (eg, acute abdomen, adnexal masses, renal stone, trauma)
Intrapartum Care, Complications, and Obstetrical Procedures
Provide General Intrapartum Care
Provide operative vaginal delivery (eg, forceps, vacuum)
Provide cesarean delivery and manage intraoperative complications (eg, GU injury, GI injury, uterine artery laceration, hysterotomy extension, inadequate operating space)
Evaluate, diagnose, and manage obstetrical lacerations and associated complications

Counsel patients on analgesia options and manage intrapartum pain
Evaluate, diagnose, and initially manage neonates in need of resuscitation; counsel about and/or perform circumcision
Manage induction or augmentation of labor
Provide interventions to reduce perioperative complications (eg, infection, thromboembolism, blood loss, fetal injury)
Evaluate, Diagnose, and Manage Intrapartum Conditions
Labor abnormalities (eg, dystocia, PROM, cord problems, abnormal position or presentation)
Management of postpartum hemorrhage and uterine inversion (eg, uterine atony, retained placenta, uterine inversion, medical and surgical options)
Placental abnormalities (eg, placenta previa, vasa previa, placenta accreta spectrum, placental abruption)
Acute maternal decompensation (eg, amniotic fluid embolism, sepsis, shock, high spinal analgesia, pulmonary embolism)
Fetal heart rate abnormalities
Prior cesarean delivery (eg, TOLAC, VBAC, uterine rupture)
Manage infection in labor (eg, chorioamnionitis, Group B streptococcus, HSV, HIV, HBV, HCV)
Evaluate, Diagnose, and Manage Intrapartum Conditions: Procedures
Vaginal delivery
Management of singleton breech fetus (eg, vaginal breech delivery or external cephalic version)
Vaginal delivery of twin gestation
Shoulder dystocia maneuvers
Peripartum hysterectomy
Cervical cerclage
Immediate postpartum contraception (eg, sterilization or IUD insertion)
Transvaginal basic obstetric first- or second-trimester ultrasound examination
Abdominal basic obstetric second- or third trimester ultrasound examination
Postpartum Care
Provide General Postpartum Care
Provide routine care (eg, pain management, wound inspection, sleep assessment, social support assessment)
Evaluate, diagnose, and manage postpartum complications (eg, vulvar and vaginal hematoma, endometritis, surgical site infections; hemorrhoids)
Evaluate and manage common medical and obstetrical complications or conditions (eg, gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)
Evaluate, diagnose, and manage lactation and breastfeeding complications (eg, puerperal mastitis)

Gynecology

Preoperative Evaluation
Provide General Preoperative Evaluation
Perform informed consent (eg, surgery risks, benefits, & alternatives; surgical route; blood transfusion risks; ovarian preservation; anesthesia complications)
Perform preoperative evaluation and ensure patient candidacy for planned surgery
Identify, evaluate, and optimize coexisting pertinent medical conditions
Perioperative Care
Perform Perioperative Care

Provide interventions to reduce perioperative complications (eg, infection, thromboembolism, blood loss, fires, retained foreign body, wrong surgery site)
Institute enhanced recovery after surgery (eg, perioperative pain management, ambulation, feeding)
Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning
Surgical Complications
Provide General Intraoperative Care
Apply knowledge of female pelvic anatomy and disease pathology to reduce intraoperative complications
Evaluate, diagnose, and manage intraoperative hemorrhage, including vascular injuries
Evaluate, diagnose, and initially manage GI tract injuries
Evaluate, diagnose, and initially manage GU tract injuries
Evaluate, diagnose, and initially manage intraoperative findings of gynecological malignancy
Postoperative Care
Evaluate, Diagnose, and Manage Postoperative Care
Provide routine postoperative care
Urinary tract injury / complications (eg, disruption or obstruction, infection, retention)
Wound complications (eg, infection, disruption, necrotizing fasciitis)
Vascular injury / complications (eg, postoperative hemorrhage or hematoma, VTE, transfusion reaction)
Nerve injury
GI tract injury / complications (eg, delayed bowel injury, ileus, SBO, infection, postoperative nausea and vomiting)
Pulmonary complications (eg, pulmonary embolism, infection, asthma, volume overload)
Gynecologic Emergencies
Evaluate, Diagnose, and Manage Gynecologic Emergencies
Adnexal emergency (eg, PID/TOA, adnexal torsion, ruptured ovarian cysts)
Vulvar emergency (eg, Bartholin gland duct abscess, vulvar abscess, fasciitis, straddle injury, sexual assault)
Ectopic pregnancy and pregnancies of unknown location (eg, tubal, interstitial, cesarean scar, cervical, ovarian sites)
Acute uterine complications (eg, heavy abnormal uterine bleeding; leiomyoma prolapse, degeneration, or torsion; hematometra)
Genitourinary emergencies (eg, renal stone; procidentia with retention or with erosion; urethral diverticulum infection)
Surgical Procedures
Perform Minimally Invasive Surgical Procedures
Operative hysteroscopy (eg, myomectomy, polypectomy, endometrial ablation, adhesiolysis)
Minimally invasive hysterectomy (vaginal, laparoscopic, robotic)
Operative laparoscopy (eg, lysis of adhesions, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, sterilization, ablation or resection of endometriosis, salpingostomy)
Perform Minor Gynecologic Surgical Procedures
Cervical conization and LEEP
Dilation and curettage (not pregnancy related)
Vulvar or vaginal surgery
Diagnostic cystoscopy
Perform Major Open Gynecologic Surgical Procedures
Abdominal incisions (eg, Pfannenstiel, Maylard, Cherney, midline vertical; wound debridement; closure options)
Abdominal hysterectomy
Abdominal myomectomy

Adnexal surgery (eg, oophorectomy, cystectomy, salpingectomy, salpingo-oophorectomy, tubal sterilization, salpingostomy, endometriosis/endometrioma)
Perform Surgeries for Pelvic Floor Disorders (eg, prolapse, incontinence)
Diagnostic and operative cystoscopy and urethroscopy
Surgical repair of urinary incontinence (eg, Burch colposuspension, tension-free vaginal tape, transobturator tape sling)
Vesicovaginal fistula repair
Vaginal prolapse repair (eg, anterior colporrhaphy, posterior colporrhaphy, perineorrhaphy)
Apical suspension (eg, uterosacral ligament suspension, sacrospinous ligament fixation, McCall culdoplasty)
Colpocleisis

Office Practice

Well-Woman Preventative Care
Provide Routine Care
Perform age-appropriate preventive health screening and immunization (eg, pediatric, adolescent, reproductive-age, perimenopausal, geriatric groups)
Perform universal screening of mental health, substance use disorder, intimate partner violence, social health determinants
Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures
Counsel and promote wellness (eg, physical activity, stress management, nicotine cessation, sleep health, bone health)
Provide reproductive counseling (individual reproductive priorities, optimize fertility and pre-pregnancy health)
Counsel and promote sexual health and wellness and healthy relationships
Counsel regarding family planning methods, contraception, sterilization, abortion options
Educate and counsel regarding diet and nutrition for promotion of health, weight management, disease prevention, and treatment of chronic conditions
Provide Care for Patients with Unique Obstetrical or Gynecologic Needs
Pediatric and adolescent patients
LGBTQIA patients (eg, acknowledge gender identity, hormone suppression or replacement, gender affirming surgeries, preventive care)
Intimate partner violence and sexual assault
Psychiatric disorders (depression, anxiety, substance use disorder, eating disorder)
Patients with compromised health (eg, mental disability, physical disability, immunocompromised patient, HIV infection)
Office Management - Medical Problems
Evaluate and Initiate Management of Primary Care Problems
Breast disorders
Cardiovascular disease risk factors (eg, chronic hypertension, hyperlipidemia, obesity)
Gastrointestinal disease
Musculoskeletal disorders (eg, low back pain, abdominal wall hernia)
Headaches
Asthma
Osteoporosis and osteopenia
Office Management - Gynecology
Perform General Office Gynecology Care

Evaluate, diagnose, and initiate management of infertility and recurrent pregnancy loss
Evaluate, diagnose, and manage menopause (eg, vasomotor symptoms, genitourinary syndrome of menopause)
Evaluate, diagnose, and initiate management for sexual development disorders (eg, structural, chromosomal, including transition to adult OB GYN care)
Evaluate and manage abnormal cervical cancer screening results (colposcopy, biopsy, LEEP, etc.)
Evaluate, diagnose, and manage adnexal abnormalities (eg, simple and complex masses, mittelschmerz)
Evaluate, diagnose, and manage urinary tract infections
Evaluate, diagnose, and manage chronic pain conditions (eg, vulvodynia, dyspareunia, interstitial cystitis, irritable bowel syndrome)
Evaluate, diagnose, and manage endometriosis
Evaluate, diagnose, and manage female sexual dysfunction (eg, desire, arousal, orgasm)
Provide and manage contraception (eg, options, side effects or complications, emergency contraception, LARC, noncontraceptive benefits)
Evaluate, Diagnose, and Manage Endocrine Disorders
Androgen excess (eg, polycystic ovary syndrome, ovarian tumor, Cushing disease/syndrome)
Hyperprolactinemia and galactorrhea
Disorders of puberty
Diabetes mellitus
Thyroid disease
Evaluate, Diagnose, and Manage Disorders of Menstruation
Primary amenorrhea
Secondary amenorrhea
Abnormal uterine bleeding, (endometrial biopsy, hysteroscopy)
Premenstrual dysphoric disorder
Dysmenorrhea
Evaluate, Diagnose, and Manage Vulvovaginal Conditions
Vaginal discharge (eg, fungal, bacterial vaginosis, desquamative inflammatory vaginitis)
Sexually transmitted infections (eg, syphilis, gonorrhea, trichomoniasis, chlamydial infection, chancroid, pubic lice, molluscum contagiosum, or HPV or HSV infections)
Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia
Vulvar skin conditions (eg, contact dermatitis, lichen simplex chronicus, lichen sclerosis, lichen planus, hidradenitis suppurativa)
Evaluate, Diagnose, and Manage Structural Uterine Abnormalities
Leiomyoma
Endometrial or cervical polyps
Hyperplasia and endometrial intraepithelial neoplasia (EIN)
Adenomyosis
Evaluate, Diagnose, and Initiate Management of Incontinence/Pelvic Floor Disorders
Urinary incontinence
Fecal incontinence
Pelvic organ prolapse
Fistula
Evaluate, Diagnose, and Initiate Management for Reproductive Tract Cancer
Vulvar or vaginal

Cervical
Uterine
Ovarian/ Fallopian Tubes
Gestational Trophoblastic Disease (GTD)
Office Procedures
Perform Office-based Procedures
Induced medication abortion
Induced abortion procedure
Pessary fitting
Office procedure pain management (eg, cervical block)
Abdominal pelvic ultrasonography
Transvaginal pelvic ultrasonography

Cross Content

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

SUBSPECIALTIES

Complex Family Planning

Contraception
Provide Contraceptive Counseling, Provision, and Surveillance to Patients and Contraceptive Consultation to Other Health Care Providers
Engage in person-centered counseling to identify reproductive life goals
Screen patients for contraceptive coercion
Implement practices to improve access to contraception (eg, same-day IUD insertion, quick start)
Demonstrate Advanced Knowledge of Pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion), Effectiveness, Potential Side Effects, and Complications of All Contraceptive Methods
Coitally-dependent
Short-acting
Long-acting
Permanent
Emergency contraception
Provide Care for Patients with Specialized Contraceptive Needs (eg, limited access or medical considerations)
Adolescent patients
Perimenopausal patients
LGBTQIA patients
Patients with substance and alcohol use disorder
Patients with disabilities
Patients experiencing intimate partner violence and sexual assault
Patients who are incarcerated
Postpartum or post-abortal patients (including immediate LARC)
Provide Contraceptive Counseling, Provision, and Surveillance for Patients with Pre-existing Medical or Anatomical Conditions
Evaluate and manage interactions between contraception and medications
Evaluate and manage interaction between medical conditions and contraception (eg, HIV infection, renal disease, hepatic disease, hematologic disorders, thromboembolic disorders, cardiac disease, mental health disorders, connective tissue disorders, STIs, PID)
Provide care for patients with reproductive tract anomalies (eg, uterine anomalies, leiomyomata)
Perform complex placement of contraceptive devices [eg, patients with anatomic challenges (eg, stenotic cervix, leiomyomata, reproductive tract anomalies) or physical or mental conditions impacting insertion (eg, contractures, developmental delay)]
Utilize contraception for non-contraceptive benefits (eg, management of uterine bleeding, catamenial seizures, perimenopausal)
Evaluate and Manage Side Effects Related to Contraception
Evaluate reported side effect(s) with respect for patient autonomy (eg, modeling non-coercive practice)
Counsel patients about alternative methods of contraception based on side effect history
Offer management options for method side effects
Evaluate and Manage Complications Related to Contraception
Identify severe adverse complications and refer for management (eg, stroke, DVT, myocardial infarction)

Evaluate and manage if intrauterine pregnancy occurs with contraceptive methods
Evaluate and Manage Complicated Contraceptive Removals including Malpositioned or Broken Devices, with Use of Imaging if Needed
IUD (eg, missing strings, embedded, uterine perforation)
Implants (eg, nonpalpable implants, broken devices)
Use of hysteroscopy and laparoscopy for removal of devices
Determine when additional expertise and/or facilities are needed (eg, interventional radiology, other surgical specialties, and specialty laboratories)
Early Pregnancy Evaluation and Management
Evaluate Early Pregnancy
Determine pregnancy location (eg, intrauterine, extrauterine, cesarean scar, cervical, cornual)
Evaluate intrauterine pregnancy (eg, evolution of ultrasonographic landmarks, gestational age, etc.)
Demonstrate knowledge of ectopic risk factors (eg, IUD in situ, prior tubal ligation, prior ectopic)
Manage Early Pregnancy
Provide pregnancy options counseling
Provide counseling about options for management of pregnancy of unknown location (PUL), early pregnancy loss (EPL), and ectopic pregnancy (eg, intrasac injections, laparoscopy, uterine aspiration, multi-modal approach)
Use uterine aspiration for diagnosis and treatment of PUL and EPL
Use of mifepristone and/or misoprostol for PUL
Use of mifepristone and/or misoprostol for EPL
Manage and Surveil Gestational Trophoblastic Disease with Other Subspecialties
Procedurally manage gestational trophoblastic disease (eg, second-trimester uterine evacuation)
Identify the consequences of gestational trophoblastic disease (eg, thyroid storm and hypertension)
Provide counseling for and manage contraception after treatment of gestational trophoblastic disease
Diagnose gestational trophoblastic disease and refer patients
Abortion/Pregnancy Termination
Provide Comprehensive Counseling to Patients about Abortion and Consultation to Other Health Care Providers
Provide comprehensive options counseling to patients
Screen patients for interpersonal reproductive coercion
Facilitate identification of patient-led reproductive goals (eg, post-abortion contraception, general contraception, reproductive life planning)
Incorporate comprehensive knowledge of local laws and regulations into counseling
Describe methods of abortion to patients (eg, medication, procedure, induction, feticidal injection, third-trimester options)
Provide Abortion Counseling for Patients with Special Reproductive Needs
Adolescent patients
LGBTQIA patients
Patients with substance and/or alcohol use disorder
Patients experiencing intimate partner violence and/or sexual assault
Patients who are incarcerated
Patients with disabilities
Perform a Pre-abortion Evaluation

Identify patients at risk for abortion complications (eg, prior uterine surgery, uterine anomalies, cervical anomalies)
Identify comorbidities that influence abortion care (eg, cardiac disease, seizure disorders, renal disorders, coagulopathies, fetal demise)
Evaluate the results of laboratory studies (eg, Rh typing, CBC, CMP)
Perform ultrasound as needed (eg, to determine pregnancy location, determine gestational age, diagnose uterine anomalies, diagnose multiple gestation, identify placental location and recognize signs of abnormal placentation)
Determine the need for additional imaging studies (eg, MRI, CT scan, ultrasound)
Determine the need for consultations from other health care specialties (eg, hematology, cardiology, anesthesiology)
Determine appropriate location for completion of abortion (eg, at home, free standing clinic, hospital-based clinic, operating room) based on patient risk factors (eg, gestational age, comorbidities, fetal demise)
Determine options for abortion method including feticidal injections
Counsel patients on available genetic testing options
Determine need for peri-abortal medications (eg, Rh immunoglobulin, antibiotics, antiemetics, uterotonics)
Provide a multimodal plan for pain management during and after an abortion
Provide Medication Abortion
Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion) for medication abortion at various gestational ages (eg, mifepristone, misoprostol, methotrexate, oxytocin)
Counsel regarding risks and benefits of treatment regimen for medication abortion at any gestational age
Determine medication regimen based on patient factors (eg, gestational age, prior uterine scar)
Surveil patients to assess abortion completion (eg, laboratory, ultrasound, clinical)
Provide complex labor inductions for second and/or third trimester abortion (eg, history of cesarean deliveries, leiomyomatous uterus, prolonged induction)
Perform Procedural Abortion
Perform abortions for patients with comorbidities (eg, prior surgery, fibroids, vascular malformations, multi-gestation, emergent uterine evacuation)
Provide cervical preparation to patients including those with comorbidities (eg, cervical anomalies, previous uterine surgery, advanced gestational age, urgent uterine evacuation)
Provide pain management and/or anesthesia (eg, paracervical block, sedation, non-pharmacological pain management)
Utilize ultrasound guidance during procedural abortion
Perform abortion via electric or manual uterine aspiration
Perform abortion via dilation and evacuation
Perform abortion via dilation and extraction
Assess for abortion completion (eg, tissue examination, laboratory studies, ultrasound)
Evaluate, Diagnose, and Manage Abortion Complications
Hemorrhage
Retained products of conception
Hematometra
Uterine perforation and initial management of resulting injuries (eg, genitourinary, gastrointestinal, vascular)
Cervical lacerations
Amniotic fluid embolism (AFE)

Thrombotic event
Anesthesia complications
Undiagnosed placenta site abnormalities
Infection
Septic abortion
Heterotopic pregnancy (initially manage)
Vasovagal response
Continuing pregnancy after abortion
Unplanned delivery prior to scheduled procedure
Disseminated intravascular coagulopathy
Uterine rupture
Research, Health Policy, and Advocacy
Research
Demonstrate knowledge of basic research methodology (eg, study design, sample size)
Critically analyze published studies
Determine the proper biostatistical test based on data type and study questions
Demonstrate knowledge of research ethics (eg, informed consent, vulnerable populations)
Public Health and Reproductive Health Policy
Understand how reproductive health impacts public health and health policy
Identify disparities in reproductive health including access, care quality, patient experience and outcomes
Identify professional organizations that advocate for and influence policy in reproductive health
Demonstrate knowledge of social and structural determinants that create reproductive health inequities in marginalized groups
Advocacy
Engage with stakeholders (eg, public, other healthcare providers, policy makers) about the role of family planning in public health and health policy
Engage with the work of professional organizations that advocate for health policy in contraception and abortion
Demonstrate the knowledge and skills to advocate for equitable access to reproductive health services
Core Competencies and Cross Content
Ethics and Professionalism
Systematically engage in practice review to identify health disparities
When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
When providing care for patients, consider psychological, sexual, and social implications of various treatment options
Patient Safety
Systematically analyze the practice for safety improvements (eg, root cause analysis)
Systematically engage in practice reviews for safety improvements (eg, root cause analysis)
Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
Participate in the review of sentinel events, reportable events, and near misses
Implement universal protocols (eg, bundles, checklists) to help ensure patient safety
Interpersonal and Communication Skills

Communicate to patient and family regarding adverse outcomes and medical errors
Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Provide comprehensive information when referring patients to other professionals
Systems-based Practice
Incorporate considerations of cost awareness and risk-benefit analysis in patient care
Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based Learning and Improvement
Design or participate in practice or hospital quality improvement activities
Evidence-based Medicine
Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
Implement evidence-based protocols to enhance recovery after surgery (ERAS)

Gynecologic Oncology

Consultation and Pre/Perioperative Assessment
Obtain a History including Pertinent Oncologic History to Generate a Differential Diagnosis and Obtain and Interpret Laboratory Evaluations, Imaging Studies, and Other Diagnostics
Determine if Surgical or Non-surgical Intervention is Indicated
Complete a Preoperative Surgical Fitness Assessment through the Identification of Relevant Medical Comorbidities and Clinical Findings; and Complete Preoperative Medical Consultation to Optimize Patient Outcome
Determine the Indicated Surgical Intervention and Approach
Identify Alternatives to Surgery and Counsel Patient about Risks, Benefits, and Alternative Interventions
Identify and Counsel Patient regarding Fertility-sparing Options
Use Prophylaxis and Preventive Measures to Reduce Perioperative Morbidity
Intraoperative Management
Apply Knowledge of Anatomy and Physiology Required for Surgery
Apply Knowledge of Operative Instruments
Apply Knowledge of the Indications for Surgical Staging and Perform the Appropriate Surgical Intervention
Perform the Appropriate Surgical Intervention
Surgically Manage Gynecologic Malignancies
Surgically Manage Complex Nonmalignant Conditions
Surgically Manage Gestational Trophoblastic Disease (GTD)
Surgically Manage Abnormal Placentation
Perform Intraoperative Surgical Consultation
Identify and Manage Intraoperative Complications
Revise Operative Plan based on Intraoperative Findings and Patient Condition
Postoperative Management
Implement Strategies to Reduce Postoperative Complications
Evaluate, Identify and Manage Surgical Postoperative Complications
Evaluate, Identify and Manage Medical Postoperative Complications
Apply Postoperative Strategies, including Nutritional Requirements and the Use of Supplements, Pain Management, and IV Fluids
Identify and Manage the Critically-ill Postoperative Patient (eg, hemodynamic monitoring, ventilatory support)
Communicate Operative Findings, Results and Complications with Patient and Family
Coordinate Postoperative Transition of Care
Non-Surgical Management and Treatment
Understanding the Pharmacology, Mechanism of Action, and Toxicities Associated with Non-surgical Management
Chemotherapy
Endocrine therapy
Immunotherapy
Molecularly-targeted therapy
Identify, counsel, and manage acute and delayed radiation-related toxicities
Applying Knowledge of Non-surgical Management to Patient Care

Apply knowledge of indications, contraindications, and goals of treatment for primary gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
Apply knowledge of indications, contraindications, and goals of treatment for recurrent gynecologic cancers and their precursors in order to establish a timeline for initiation and completion of non-surgical therapy
Incorporate prognosis in treatment discussions with patient
Apply knowledge of radiation therapy in the treatment of gynecologic cancers
Identify indications for treatment using brachytherapy devices
Counsel patients on gynecologic cancer clinical trial availability, eligibility and participation
Manage or co-manage oncologic emergencies related to cancer progression or therapies
Coordinate postoperative care of GTD and choriocarcinoma
Genetics and Genomics
Counsel Patients and Perform Comprehensive Family History after Identifying Relevant Genetic Risk Factors and Indications for Genetic Testing
Identify the Indications for Genetic Testing and Counseling
Apply Knowledge of Hereditary Cancer Syndromes to Patient Care
Collaborate with Specialists in Genetics to Manage Patient Care
Counsel Patient on Prognosis and Treatment Based on Genetic Testing Results
Counsel Patient regarding Indications for Risk-reducing Interventions
Counsel Patient on Treatment Options Based on Molecular Testing Results
Survivorship and Surveillance
Manage Long-term Effects of Surgical and Medical Cancer Treatment
Develop and Implement an Evidence-based Surveillance Plan for Gynecologic Cancer Patient, including Collaborations with Other Disciplines
Collaborate with Other Disciplines to Provide Survivorship and Surveillance Care
Perform Evaluation for Suspected Disease Recurrence
Supportive and End-of-Life Care
Counsel Patient on Advanced Care Planning
Implement Multi-disciplinary Palliative Care in Management of Gynecologic Cancer Patient
Counsel Patient and Family regarding Timing and Role of Hospice and End-of-life Care
Manage Cancer-related Symptoms such as Pain, Anorexia, Fatigue, Nausea, etc.
Counsel Patient on the Role of Palliative Procedures and Interventions
Incorporate Nutritional Assessment and Intervention in Supportive and End-of-life Patient Care
Diagnostic and Surgical Procedures
Surgical Procedures
Simple vaginal hysterectomy
Total hysterectomy plus or minus BSO
Modified radical or radical abdominal hysterectomy
Laparoscopic hysterectomy, laparoscopic-assisted vaginal hysterectomy, and robotic abdominal hysterectomy
Modified radical or radical laparoscopic hysterectomy and radical robotic abdominal hysterectomy
Radical cytoreduction
Lymphadenectomy and sentinel lymph node mapping (eg, inguinal, femoral, pelvic, paraaortic area)
Simple and radical vaginectomy

Vulvectomy (eg, skinning, simple, partial, radical)
Pelvic exenteration (eg, anterior, posterior, total)
Omentectomy
Placement of feeding jejunostomy / gastrostomy
Resection and re-anastomosis of small bowel
Bypass procedures of small and large bowel
Mucous fistula formation of small and large bowel
Ileostomy and colostomy
Repair of fistula, vesicovaginal fistula with primary closure, and vesicovaginal fistula with secondary closure using interposition of autologous tissue(s)
Resection and re-anastomosis of large bowel, including low anterior resection and re-anastomosis
Splenectomy
Liver biopsy
Diaphragmatic resection
Partial and total cystectomy
Ureteroneocystostomy, including bladder flap or psoas fixation
Ureteral surgery
Urinary tract conduit (eg, ileum, colon)
Incision and drainage of abdominal or perineal abscess
Neovagina (eg, split thickness skin graft, pedicle graft, myocutaneous graft)
Pelvic floor reconstruction (eg, omental pedicle graft, transposition of myocutaneous grafts)
Insertion of intracavity and interstitial radiation application
Laser ablation
Dilation and curettage for GTD
Diagnostic Procedures
Cystoscopy
Laparoscopy
Colposcopy and cone/LEEP excision
Sigmoidoscopy
Application of Basic Science to Patient Care
Cancer Genetics
Biologic Properties of Cancer Cells and Molecular Processes involved in Carcinogenesis and Aging on Cancer Biology and Cancer Genetics
Gynecologic Cancer Disease Burden and Risk Factors
The Role of Histopathology and Special Testing (eg, immunohistochemistry, molecular studies)
Pharmacogenomics, Pharmacodynamics, and Mechanism of Action of Relevant Agents
Fundamentals of Radiobiology and Radiation Physics
Immunology in the Prevention, Diagnosis, and Treatment of Gynecologic Cancers
Core Competencies and Cross Content
Ethics and Professionalism
Systematically engage in practice review to identify health disparities

When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
When providing care for patients, consider psychological, sexual, and social implications of various treatment options
Patient Safety
Systematically analyze the practice for safety improvements (eg, root cause analysis)
Systematically engage in practice reviews for safety improvements (eg, root cause analysis)
Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
Participate in the review of sentinel events, reportable events, and near misses
Implement universal protocols (eg, bundles, checklists) to help ensure patient safety
Interpersonal and Communication Skills
Communicate to patient and family regarding adverse outcomes and medical errors
Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Provide comprehensive information when referring patients to other professionals
Systems-based Practice
Incorporate considerations of cost awareness and risk-benefit analysis in patient care
Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based Learning and Improvement
Design or participate in practice or hospital quality improvement activities
Evidence-based Medicine
Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
Implement evidence-based protocols to enhance recovery after surgery (ERAS)

Maternal-Fetal Medicine

Medical Complications of Pregnancy
Medical Disorders
Evaluate, diagnose and manage medical disorders
Provide preconception, post-delivery counseling (including contraception) for patients with medical disorders
Counsel patients about maternal physiology, fetal and neonatal implications of their medical condition(s)
Counsel patients on impact of medical disorders on delivery timing
Counsel patients with medical disorders regarding drugs and biologics
Manage antenatal care for patients with medical disorders
Manage intrapartum and postpartum care for patients with medical disorders
Critical Care
Evaluate and diagnose critical care conditions
Manage critical care conditions and interpret hemodynamic monitoring
Identify critically-ill patients and facilitate transfer to higher level of care
Manage antenatal care and delivery timing for critically-ill patients
Manage intrapartum and postpartum care for critically-ill patients
Counsel critically-ill patients regarding drugs and biologics
Manage massive obstetric hemorrhage
Manage obstetric coagulopathy
Obstetric Complications
Preterm Labor and Preterm Premature Rupture of Membranes (PPROM)
Identify risk factors for preterm birth
Counsel patients on risk-reduction strategies for preterm birth
Counsel patients on limits of viability, prognosis and management
Manage PPROM
Manage preterm labor and delivery
Manage cervical insufficiency
Hypertensive Disorders
Manage hypertensive disease in pregnancy
Manage preeclampsia
Manage eclampsia
Multiple Gestation
Counsel and manage patients on associated complications and pregnancy outcomes based on chorionicity for twin gestations
Counsel and manage high-order multiple gestations
Counsel patients on indications and risks associated with fetal reduction
Fetal Demise
Provide preconception counseling for recurrent pregnancy loss
Evaluate and manage patients with a fetal demise and /or recurrent pregnancy loss
Evaluate and manage patient for bereavement and /or postpartum depression

Procedures Relating to Obstetrical Complications
Amniocentesis and amnioreduction for fetal lung maturation
External cephalic version
Peripartum hysterectomy
Cervical cerclage
Chorionic villus sampling
Cordocentesis and fetal transfusion
Obstetric Anesthesia
Counsel medically-complicated patients regarding the different anesthetic options including benefits, risks and contraindications (eg, systemic analgesia and sedation, general anesthesia, regional anesthesia); for example, cardiac arrest, respiratory arrest, aspiration pneumonitis, hypotension, high spinal or total spinal, convulsions, neuropathy, headaches, hypothermia
Identify, diagnose and co-manage anesthetic complications (eg, cardiac arrest, respiratory arrest, aspiration pneumonitis, hypotension, high spinal or total spinal, convulsions, neuropathy, headaches, hypothermia)
Management of Obstetrical Complications
Amniotic fluid embolism (AFE)
Acute fatty liver of pregnancy (AFLP)
Placental abruption
Abnormal placentation (eg, accreta, increta, percreta, vasa previa and placenta previa)
Gestational trophoblastic disease
Ruptured uterus
Cholestasis of pregnancy
Uterine anomalies
Ovarian masses
Dermatologic conditions (eg, PUPPP, herpes gestationis)
Fetomaternal hemorrhage
Trauma
Abnormally-implanted pregnancies (abdominal, cervical and cesarean delivery scar)
Fetal Complications and Prenatal Diagnosis
Ultrasound
Perform and interpret 1st trimester ultrasound for singleton and multiple gestations
Perform and interpret 2nd and 3rd trimester ultrasound
Recognize normal and abnormal maternal, fetal, and placental anatomy
Apply knowledge of the limitations of ultrasound to determine need for additional imaging modalities
Determine indication for and perform Doppler studies (umbilical artery and MCA, color, m-mode)
Determine indication for and perform 3D and 4D ultrasound
Perform and interpret cervical length assessment
Manage disorders of amniotic fluid volume
Perform and interpret fetal echocardiography
Perform ultrasound assessment of chorionicity
Evaluation, Management, and Diagnosis of Fetal Complications
Fetal structural abnormalities

Fetal growth restriction
Genetic disorders (eg, chromosomal abnormalities, DiGeorge's, skeletal dysplasia, syndromes)
Fetal hydrops
Isoimmunization
Alloimmune thrombocytopenia
Fetal infections
Genetics and Genomics
Obtain a Genetic History and Perform a Three-generation Pedigree, Perform Preconception Genetic Counseling, and Counsel Patients on Mendelian Patterns of Inheritance (eg, autosomal dominant, autosomal recessive, co-dominant, X-linked recessive, X-linked dominant) and Non-Mendelian Patterns of Inheritance (eg, trinucleotide repeat disorders, imprinting, uniparental disomy, mitochondrial inheritance, germline mosaicism, multifactorial and polygenic inheritance)
Counsel Patients on Benefits and Limitations of PGS/PGD (preimplantation genetic diagnosis)
Counsel Patients on and Perform Expanded and Ethnicity-based Carrier Screening
Counsel Patients on Different Methods of Aneuploidy Screening and Interpret Results
Counsel Patients on Prenatal Testing (eg, fetal karyotype, chromosomal microarray, biochemical and molecular tests, whole exome sequencing)
Core Competencies and Cross Content
Ethics and Professionalism
Systematically engage in practice review to identify health disparities
When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
When providing care for patients, consider psychological, sexual, and social implications of various treatment options
Patient Safety
Systematically analyze the practice for safety improvements (eg, root cause analysis)
Systematically engage in practice reviews for safety improvements (eg, root cause analysis)
Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
Participate in the review of sentinel events, reportable events, and near misses
Implement universal protocols (eg, bundles, checklists) to help ensure patient safety
Interpersonal and Communication Skills
Communicate to patient and family regarding adverse outcomes and medical errors
Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Provide comprehensive information when referring patients to other professionals
Systems-based Practice
Incorporate considerations of cost awareness and risk-benefit analysis in patient care
Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based Learning and Improvement
Design or participate in practice or hospital quality improvement activities
Evidence-based Medicine
Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
Implement evidence-based protocols to enhance recovery after surgery (ERAS)

Reproductive Endocrinology and Infertility

Basic Science, Physiology, and Pathophysiology
Hormone Structure, Mechanisms of Action, and Signaling Pathways
Clinical Pharmacology
Laboratory Assays
Pathology of Normal and Abnormal Reproductive Organs and Tissues
Immunology of the Reproductive Endocrine System, Implantation Biology, and Early Pregnancy
Embryogenesis of Male and Female Reproductive Systems
Gamete Biology
Pre-implantation Embryo Development
Diagnostic Techniques and Interpretation for the Management of Reproductive Disorders
Molecular Biology (eg, immunohistochemistry, PCR, endocrine assays)
Imaging (eg, HSG, ultrasound, MRI, SIS)
Provocative Testing (eg, ACTH stimulation, dexamethasone suppression, clomiphene challenge)
Andrology including Methods of Evaluating Semen Quality and Fertilizing Capabilities (eg, semen analysis, postcoital test, DNA fragmentation)
Evaluation, Diagnosis, and Management of Reproductive Endocrine Function and Disease
Normal and Abnormal Puberty (eg, delayed puberty, precocious puberty)
Menopause
Neuroendocrine Disorders (eg, panhypopituitarism, Sheehan syndrome, Kallmann syndrome)
Gonad (ovary, testes, ovotestes) disorders (eg, disorders of sexual development)
Thyroid Disorders
Adrenal Disorders
Metabolic Dysfunction (eg, obesity)
Endocrinology of Pregnancy
Abnormal Uterine Bleeding
Amenorrhea
Androgen Disorders (eg, polycystic ovary syndrome, idiopathic hirsutism)
Gender-affirming Hormone Therapy
Female Fertility, Female Infertility, and PCOS
Contraception, Preconception Counseling, and Infertility
Perform comprehensive medical history and physical examination
Counsel patient about contraception options
Provide preconception counseling
Obtain and interpret the results of diagnostic testing (eg, ovarian reserve testing, ovulatory function, hysterosalpingography, pelvic ultrasound, hysterosonography, laparoscopy)
Counsel women on fertility treatment options, side effects and complications (eg, ovulation induction, controlled ovarian hyperstimulation, intrauterine insemination, ART)
Evaluation, Diagnosis, and Management of Fertility Treatment Complications, Special Populations, and Early Pregnancy Loss
Complications of fertility treatment (eg, pregnancy of unknown location/ectopic/heterotopic/ovarian hyperstimulation, multifetal gestation)

Third-party reproduction
LGBTQIA family building considerations and care
Early pregnancy loss
Specific Considerations for Polycystic Ovarian Syndrome (PCOS)
Evaluate, diagnose, manage and counsel patients regarding health consequences of PCOS (eg, anovulation and infertility, hirsutism, abnormal uterine bleeding, metabolic disturbances, endometrial hyperplasia/cancer)
Counsel and manage ovulation induction and fertility treatment for PCOS
Counsel women on treatment options for hirsutism in PCOS
Male Infertility
Evaluation and Counseling for Male Infertility
Perform comprehensive medical history (eg, sexual development history including testicular descent, chronic disease, surgical history, medication use, infections, exposure to radiation, environmental exposures, family history, steroid use, drug and alcohol use, sexual history including libido, frequency of intercourse and prior fertility)
Obtain and interpret results of diagnostic testing for male infertility (eg, semen analysis, post-void semen analysis, hormonal testing, genetic testing including karyotype, genetic carrier testing, and y-microdeletion testing, transrectal and scrotal ultrasound) and counsel patients on the results
Diagnose and differentiate types of male infertility (eg, endocrine and systemic disorders, primary testicular defects in spermatogenesis, sperm transport disorders, idiopathic male infertility)
Counsel patients regarding application, efficacy, risks and benefits of non-surgical treatments for oligospermia (eg, clomiphene citrate, human chorionic gonadotropin, letrozole)
Counsel patients on the use of donor sperm including discussion of regulatory issues involving donor sperm
Counseling Patients Regarding Surgical Management of Male Infertility and Intracytoplasmic Sperm Injection (ICSI)
Testicular sperm extraction, including microsurgical epididymal sperm aspiration
Vasectomy reversal
Varicocele repair
Intracytoplasmic sperm injection
Recurrent Pregnancy Loss
Evaluate, Diagnose and Manage Recurrent Pregnancy Loss (RPL) including Causes of Euploid and Aneuploid Pregnancy Loss (eg, contribution of endocrine factors, immunologic factors, anatomic factors and genetic factors and relative incidence of each) and Counsel Patients regarding Prognosis and Causes of RPL
Counsel Patients on Advantages and Limitations of Preimplantation Genetic Diagnosis for Abnormal Parental Karyotypes and Unexplained RPL
Counsel Patients on the Indications for Supplemental Progesterone, Thyroid Hormone Supplementation, Aspirin, Heparin and Other Available Medical Therapies
Provide and Counsel Patients (including advantages and limitations) on Genetic Analysis of Aborted Fetal Tissue
Fertility Preservation
Evaluation, Diagnosis, and Management of Fertility Preservation
Recognize indications and counsel patients for fertility preservation (e.g. elective cryopreservation, gonadotoxic therapies, genetic conditions)
Obtain and interpret results of diagnostic testing (e.g. ultrasound, ovarian reserve markers), and counsel patients regarding fertility preservation
Counsel patients on the options and expectations for fertility preservation
Perform ART procedures for oocyte and embryo cryopreservation
Specific Considerations for Patients Receiving Gonadotoxic Therapies

Understand and implement modifications to conventional ART protocols for cancer patients (eg, use of aromatase inhibitor to suppress estrogen levels, random start protocols to minimize delay)
Counsel patients on ovarian transposition if pelvic irradiation is anticipated
Counsel patients on fertility sparing gynecologic surgery
Counsel patients on the use of ovarian suppression with GnRH agonists for fertility preservation
Counsel patients on experimental options for fertility preservation (eg, ovarian tissue cryopreservation and transplantation)
Assisted Reproductive Technology (ART) Techniques
Transvaginal Ultrasound-guided Oocyte Retrieval
Transabdominal Ultrasound-guided Oocyte Retrieval
Ultrasound-guided Embryo Transfer
Gamete and Zygote Intrafallopian Transfer
Ultrasound-guided Ovarian Cyst Aspiration
Paracentesis/Culdocentesis
Evaluation, Diagnosis, and Management of Complex Reproductive Disorders
Pelvic Pain (eg, adhesive disease)
Endometriosis
Ambiguous Genitalia
Müllerian Anomalies
Asherman Syndrome
Leiomyomata
Complex Reproductive Surgical Procedures
Diagnostic and Operative Hysteroscopic Procedures
Diagnostic and Operative Laparoscopic Procedures
Tubal Surgeries for Fertility Restoration (eg, tubal reversal and tuboplasty)
Abdominal Myomectomy
Laparotomy Procedures
Surgical Management of Müllerian Anomalies
Abdominal Salpingo-oophorectomy
Abdominal Salpingostomy
Vaginal Septum Excision
Genetics
Understanding of Genetic Testing and Screening
Basic science of genetics, epigenetics and genetic testing
Inheritance patterns of genetic disorders
Pre-implantation genetic screening and testing
Antenatal genetic testing
Application of Genetic Testing and Screening to Patient Care
Obtain and interpret preconception female and male screening as it relates to female and male infertility diagnosis
Obtain and interpret genetic testing as it relates to female and male infertility diagnosis
Counsel patients on prognosis and treatment based on genetic testing results

Core Competencies and Cross Content
Ethics and Professionalism
Systematically engage in practice review to identify health disparities
When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
When providing care for patients, consider psychological, sexual, and social implications of various treatment options
Patient Safety
Systematically analyze the practice for safety improvements (eg, root cause analysis)
Systematically engage in practice reviews for safety improvements (eg, root cause analysis)
Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
Participate in the review of sentinel events, reportable events, and near misses
Implement universal protocols (eg, bundles, checklists) to help ensure patient safety
Interpersonal and Communication Skills
Communicate to patient and family regarding adverse outcomes and medical errors
Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Provide comprehensive information when referring patients to other professionals
Systems-based Practice
Incorporate considerations of cost awareness and risk-benefit analysis in patient care
Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based Learning and Improvement
Design or participate in practice or hospital quality improvement activities
Evidence-based Medicine
Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
Implement evidence-based protocols to enhance recovery after surgery (ERAS)

Urogynecology and Reconstructive Pelvic Surgery

Urinary Incontinence and Lower Urinary Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain
Diagnosis and Exam
Diagnose and differentiate types of lower urinary tract dysfunction
Perform comprehensive history and physical exam (eg, POP-Q; myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)
Select, perform and interpret results of initial diagnostic testing (eg, pad test; post-void residual; urinalysis, culture & sensitivities; cough stress test)
Perform and interpret results of advanced diagnostic testing (eg, urodynamics, cystoscopy)
Obtain and interpret results of voiding diary tests
Obtain and utilize results of sleep study tests
Perform interventions to address lower urinary tract dysfunction
Counsel patients on lower urinary tract dysfunction, pathophysiology, and diagnostic testing
Counseling on Efficacy, Risks, and Benefits of Non-surgical Treatments
Pelvic floor physical therapy
Pharmacologic therapy
Urethral bulking
OnabotulinumtoxinA injection
Neuromodulation [posterior tibial nerve stimulation, (PTNS)]
Pessaries
Non-surgical Treatments
Urethral bulking
OnabotulinumtoxinA injection
Neuromodulation [posterior tibial nerve stimulation, (PTNS)]
Pessaries
Post-procedural Management of Non-surgical Treatments
Monitor therapeutic effects and adjust treatment
Manage complications or side effects of non-surgical treatment
Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
Retropubic suspension
Midurethral sling
Autologous fascial sling
Neuromodulation (sacral neurostimulation)
Surgical Treatments
Retropubic suspension
Midurethral sling
Autologous fascial sling
Neuromodulation (sacral neurostimulation)
Manage complications of surgical treatment
Lower Urinary Tract Injury

Diagnosis of Bladder Injury
Cystoscopy
CT urogram
Retrograde pyelogram
Voiding cystourethrogram
Evaluate for complex fistula
Treatment of Bladder Injury
Cystotomy repair
Vesicovaginal fistula repair (vaginal)
Vesicovaginal fistula repair (minimally invasive)
Vesicovaginal fistula repair (abdominal)
Treatment of uterovaginal fistula repair
Treatment of colovesical fistula
Interpositional graft
Diagnosis of Ureteral Injury
Cystoscopy
CT urogram
Retrograde pyelogram
Ureterolysis
Ureteral catheter / stent
Treatment of Ureteral Injury
Stent
Ureteroneocystostomy
Ureteroureterostomy
Percutaneous nephrostomy tube
Boari flap
Psoas hitch
Interpositional graft
Diagnosis of Urethral Injury
Cystoscopy
Voiding cystourethrogram
Treatment of Urethral Injury
Urethrovaginal fistula repair
Martius flap
Pelvic Organ Prolapse
Diagnosis and Exam
Diagnose and differentiate types of pelvic organ prolapse
Perform and interpret results of post-void residual tests
Perform and interpret results of urinalysis, culture and sensitivities tests
Counsel patients on pathophysiology and indications and results of additional testing

Non-surgical Treatments
Counsel patients regarding efficacy, risks and benefits of pelvic floor physical therapy
Counsel patients regarding efficacy, risks and benefits of pessaries
Perform pessary fitting
Counsel patient on management of pessary care
Manage complications or side effects of non-surgical treatment
Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
Vaginal hysterectomy
Minimally-invasive (laparoscopic) hysterectomy
Abdominal hysterectomy
Anterior compartment native tissue repairs
Posterior compartment native tissue repairs
Vaginal mesh and graft augmented repairs
Open abdominal sacrocolpopexy
Minimally-invasive (laparoscopic) sacrocolpopexy
Vaginal native tissue apical suspensions
Minimally-invasive (laparoscopic) native tissue apical suspensions
Hysteropexy
Rectopexy
Obliterative procedures
Surgical Treatments
Vaginal hysterectomy
Minimally-invasive (laparoscopic) hysterectomy
Abdominal hysterectomy
Anterior compartment native tissue repairs
Posterior compartment native tissue repairs
Vaginal mesh or graft augmented repairs
Open abdominal sacrocolpopexy
Minimally-invasive (laparoscopic) sacrocolpopexy
Vaginal native tissue apical suspensions
Minimally-invasive (laparoscopic) native tissue apical suspensions
Hysteropexy
Rectopexy
Obliterative procedures
Complications of Surgical Treatments
Augmentation Surgical Materials
Counsel patients regarding different types of mesh and graft materials (eg, allograft, autograft, xenograft, synthetic)
Identify and manage complications of mesh and graft materials
Counsel patients regarding alternatives, risks, benefits and complications associated with mesh and graft materials
Fecal Incontinence and Defecation Disorders

Diagnosis and Exam
Diagnose and differentiate types of fecal incontinence and defecation disorders
Perform and interpret results of endoanal ultrasound tests
Perform and interpret results of pelvic floor ultrasound tests
Perform and interpret results of anorectal manometry tests
Obtain and interpret results of defecography tests
Obtain and utilize results of colonoscopy tests
Obtain and interpret results of motility studies
Obtain and interpret results of fistulogram tests
Obtain and interpret results of CT tests
Counsel patients on pathophysiology and diagnostic testing of fecal incontinence and defecation disorders
Counseling on Efficacy, Risks, and Benefits of Non-surgical Treatments
Pelvic floor physical therapy
Pharmacologic therapy
Bulking
Neuromodulation [posterior tibial nerve stimulation, (PTNS)]
Pessaries
Non-surgical Treatments
Bulking
Neuromodulation [posterior tibial nerve stimulation, (PTNS)]
Pessary fitting and placement
Post-procedural Management of Non-surgical Treatments
Monitor therapeutic effects and adjust treatment
Manage complications or side effects of non-surgical treatment
Surgical Treatments
Counsel patients regarding efficacy, risks and benefits of the surgical treatment: Neuromodulation (sacral neurostimulation)
Counsel patients regarding efficacy, risks and benefits of the surgical treatment: Rectovaginal fistula repair
Counsel patients regarding efficacy, risks and benefits of the surgical treatment: Anal sphincteroplasty
Perform neuromodulation (sacral neurostimulation)
Perform rectovaginal fistula repair
Perform anal sphincteroplasty
Manage complications or adverse effects of surgical treatment
Congenital Anomalies of the Urogenital Tract
Diagnosis and Exam
Diagnose and differentiate types of congenital anomalies
Obtain and interpret results of diagnostic testing (eg, ultrasound, MRI, karyotype, hormone testing, hysteroscopy)
Counsel patients on urogenital anomalies including pathophysiology and diagnostic testing
Non-surgical Treatments
Counsel patients regarding timing, efficacy, risks and benefits of non-surgical treatments (eg, expectant management, vaginal dilation)

Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures
McIndoe
Laparoscopic Vecchietti
Laparoscopic Davydov
Resection of septum
Neovagina Surgical Procedures
McIndoe
Laparoscopic Vecchietti
Laparoscopic Davydov
Resection of septum
Complications or Adverse Effects of Neovagina Surgical Procedures
Manage complications or adverse effects of neovagina surgical procedures
Urethral Mass
Diagnosis and Exam for Urethral Mass
Diagnose and differentiate types of urethral masses
Perform and interpret results of pelvic floor ultrasound
Perform and interpret results of cystoscopy diagnostic testing
Obtain and interpret MRI results
Counsel patients on urethral mass, pathophysiology, and diagnostic testing
Manage complications or adverse effects of treatment
Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass
Observation
Drainage
Excision
Urethral reconstruction
Concomitant anti-incontinence procedure
Treatment Options for Urethral Mass
Observation
Drainage
Excision
Urethral reconstruction
Concomitant anti-incontinence procedure
Urinary Tract Infection (UTI) and Hematuria
Urinary Tract Infection (UTI)
Evaluate and diagnose UTIs
Manage acute, chronic and complicated UTIs
Diagnose and treat urogenital atrophy
Hematuria
Obtain and interpret results of initial diagnostic testing (eg, post-void residual; urinalysis, culture & sensitivities; cystoscopy and biopsy)

Obtain and interpret results of advanced diagnostic testing (eg, CT urogram / IVP, urine cytology, renal ultrasound)
Counsel patients on hematuria pathophysiology and diagnostic testing
Application of Anatomy to Patient Care
Describe and Apply Knowledge of Anatomy to Safely Perform Surgery and Avoid Complications (eg, vascular and nerve supply, bladder, urethra, anatomic supports, ureter, anal sphincter, rectum, small bowel, large bowel)
Describe and Apply Knowledge of Central and Peripheral Nervous System Anatomy as it Applies to the Etiology and Treatment of Pelvic Floor Disorders (urinary tract dysfunction, fecal incontinence)
General Perioperative Management
Identify and Perform Preoperative Testing Depending on Patient Comorbidities (eg, immunosuppression, diabetes, cardiovascular disease)
Identify and Perform Preoperative Testing Depending on Patient Population (eg, geriatric)
Manage Perioperative Anticoagulation (eg, prevention of VTE, chronic anticoagulation)
Position Patient to Decrease Adverse Outcomes
Utilize Intraoperative Techniques to Minimize Vascular, Visceral and Urinary Tract Injuries
Manage Intraoperative Injuries (eg, vascular, bowel, urinary tract and nerve)
Manage Postoperative Medical and Surgical Complications
Manage Prolonged Urinary Catheterization
Core Competencies and Cross Content
Ethics and Professionalism
Systematically engage in practice review to identify health disparities
When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
When providing care for patients, consider psychological, sexual, and social implications of various treatment options
Patient Safety
Systematically analyze the practice for safety improvements (eg, root cause analysis)
Systematically engage in practice reviews for safety improvements (eg, root cause analysis)
Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
Participate in the review of sentinel events, reportable events, and near misses
Implement universal protocols (eg, bundles, checklists) to help ensure patient safety
Interpersonal and Communication Skills
Communicate to patient and family regarding adverse outcomes and medical errors
Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Provide comprehensive information when referring patients to other professionals
Systems-based Practice
Incorporate considerations of cost awareness and risk-benefit analysis in patient care
Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based Learning and Improvement
Design or participate in practice or hospital quality improvement activities
Evidence-based Medicine
Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
Implement evidence-based protocols to enhance recovery after surgery (ERAS)

APPENDIX F: RESCORES, APPEALS, AND REQUESTS FOR REEXAMINATION

Rescores and Appeals

Because ABOG utilizes many quality control procedures to ensure exams are scored accurately and there is no record of incorrect scoring at ABOG with any of ABOG's multiple-choice exams, ABOG does not accept rescore requests. This includes, but is not limited to, rescoring of the exam, review of exam content, reconsideration of a correct response, reconsideration of the passing standard, and/or consideration of the acceptability of testing conditions. In addition, ABOG does not accept appeals from diplomates who seek to challenge the content of the exam, the sufficiency or accuracy of the answers to exam questions, the scoring of the exam, or the cut score used to determine the passing grade for the exam. A complaint concerning any other matter regarding ABOG exams should be sent to exams@abog.org.

Requests for Reexamination

Diplomates who are scheduled to take the exam but do not do so, as well as Diplomates who do not pass the exam and who wish to repeat the exam, 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 reapplicant must complete the application process before the applicable deadline.

APPENDIX G: DISQUALIFICATION FROM THE CC PART III AND RE-ENTRY EXAMINATION

If a diplomate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

If the diplomate has one or more licenses to practice medicine in any US state or Canadian province, each license may not be restricted, suspended, revoked, or on probation. Any restrictions or conditions placed on a license, regardless of whether the limits deal specifically with patient care, will disqualify the physician from entry to the Examination. Such restrictions and conditions include any provisions requiring the physician to complete additional training and/or practice in a specified manner.

Falsification of any submitted data or evidence of other egregious ethical, moral, or professional misbehavior may disqualify the physician from entry to the Examination.

When the Board rules an applicant not admissible to the CC Part III or Re-Entry Examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

APPENDIX H: DISCLAIMERS

Non-Discrimination and Fairness

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.

Diplomate Responsibility

ABOG does not assume responsibility to contact potential diplomates. Each diplomate 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 diplomate requirements, as well as compliance with these requirements based on industry standards. Diplomates must meet the eligibility requirements published in the Bulletin dated for the year in which they are to take the 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 diplomate’s responsibility to become familiar with all the material contained in the Bulletin, including the information in the Appendices. Each diplomate 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 diplomate submits an application to ABOG, it is the diplomate’s responsibility to inform ABOG of any changes in personal information (email, phone, address, etc.) by updating the information in their profile on their ABOG portal. Diplomates are encouraged to use a personal email address.