

ABOG

American Board of Obstetrics & Gynecology

First in Women's Health®

2025 Focused Practice Designation (FPD) Examinations

MINIMALLY INVASIVE GYNECOLOGIC SURGERY (MIGS)

PEDIATRIC AND ADOLESCENT GYNECOLOGY (PAG)



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Disclaimers

Gender Language

Non-Discrimination and Fairness

Candidate Responsibility

This Bulletin, revised January 13, 2025, represents the official statement of the requirements in effect for the ABOG Focused Practice Designation (FPD) Examinations to be administered on July 21, 2025.

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2025 Focused Practice Designation Examinations

Introduction

ABOG currently offers Focused Practice Designations in Minimally Invasive Gynecologic Surgery (MIGS) and Pediatric and Adolescent Gynecology (PAG). The process for obtaining Focused Practice Designations with the ABOG is voluntary. Focused Practice Designations are time limited. Each Diplomate who achieves a Focused Practice Designation must enter the Continuing Certification (CC) process in the year following successful attainment of their Focused Practice Designation and must successfully complete all requirements to maintain their Focused Practice Designation. Physicians who hold non-time-limited certificates in the specialty Obstetrics and Gynecology must enter the CC process to maintain their Focused Practice Designation.

Eligibility Requirements

Each of the following is a requirement for a candidate to be eligible to apply and to sit for an ABOG Focused Practice Designation examination. The candidate must meet all requirements in effect during the year for which admission to the examination is requested.

Unrestricted Medical License

Candidates must have an active, full, and unrestricted license to practice medicine in any and all of the states or territories of the United States, District of Columbia, or Province of Canada in which the candidate holds a current medical license. Each license must not be restricted, suspended, on probation, revoked, surrendered, nor include conditions on the practice of medicine.

ABOG Specialty Certification

The candidate must hold current, active ABOG certification in Obstetrics and Gynecology to be eligible to apply and to sit for the examination. All candidates with a time-limited certificate in the specialty Obstetrics and Gynecology must meet the ABOG CC program requirements at the time the exam application is submitted, and at the time of the actual examination.

Training and Practice Requirement

Candidates must have completed a minimum of three (3) years of clinical practice with a focus on their area of focused practice (e.g., MIGS or PAG). Completion of a fellowship program in their designated focused practice (e.g., MIGS or PAG) may count towards the minimum three-year requirement of focused practice (each year of fellowship counts as one year of clinical practice, for up to two years).

Unrestricted Hospital Privileges

Candidates must have unrestricted hospital (or surgical center) privileges for an ABOG Focused Practice Designation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must re-apply and pay a new application fee after the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.

Moral and Ethical Behavior

The ABOG requires evidence of a candidate's professionalism and professional standing. This will include verification of their professional reputation, moral and ethical character, and in-hospital practice privileges from administrative officials of organizations and institutions that know the candidate and their practice. Candidates must have demonstrated good moral and ethical behavior in the practice of medicine and interaction with peers and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.

Physicians in International Practice Settings

If the candidate practices in a country other than the United States and its territories or Canada, a letter from the senior responsible medical officer in the hospital or clinical setting where the candidate practices must be submitted with the application. The letter must be submitted to ABOG and must attest that they have independent, unsupervised privileges in the area of focused practice. In addition, it should attest that the Diplomate's practice of medicine meets all the local standards and verifies that the candidate has unrestricted privileges in the area of focused practice.

CME Requirements

MIGS

Candidates must have completed a minimum of 20 AMA PRA Category 1 CME Credits™ in MIGS or in a gynecologic subspecialty [e.g., Urogynecology and Reconstructive Pelvic Surgery (URPS), Reproductive Endocrinology and Infertility (REI), and/or Gynecologic Oncology (GO)] in the last three years. CME earned by completing the annual ABOG CC Part II Gynecology, URPS, REI, or GO article-based assessments will count towards the MIGS CME requirement.

PAG

Candidates must have completed a minimum of 20 AMA PRA Category 1 CME Credits™ in PAG or relevant pediatric surgery CME in the last three years. CME earned by completing the annual ABOG CC Part II PAG article-based assessments will count towards the PAG CME requirement.

Twelve-Month Case Logs

All candidates will be required to submit a 12-month case log documenting a practice that demonstrates sufficient depth and breadth of their focused practice. The case log must be completed at the time of application on the form(s) provided with the online applications (see [Appendix E](#) for **MIGS** or [Appendix F](#) for **PAG**).

Falsification of Information

Falsification of any information or failure to disclose any adverse action on hospital privileges, medical license(s), or CC application will result in a denial of a candidate's eligibility to sit for the examination.

Physicians who have made major contributions to their focused practice field but are no longer in full-time practice and cannot submit an adequate case log may request special consideration from ABOG. Such physicians should write a detailed letter of request and submit to initialcert@abog.org. The letter must include a summary of their contributions to the field and a copy of their CV. If the request is granted, that physician will be allowed to sit for the examination. However, once the Focused Practice Designation is attained, the physician must enroll in the CC process.

Continuing Certification (CC)

Each Diplomate who achieves an ABOG Focused Practice Designation must enter the Continuing Certification (CC) program in the year following successful attainment of the Focused Practice Designation and must successfully complete all requirements to maintain the Focused Practice Designation.

Note: Candidates with a non-time-limited certification in Obstetrics and Gynecology who pass the Focused Practice examination will be issued a time-limited Focused Practice Designation and will be required to enter the CC program and fulfill all the yearly CC requirements for that Focused Practice Designation.

Application Process

Applications will be available online in the physician portal at www.abog.org by mid-January in 2025.

The final day applications will be accepted for the 2025 examination is April 30, 2025.

The fee must be paid by credit card through the ABOG website (www.abog.org) as part of the application process. If an applicant is found to be ineligible to sit for the test, a portion of the fee will be refunded.

The applicant must update their profile within the ABOG portal and provide valid contact information as part of the application process. It is the candidate's responsibility to notify ABOG of any change regarding contact information.

Once the online application, 12-month case log, and application fee payment have been submitted, the candidate's application will be considered in accordance with the requirements in effect for that year. The candidate will be notified of admissibility to the computer-based examination. An ABOG subcommittee will make the final decision as to the eligibility of an applicant after the review of the candidate's application and qualifications.

The candidate should contact Pearson VUE to register for the examination at least two business days after the candidate has received the email notification of acceptance as a candidate. 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. This exam is offered as an in-person examination only.

Re-Application

A candidate who postpones or fails the focused practice examination must complete a new online application to be considered for the next scheduled examination and pay a new application fee.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the focused practice examination, the candidate may appeal the decision in writing to continuingcert@abog.org. Such appeals will be forwarded to the appropriate ABOG Review Committee for consideration. If a successful decision occurs after the date of the computer-based examination, the candidate will be scheduled for the next available focused practice examination, and no additional application fee will be required.

Administration of the Written Examinations

The Focused Practice Written Examinations are scheduled to last approximately 2 hours and 30 minutes, consists of 100 questions, and is administered at a Pearson VUE Testing Center. Candidates who finish the exam before the full time has lapsed may leave the Pearson VUE test center early, but if they do so, may not return. Candidates will receive a confirmation email after registering on the Pearson VUE Testing Center website regarding the location of their examination, as well as the time they must arrive. (<https://home.pearsonvue.com/>).

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

Candidates may not take electronic devices into the examination area and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE Testing Center. Please carefully review the Pearson VUE policy for the complete listing of personal items not allowed in the examination area. Personal items include scarves, hats, headbands wider than 2 inches, jewelry wider than a quarter inch, and other items. If you arrive with any of the items mentioned in the personal items policy, you may be asked to remove the item from your person before walking into the testing area, unless the item is being worn for

religious beliefs/purposes. A candidate who refuses to submit to any screening procedure will not be allowed to take the examination, and no portion of the fee will be refunded.

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

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

Special Accommodations

If a candidate requires special accommodations those requests must be received at the ABOG office no later April 30, 2025. It may not be possible to accommodate requests received after that date. See [Appendix C](#) for information on candidates with a disability and lactation accommodations.

Test Security

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

1. I understand that all ABOG test materials are copyrighted and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization, or business. Furthermore, I understand that if I provide the information to any such entity, I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the written examination in whole or in part to any individual, organization or business, my test result if any, will be negated and I will not be allowed to re-apply for the written examination for a minimum of three years.

3. I understand that I may not record any portion of the written examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the written examination for the purpose of transmitting such material to any individual, organization, or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.

Dates, Deadlines, Results, and Fees

Applications available	By January 31, 2025
Application deadline	April 30, 2025
Exams administered at Pearson Vue test centers	July 21, 2025
Exam results available in ABOG portal	No later than 2 weeks after examination date

The final deadline to complete the online application (including submission of the case-log form) and to pay the \$300.00 application fee is April 30, 2025. No application will be accepted after this date.

If the candidate is unable to take the examination due to health, certain types of military mobilizations, natural disasters or other serious reasons please notify ABOG as soon as possible and the fee will be applied to the next available focused practice computer-based examination.

Case Log

A case log form must be completed as a part of the application process. The form must be completed and submitted online (see [Appendix E](#) for **MIGS** or [Appendix F](#) for **PAG**).

The deadline for submission of all application materials, including the case log, is April 30, 2025.

The numbers reported in the case log must be from any consecutive 12-month period between January 1, 2022 and December 31, 2024.

Length of Designations

All specialty and subspecialty certificates issued by ABOG after 1986 are time limited. Similarly, Focused Practice Designations issued by ABOG for candidates who successfully pass the MIGS or PAG written examinations are time-limited and remain in effect only if the Diplomate successfully completes their Continuing Certification (CC) requirements each year. Thus, the Focused Practice Designations for candidates who successfully pass the 2025 computer-based examinations will expire on December 31, 2026 unless all of the 2026 CC requirements have been completed successfully and on time.

Oral Examination

There is currently no oral examination requirement for ABOG Focused Practice Designations. Candidates are only required to take and pass the computer-based examination.

Continuing Certification (CC)

To be eligible for renewal of the Focused Practice Designation, Diplomates must hold a valid primary certificate in Obstetrics and Gynecology and successfully complete the ABOG CC program on an annual basis.

Diplomates who hold a time-limited certificate must meet CC requirements annually for their specialty or subspecialty as well as complete additional article-based assessments focused in the area of their focused practice.

The CC Part II Lifelong Learning and Self-Assessment requirement for specialists holding a Focused Practice Designation has three parts:

1. articles in general obstetrics, gynecology, office practice, and five subspecialties;
2. articles in the area of their focused practice; and
3. articles in health equity and patient safety.

The CC Part II Lifelong Learning and Self-Assessment requirement for subspecialists holding a Focused Practice Designation has four parts:

1. articles in general obstetrics, gynecology, and office practice;
2. articles in the area of their focused practice;
3. articles in the Diplomate's subspecialty; and
4. articles in health equity and patient safety.

Likewise, a Diplomate who holds a non-time-limited certificate in Obstetrics and Gynecology or an ABOG subspecialty must participate in the CC program annually to maintain their Focused Practice Designation.

Appendix A: Disclaimers

Gender Language

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

Non-Discrimination and Fairness

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

Candidate Responsibility

ABOG does not assume responsibility to contact potential candidates. Each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees.

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

After a candidate submits an application to ABOG, it is the candidate’s responsibility to inform ABOG of any changes in personal information (email, phone, address, etc.) by updating the information in their profile on their ABOG portal. Because hospital and university email addresses are often closed after the completion of training, candidates should list a personal email address.

Appendix B: Disqualification from a Focused Practice 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 C: Requests for Accommodations

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.

Lactation Accommodations

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 <i>in situ</i>
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
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 <i>in situ</i> 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
HNPPC	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
1IUFD	intrauterine fetal death
IUI	intrauterine insemination
IUP	intrauterine pregnancy
IV	intravenous
IVF	<i>in vitro</i> 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	<i>nil per os</i>
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: Content of the 2025 MIGS Exam

Examination content was determined by a blueprint developed by the Committee on Focused Practice Designations in MIGS. The questions will be in a multiple-choice, one best answer format.

2025 MIGS Exam Blueprint

GENERAL PERIOPERATIVE MANAGEMENT 20%

Preoperative management

Intraoperative management

Postoperative management

DIAGNOSIS AND MANAGEMENT OF POSTOPERATIVE COMPLICATIONS IDENTIFIED IN THE POSTOPERATIVE PERIOD 5%

Hemorrhage

Gastrointestinal

Genitourinary

Wound infection

Cardiopulmonary

Neurologic

Venous thromboembolism

PRINCIPLES OF EQUIPMENT, TISSUE EXTRACTION, AND ENERGY SOURCES 5%

EVALUATION, DIAGNOSIS AND MANAGEMENT OF GYNECOLOGIC CONDITIONS 20%

Bleeding

Pain

Acute

Chronic

Benign adnexal masses

Benign uterine conditions

SURGICAL PROCEDURES 40%

Hysteroscopic procedures 5%

Indications/contraindications

Procedures

Surgical technique

Fluid management

Complications

Intraoperative

Postoperative

Office-based procedures

Operative laparoscopy 15%

Indications/contraindications

Procedures

Surgical technique

Complications

Intraoperative

Postoperative

Hysterectomy 20%

Robotic

Indications/contraindications

Surgical technique

Complications

Intraoperative

Postoperative

Total laparoscopic (TLH)

Indications/contraindications

Surgical technique

Complications

Intraoperative

Postoperative

Laparoscopic-assisted vaginal (LAVH)

Indications/contraindications

Surgical technique

Complications

Intraoperative

Postoperative

Vaginal (VH)

Indications/contraindications

Surgical technique

Complications

Intraoperative

Postoperative

NEOPLASIA 5%

Suspected

Ovarian/Uterine/Cervical

Unsuspected

Ovarian/Uterine/Cervical

CROSS CONTENT 5%

Anatomy

Pathophysiology

Ethics

Interpersonal and communication skills

Professionalism

Practice-based learning and improvement

Systems-based practice

Case Log for Focused Practice Designation in MIGS

Candidates must submit a 12-month case log documenting a practice that demonstrates sufficient depth and breadth of focused practice in MIGS. **The case log must document evidence of focused practice by having a minimum of 100 minimally invasive gynecologic surgical procedures in patients with benign and complex gynecologic conditions in the 12-month collection period.**

Candidates must have cases in more than one of the three categories on the case log meeting the minimum number of cases for those categories and the combined total number must be 100 surgical procedures or more. Additionally, the cases must be ones in which the candidate was the primary surgeon and cannot include cases performed during fellowship.

Case logs that do not meet the breadth and depth of surgical experience requirements for the Focused Practice Designation in MIGS will be reviewed by an ABOG Committee for application approval.

Candidates will be asked to submit the case log at the time of application. An example of the case log form is presented below.

Case Log

Categories and Types of Procedures	Number of Procedures
1. Hysteroscopy	
a. Myomectomy	
b. Septum/isthmocele resection	
c. Endometrial resection	
d. Office-Based	
Category 1 Subtotal (<i>minimum of 10 procedures</i>)	
2. Laparoscopy	
a. Myomectomy	
b. Adnexal Surgery	
c. Endometriosis Surgery (Stage III and IV)	
Category 2 Subtotal (<i>minimum of 20 procedures</i>)	
3. Minimally Invasive Hysterectomy	

a. Laparoscopic Hysterectomy +/- BSO	
b. Robotic Hysterectomy +/- BSO	
c. LAVH +/- BSO	
d. Vaginal Hysterectomy +/- BSO	
Category 3 Subtotal (<i>minimum of 20 procedures</i>)	
Combined Total Number of Procedures (must be at least 100)	

Appendix F: Content of the 2025 PAG Exam

Examination content was determined by a blueprint (see below) developed by the Committee on Focused Practice Designations in PAG. The questions will be in a multiple-choice, one best answer format.

2025 PAG Exam Blueprint

PREPUBERTAL GYNECOLOGY 20%

Medical conditions 18%

Vulvovaginal disease

Congenital and developmental abnormalities

Ovarian cysts/adnexal masses

Urethral prolapse

Normal and abnormal growth and development

Psychosocial problems

Surgical conditions 2%

Labial agglutination

Genital trauma

ADOLESCENT GYNECOLOGY 80%

Medical conditions 60%

Endocrine disorders

Infectious disorders

Oncofertility

Disorders of sexual development

Transgender health
 Psychosocial problems
 Growth and development
 Disabilities
 Menstrual management
 Contraception
 Chronic pain
 Surgical conditions 20%
 Pelvic masses
 Congenital anomalies
 Trauma
 Torsion

Case Log for Focused Practice Designation in PAG

Candidates for the Focused Practice Designation in PAG must submit a case log. The log must document that a minimum of 100 outpatient cases of patients less than 21 years of age and include patients under 12 years of age in the 12-month collection period. Candidates must also document on the case log the surgeries they have performed on patients under 21 years of age. Although there is no minimum number of surgeries required, case logs without any surgical experience will be reviewed by an ABOG Committee for application approval. Candidates will be asked to submit the case log at the time of application. An example of the case log form is presented below.

Outpatient Office Procedures

Number of office procedures/patient encounters without procedures in patients less than 21 years of age within a twelve-month collection period.

Type of Procedure	Number of Cases	
	Age less than 12	Age 12 to 20
Colposcopy		
Insertion of contraceptive implants		
Insertion of IUDs		
Lysis of adhesions		
Removal of hymenal band		
Vaginal irrigation		
Vulvar biopsy		
Other/Patient encounters w/o procedure		
Subtotal		

Total (must be at least 100)	
-------------------------------------	--

Surgical Procedures

Number of surgical procedures performed on patients under the age of 21 within the same twelve-month collection period.

Type of Procedure	Number of Procedures
Laparoscopy	
Laparotomy	
External genital tract procedures	
Other	

Appendix G: 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 initialcert@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.