




# 2025

## Specialty & Subspecialty Continuing Certification (CC) Bulletin

# ABOG

American Board of Obstetrics & Gynecology

First in Women's Health®

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Updated August 21, 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](http://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, submitted [here](#), or faxed to ABOG once per 6-year CC cycle fax: (214) 871-1943.
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 <b>August 1, 2025</b> Apply and pay with <b>late</b> fee by <b>September 1, 2025</b> Complete all requirements by <b>November 15, 2025</b>			
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 <b>14</b> articles in any category and <b>1</b> article in Health Equity and Patient Safety  Answer <b>120</b> questions	<b>Not required</b>	Complete <b>1</b> activity
6	Update hospital privileges  Attest to Professionalism, Professional Standing, and Professional Conduct Policy  Submit attestation form, if requested by ABOG	Read <b>14</b> articles in any category and <b>1</b> article in Health Equity and Patient Safety  Answer <b>120</b> questions	If eligible for Performance Pathway, choose to participate and <b>receive credit</b> for exam  If ineligible for Performance Pathway or elected to take the exam, pass the computer-based exam on <b>July 21, 2025</b>	Complete <b>1</b> activity

Annual Subspecialty CC Requirements				
Annual Application	Apply and pay by <b>August 1, 2025</b> Apply and pay with <b>late</b> fee by <b>September 1, 2025</b> Complete all requirements by <b>November 15, 2025</b>			
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 <b>10</b> Subspecialty articles, <b>4</b> Specialty, and <b>1</b> Health Equity and Patient Safety  Answer <b>120</b> questions	<b>Not required</b>	Complete <b>1</b> activity
6	Update hospital privileges  Attest to Professionalism, Professional Standing, and Professional Conduct Policy  Submit attestation form, if requested by ABOG	Read <b>10</b> Subspecialty articles, <b>4</b> Specialty, and <b>1</b> Health Equity and Patient Safety  Answer <b>120</b> questions	If eligible for Performance Pathway, choose to participate and <b>receive credit</b> for exam  If ineligible for Performance Pathway or elected to take the exam, pass the computer-based exam on <b>July 21, 2025</b>	Complete <b>1</b> activity

## CC DEADLINES, DATES, AND FEES

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

### 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](http://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 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-ASSESSMENT

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](mailto: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 are outlined in [Appendix D](#).

## **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](http://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 [here](#). No application will be accepted after February 28, 2025. A nonrefundable combined exam and CC fee of \$1,990 for specialty, or \$2,460 for subspecialty, 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.

The Re-Entry Exam information is outlined in [Appendix A](#). Accommodation policies are outlined in [Appendices B and C](#). Abbreviations used in exams are outlined in [Appendix D](#).

## ***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 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 exam will only be given in English. The content for all exams is determined by ABOG's Job Task Analysis (JTA), and can be found on ABOG's website for [OB GYN](#), [CFP](#), [GYN ONC](#), [MFM](#), [REI](#), and [URPS](#). 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 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 E](#) 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	adrenocorticotrophic 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
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 <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
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	<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: 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 submitted [here](#).

### **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 F: 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.