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

2025 Specialty Qualifying Examination

Certification demonstrates to the public that a physician and medical specialist meets nationally recognized standards for education, knowledge, experience, and skills and maintains their certification through continuous learning and practice improvement in order to provide high quality care in a specific medical specialty. Once board certified, OB GYNs will be referred to as a Diplomate of the board and will be able to proudly display the ABOG Board-Certified badge.

This Bulletin, issued in September 2024, represents the official statement of the requirements in effect for the Specialty Qualifying Examination to be given on July 21, 2025.

All questions and inquiries can be submitted here here.

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Introduction

ABOG certification is a two-step process that is completely voluntary. The Qualifying Examination is the first of the two steps in ABOG's initial certification process. Each potential candidate is responsible for completing the application for the Qualifying Examination online at www.abog.org, submitting all required materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

Eligibility Requirements

1. It is not necessary to have a medical license to sit for the Qualifying Examination. However, if a medical license is held, it must be unrestricted without conditions (see Disqualification from the Qualifying Examination in Appendix B for further information.) An unrestricted medical license will be required to apply for the Certifying Examination.
2. All applicants must hold a Doctor of Medicine or Doctor of Osteopathic Medicine degree.
3. Residency Requirements:
   a. Candidates for certification are required to complete 48 months of graduate medical education in an Obstetrics and Gynecology residency program(s) that is ACGME-accredited at the time of completion of training. Candidates who will complete their residency training after September 30, 2025, will not be allowed to sit for the 2025 Qualifying Examination.

      Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal

College of Physicians and Surgeons of Canada (CRCPSC) no later than September 30, 2025. A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60-month training requirement.

Residents who complete 48 months in an AOA-accredited (American Osteopathic Association) program that achieves ACGME initial accreditation before their graduation are eligible to take the ABOG Qualifying Examination.

No credit will be given for residency training in programs accredited by any other organization, including ACGME-International.

If a resident's completion date changes and they will not complete their residency by September 30, 2025, they will not be eligible to take the Qualifying Examination in 2025. Any resident who takes the Qualifying Examination without completing residency by September 30, 2025, will have the results voided and will not receive a refund.

b. Either the PGY3 or PGY4 year of a residency program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent in a non-ACGME-accredited residency program must serve their senior year as a PGY4. (See Requirement 3.e. below.)

c. When a resident's graduate education and clinical experience have been gained in more than one residency program, the satisfactory performance at the previous program(s) must first be verified before an application to take the Qualifying Examination will be made available for the resident to complete. Fewer than 6 months in any OB-GYN residency program will not count toward meeting the 48-month requirement.

d. A resident who has a firm commitment to a position in an ACGME-accredited subspecialty fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG and ACGME must receive a request from the residency Program Director before the start of the PGY3 year. If approved by ABOG and ACGME, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, the physician must return to a residency program and complete a full 12-month PGY4 year.

   Residents who have received credit for training (up to six months as detailed in Requirement 2.e. below) in a non-OB-GYN ACGME-accredited residency training program are not eligible for the flexibility option.

e. Up to six months credit for previous training in a non-OB-GYN ACGME-accredited residency may be granted for residents entering an ACGME-accredited OB-GYN residency. The OB-GYN residency Program Director must request approval for a specific number of months, not to exceed six, before the start of the PGY4 year.

All leave time must be in accordance with the ABOG Resident Leave Policy outlined on the ABOG website. Extensions of training must have an educational plan for the continued training with specific educational and clinical experience goals and objectives to be achieved, including for the chief (senior) resident year. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval here.

Foregoing vacation time or necessary sick leave to shorten the required 48 months of training or to "make up" for time lost due to sickness or other absence is not permitted.

Residents who have their residency extended may sit for the Qualifying Examination in July if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies ABOG that they have completed their residency by September 30. If a resident does not complete residency by September 30, the results of their examination will be voided. Additionally, if ABOG does not receive notification of residency completion from the Program Director by January 1, 2026, the results of the examination will be voided.

f. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

4. Limitation of Eligibility

All candidates must achieve board certification in Obstetrics and Gynecology within eight years of the completion of their residency training. Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the policy here. Once the supervised practice is completed, the physician will have four years to become certified.

Fellowship training in any program other than an ABOG- or ACGME-accredited Complex Family Planning, Female Pelvic Medicine and Reconstructive Surgery/Urogynecology and Reconstructive Pelvic Surgery, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, or government fellowship program will not extend the 8-year limit.

Candidates must meet all of the requirements in the Bulletin for the year they are applying for the test. Candidates may be disqualified from taking the Qualifying Examination, due to ethical, moral, or professional misconduct. For more information, see Appendix B.

Residency Training Attestations

At the end of their training the resident will be expected to attest to the following:

1. Compliance with the ABOG Professionalism, Professional Standing, and Professional Conduct Policy.
2. Met the educational objectives of their training program.
3. Have demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

The Program Director will attest to the residents' satisfactory performance, professionalism, competence, and successful completion of the required months of clinical experience. The Program Director is expected to sign on behalf of the program and not as an individual.

Results of the examination will not be released until all resident and Program Director attestations are complete.

A new attestation is not necessary for those candidates who have completed their residency training and sat for the Qualifying Examination in a prior year if an attestation has been previously received at ABOG.

Application Process

A unique ABOG ID number is assigned to each resident when the Residency Program Manager enters their information into the ABOG Program Portal. Once the ABOG ID number is created, the system will send an email to the resident with their ABOG ID and temporary password. If the resident does not receive this email, they should contact the Certification Standards Department here to request this information. A resident must be logged in to their ABOG portal to access the Qualifying Exam application. Applications will be accepted online beginning January 3. Late fees will apply for applications received after February 14. The last day to apply for the Qualifying Examination is February 28. The examination fee must be paid in full by credit card at the time of the application. All fees are quoted and must be paid in US dollars.

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

Once a candidate is approved to take the ABOG Qualifying Examination, any questions about exam protocols and processes should be submitted here.

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

If special accommodations are required, those requests must be received no later than the close of the application period (February 28) and should be submitted here. It may not be possible to accommodate requests received after that date. See Appendix C for more information on requests for special accommodations.

The Qualifying Examination will be given on July 21.

Fees and Deadlines

The following table lists the deadlines and fees for the Qualifying Examination. Policies related to Fees and Refunds can be found here.

Qualifying Examination: Deadlines

January 3, 2025	Applications available online
February 14, 2025	Application deadline with no late fee
February 28, 2025	No applications accepted after this date
January to February 2025	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 25, 2025	Last day to reserve seat at Pearson VUE prior to seat block release
July 21, 2025	Qualifying Examination at testing centers

Qualifying Examination: Fees

January 3, 2025, to February 14, 2025	$1700
February 15, 2025, to February 28, 2025	$1700 + $400 late fee = $2100

Exam Content

The candidate 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 examination consists of 230 single-best answer, multiple-choice questions. Many of the questions are constructed to be thought-provoking and problem-solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Qualifying Examination will only be given in English.

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

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

Common abbreviations that may be used in ABOG Examinations are found in Appendix D. The specific topics covered within these areas that are assessed on the Qualifying Examination are in Appendix E. Within the scope of obstetrics, gynecology, and office practice, candidates may also be assessed in Cross Content.

Exam Administration

The Qualifying Examination 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 examination, as well as the time they must arrive. Candidates will be required to schedule their examination 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 examination 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 (e.g., 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 timeframe, the examination fee will not be refunded and will not be credited toward future applications.

Results and Scoring

The results of the Qualifying Examination will be reported online to each candidate 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 examination 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 candidate their scaled test score in addition to the result of "pass" or "fail." Each candidate, 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.

In order to release a result, ABOG must receive the Residency Training Affidavit verifying completion of training completed by the current Program Director. Additionally, **if ABOG does not receive notification of residency completion from the Program Director by January 1, 2026, the results of the examination will be voided.**

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

For more information, see Appendix F on Rescores, Appeals, and Requests for Re-Examination.

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.

Candidate Board Status

ABOG Registered Residency Graduate

After completing or nearing completion of a residency program in Obstetrics and Gynecology accredited by the American Council for Graduate Medical Education (ACGME) or by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and meeting all of the requirements listed in the Bulletin, a physician may complete an application to begin the certification process. When and if the Board determines that they have fulfilled the requirements to take the Qualifying Examination, that person becomes a “Registered Residency Graduate.” The term “Board Eligible” is not used or recognized by ABOG.

Active Candidate

A physician achieves “Active Candidate” status by passing the ABOG Qualifying Examination. To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the Certifying Examination and may not have exceeded the limitations to admissibility for the Certifying Examination.

All candidates must achieve board certification within eight years of the completion of their training. Training in an ACGME-accredited residency or fellowship does not count toward the 8-year limit. Participation in other fellowships, graduate education programs, etc. do not extend the 8-year limit. Physicians who fail to become certified within eight years will be required to complete a minimum of six months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility, please see the Policy on Regaining Eligibility for Initial Certification.

APPENDIX B: DISQUALIFICATION FROM THE QUALIFYING EXAMINATION

If a candidate 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 candidate 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 Qualifying 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 of the submitted data or evidence of other egregious ethical, moral, or professional misbehavior may result in a deferral of a candidate's application for a minimum three years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the Qualifying Examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

APPENDIX C: REQUESTS FOR ACCOMMODATIONS

Candidate Disability

The American Board of Obstetrics & Gynecology, Inc. (ABOG or Board) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed. Accommodations will only be considered with appropriate documentation. In order to implement this policy, notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of application. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG examination's ability to test accurately the skills and knowledge it purports to measure, and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

ABOG shall not exclude any candidate from examination solely because of a disability if ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit ABOG to verify the existence, nature, and extent of the disability. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. Also, the candidate must supply any additional information ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

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

Lactation Accommodations

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than the close of the application period and schedule at a Pearson VUE Testing Center by the same date. 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 examination.*** As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

APPENDIX D: APPROVED ABBREVIATIONS FOR EXAMINATIONS

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

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

IgM	Immunoglobulin M
IM	Intramuscular
INR	International normalized ratio
IPG	Implantable pulse generator
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUI	Intrauterine insemination
IUP	Intrauterine pregnancy
IV	Intravenous
IVF	In vitro fertilization
IVIG	Intravenous immunoglobulin
kg	Kilogram
KUB	Kidney, ureter, bladder
L & D	Labor and delivery
LARC	Long-acting reversible contraception
LAVH	Laparoscopic-assisted vaginal hysterectomy
LDH	Lactate dehydrogenase
LEEP	Loop electrosurgical excision procedure
LGA	Large for gestational age
LGBTQIA	Lesbian gay bisexual transgender queer intersex asexual
LFT	Liver function test
LH	Luteinizing hormone
LMP	Last menstrual period
LMWH	Low-molecular-weight heparin
LSIL	Low-grade squamous intraepithelial lesion
LVSI	Lymphovascular space invasion
mL	Milliliter
mTOR	Mammalian target of rapamycin
MCA	Middle cerebral artery
MESA	Microsurgical epididymal sperm aspiration
MIS	Minimally invasive surgery
MRI	Magnetic resonance imaging
MRKH	Mayer-Rokitansky-Küster-Hauser
MSAFP	Maternal serum alpha-fetoprotein
MSI-H, -L	Microsatellite instability-high, -low
MTP	Massive transfusion protocol
MURCS	Müllerian duct aplasia, renal aplasia, cervicothoracic somite dysplasia
NAAT	Nucleic-acid amplification test
NGS	Next-generation sequencing
NICU	Neonatal intensive care unit
NIPT	Noninvasive prenatal testing
NPO	Nil per os
NSAID	Nonsteroidal anti-inflammatory drug
OAB	Overactive bladder
OASIS	Obstetric anal sphincter injuries
OHSS	Ovarian hyperstimulation syndrome
OHVIRA	Obstructed hemivagina ipsilateral renal agenesis
PACU	Postanesthesia care unit
PALND	Para-aortic lymph node dissection
PAP	Papanicolaou smear
PARP	Poly adenosine diphosphate-ribose polymerase
PCOS	Polycystic ovarian syndrome
PCR	Polymerase chain reaction
PD-1	Programmed cell death protein 1
PD-L1	Programmed cell death ligand 1
PESA	Percutaneous epididymal sperm aspiration

PET	Positron emission tomography
PFMT	Pelvic floor muscle therapy
PFPT	Pelvic floor physical therapy
PGT-A	Preimplantation genetic testing for aneuploidy
PGT-M	Preimplantation genetic testing for monogenic disorder
PGT-SR	Preimplantation genetic testing for structural rearrangements
PLND	Pelvic lymph node dissection
PNE	Peripheral nerve evaluation
POP	Pelvic organ prolapse
POP-Q	Pelvic organ prolapse quantification system
PPH	Postpartum hemorrhage
PR	Progesterone receptor
PROM	Premature rupture of membranes
PT	Prothrombin time
PTT	Partial thromboplastin time
PPROM	Preterm premature rupture of membranes
PTNS	Posterior tibial nerve stimulation
PUBS	Percutaneous umbilical blood sampling
PUPPP	Pruritic urticarial papules and plaques of pregnancy
PVR	Postvoid residual
RAIR	Rectoanal inhibitory reflex
RBC	Red blood cell
RCT	Randomized controlled trial
RNA	Ribonucleic acid
RPL	Recurrent pregnancy loss
RPR	Rapid plasma reagin
SBO	Small bowel obstruction
S/D (ratio)	Systolic/diastolic ratio
SGA	Small for gestational age
SHBG	Sex hormone-binding globulin
SLND	Sentinel lymph node dissection
SNM	Sacral neuromodulation
SNP	Single-nucleotide polymorphism
SO	Salpingo-oophorectomy: preceded by R (right) or L (left) or unilateral (U)
SROM	Spontaneous rupture of membranes
SSLF	Sacrospinous ligament fixation
STI	Sexually transmitted infection
SUI	Stress urinary incontinence
SS-A	Sjogren syndrome A
SS-B	Sjogren syndrome B
SVD	Spontaneous vaginal delivery
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
TAH	Total abdominal hysterectomy
TCGA	The Cancer Genome Atlas
TESA	Testicular sperm aspiration
TESE	Testicular sperm extraction
TLH	Total laparoscopic hysterectomy
TNF	Tumor necrosis factor
TOLAC	Trial of labor after cesarean
TOT	Transobturator tape
TSH	Thyroid-stimulating hormone
TRALI	Transfusion-related acute lung injury
TTTS	Twin-twin transfusion syndrome
TUNEL	Terminal deoxynucleotidyl transferase-mediated deoxyuridine triphosphate-nick end labelling
TVH	Total vaginal hysterectomy

TVS	Transvaginal sonography
TVT	Tension-free vaginal tape
UAE	Uterine artery embolization
USLF	Uterosacral ligament fixation
UTI	Urinary tract infection
VAC	Vincristine, actinomycin-D, cyclophosphamide
VAIN	Vaginal intraepithelial neoplasia
VBAC	Vaginal birth after cesarean delivery
VCUG	Voiding cystourethrography
VDRL	Venereal disease research laboratory
VEGF	Vascular endothelial growth factor
VIN	Vulvar intraepithelial neoplasia
VLPP	Valsalva leak point pressure
V/Q	Ventilation/Perfusion
VTE	Venous thromboembolism
VVF	Vesicovaginal fistula
WBC	White blood cell
WES	Whole exome sequencing
WHO	World Health Organization
ZIFT	Zygote intrafallopian transfer

APPENDIX E: SPECIALTY QUALIFYING EXAMINATION TOPICS

Obstetrics

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

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

Gynecology

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

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

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

Office Practice

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

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

Fistula
Evaluate, Diagnose, and Initiate Management for Reproductive Tract Cancer
Vulvar or vaginal
Cervical
Uterine
Ovarian/ Fallopian Tubes
Gestational Trophoblastic Disease (GTD)
Office Procedures
Perform Office-based Procedures
Induced medication abortion
Induced abortion procedure
Pessary fitting
Office procedure pain management (e.g., cervical block)
Abdominal pelvic ultrasonography
Transvaginal pelvic ultrasonography

Cross Content

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

APPENDIX F: RESCORES, APPEALS, AND REQUESTS FOR RE-EXAMINATION

Rescores and Appeals

Since 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 examinations, 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 candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.

A complaint concerning any other matter regarding ABOG examinations should be submitted here.

Requests for Re-Examination

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