



# 2025 Complex Family Planning Senior Candidate 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.

This *Bulletin*, issued in December 2024, represents the official statement of the requirements in effect for the Complex Family Planning (CFP) Senior Candidate Examination to be given on July 21, 2025. These requirements only apply to those obstetrician-gynecologists who qualify as senior candidates. **2025 will be the last year ABOG administers the CFP senior candidate examination.**

#### [Disclaimers](#)

\*Gender Language

\*Non-Discrimination and Fairness

\*Candidate Responsibility

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## 2025 CFP SENIOR CANDIDATE EXAMINATION

### Introduction

The process of certification by ABOG is voluntary. The ABOG CFP Senior Candidate Examination is a one-step certification process, comprising a computer-based multiple-choice examination. **There is no certifying (oral) examination for senior candidates.**

A “senior candidate” is a physician who is applying for the Senior Candidate Examination in CFP on the basis of experience and clinical practice. Candidates who complete fellowship training by September 30, 2022, are considered senior candidates and must meet the requirements listed in this Bulletin. Candidates who entered a two-year fellowship in CFP approved by ACGME on July 1, 2021, and thereafter are not eligible to apply as senior candidates.

Each potential candidate is responsible for completing the application for the CFP Senior Candidate Examination online at [www.abog.org](http://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

Each of the following is a requirement for a senior candidate in CFP to sit for the subspecialty Senior Candidate Examination. The candidate must meet all the requirements in effect, at the time of application, within the year for which admission to the Senior Candidate Examination is requested.

1. **Training and Practice** In order to qualify as a CFP senior candidate, a physician must meet one of the following 2 criteria:

**The physician must have been practicing CFP for a minimum of 3 years post-residency training.** During the most recent 3 years, a minimum of 30% of the physician’s total outpatient and inpatient practice must consist of patients related to the area of CFP.

**OR**

**Completion of a CFP fellowship by September 30, 2022, but not practicing for a minimum of 3 years.** These physicians must submit an affidavit signed by either the current fellowship Program Director or the or the Chair of the Department of Obstetrics and Gynecology that attests to their successful completion of the training program.

2. **Diplomate Status** A senior candidate must be an ABOG diplomate and hold an Active Certificate in Obstetrics and Gynecology. They must remain so at the time of the Senior Candidate Examination.
3. **Unrestricted License** A senior candidate must hold an unrestricted license to practice medicine in all states or territories of the United States or Canada in which the candidate holds a medical license. Licenses that have been revoked, suspended, are on probation, or are subject to conditions of any type, are considered to be restricted.
4. **Unrestricted Hospital Privileges** While full, unrestricted privileges to perform all CFP procedures are preferred, at a minimum, these privileges must allow the candidate to perform

an in-hospital consultation on patients who have been admitted. The candidate's privileges must remain in effect at the time of the Senior Candidate Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues. Privileges are required as follows:

- a. CFP Fellowship graduates completing training between July 1, 2021, and September 30, 2022, are required to have hospital privileges at the time of the examination. May collect cases from either fellowship and/or practice.
- b. All other senior candidates must have hospital privileges at the time of application and must collect cases from practice.

If a candidate does not have hospital privileges, the candidate should contact ABOG [here](#).

5. **Resignation of Hospital Privileges** A senior candidate must not have resigned hospital privileges or membership in any medical organization (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must reapply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
6. **CFP Practice Focus** A minimum of 30% of the physician's practice (including inpatient and outpatient) must be limited to patients with CFP diagnoses.
7. **Six-Month Case Log** All senior candidates—including those who have not practiced independently for a minimum of 3 years—will be required to submit a 6-month case log documenting a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of CFP. The case log must be completed at the time of application on the form(s) provided with the online applications. (See [Appendix B](#).)
8. **Moral and Ethical Behavior** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine and in interactions with peers, other medical personnel, and patients. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
9. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in revocation of a candidate's eligibility to sit for the Senior Candidate Examination.
10. **International Practice** A candidate who practices outside of the United States, its territories, or Canada, must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of CFP patients.

Physicians who have made major contributions to the field of CFP but are no longer in full-time practice and cannot submit an adequate case log may request special consideration of the Division of CFP. Such physicians should write a detailed letter of request to the ABOG Executive Director and submit it [here](#). The letter must include a summary of their contributions to the field and a copy of their CV. If the request is granted, that physician will be allowed to sit for the CFP Senior Candidate Examination. Once certified, they must enroll in the CFP MOC process.

Physicians who complete an ACGME-accredited CFP fellowship after September 30, 2022, must pass both a qualifying (written) and certifying (oral) examination. Physicians who finish

training in a non-ACGME-accredited fellowship after September 30, 2022, will not be eligible for certification in CFP by ABOG.

## More on Case Logs

1. A Case Log must be completed as part of the application process. The form must be completed and submitted online. An example of the proposed form is shown in [Appendix B](#).
2. The deadline for submission of all application materials, including the case log, is February 28, 2025.
3. The numbers reported in the case log may be from any consecutive 6-month period between January 1, 2022, and December 31, 2024.
4. The candidate is not required to perform every procedure included in the case log to be eligible for certification. The candidate should include the total numbers of each procedure for the collection period, and the case log will be used to verify the candidate's practice has sufficient breadth and depth to be eligible for certification in Complex Family Planning.

## Application Process

Senior candidates who have completed a CFP fellowship before September 30, 2022, and have not practiced for 3 years must have a fellowship affidavit form signed by either the current Fellowship Program Director or the Chair of the Department of Obstetrics and Gynecology. During the application process, a completed Verification of Hospital Privileges Form will be required. This form must be printed from the candidate's ABOG portal and must be signed and uploaded using the task on the candidate's ABOG portal dashboard. If a candidate does not have hospital privileges, the candidate should contact ABOG [here](#).

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 CFP Senior Candidate 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 CFP Senior Candidate Examination.

Once a candidate is approved to take the 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](#). See [Appendix C](#) for more information on requests for special 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 February 28 and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to 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.** (See [Appendix C](#) for more information on lactation accommodations.)

The CFP Senior Candidate Examination will be administered on July 21.

Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the Society for Family Planning (SFP), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. ABOG also provides de-identified data to fellowship programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. ABOG, SFP, ACOG, AMA, and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers, and laypersons. ABOG may use the results of certification examinations for research purposes and may publish the results of the research. As a condition for acceptance as a candidate for certification as a Diplomate in the CFP subspecialty, each candidate, at the time of the Senior Candidate Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

## Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the examination, the candidate may appeal the decision in writing and submit it [here](#). Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. All appeals must be received no later than one month prior to the examination date.

If the candidate's appeal is not successful, the application fee will not be refunded. Please refer to the ABOG Assessment Fees and Refunds policy which can be found [here](#).

## Fees and Deadlines

The following table lists the deadlines and fees for the CFP Senior Candidate Examination. Policies related to Fees and Refunds can be found [here](#).

### CFP Senior Candidate 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	Senior Candidate Examination at testing centers

### CFP Senior Candidate Examination: Fees

January 3, 2025, to February 14, 2025	\$2045
February 15, 2025, to February 28, 2025	\$2045 + \$400 late fee = \$2445

## 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 CFP Senior Candidate Examination will only be given in English.

The content of the Senior Candidate Examination will be based on the blueprint for Complex Family Planning. The major categories are shown below:

- Contraception (35%)
- Early Pregnancy Evaluation and Management (15%)
- Abortion / Pregnancy Termination (40%)
- Research, Health Policy, and Advocacy (5%)
- Core Competencies and Cross Content (5%)



The specific topics covered within these areas that are assessed on the CFP Senior Candidate Examination are found in [Appendix D](#). Common abbreviations that may be used in ABOG Examinations are found in [Appendix E](#).

## Exam Administration

The CFP Senior Candidate 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 CFP Senior Candidate 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 examination is determined using standard setting methodology every 3-5 years and is equated statistically between that time.

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant’s examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. 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 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.

## **Length of Certification**

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the Complex Family Planning Senior Candidate Examination in July 2025 will expire on December 31, 2026, unless all of the 2026 MOC assignments have been successfully completed. Applications for the 2026 MOC process will be available online beginning in January 2026.

## **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**

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

ABOG annually reviews policies and procedures for determining applicant and candidate certification requirements, as well as compliance with these requirements based on industry standards. Candidates must meet the eligibility requirements published in the Bulletin dated for

the year in which they are to take the examination, as requirements may change from year to year. The Bulletin is available under the “Bulletins & Dates” tab online at [www.abog.org](http://www.abog.org). It is the candidate’s responsibility to become familiar with all the material contained in the Bulletin, including the information in the Appendices. Each candidate is also responsible for reading all the policies included in the Policies section under the “About ABOG” tab on the ABOG home page.

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

## APPENDIX B: CASE LOG SUBMISSION EXAMPLE

Candidates for the CFP Senior Candidate Examination must submit a case log. The log must document that a minimum of 30% of the physician’s practice involves Complex Family Planning. A draft example of the case log follows. Candidates should use the case log given at the time of application. Candidates will be asked to submit the case log at the time of application and attest that 30% or more of their practice involves caring for patients with complex family planning problems.

### Six-Month Case Log for Senior CFP Candidates

**[SAMPLE: DO NOT use the list below. The actual case log will open at the time of application and may contain different categories and/or minimum numbers of cases from those shown in this appendix.]**

Please complete the following form listing all patients you have treated during the 6-month period of time you indicate below.

Name: \_\_\_\_\_ ABOG ID#: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

#### A. Outpatient Visits – New/Consult Patients only

Enter the total number of new patients seen by you in your practice during the six-month period shown above.

All contraceptive visits	
Contraceptive complications	
Contraceptives in medically complex patients	

#### B. Abortion/Pregnancy Termination

New patient for abortion counseling	
Medication Abortion	

<b>First Trimester Procedural Abortion</b>	
<b>Second Trimester Procedural Abortion</b>	
<b>Management of Abortion Complications</b>	

### C. Other Procedures

(Include both inpatients and outpatients.)

<b>Transvaginal Ultrasound</b>	
<b>Contraceptive placements</b>	
<b>Contraceptive removals</b>	

## 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: CFP SENIOR CANDIDATE EXAMINATION TOPICS

### Contraception

1. Provide contraceptive counseling, provision, and surveillance to patients and contraceptive consultation to other health care providers
  - a. Engage in person-centered counseling to identify reproductive life goals
  - b. Screen patients for contraceptive coercion

- c. Implement practices to improve access to contraception (e.g., same-day IUD insertion, quick start)
- 2. Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion), effectiveness, potential side effects, and complications of all contraceptive methods
  - a. Coitally-dependent
  - b. Short-acting
  - c. Long-acting
  - d. Permanent
  - e. Emergency contraception
- 3. Provide care for patients with specialized contraceptive needs (e.g., limited access or medical considerations)
  - a. Adolescent patients
  - b. Perimenopausal patients
  - c. LGBTQIA patients
  - d. Patients with substance and alcohol use disorder
  - e. Patients with disabilities
  - f. Patients experiencing intimate partner violence and sexual assault
  - g. Patients who are incarcerated
  - h. Postpartum or post-abortal patients (including immediate LARC)
- 4. Provide contraceptive counseling, provision, and surveillance for patients with pre-existing medical or anatomical conditions
  - a. Evaluate and manage interactions between contraception and medications
  - b. Evaluate and manage interaction between medical conditions and contraception (e.g., HIV infection, renal disease, hepatic disease, hematologic disorders, thromboembolic disorders, cardiac disease, mental health disorders, connective tissue disorders, STIs, PID)
  - c. Provide care for patients with reproductive tract anomalies (e.g., uterine anomalies, leiomyomata)
  - d. Perform complex placement of contraceptive devices [e.g., patients with anatomic challenges (e.g., stenotic cervix, leiomyomata, reproductive tract anomalies) or physical or mental conditions impacting insertion (e.g., contractures, developmental delay)]
  - e. Utilize contraception for non-contraceptive benefits (e.g., management of uterine bleeding, catamenial seizures, perimenopausal)
- 5. Evaluate and manage side effects related to contraception
  - a. Evaluate reported side effect(s) with respect for patient autonomy (e.g., modeling non-coercive practice)

- b. Counsel patients about alternative methods of contraception based on side effect history
- c. Offer management options for method side effects
- 6. Evaluate and manage complications related to contraception
  - a. Identify severe adverse complications and refer for management (e.g., stroke, DVT, myocardial infarction)
  - b. Evaluate and manage if intrauterine pregnancy occurs with contraceptive methods
- 7. Evaluate and manage complicated contraceptive removals, including malpositioned or broken devices, with use of imaging if needed
  - a. IUD (e.g., missing strings, embedded, uterine perforation)
  - b. Implants (e.g., nonpalpable implants, broken devices)
  - c. Use of hysteroscopy and laparoscopy for removal of devices
  - d. Determine when additional expertise and/or facilities are needed (e.g., interventional radiology, other surgical specialties, and specialty laboratories)

## **Early Pregnancy Evaluation and Management**

- 1. Evaluate early pregnancy
  - a. Determine pregnancy location (e.g., intrauterine, extrauterine, cesarean scar, cervical, cornual)
  - b. Evaluate intrauterine pregnancy (e.g., evolution of ultrasonographic landmarks, gestational age, etc.)
  - c. Demonstrate knowledge of ectopic risk factors (e.g., IUD in situ, prior tubal ligation, prior ectopic)
- 2. Manage early pregnancy
  - a. Provide pregnancy options counseling
  - b. Provide counseling about options for management of pregnancy of unknown location (PUL), early pregnancy loss (EPL), and ectopic pregnancy (e.g., intrasac injections, laparoscopy, uterine aspiration, multi-modal approach)
  - c. Use uterine aspiration for diagnosis and treatment of PUL and EPL
  - d. Use of mifepristone and/or misoprostol for PUL
  - e. Use of mifepristone and/or misoprostol for EPL
- 3. Manage and surveil gestational trophoblastic disease with other subspecialties
  - a. Procedurally manage gestational trophoblastic disease (e.g., second-trimester uterine evacuation)
  - b. Identify the consequences of gestational trophoblastic disease (e.g., thyroid storm and hypertension)
  - c. Provide counseling for and manage contraception after treatment of gestational trophoblastic disease

- d. Diagnose gestational trophoblastic disease and refer patients

## **Abortion/Pregnancy Termination**

1. Provide comprehensive counseling to patients about abortion and consultation to other health care providers
  - a. Provide comprehensive options counseling to patients
  - b. Screen patients for interpersonal reproductive coercion
  - c. Facilitate identification of patient-led reproductive goals (e.g., post-abortion contraception, general contraception, reproductive life planning)
  - d. Incorporate comprehensive knowledge of local laws and regulations into counseling
  - e. Describe methods of abortion to patients (e.g., medication, procedure, induction, feticidal injection, third-trimester options)
2. Provide abortion counseling for patients with special reproductive needs
  - a. Adolescent patients
  - b. LGBTQIA patients
  - c. Patients with substance and/or alcohol use disorder
  - d. Patients experiencing intimate partner violence and/or sexual assault
  - e. Patients who are incarcerated
  - f. Patients with disabilities
3. Perform a pre-abortion evaluation
  - a. Identify patients at risk for abortion complications (e.g., prior uterine surgery, uterine anomalies, cervical anomalies)
  - b. Identify comorbidities that influence abortion care (e.g., cardiac disease, seizure disorders, renal disorders, coagulopathies, fetal demise)
  - c. Evaluate the results of laboratory studies (e.g., Rh typing, CBC, CMP)
  - d. Perform ultrasound as needed (e.g., to determine pregnancy location, determine gestational age, diagnose uterine anomalies, diagnose multiple gestations, identify placental location, and recognize signs of abnormal placentation)
  - e. Determine the need for additional imaging studies (e.g., MRI, CT scan, ultrasound)
  - f. Determine the need for consultations from other health care specialties (e.g., hematology, cardiology, anesthesiology)
  - g. Determine appropriate location for completion of abortion (e.g., at home, free-standing clinic, hospital-based clinic, operating room) based on patient risk factors (e.g., gestational age, comorbidities, fetal demise)
  - h. Determine options for abortion method including feticidal injections
  - i. Counsel patients on available genetic testing options



- j. Determine need for peri-abortal medications (e.g., Rh immunoglobulin, antibiotics, antiemetics, uterotonics)
- k. Provide a multi-modal plan for pain management during and after an abortion
- 4. Provide medication abortion
  - a. Demonstrate advanced knowledge of pharmacology (mechanism of action, dosing, route of administration/absorption, contraindications, metabolism, excretion) for medication abortion at various gestational ages (e.g., mifepristone, misoprostol, methotrexate, oxytocin)
  - b. Counsel regarding risks and benefits of treatment regimen for medication abortion at any gestational age
  - c. Determine medication regimen based on patient factors (e.g., gestational age, prior uterine scar)
  - d. Surveil patients to assess abortion completion (e.g., laboratory, ultrasound, clinical)
  - e. Provide complex labor inductions for second and/or third-trimester abortion (e.g., history of cesarean deliveries, leiomyomatous uterus, prolonged induction)
- 5. Perform procedural abortion
  - a. Perform abortions for patients with comorbidities (e.g., prior surgery, fibroids, vascular malformations, multi-gestation, emergent uterine evacuation)
  - b. Provide cervical preparation to patients, including those with comorbidities (e.g., cervical anomalies, previous uterine surgery, advanced gestational age, urgent uterine evacuation)
  - c. Provide pain management and/or anesthesia (e.g., paracervical block, sedation, non-pharmacological pain management)
  - d. Utilize ultrasound guidance during procedural abortion
  - e. Perform abortion via electric or manual uterine aspiration
  - f. Perform abortion via dilation and evacuation
  - g. Perform abortion via dilation and extraction
  - h. Assess for abortion completion (e.g., tissue examination, laboratory studies, ultrasound)
- 6. Evaluate, diagnose, and manage abortion complications
  - a. Hemorrhage
  - b. Retained products of conception
  - c. Hematometra
  - d. Uterine perforation and initial management of resulting injuries (e.g., genitourinary, gastrointestinal, vascular)
  - e. Cervical lacerations
  - f. Amniotic fluid embolism (AFE)
  - g. Thrombotic event

- h. Anesthesia complications
- i. Undiagnosed placenta site abnormalities
- j. Infection
- k. Septic abortion
- l. Heterotopic pregnancy (initially manage)
- m. Vasovagal response
- n. Continuing pregnancy after abortion
- o. Unplanned delivery prior to scheduled procedure
- p. Disseminated intravascular coagulopathy
- q. Uterine rupture

## **Research, Health Policy, and Advocacy**

1. Research
  - a. Demonstrate knowledge of basic research methodology (e.g., study design, sample size)
  - b. Critically analyze published studies
  - c. Determine the proper biostatistical test based on data type and study questions
  - d. Demonstrate knowledge of research ethics (e.g., informed consent, vulnerable populations)
2. Public Health and Reproductive Health Policy
  - a. Understand how reproductive health impacts public health and health policy
  - b. Identify disparities in reproductive health, including access, care quality, patient experience, and outcomes
  - c. Identify professional organizations that advocate for and influence policy in reproductive health
  - d. Demonstrate knowledge of social and structural determinants that create reproductive health inequities in marginalized groups
3. Advocacy
  - a. Engage with stakeholders (e.g., public, other healthcare providers, policymakers) about the role of family planning in public health and health policy
  - b. Engage with the work of professional organizations that advocate for health policy in contraception and abortion
  - c. Demonstrate the knowledge and skills to advocate for equitable access to reproductive health services

## **Core Competencies and Cross Content**

1. Ethics and Professionalism

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

## APPENDIX E: APPROVED ABBREVIATIONS FOR EXAMINATIONS

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 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 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 will not have an opportunity to do so since 2025 will be the last year that the CFP Senior Candidate Examination will be offered.