

2026 Subspecialty Certifying Examination Bulletin

Including:

Complex Family Planning (CFP) – ACGME-Trained Candidates*

Gynecologic Oncology (GYN ONC)

Maternal-Fetal Medicine (MFM)

Reproductive Endocrinology and Infertility (REI)

Urogynecology and Reconstructive Pelvic Surgery (URPS)*

ABOG

American Board of Obstetrics & Gynecology

First in Women's Health®

This *Bulletin*, issued in February of 2025, represents the official statement of the requirements for the Subspecialty Certifying Examinations to be given in April 2026.

All inquiries and questions can be submitted [here](#).

* For psychometric reasons, the Complex Family Planning Certifying Examination will be administered on a two-year cycle, occurring in even numbered years beginning in 2026.

*Formerly known as Female Pelvic Medicine and Reconstructive Surgery (FPMRS)

A list of the ABOG Division Committee for each subspecialty can be found on the [ABOG website](#).

[Disclaimers](#)

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2026 CERTIFYING EXAMINATION

Introduction

The process of certification by ABOG is voluntary. ABOG has a two-step certification process for each subspecialty: (a) a multiple-choice, computer-based Qualifying Examination, and (b) an oral, face-to-face Certifying Examination. The ABOG Certifying Examination is the last step in the certification process for all ABOG subspecialties. The Certifying Examination will evaluate the candidate's approach to and rationale for the clinical care of various patient management problems in the subspecialty. A combination of standardized structured cases and candidates' own case lists will be used by the examiners during the exam to assess candidates.

Candidates will be expected to demonstrate a level of knowledge that allows them to serve as consultants to physicians in their community who are obstetrician-gynecologists and to provide knowledgeable and clinically capable care to women.

Overview of Deadlines and Fees

The following table lists the deadlines and fees for the Certifying Examination. Deadlines cannot be extended. Case lists, thesis, and all fees must be submitted on the candidate's ABOG portal prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please contact the Certification Standards Department [here](#). The application fee must be paid by credit card through the candidate's ABOG portal at the time of application. The examination fee must be paid by credit card through the candidate's ABOG portal at the time of notification of acceptance to the examination.

Certifying Examination: Deadlines

January 1, 2025 – December 31, 2025	Case list collection period
May 15, 2025	Applications available online
June 30, 2025	Applications due (initial deadline; no late fee)
July 15, 2025	No applications accepted after this date
September 2025	Candidates will be notified to submit case lists, thesis, and a photograph and to pay the examination fee
September 30, 2025	Thesis, photograph, and examination fee due (no late fee assessed)
October 15, 2025	No thesis, photograph, and/or examination fee accepted after this date

February 1, 2026	Last day for receipt of case lists
April 13-17, 2026	Certifying Exam

Certifying Examination: Application Fees

May 15, 2025 – June 30, 2025	\$1180
July 1-15, 2025	\$1180 + \$400 late fee = \$1580

Certifying Examination: Examination Fees

September 30, 2025	\$1440
October 1, 2025 – October 15, 2025	\$1440 + \$400 late fee = \$1840

Application Deadline and Fee

The final deadline to complete the online application and pay the application fee is July 15, 2025. Application fees are not refundable.

Examination Deadline and Fee

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2024. The email will explain the process of submitting the thesis and case lists. The final deadline to pay the examination fee is on or before October 15, 2025.

Thesis Deadline

The final deadline for uploading a PDF copy of the thesis and current Thesis Affidavit in the candidate's ABOG portal is on or before October 15, 2025. See the Thesis Submission section for the preparation and submission information.

Case List Deadline

The final deadline for receipt of the case lists is February 1, 2026. Case lists must be submitted electronically using the ABOG case list program located on the candidate's ABOG portal. Candidates must submit the case lists in the proper format and include the appropriate number of cases.

Eligibility Requirements

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. Must have passed the **Qualifying Examination** in their subspecialty on their most recent attempt.

3. **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, or are on probation, or are subject to conditions of any type, are considered to be restricted.
4. **Have privileges at one or more acute care hospitals.** While full, unrestricted privileges to perform all procedures associated with their subspecialty are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The latest date a candidate can have privileges in effect is June 19, 2025. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted hospital privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported. The candidate's privileges must remain in effect at the time of the Certifying Examination and may not be suspended or revoked, and the candidate must not be under investigation.
5. **Be of good moral and ethical character** and have shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
6. **Have not 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.
7. **Have had an independent practice as a subspecialist** in their subspecialty field and have privileges in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice in their subspecialty field, and to retain such practice until the date of the candidate's examination. Practice may include locum tenens work.
8. **Submit electronic case lists** that document a practice that demonstrates sufficient depth and breadth of practice in their subspecialty field to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified.
9. **Submit a thesis** that meets the standards of their subspecialty's requirements, as noted in this bulletin. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance.
10. **Have not failed to disclose any adverse action.** If a non-disclosed falsification or adverse action is identified by ABOG, it will result in a deferral of a candidate's eligibility to sit for the Certifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
11. **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 patients.

Application Process

1. Applications will be available online beginning May 15, 2025, on the candidate's ABOG portal. The application fee must be paid online by credit card at the time of application. No other form of payment will be accepted. All fees are quoted and payable in US dollars. The application fee for the Certifying Examination will not be refunded. The final day applications will be accepted is July 15, 2025.
2. 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.
3. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must be paid at this time. The case lists will not be accepted unless the examination fee is paid in full by credit card on the candidate's ABOG portal by the deadline.
4. Prior to approval of application, all inquiries and correspondence about applications must be in English and submitted [here](#).
5. If full payment of the examination fee has not been received by October 15, 2025 for the 2026 examination, the candidate will not be scheduled, and no fees will be refunded.
6. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Examination Date Notification posted on the candidate's ABOG portal at least one month prior to the date of the examination.
7. Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), the American Journal of Obstetrics and Gynecology (AJOG), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM) and the Society for Family Planning (SFP) 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, ACOG, AMA, ABMS, ASRM, AUGS, SGO, SMFM, and SFP 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.
8. As a condition for acceptance as a candidate for certification as a Subspecialty Diplomate, each candidate, at the time of the Certifying Examination, is required to sign an irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

Thesis

A thesis is required by all subspecialties and must be submitted by the date listed in the bulletin and according to the guidelines for preparation listed below. The subspecialty's division will review the thesis and decide acceptability. Prior publication of a thesis by a refereed journal

does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

Thesis Preparation Instructions

1. **Format:** The format of the thesis must comply with the instructions for authors for a major peer-reviewed journal in a field related to the subspecialty except as noted below. The name of the journal must be identified clearly on the cover page of the manuscript. Theses that are not in the proper journal format will not be accepted.

The cover page of the thesis should only show the:

- a. thesis title,
- b. name of the candidate,
- c. hypothesis (or purpose for research not testing a hypothesis),
- d. name of the journal used to format thesis.

Electronic copies or reprints of published manuscripts are acceptable.

2. **Hypothesis or Purpose:** The thesis must clearly state the hypothesis to be tested in the form of a simple declarative sentence. The hypothesis must be included on the cover page and in the body of the paper, not just in the Abstract.

Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is statistically significantly different from YYY." It may be useful to follow PICOT criteria (population, intervention [for intervention studies], comparison group, outcome of interest, and time) in composing the hypothesis. Conversely, the null hypothesis may be stated.

If the research does not involve hypothesis testing, the thesis must clearly state a purpose in the form of a simple declarative sentence. The purpose statement should convey the goal or overall aim of the inquiry. The purpose statement must be included on the cover page and in the body of the document, not just in the Abstract.

3. **Authorship:** The cover page should only list the title of the thesis, the candidate's name, the hypothesis or purpose, and the name of the journal format. You do not need to list the co-authors on the cover page if submitting a published copy.

Acknowledgments are not allowed.

4. **Subject Matter:** The subject matter must be clearly related to the area of the subspecialty and be important to the field.
5. **Research:** The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.
6. **IRB Approval:** All research must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the institutional IRB does not review studies that do not include humans and/or animals, there must be a statement from the IRB to that effect.
7. **Unacceptable Papers:** The following are not acceptable for a fellow's thesis:
 - a. Book chapters
 - b. Case reports

c. Case series

8. Potentially Acceptable Theses: Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series.

The research must be important to the field of the subspecialty. The following types of research conducted during a fellowship may qualify as an acceptable thesis for examination for certification:

- a. Laboratory, Translational, and Animal research.
- b. Randomized Controlled Trial: The study must adhere to the CONSORT standards.
- c. Meta-Analysis and Systemic Review: The report must adhere to the PRISMA or MOOSE guidelines.
- d. Cost-Effective Analysis: The report must conform to the recommendations of the Second Panel on Cost-Effectiveness in Health and Medicine for reporting CEA results.
- e. Case-Control Study: The study must conform to the STROBE guidelines for observational studies.
- f. Cohort Study: The candidate must have developed the cohort. The study must conform to the STROBE guidelines for observational studies.
- g. Survey Research: The candidate must have developed the questionnaire or used a previously validated questionnaire, and there should be a 50% return and completion of the questionnaire. The thesis must conform to the STROBE guidelines for observational studies and CHERRIEs guidelines for Web-based surveys.
- h. Epidemiology Research: The study must conform to the STROBE guidelines for Epidemiological Studies.
- i. Mechanistic Trials: The study should meet NIH criteria for a clinical trial.
- j. Modeling and Simulation-based Research (SBR): A prediction model thesis must follow the TRIPOD statement. An SBR thesis must adhere to the SBR extensions to the CONSORT and STROBE statements.
- k. Quality Improvement: The thesis must adhere to the SQUIRE 2.0 guidelines.
- l. Qualitative Research: The thesis must adhere to the COREQ or SRQR guidelines.
- m. Artificial Intelligence and Machine Learning Research: The thesis must adhere to the SPIRIT-AI Extension or the CONSORT-AI Extension statements.
- n. Implementation Science: The thesis must conform to the StaRI guidelines.

Thesis Submission Instructions

A copy of the completed thesis and 2026 Thesis Affidavit Form in PDF format must be uploaded on the candidate's ABOG portal under the assigned tasks that will be made available upon approval of application for the certifying examination.

The thesis file must be saved as a PDF with the appropriate naming convention:

ABOG ID #-last name-REI-thesis	ABOG ID #-last name-MFM-thesis
ABOG ID #-last name-GO-thesis	ABOG ID #-last name-URPS-thesis
ABOG ID #-last name-CFP-thesis	

Example: 9999999-Smith-REI-thesis

The 2026 Thesis Affidavit Form must be saved as a PDF with the appropriate naming convention:

ABOG ID #-last name-REI-TA ABOG ID #-last name-MFM-TA

ABOG ID #-last name-GO-TA ABOG ID #-last name-URPS-TA

ABOG ID #-last name-CFP-TA

Example: 9999999-Smith-REI-TA

Candidates must submit a thesis that adheres to the requirements listed in Thesis Submission Section of this Bulletin.

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must upload a PDF copy of the thesis using the naming convention above. Candidates may submit a previously submitted thesis or another work that was completed during fellowship. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the exam. Prior acceptance of a thesis does not assure re-acceptance. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

For questions about the thesis, please contact us [here](#).

Case List

Case List Entry

All information for the case lists for the 2026 Subspecialty Certifying Examination must be entered online within the ABOG Case List Entry system. To enter a case, a candidate must access their ABOG portal and click on Case List Entry. The Case List Entry system will become available to candidates in May of the year the candidate begins collecting cases. The entry process is simple, and common abbreviations are acceptable (see [Approved Abbreviations](#)). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Assessment Department or submit an inquiry [here](#).

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets, and desktop computers.

Candidates will **not** be asked to enter patient-identifying information in the Case List Entry System (i.e., Hospital, Patient Initial, and Patient ID fields). An auto-generated Case ID will be assigned to each case for HIPAA compliance purposes. Candidates **must** keep track of their own records of patient-identifying information using whatever tracking method they would like, in the event of a random ABOG audit.

Case List Preparation and Submission

The candidate must:

1. Collect cases between January 1 and December 31, 2025.
2. Meet the category requirements as listed in the Case Lists Content section for their subspecialty. If enough cases cannot be collected in a one-year period of time, the collection

of cases may be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.

3. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
4. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given, if audited.
5. De-identify the case lists in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See [De-Identification of Case Lists](#) in this Bulletin).
6. Use standard English language nomenclature. The list of acceptable abbreviations can be found under [ABOG Approved Abbreviations](#).
7. **List the patient only once.** If the patient is admitted more than once, provide information regarding the additional admissions in the appropriate boxes. (If a patient has several admissions or is seen in the outpatient setting and subsequently becomes a surgical patient, that patient may only be listed once.)

For physicians who are in a group practice where responsibility for patients is shared, the decision of whether to list a particular patient should be based on which physician had primary responsibility for the inpatient care. However, when asked to perform a consult on an inpatient on another physician's service, that patient may be listed.

The case lists must include sufficient numbers as well as sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of their subspecialty.

Case List Categories

The foundation of the process of the creation of case list categories is based on a Job Task Analysis (JTA). A JTA is conducted approximately every 3 to 5 years and uses a survey process to determine the scope of practice of each subspecialty nationally. The results from the survey are analyzed and then reviewed by a panel of subspecialist experts and each ABOG Subspecialty Division to ensure coverage of the breadth of the subspecialty. The results from the JTA are then used to develop a blueprint which serves as the infrastructure for the content of the exam. The individual Divisions use their analysis of their JTA and blueprint to construct the case list requirements for their respective Certifying Exam. As leaders in the field, Division members recognize that practices may vary; thus, the requirements are built with a level of flexibility to accommodate accordingly. However, this flexibility must be balanced with a required structure that ensures that ABOG's standards are met for adequate assessment for board certification. Fair and accurate assessment of candidates is important for ABOG, thus case lists are reviewed for completeness and audited for authenticity. The case list categories for CFP, GYN ONC, MFM, REI, and URPS can be found on the ABOG website [here](#).

De-Identification of Case Lists

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

The HIPAA Privacy Rule specifically enumerates the categories of information that must be removed from patient case lists in order for such case lists to be de-identified and thereby become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information

is not individually identifiable health information only if the following identifiers are removed:

1. Names
2. Geographic subdivisions smaller than a state
3. Date of birth, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
5. Biometric identifiers, including finger and voiceprints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes

The submission of any patient information in the case description fields of the Case Lists is strictly prohibited and can result in disapproval for the Certifying Examination. The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care that are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case lists is subject to audit by the Board.

Case List Verification and Audit

Any case list that fails to provide the required information, includes an insufficient number of patients, is inadequately or incompletely prepared, is not appropriately de-identified, or fails to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of their case list.

The completeness and accuracy of all submitted case lists are subject to audit by ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination. Falsification of information in the case list may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

ABOG retains the right to audit a candidate's case list at any time before the release of examination scores. If a candidate's case list is selected for audit, a candidate's score will be withheld up until the completion of the audit.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Certifying Examination, the candidate may appeal the decision by writing to the ABOG Chief of Medical Practice and Innovation [here](#). Such appeals may be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Certifying Examination, the candidate will be

scheduled for the next available Certifying Examination in the subspecialty, and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful, or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the reapplication. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Accommodations

Candidates with documented disabilities should review the [Accommodations](#) section on the website. Candidates in need of special testing circumstances must notify ABOG in writing of their request 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 verify the disability, if necessary.

Candidates who will be lactating at the time of the examination should notify ABOG as soon as possible. Lactation rooms will be scheduled on a first-come, first-served basis. If all the lactation rooms are full, the candidate will be given an alternate location at the ABOG Testing Center. [See Examination Accommodation Requests Section for additional information on lactation accommodations.](#)

Test Security

A week before the Certifying Examination, a task will be added to each candidate's portal to sign the [Terms of Agreement](#). If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

Administration of the Certifying Examination

The Certifying Examination is three hours in length. Each hour will be divided into two sections of approximately 30 minutes, with the first comprising structured cases and the last comprising the candidates' personal case lists. The three hours are equally divided into the following areas for each subspecialty:

Subspecialty	Hour 1	Hour 2	Hour 3
Complex Family Planning	Contraception	Early Pregnancy Assessment, Research, Pre-Abortion Evaluation, and Medication Abortion	Procedural Abortion, Abortion Complications, Complex Abortion and Risk Stratification
Gynecologic Oncology	Ovary, Fallopian Tube, and Primary Peritoneal Cancers [including Borderline and Complex masses]	Uterine Cancers (Including Sarcoma) and Gestational Trophoblastic Diseases [including	Cervical, Vulvar, and Vaginal Cancers [including Dysplasia, Radiation, and Misc.

		EIN, Endometriosis, PAS/Obstetric Hemorrhage, Fibroids]	(e.g., intraoperative management)]
Maternal-Fetal Medicine	Non-obstetrical Complications of Pregnancy	Obstetrical Complications	Fetal Complications and Prenatal Diagnosis
Reproductive Endocrinology and Infertility	Foundations of Reproductive Medicine	Pregnancy and Genetics	Fertility and Infertility
Urogynecology and Reconstructive Pelvic Surgery	Pelvic Organ Prolapse, Anorectal Disorders, and Special Considerations	Urinary Incontinence: Frequency, Urgency, and Nocturia; UTI and Hematuria	Neurogenic Lower Urinary Tract Dysfunction and Urinary Retention/Incomplete Emptying; Bladder and Myofacial Pelvic Pain; Urinary Tract Injury; Vaginal, Urethral and Periurethral Pain

Communication, ethics, and patient safety questions may be included within the structured cases or case lists. The structured cases are used to elicit the candidate's responses to specific clinical situations. A list of the topics that may be covered in the examination can be found on the website for [CFP](#), [GYN ONC](#), [MFM](#), [REI](#), and [URPS](#).

The candidates for the examination will be informed of the time and place of the registration process when they receive information concerning their assigned examination date. Candidates who are late for registration may not be allowed to sit for the examination. Following registration, the candidates will be provided an orientation. After the orientation, candidates will be escorted to their testing room. All examinations will be conducted in English and will be administered by two examiners per section. Each candidate will be informed of the names of the six examiners who will conduct their examination. If the candidate believes that one or more examiners would be unable to provide them with an unbiased exam, this will be discussed with an ABOG executive physician. If the decision is made that a conflict exists, an alternate examiner will be provided.

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular phones and all devices that can record, including smartwatches and similar devices. If a candidate is found to have an electronic device in an examination room, the test will be halted immediately, and the candidate will receive no grade for the examination. In addition, all fees will be forfeited. Candidates will also not be permitted to bring their thesis or case lists into the examination room.

Each examiner will score the candidate on all the topics covered within each section. The final grade will be determined analytically following the examination and will be released no later than six weeks following the examination.

Results and Scoring

The results of the Certifying Examination will be reported online to each candidate no later than six weeks following their examination week. We recognize waiting for up to six weeks for these important results is difficult. Please be assured during this post-examination period, extensive quality assurance checks take place to ensure test results are fair and accurate. The Many Facet Rasch Model used in calculating a candidate's score accounts for examiner severity and case difficulty, and that score is determined during these weeks of statistical analysis.

As part of the application process, the candidate will be required to irrevocably agree that the results of the candidate's examination may be made available to the Program Director(s) of any fellowship program(s) in which the candidate may have participated or in which the candidate is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the candidate 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 candidate may have with regard to the effect or impact upon the candidate of the release of the candidate's examination results to the candidate's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Rescores and Appeals

If at the completion of the Certifying Examination, a candidate believes the test has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within 6 hours of the completion of the Certifying Examination and submitted [here](#).

If the request is granted

1. No final grade will be assigned, and all grades will be discarded;
2. The candidate must reapply for the Certifying Examination the next year (i.e., cannot delay beyond the next year) and meet all of the requirements applicable at that time;
3. If the candidate meets the requirements, a second examination will be scheduled at the next regularly scheduled annual Certifying Examinations at no additional charge;
4. The candidate must prepare a new case list for the repeat examination and the case list for the repeat examination may not include any patient listed on the first examination case list;
5. The repeat examination will be conducted by a different team of examiners, who will not be informed that the examination is being conducted as a result of an appeal;
6. Neither the questions nor the candidate's answers on the first examination will be known to or considered by the second group of examiners; and
7. The decision of the examiners conducting the second examination will be used by the Board to determine the results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team shall not be considered if the candidate was informed before the Certifying Examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

Requests for Re-Examination

Candidates who are disapproved for the Certifying Examination, scheduled to take the Certifying 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. Following notification of approval to retake the Certifying Examination, the candidate must submit a new case list, submit their thesis, and pay the examination fee on or before the established deadlines. Candidates may submit a previously submitted thesis or another work that was completed during fellowship.

NEW SUBSPECIALTY DIPLOMATES

Length of Certification

All certificates issued by ABOG in 1986 and thereafter are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Continuing Certification (CC) process each year. All Diplomates taking the 2026 Subspecialty Certifying Examination are required to participate in and successfully complete the Maintenance of Certification process in 2026. Applications for the 2026 MOC process will be available online beginning January 2026. Please reference the 2026 Continuing Certification Bulletin for details on requirements.

List of Certified Diplomates

Each year ABOG notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names is also sent to the American Board of Medical Specialties (ABMS) with the request that they be included in the ABMS Database that includes displays in Certification Matters™ and ABMS Solutions products that are used for primary source verification (PSV) of certification by various stakeholders. Diplomate status may also be provided to other organizations, government agencies, and the lay public. Candidates must sign a statement acknowledging this fact at the time of the Certifying Examination.

After this effort to ensure initial listings of the newly certified Diplomates, the Board assumes no responsibility for a Diplomate's listing in subsequent issues of any directory.

The results of the Certifying Examination will be forwarded to the candidate's residency program and/or the American College of Graduate Medical Education (ACGME). De-identified results of the Certifying Examination may be used by ABOG or other parties for research purposes.