

SAMPLE

Subspecialty Certifying Examiner Application Questionnaire



Thank you for submitting a self-nomination to become an ABOG Subspecialty Examiner. This questionnaire is designed to get to know more about your work and accomplishments for the purposes of selecting new examiners. Questions 14-21 ask for information on your web and public social media presence, as that is also taken into account in the selection process.

* Required

1. First and Last Name *

2. ABOG ID *

3. Please describe the clinical aspects of your practice, including your % clinical effort, the patient population(s) that you care for, and practice in focused area(s) vs. the breadth of the subspecialty. *

4. Please describe the institution where you practice (e.g. academic medical center, rural site, community hospital, etc.) *

5. Please describe the reason why you have self-nominated to be considered for the Subspecialty Certifying Examiner position? *

Please enter at most 1000 characters

6. Please describe your involvement with resident and fellow education. Please describe leadership, committee service, curricular oversight, clinical teaching, didactic education, etc. *

Please enter at most 1000 characters

7. Please describe your involvement with practice guidelines, quality improvement, and patient safety including implementation activities, committee service, leadership roles, etc. *

Please enter at most 1000 characters

8. Please describe any awards you have received for teaching (e.g., CREOG award, SASCOG award, Gold Humanism Award as a faculty member) and/or quality/patient safety. *

Please enter at most 1000 characters

9. Please describe any additional information regarding how specific aspects of your job give you the ability to assess individuals taking their Certifying Exam (optional).

Please enter at most 1000 characters

10. Please describe your current and prior involvement with national and regional organizations with relevant dates, including subspecialty/specialty societies, ACGME, etc. *

11. Please describe your current and prior involvement with ABOG with relevant dates (examiner, item writer, committee member, etc.) *

Please enter at most 1000 characters

12. Describe any relevant information that is not included in the responses above (optional).

Please enter at most 1000 characters

13. I attest that I have not had any role whatsoever in a board review course in 5 calendar years prior to this application. *

- This statement is true
- This statement is not true (please re-apply when ≥ 5 calendar years has elapsed without any board review course participation)

14. Do you have a website that you manage or that you oversee management of by staff for the purposes of publicly sharing professional, OB-GYN information? This can include a website or other channel(s) like a blog where you offer details about medical services you provide and/or patient education about OB-GYN topics. If so, please provide all links in following question. *

- No
- Yes

15. Please provide URL link(s): *

16. Have you been active on social media in the last six months? *

- No
- Yes

Please provide your public social media handles or indicate "N/A" for the following:

17. X (formerly Twitter) *

18. Facebook *

19. Instagram *

20. TikTok *

21. LinkedIn *

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