

Specialty Certifying Examiner Application Questionnaire

Thank you for applying to be an ABOG certifying examiner. This questionnaire is designed to get to know more about your work and accomplishments for the purposes of selecting examiners. Questions 12-19 ask for information on your web and public social media presence, as that is also taken into account in the selection process.

* Required

1. Name *

2. ABOG ID *

3. Please describe the clinical aspects of your practice, including whether you are a specialist or subspecialist, your % clinical effort, what your practice consists of (inpatient obstetrics, office OB-GYN, gynecologic major surgery, gynecologic minor surgery, subspecialty or other focused practice). *

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

5. Describe the reason why you have self-nominated to be considered as a Specialty Certifying Examiner. *

6. Please describe your involvement with resident education, and education of other relevant learners. Please describe committee service, curricular oversight, and other educational leadership activities. *

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

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

9. 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.

10. Please describe any ABOG volunteer activities to date.

11. Please describe any regional/national roles relevant to the specialty of OB-GYN that are not included in the responses above

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

13. I attest that I have not had any role whatsoever in a board review course in 2 calendar years prior to this application *

☐ This statement is true

☐ This statement is not true (please re-apply when ≥ 2 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 below. Question *

☐ Yes

☐ No

15. Please provide the URL of your website(s) *

This question is shown only if you answered 'Yes' to the previous question.

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

☐ Yes

☐ No

17. Please provide your public social media handles or indicate not applicable for **X (formerly Twitter)**. *

18. Please provide your public social media handles or indicate not applicable for **Facebook**. *

19. Please provide your public social media handles or indicate not applicable for **Instagram**. *

20. Please provide your public social media handles or indicate not applicable for **TikTok**. *

21. Please provide your public social media handles or indicate not applicable for **LinkedIn**. *

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