



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

2012

INFORMATION FOR APPLICANTS

MAINTENANCE OF CERTIFICATION

Pain Medicine

FOR DIPLOMATES FROM A BOARD OTHER THAN THE ABA OR THE ABPMR

NOTE: ABA and ABPMR diplomates must apply through their respective boards.

The information contained in this publication supercedes the information in all previously printed publications concerning Board requirements, policies, and procedures. For the most current information, please visit our web site at www.abpn.com.

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Maintenance of Certification in Pain Medicine

(Pertaining only to the 2012 examination date choices listed below)

Date Choices	Application Deadline	Late Deadline
August 18 - Sept. 1, 2012	February 1, 2012	March 1, 2012

2012 Fee Schedule*

Application fee	\$ 700
Examination fee.....	\$ 800
Total fee	\$ 1500
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Late application fee (<i>in addition to the above</i>).....	\$ 500
Reexamination fee**.....	\$ 800
Reexamination late application fee (<i>in addition to the above</i>)	\$ 500
Application/licensure appeal fee***.....	\$ 350
Examination appeal fee***	\$ 300
Irregular behavior appeal fee***.....	\$ 350
Application for testing accommodations appeal fee***	\$ 350
Duplicate certificate fee	\$ 150
Returned check charge	\$ 50

* All fees must be submitted in U.S. currency.

** Reexamination fees are in addition to any appeal fees.

*** Appeal fees are refundable if the decision is in the appellant's favor.

Please Note:

- The ABPN reserves the right to revise fee schedules at any time.
- Throughout this publication, the American Board of Psychiatry and Neurology, Inc. may be referred to as "the Board" or as "ABPN."

American Board of Psychiatry and Neurology, Inc.

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Important Dates for the 2012 Maintenance of Certification in the Subspecialty of Pain Medicine

Applications Available	November 1, 2011
Application Deadline	February 1, 2012
Late Application Deadline	March 1, 2012
Admission Materials Emailed	May 18, 2012*
Pearson VUE Registration Opens	May 18, 2012*
MOC Pain Medicine Examination	August 18 - Sept. 1, 2012

* The American Board of Anesthesiology will email candidates scheduling instructions approximately 3 months prior to the start of the examination.

Please Note:

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- *Throughout this publication, the American Board of Psychiatry and Neurology, Inc. may be referred to as "the Board" or as "ABPN."*



2012 Maintenance of Certification in Pain Medicine

Section I: General Information and Board Policies

A. General Information	1
1. History	1
2. Mission Statement	1
3. Composition of the Board	1
4. Conflict of Interest	1
5. Certificates	2
B. Board Policies	3
1. Rules and Regulations	3
2. Licensure	4
3. Maintenance of Certification (MOC) Program	4
4. Revocation of Certificates	5
5. Board Eligibility	5
6. Review Courses	5
7. Cancellation Policy	5
8. Policy Regarding Medical or Other Emergencies	5
9. Policy on Irregular Behavior, Including Unethical Behavior of Candidates	5
10. Policy Regarding Appeals	6
11. Policy for Applicants with Disabilities and Qualifications for Testing Accommodations	6

Section II: Requirements for Admission to MOC in Pain Medicine Examination

A. General Requirements for Applicants Whose Primary Specialty is from the ABPN	8
B. General Requirements for Applicants Whose Primary Specialty is from an ABMS Board other than the ABA or the ABPMR	8
C. ABPN MOC Program (rev. September 2011)	8
D. Application Process Information	11

Section III: MOC in Pain Medicine Examination Procedures, Format, and Content

A. Computer-Administered Examination Procedures	13
B. Examination Format and Content	14
C. Grade Letters and Certificates	14
D. Computer-Administered Examination Appeals Procedures	15
1. Appeals Procedure for Rejection of Credentials, Invalidation of Examination Score Due to Irregular Behavior, or Denial of a Request for Disability Accommodations	15
2. Appeals Procedure for Computer-Administered Examination Failing Grade Due to the <i>Administration</i> of the Examination	15



Section I: General Information and Board Policies

A. General Information

1. History

The American Board of Psychiatry and Neurology, Inc. (ABPN), the Board, is a nonprofit corporation that was founded in 1934 following conferences of committees appointed by the American Psychiatric Association (APA), the American Neurological Association, and the then Section on Nervous and Mental Diseases of the American Medical Association. This action was taken as a method of identifying qualified specialists in psychiatry and neurology.

2. Mission Statement

The mission of the American Board of Psychiatry and Neurology, Inc. is to develop and provide valid and reliable procedures for certifications and maintenance of certification in psychiatry and neurology by:

- Communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional organizations, and the public;
- Applying the best technologies and information available to collect and analyze pertinent data;
- Developing the best testing methods to evaluate candidate and diplomate competencies; and
- Operating programs and services efficiently.

Methods for achieving that goal include but are not limited to efforts to:

- a. Describe, in terms of knowledge and skills, a physician with special expertise in evaluation, diagnosis, and treatment of patients with psychiatric and/or neurologic disorders or who require psychiatric and/or neurologic assessment.
- b. Set the standards for knowledge and skills required for certification.
- c. Construct and administer examinations designed to evaluate required knowledge and skills.
- d. Monitor, evaluate, and improve the standards and procedures of the certification process.
- e. Participate in the appropriate Residency Review Committees of the Accreditation Council for Graduate Medical Education (ACGME) to set standards for the quality and scope of residency training programs to ensure that their graduates will obtain necessary training credit toward certification.
- f. Issue certificates and other forms of recognition to successful candidates.
- g. Make lists available of diplomates who have fulfilled the requirements for certification.
- h. Inform the public, other professions, and other medical organizations of the purposes, activities, and responsibilities of the Corporation.
- i. Participate in the activities of the American Board of Medical Specialties (ABMS) and its member Boards.

3. Composition of the Board

The Board is independently incorporated and consists of 16 voting members. Elections to fill the places of Directors whose terms have expired take place annually. Neurology and psychiatry are always represented equally on the Board. The Board holds meetings each year for the purpose of transacting business.

4. Conflict of Interest

The Board maintains a rigorous conflict of interest policy. As such, to maintain the confidence of the public and the medical profession in the integrity of the Board, it is important for those doing its work to avoid certain activities that could provide opportunity for a conflict of interest or the appearance thereof. A conflict of interest is defined as an instance wherein a competing outside activity or holding could influence or appear to influence the Board's activities in the area of policy development, evaluation of training programs, or examination development.

No Board member shall participate in any discussion or vote on any matter in which he or she (or a member of his or her immediate family) has a conflict of interest. All board employees and officers shall avoid all conflicts and disclose all potential conflicts between their respective personal, professional or business interests and the interests of the Board.

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from



participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).

Annually, Board members, test committee members, written examination proctors, the President and CEO, and staff members of the Board are required to complete a form disclosing informational conflicts and potential conflicts of interest.

Any individual who participates in any review course that is publicized as being a board review course, or in any course that could be construed as a board review course, or who has edited or provided written or audiovisual materials for publications identified as preparation for Board examinations, or who copies, reproduces, or discloses examination materials or content should not participate as an examiner in any oral examination, as a proctor in any written examination, or as a member of any Board committee for at least 12 months subsequent to the course or publication of any written or audiovisual materials.

All ABPN Board members and all ABPN examiners are diplomates of the ABPN.

5. Certificates

The Board currently issues certificates for the following **specialties**:

- Psychiatry
- Neurology
- Neurology with Special Qualification in Child Neurology

The Board also currently issues certificates for the following **subspecialties**:

- Addiction Psychiatry
- Child and Adolescent Psychiatry
- Clinical Neurophysiology
- Forensic Psychiatry
- Geriatric Psychiatry
- Hospice and Palliative Medicine
- Neurodevelopmental Disabilities
- Neuromuscular Medicine
- Pain Medicine
- Psychosomatic Medicine
- Sleep Medicine
- Vascular Neurology

A physician may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

The purpose of the ABPN's initial certification examinations is to test the qualifications of candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks. Each examination shall cover such subjects as the Board may determine.



B. Board Policies

1. Rules and Regulations

In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc. These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication. Visit www.abpn.com for the most current information. The Board has authority to periodically issue and thereafter to amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, child neurology, and the recognized subspecialties.

The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board.

The ABPN uses the APA's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* as the primary authority on psychiatric diagnostic nomenclature for its psychiatry examinations.

2. Licensure

Subject to the exceptions noted below, throughout the certification and maintenance of certification processes, and in order to maintain a valid certificate and ABPN Diplomate status, physicians must hold an active and unrestricted allopathic and/or osteopathic license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must be full and unrestricted to meet this requirement. An active and unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

An unrestricted medical license is a license to practice medicine that has been issued by an appropriate and authorized licensing board and contains no restrictions on the physician's privilege to practice professionally. Restrictions include but are not limited to any disciplinary action, revocation, cancellation, suspension, condition, agreement, stipulation, probation, forfeiture, surrender, plea agreement, settlement agreement, failure to renew, prohibition against applying, lapse, inactive status or contingency in any way relevant to a license and/or the physician's privilege to practice professionally that resulted from or is based on personal or professional misconduct, professional ethics, moral turpitude, criminal charges, indictments and/or convictions, and professional incompetence and/or malpractice.

A diplomate who no longer meets the Board's licensure requirements shall, without any action necessary by the Board or any right to a hearing, automatically lose his or her diplomate status in all specialties and subspecialties for which the individual has received a certificate from the Board, and all such certificates shall be invalid.

A physician in possession of any restricted medical license, even if the physician also possesses an unrestricted license, will not be scheduled for examination, be issued a certificate, be authorized to be in possession of a certificate, or be allowed to represent himself or herself as an ABPN-certified physician.

It is the obligation of the candidate/diplomate to inform the Board immediately upon any change in licensure status.

Exceptions:

- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians' program or other appropriate, monitored alcohol or chemical substance-abuse recovery program if the physician has **NOT** been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited to a geographic area within a jurisdiction (e.g., practice limited to under-served areas), as long as such licenses are not in anyway limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.
- At its sole discretion, the Board may review instances of licensure restrictions to determine whether such restrictions constitute a violation of the Board's licensure requirements.



- Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the Part I or Certification Examination. However, such applicants must submit a copy of their unrestricted medical license, showing the expiration date, no later than the date specified in the *Requirements for Admission* section of the appropriate *INFORMATION FOR APPLICANTS* publication. Applicants holding more than one license must submit a copy of each license.

3. Maintenance of Certification (MOC) Program

The ABPN MOC Program reflects the Board's commitment to lifelong learning throughout one's profession. The mission of the ABPN's Maintenance of Certification (MOC) Program is to advance the clinical practice of psychiatry and neurology by promoting the highest evidence-based guidelines and standards to ensure excellence in all areas of care and practice improvement. The MOC program requires diplomates to participate in sanctioned self-assessment performance measures, identify perceived weaknesses in their knowledge, pursue learning activities tailored to areas that need to be strengthened, and develop quality improvement programs based on their clinical practice. The goal is for diplomates to reflect on their personal knowledge and performance and commit to a process of improvement and reevaluation of performance measures over a specified time frame that will ultimately lead to improved care for their patients.

Diplomates are responsible for their own self-assessment activities, continuing education credits, and practice improvement plans, and they can choose the learning tools that will best address their perceived needs, expand their expertise, and enhance the effectiveness and efficiency of their practice.

Physicians who are certified in both psychiatry and neurology and who desire to maintain their certificates in both disciplines must only meet the CME, Self-assessment, and PIP requirements for one specialty. However, they will be required to pass cognitive examinations in both psychiatry and neurology.

Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology must also maintain certification in their specialty in order to apply for recertification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. *If certification in the specialty lapses, certification in the subspecialty is no longer valid.*

Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their subspecialty certification to remain valid and to recertify in child and adolescent psychiatry.

There is no time limit on regaining certification status through maintenance of certification. It is the responsibility of diplomates to obtain application materials for maintenance of certification. *Information for Applicants* publications are available to download from www.abpn.com.

The ABPN encourages all diplomates to update their Clinically-Active Status through ABPN Physician Folios at <http://www.abpn.com/folios>

NOTE: All policies, components, and requirements of the ABPN's Maintenance of Certification (MOC) Program are subject to change. It is the responsibility of each individual ABPN diplomate to remain apprised of the current applicable MOC Program. As such, diplomates are encouraged to consult the ABPN's website www.abpn.com, regularly to ascertain whether any changes have been made.

As mandated by the American Board of Medical Specialties, the Board has developed a Maintenance of Certification (MOC) program that includes four components:

1. Professional Standing;
2. Self-Assessment and CME;
3. Cognitive Expertise;
4. Performance in Practice.

MOC Program participation includes meeting **all** MOC requirements, not just passing the MOC cognitive examination.



4. Revocation of Certificates

The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

5. Board Eligibility

The ABPN, in accordance with the policy of the ABMS, does not recognize or use the term “Board eligible” and does not issue statements concerning “Board eligibility.” The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office.

6. Review Courses

The Board does not endorse or recommend any texts or other teaching aids identified as “board preparation” material. Furthermore, neither the Board nor any of its committees has any affiliation with or responsibility for programs identifying themselves as “board review courses.”

7. Cancellation Policy

The Board is not liable for candidate travel and/or other related expenses incurred as a result of the cancellation of an examination.

8. Policy Regarding Medical or Other Emergencies

The Board requires candidates to sit for examinations for which they have applied and/or are scheduled. The Board acknowledges that unforeseen medical or other emergencies may prevent candidates from sitting for examinations to which they have applied and/or are scheduled.

9. Policy on Irregular Behavior, Including Unethical Behavior of Candidates

The Board believes that the ethics, conduct, and behavior of its diplomates and candidates for certification are relevant and important. The following rules apply:

1. Submission of false and/or fraudulent credentials or application information is impermissible. Any physician who obtains, attempts to obtain, or assists another person to obtain eligibility, certification, recertification, or maintenance of certification by deceptive means, including but not limited to submitting or assisting another person to submit to the Board any application, credential, licensure information, or other information or documentation that contains a material misstatement, misrepresentation, or omission will be deemed to have violated this rule. Any physician who violates this rule will be subject to all available disciplinary actions, including but not limited to legal action by the Board, certificate revocation, invalidation of examination results, and/or will be cause for the Board's refusal to admit a candidate to examination for up to five years.
2. Physicians must accurately represent their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, business cards, letterheads, and oral representations. Diplomates with expired time-limited certificates may not claim Board certification and must revise all descriptions of their qualifications accordingly. Physicians may not manufacture, modify, reproduce, distribute, or use fraudulent or otherwise unauthorized ABPN certificates or other documents; falsely claim to be certified by the ABPN; misrepresent their ABPN certificate status; otherwise use ABPN certificates or other documents in violation of trademark and/or copyright laws; or assist another to do any of the above. Any physician who violates this rule will be subject to all available disciplinary actions, including but not limited to legal action by the Board, certificate revocation, invalidation of examination results, and/or will be cause for the Board's refusal to admit a candidate to examination for up to five years.
3. The performance of all physicians taking an examination will be monitored. Test center personnel will notify the Board of any candidate that appears to give or receive assistance or otherwise engages in dishonest, disruptive, or other irregular behavior during the examination. Scores on examinations (computer-administered and/or oral) will be invalidated for any irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of invalidation. (See *Examination Procedures* section for the appeal procedures.) If an examination score is invalidated because of irregular behavior, depending on the irregular behavior, the Board will; not consider the candidate for examination for a period of up to five years, revoke any current certificates, and/or may bring legal action against the candidate. A new application form, a current application fee, and an examination fee will be required when and if such a candidate is allowed to re-sit for an examination.



4. Irregular behavior is any behavior that undermines, disrupts, or threatens the safety, integrity, or validity of the certification process and/or examination of the Board, whether it occurs before, during, or after an examination. Irregular behavior shall include but is not limited to the following conduct:

- a. Impersonating an examinee or engaging someone else to take the examination by proxy
- b. Taking or attempting to take an examination without being eligible and authorized by the ABPN to sit for the examination
- c. Copying or attempting to copy answers from another candidate's examination
- d. Knowingly permitting or assisting another candidate to copy one's answers on an examination
- e. Knowingly assisting another candidate, in any way, with an examination
- f. Viewing or attempting to view a computer screen other than one's own
- g. Having or seeking access to examination materials before the examination
- h. Unauthorized possession, reproduction, replication, copying, or disclosure of examination materials or content, at any time, including but not limited to memorizing examination materials for use, distribution, or disclosure
- i. Posting and/or discussion of examination content and/or answers, including but not limited to the Internet
- j. Use of audio, visual, or other equipment to record any part of an examination
- k. Offering any financial or other benefit to any director, officer, employee, proctor, diplomate, or other agent or representative of the Board in return for any right, privilege, or benefit that is not granted by the Board to other similarly situated candidates or persons
- l. Not complying with proctors' or examiners' instructions
- m. Disregarding or violating time limits
- n. Possessing, acquiring, and/or assisting another to acquire unauthorized materials during an examination (e.g., including but not limited to food, drink, cellular phones, pagers, PDAs, recording devices or other electronic devices, photographic materials, books, study material, reference material, or personal belongings)
- o. Making or receiving telephone calls during an examination
- p. Any other form of behavior that disrupts, threatens, offends, insults, assaults, or impedes any other examinee, the examination process, any proctor or other representative of the ABPN, including but not limited to repeated or excessive verbal complaints
- q. Any other behavior that may cast doubt on the examination results or those of another person

5. Notification of any Board disciplinary action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

10. Policy Regarding Appeals

The Board provides applicants appeals procedures for certain negative determinations.

11. Policy for Applicants with Disabilities and Qualifications for Testing Accommodations

General Information

The Board recognizes that physicians with disabilities may wish to take the examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the Americans with Disabilities Act (ADA) and amendments thereto. The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded that modifications, accommodations, auxiliary aids and/or services can only be offered if they do not "fundamentally alter the measurement of the skills or knowledge the examination is intended to test" (28 C.F.R. §36.309(b)(3)).

Any applicant who requests accommodations because of a disability must advise the Board electronically or in writing no later than the deadline for submitting applications for examination.

- A completed Application for Testing Accommodations pdf form,
- all appropriate checklists,
- all documentation, and
- all other evidence substantiating the disability,

must be submitted to the Board no later than 30 days after the deadline for filing an application for examination regardless of previous requests and/or granted accommodations. See, <http://abpn.com/downloads/forms/adaform.pdf>



Candidates applying for an examination electronically using ABPN Physician Folios must check the on-screen Testing Accommodations box to notify the Board of the accommodations request. On the Receipt screen, candidates will be given a link to the Application for Testing Accommodations pdf form to download and print from our web site at <http://abpn.com/downloads/forms/adaform.pdf>

Candidates for reexamination paying reexamination fees electronically using ABPN Physician Folios must check the on-screen Testing Accommodations box to notify the Board of the accommodations request. On the Receipt screen, candidates will be given a link to the Application for Testing Accommodations pdf form to download and print from our web site at <http://abpn.com/downloads/forms/adaform.pdf>

If the Board deems it necessary, **an independent assessment** may be requested at the expense of the Board. Documentation and other evidence substantiating the disability includes but is not limited to each of the following:

- A letter and/or report by a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability and identifying one or more major life activities that the disability substantially limits, including, but not limited to, hearing, seeing, breathing, performing manual tasks, caring for one-self, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional's letterhead, with the qualified professional's credentials, address, and telephone number. The diagnosis must include the candidate's name, date of birth, and date of evaluation, and it must be signed by the qualified professional.
- A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Diagnostic information about the specified disability using standard nomenclature from sources such as the *International Classification of Diseases (ICD)* and the *APA's DSM-IV-TR*.
- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board's evaluation of the request.

Review of Documentation

A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked "ADA Materials" and mailed to the attention of the President and CEO at the Board office.

Each application is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed and be given a reasonable opportunity to supplement their request with additional information.

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the attention of the President and CEO at the Board office:

- A written request for a formal appeal of the denial of accommodations
- The applicable appeal fee
- Additional written information in support of the appeal

The appeal materials must be sent together in a single mailing that is postmarked within 30 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the respective Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee's determination is final and binding on both the Board and the applicant.



Section II: Requirements for Admission to MOC in Pain Medicine Examination

A. General Requirements for Applicants Whose Primary Specialty is From the ABPN

NOTE: Physicians certified in pain medicine through the ABA or the ABPMR must apply through their respective Board for maintenance of certification in pain medicine.

To qualify to sit for the MOC examination in pain medicine, an applicant must:

1. adhere to and follow all Policies as described in Section I of this publication
2. be Board certified currently in the specialty of psychiatry, neurology, or child neurology
3. be Board certified currently or at one time have been Board certified in the subspecialty of pain medicine by the ABPN
4. fulfill MOC component requirements as described below:
 - 180 category 1 CME
 - 1 self-assessment
5. Submit an online application through ABPN Physician Folios at <http://www.abpn.com/folios>.

B. General Requirements for Applicants Whose Primary Specialty is From Another ABMS Board Other Than the ABA or ABPMR

Physicians certified in pain medicine through the ABPN who are certified in their primary specialty by another Board must meet the maintenance of certification requirements of their primary specialty Board. This will satisfy the ABPN requirements.

Physicians with primary specialties other than those granted by the ABPN must:

1. adhere to and follow all Policies as described in Section I of this publication
2. be Board certified currently in a primary specialty from another ABMS board other than the ABA or ABPMR
3. be Board certified currently or at one time have been Board certified by the ABPN in the subspecialty of pain medicine
4. submit a letter from the respective ABMS member Board verifying maintenance of certification by that Board and granting permission for the applicant to sit for the pain medicine MOC examination. The letter must specify the certification and MOC dates, as well as the current expiration date of the primary specialty certificate.
5. Submit an online application through ABPN Physician Folios at <http://www.abpn.com/folios>.

C. ABPN Maintenance of Certification Program (rev. September 2011)

NOTE: All Policies, components, and requirements of the ABPN's Maintenance of Certification (MOC) Program are subject to change. It is the responsibility of each individual ABPN diplomate to remain apprised of the current applicable MOC Program. As such, diplomates are encouraged to consult the ABPN's web site, www.abpn.com, regularly to ascertain whether any changes have been made.

As mandated by the American Board of Medical Specialties, the Board has developed a Maintenance of Certification (MOC) program that includes four components:

1. Professional Standing;
2. Self-Assessment and CME;
3. Cognitive Expertise;
4. Performance in Practice.

Ten Year Maintenance of Certification Program (10YR-MOC)

For Diplomates Certified or Recertified in 2011 or Earlier

Diplomates with time-limited certificates, certified or recertified in 2011 or earlier are automatically enrolled in the ABPN 10-year Maintenance of Certification program (10YR-MOC). For more information on the 10YR-MOC program visit www.abpn.com/10yr-moc

Continuous Pathway to Lifelong Learning (CP-MOC)

For Diplomates Certified or Recertified in 2012 or Later

The Continuous Pathway to Lifelong Learning Program (CP-MOC) is a four-part MOC program, where all component requirements must be met to maintain certification. Beginning in 2012, diplomates who pass their initial certification or MOC examination will enter into the Continuous Pathway to Lifelong Learning. Diplomates who passed their initial certification or MOC examination prior to 2012 will not be required to participate in this program, but they may elect to do so.

The Program will assist diplomates to comply with Maintenance of Certification (MOC) requirements and timeframes and facilitate the required annual recording and reporting of diplomate MOC participation. Instead of a large fee at the time of the MOC examination, participants in the Continuous Pathway to Lifelong Learning will pay a much smaller annual fee. This annual fee covers participation in the ABPN Physician Folios and includes one MOC cognitive examination in a ten-year period.

The focal point of the Continuous Pathway to Lifelong Learning Program is the ABPN Physician Folios, which offers a single source for personalized information regarding certification and MOC status. You must activate a ABPN Physician Folios account on the ABPN website to begin the MOC process.

While passing a cognitive examination is still required every ten years, a diplomate's certification status is dependent upon fulfillment of all four MOC Program components (Professional Standing, Self-Assessment and CME, Cognitive Expertise, and Performance in Practice), along with annually logging completed MOC activities into ABPN's Physician Folios and payment of an annual MOC registration fee.

Continuous Pathway to Lifelong Learning Program Requirements

- * Maintaining an unrestricted license(s) and no restrictions on any license.
- * Passing an MOC cognitive examination at least **every 10 years** for every time-limited certificate.
- * Completing MOC activities **every 3 years** (one stage):
 - * 24 CME hours of self-assessment activities
 - * 90 Category 1 CME hours total (including 24 CMEs from SA activities)
 - * 1 Performance in Practice (PIP) Unit (one clinical module & one feedback module)

1. Professional Standing (continuously effective)

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. Such license must be maintained even if the physician is out of the country for extended periods of time. All medical licenses must be unrestricted.

2. Self-Assessment and CME

A. Self-Assessment Program

Diplomates of the ABPN are required to participate in broad-based self-assessment activities. Self-Assessment Activities can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and comparative performance to peers.

- At least an average of 8 of the CME credits per year (averaged over 3 years) should involve self-assessment.
- Feedback must include comparative performance to peers.

- Self-assessment examinations must include no fewer than 25 questions per examination and 2 CME credits per activity.
- The self-assessment examination must take place before the activity.

The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.

B. CME Activities

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties.

- Diplomates must accrue an average of 30 specialty or subspecialty Category 1 CME credits per year (averaged over 3 years).
- At least an average of 8 of the CME credits per year (averaged over 3 years) should involve self-assessment.

3. Cognitive Expertise (effective 1994)

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the examination renewal date to December 31, 10 years from the year of the examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.

MOC Program participation includes meeting **all** MOC requirements, not just passing the MOC cognitive examination.

4. Performance in Practice (PIP)

The Performance-in-Practice (PIP) component is a two-part quality improvement program designed for "clinically-active" physicians (see definitions below) to participate in practice improvement activities through both chart review and second-party external review. Diplomates will be required to complete one PIP Unit every 3 years, consisting of both a Clinical Module (chart review) and a Feedback Module (Patient/Peer* second-party external review).

If a diplomate participates in an institutional quality improvement program that involves collection of chart data and comparison, and establishment of a plan to improve clinical activity for the individual physician, that institutional participation may also fulfill the Clinical module. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria.

A. Clinical Modules (Chart Review)

- Clinical modules require that each diplomate collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the diplomate's personal practice over the previous 3-year period.
- Performance in Practice modules require a minimum of 4 quality measures per activity.
- Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs), and develop a plan to improve effectiveness or efficiency of his/her clinical activities.
- Within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category, to see if improvements in practice have occurred. The same patients may be assessed in the original and follow-up data.

B. Feedback Modules (Patient/Peer* Second Party External Review)

- Feedback modules require each diplomate to solicit personal performance feedback from at least five peers* and five patients concerning the diplomate's clinical activity over the previous three years.



- Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency in their performance as related to the core competencies and take steps to implement suggested improvements.
- Within 24 months, each diplomate is required to solicit feedback from at least another five peers* and five patients to see if improvements in performance have occurred. Feedback may be obtained from the same patients and peers as in the original and follow-up feedback.

* Peers include other professional healthcare staff such as, psychologists, social workers, physicians, counselors, and nurses.

- Model MOC PIP Peer Feedback and MOC PIP Patient Feedback forms are available on the Forms page at www.abpn.com/forms

The ABPN recommends that diplomates allow ample time for completion of PIP Units. It may take diplomates 24 months from the date that the original data is collected from patients and peers to complete one PIP Unit.

The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.

Clinically Active Status

The American Board of Medical Specialties (ABMS) has issued definitions of “Clinically Active” and “Clinically Inactive” and requires that all diplomates self-report their status once every 24 months in each area of certification. This information will be available to the public.

1. “Clinically Active”: Any amount of direct and/or consultative patient care has been provided in the preceding 24 months. This includes the supervision of residents.

A. Engaged in direct and/or consultative care *sufficient* to complete Performance-in-Practice (PIP) Units.

B. Engaged in direct and/or consultative care *not sufficient* to complete PIP Units.

2. “Clinically Inactive”: No direct and or/consultative patient care has been provided in the past 24 months.

3. “Status Unknown”: No information available on the clinical activity of this diplomate.

- Diplomates who are in category 1.A. above are required to complete all components of the MOC Program including PIP Units.

- Diplomates who are in categories 1.B. or 2 above are required to complete all components of the MOC Program, except for PIP Units.

- A change in diplomate status from 1.B. or 2 to 1.A. requires the completion of at least one PIP Unit.



D. Application Process Information

Applications are to be completed and submitted using the online application through ABPN Physician Folios at <http://www.abpn.com/folios>. Through ABPN Physician Folios, physicians may also update licensure information and change their contact information.

See *Important Dates* for application availability. *INFORMATION FOR APPLICANTS* publications are revised each year and may be downloaded from the web site. **Only applications submitted through the ABPN Physician Folios are accepted.**

Applications are reviewed in the order of receipt. **MOC in Pain Medicine applicants** who do not receive any notification from the Board regarding their application by **March 15, 2012**, should contact the Board office to inquire about the status of their application.

Applicants accepted for examination are notified via a mailing. A content outline indicating the broad areas to be tested and the percent of items assigned to each of the areas is available at www.abpn.com. Applicants denied admission to the examination are notified of their deficiencies in meeting the standards of the Board.

The number of spaces available for examinations may be limited. In the event that space limitations prevent a candidate from being accepted for examination, the candidate's application is held for the next examination.

Applications remain active for three consecutive examinations only. Candidates who fail to present themselves for the first scheduled examination following the date of acceptance of their applications are required to **reapply online** by submitting a new application form, current application fee, and the examination fee.



Section III: MOC in Pain Medicine Examination Procedures, Format, and Content

A. MOC in Pain Medicine Computer-Administered Examinations Procedures

Note: ADA candidates will receive individual registration and examination materials.

Approximately three months prior to the examination, the American Board of Anesthesiology will e-mail instructions about scheduling to candidates whose applications have been accepted. Upon receipt of this notice, candidates are urged to contact Pearson VUE as soon as the registration period opens to schedule an appointment for the examination. A delay in contacting Pearson VUE can result in fewer available openings for the examination.

Candidates are required to present two current (not expired) forms of identification, including one government-issued photo identification, upon arrival at the testing center. Government-issued photo identification includes military IDs, passports, driver's licenses, and state IDs. Both forms of identification must include signatures. In addition, one form of identification must include a recent, permanently-affixed photograph of the candidate. The first and last names on the government-issued identification must match the name on file with the ABPN. If the name that the candidate uses on the application is different than the name that appears on the identification, certified, legal documentation (marriage license, name change determination, etc.) explaining the difference in name must be presented when signing in at the test center. Failure to comply with these requirements may result in the candidate's inability to gain admission to the examination.

Prior to the date of the examination, candidates must contact the Board office regarding any name changes. Certified, legal documentation verifying the name change must be provided to the Board office. Address and/or email address changes must be submitted online through the ABPN Physicians Folios at <http://www.abpn.com/folios>.

Candidates may NOT bring food, drink, cellular phones, pagers, other electronic devices, books, study materials, or other personal belongings, including watches and wallets, into the examination room. A secure locker is available to store personal items. Candidates may not make telephone calls during an examination session. Bringing prohibited items into the testing center or making telephone calls during an examination constitutes irregular behavior and may be cause for invalidation of examination result (See Section I).

Candidates are NOT permitted to leave the testing center's building while on unscheduled breaks. Leaving the building during an unscheduled break constitutes irregular behavior and may be cause for invalidation of examination results (See Section I).

Candidates are photographed and are required to provide an electronic signature at the computer test centers. These data are stored electronically. For security purposes, candidates are required to place each hand on a palm vein device each time they enter or leave the computer test center.

Candidates are observed at all times while taking the examination. This observation includes direct monitoring by testing center staff, as well as video and audio recording of the examination session.

General questions about requirements and logistics of ABPN examinations may be asked of ABPN staff by telephone or onsite. Verbal complaints to staff, directors, proctors, or examiners that continue after explanation of ABPN policy may rise to the level of harassment, which may be considered irregular behavior (See Section I).

Candidates withdrawing from the MOC in pain medicine examination:

The examination fee may be refunded to candidates withdrawing from the examination, provided that the President and CEO of the Board is notified in writing no less than two months prior to the first date of the date range for the examination. Failure to notify the Board in writing no less than two months prior to the first date of the date range for the examination results in forfeiture of the examination fees. Application fees are not refunded for any reason.

Candidates unable to sit for an examination on the scheduled date:

Candidates who are unable to sit for the examination on the date that they have scheduled must first contact Pearson VUE no less than 24 hours in advance to reschedule the examination. If Pearson VUE is unable to reschedule the examination date, candidates should then contact the Board office to determine the availability of rescheduling opportunities. Candidates may be rescheduled, provided there is still an opening in the testing date range. These candidates may be required



to pay an additional \$190 seating fee. If there is no other date available in the testing date range, they must sit for the originally scheduled date or forfeit their fees.

Candidates unable to sit for their scheduled examination due to an unforeseen medical or other emergency:

Once an applicant has been accepted for examination, the candidate must pass the examination within three opportunities. The ABPN, at its discretion, may excuse the candidate from, at most, one examination without forfeiture of an opportunity. Candidates who are unable to sit for their scheduled examination due to an unforeseen medical or other emergency should submit documentation of the emergency to the Board office, in writing, no later than 30 days after the date of the examination. The Board will then evaluate the documentation and determine whether the absence is excusable. In determining whether an absence is excusable, the Board will consider whether the claimed emergency could have been anticipated and/or foreseen prior to the examination. Candidates suffering from pre-existing and/or chronic conditions generally will not be excused for medical or other emergencies relating to such conditions. If the absence is determined excusable, the candidate is rescheduled for the next ABA computer-administered examination, and the examination fee will be transferred. Such candidates will be responsible for paying a rescheduling fee of \$380 and may be responsible for paying any difference in the examination fee. In the event a candidate is granted two consecutive excused absences, subsequent requests for rescheduling will be denied, the candidate's examination fees (but not rescheduling fees) will be refunded, and such candidates will be required to re-apply in order to sit for examination.

B. Examination Format and Content

The initial certification in the subspecialty of pain medicine examination is a 200-item, multiple-choice examination administered via computer for four hours (preceded by a 30-minute tutorial) at Pearson VUE testing centers. The examination is designed to test knowledge that is considered essential for the subspecialist in pain medicine. The examination analyzes the cognitive and deductive skills as well as the clinical judgment of the candidates. The Content Outline for the examination may be found on the ABA's website at <http://www.theaba.org/pdf/PMContentOutline.pdf>

C. Grade Letters and Certificates

1. Grade Letters

Computer-Administered Examinations—all initial certification and MOC examinations for specialties, including Part I and Child and Adolescent Psychiatry Part I:

The President and CEO of the Board notifies candidates in writing of the results of their computer-administered examination approximately twelve weeks from the last date of the testing date range.

All Part II Oral Examinations—Psychiatry, Neurology, Neurology with Special Qualification in Child Neurology, and Child and Adolescent Psychiatry Part II:

Results for Part II oral examinations are mailed approximately four to six weeks after the Part II examinations

2. Certificates

Successful candidates receive their certificates approximately one month after grade letters are mailed. It is the candidate's responsibility to notify the Board office, in writing, if he or she does not receive a certificate within six months. If a candidate does not submit a written notification that the certificate was not delivered, the candidate must request a duplicate certificate and pay the appropriate fee. (See Fees at the beginning of this document.)

3. Duplicate Certificates

Photocopies of Board certificates are not available from the ABPN. Requests for duplicates of ABPN certificates must specify the diplomate's:

- name
- address
- phone number
- birth date
- signature
- preference of how his or her name will be printed on the certificate
- specialty or subspecialty certification for which he/she is requesting a duplicate certificate



The diplomate must include:

- a copy of each current medical license held, showing the expiration date
- for security purposes, a copy of a government-issued photo identification, such as a driver's license or passport
- the appropriate fee (*See Fees at the beginning of this publication.*)

NOTE: For any name changes on a certificate, the diplomate must submit certified, legal documentation (marriage license, name change determination, etc.) to the Board office.

A form for requesting a duplicate certificate may be obtained from the Forms section of the ABPN web site, www.abpn.com. Certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be four to six months until the diplomate receives the duplicate certificate.

D. Computer-Administered Examination Appeals Procedures

The Board provides applicants appeals procedures for certain negative determinations. Specifically, a candidate may appeal:

- The rejection of credentials for admission to an examination (*See Procedure 1. below.*)
- Invalidation of an examination score due to irregular behavior (*See Procedure 1. below.*)
- The denial of a request for disability accommodations (*See Procedure 1. below.*)
- A failing grade on a computer-administered examination or the Part II examination due to a compromise in the administration of the examination (*See Procedure 2. below.*)

1. Appeals Procedure for Rejection of Credentials, Invalidation of Examination Score Due to Irregular Behavior, or Denial of a Request for Disability Accommodations

An applicant may appeal the decision if:

- an applicant submitted a formal application and received a negative determination regarding the application
- his/her examination scores are invalidated because of irregular behavior
- his/her request for disability accommodations was denied

Such applicants or candidates must submit the following materials to the President and CEO at the Board office:

- written request for a formal appeal
- applicable appeal fee (*See Fees at the beginning of this publication.*)
- additional written information that supports the appeal

The appeal materials must be sent in a single mailing that is post-marked within 30 days of the date indicated on the letter of negative determination. The materials are sent to the respective Appeals Committee, which reviews the materials, deliberates, and makes a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

If the appeal is granted, the appeal fee will be returned to the candidate.

2. Appeals Procedure for Computer-Administered Examination Failing Grades Due to the Administration of the Examination

A candidate who believes that there was a *compromise in the administration of the examination* may choose to *appeal* a negative determination. A failing grade on a computer-administered examination is considered a negative determination.

Appeals are limited to a review of an alleged compromise in the administration of the examination. Specifically, that the examination was administered in a manner that was atypical or did not meet the Board's guidelines. An appeal does not result in a review of a candidate's performance on an examination.

Appeals of computer-administered examinations and Part II oral examinations, including Part II Child and Adolescent Psychiatry Examinations:

An appeal will never reverse a negative determination of a computer-administered examination or challenged section(s) of a Part II oral examination. Rather, a successful appeal will result in the examination or challenged section(s) being invalidated and the candidate being rescheduled to sit for the invalidated section(s) at the next available administration. A



candidate who believes that there was a compromise in the administration of the examination may choose to appeal a negative determination by submitting the following materials to the President and CEO at the Board office:

- written request for a formal appeal of the negative determination
- applicable appeal fee (*See Fees at the beginning of this document.*)
- additional written information in support of the appeal

The appeal materials must be sent in a single mailing that is post-marked within 30 days of the date indicated on the letter of negative determination.

The materials are sent to the respective Appeals Committee, which reviews the materials, deliberates, and makes a determination. In all events, the Appeals Committee's determination is final and binding on both the Board and the candidate.

For Appeals of Negative Determinations on a Computer-Administered Examination

The appeal materials must be sent in a single mailing that is post-marked *within 30 days* of the date indicated on the letter of negative determination.

For Appeals of Negative Determinations on a Part II Examination

The appeal materials must be sent in a single mailing that is post-marked *within 60 days* of the date indicated on the letter of negative determination or within 30 days of the date indicated on the feedback letter.

If the appeal is granted for a computer-administered examination or challenged section(s) of a Part II oral examination, the appeal fee will be returned, the score for the examination or challenged section(s) will be invalidated, and the candidate will be rescheduled to sit for the examination or Part II oral section(s) at the next available administration.