



American Board of Psychiatry and Neurology, Inc.

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

2012

INFORMATION FOR APPLICANTS

Initial Certification - Psychiatry

Part I & Part II

for residents who entered residency training BEFORE
July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2)

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, www.abpn.com.

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Initial Certification in Psychiatry - Part I & Part II Examinations

(Pertaining only to the 2012 Part I and Part II examination date choices listed below)

Date Choices	Application Deadline	Late Deadline
May 7 - 11, 2012	November 1, 2011	December 1, 2011

2012 Fee Schedule*

	PART I COMPUTER-ADMINISTERED EXAMINATION FEES	PART II ORAL EXAMINATION FEES
Application fee	\$ 700	N/A
Examination fee	\$ 950	\$ 1350
Total fee	\$ 1650	\$ 1350
Late application fee <i>(in addition to the above)</i>	\$ 500	N/A
Reexamination fee**	\$ 950	\$ 1350
Reexamination late application fee <i>(in addition to the above)</i>	\$ 500	N/A
Application/licensure appeal fee***	\$ 350	N/A
Feedback fee	N/A	\$ 100
Examination appeal fee***	\$ 300	\$ 1000
Irregular behavior appeal fee***	\$ 350	\$ 350
Application for testing accommodations appeal fee***	\$ 350	\$ 350
Duplicate certificate fee	\$ 150	\$ 150
Returned check charge	\$ 50	\$ 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."*

Important Dates for the 2012 Psychiatry Part I and Part II Examinations

Applications Available	August 1, 2011
Application Deadline	November 1, 2011
Late Application Deadline	December 1, 2011
Applicant should contact the Board if they have not received confirmation of receipt of application.	January 9, 2012
Admission Materials Emailed	January 30, 2012
Pearson VUE Registration Opens	February 6, 2012
Psychiatry Part I Examination	May 7-11, 2012
Graduation verification due in the Board office for residents graduating June 30, 2012	July 16, 2012
Final date to complete residency or Part I grades will be invalidated	July 31, 2012
Full, unrestricted license due in the Board office or scheduling for Part II delayed	August 1, 2012
Graduation verification due in the Board office for residents graduating July 31, 2012	August 15, 2012
Psychiatry Part II examinations	2013



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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 <https://application.abpn.com/webclient/folios.aspx>

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 the 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 applying for an examination using a pdf application form must check the box on the form to notify the Board of the accommodations request. Candidates should download the Application for Testing Accommodations pdf form from <http://abpn.com/downloads/forms/adaform.pdf>, or should contact the Board office (847-229-6500) immediately for the pdf form.

Candidates for reexamination paying reexamination fees electronically using the 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: Training Information for Initial Certification in Psychiatry

A. General Training Requirements

References to *residency* refer to entry at the second year of postgraduate (PGY-2) training, unless otherwise stated.

Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program.

Training programs approved by the Residency Review Committees and accredited by the ACGME can be found in the current edition of the *Graduate Medical Education Directory* published by the AMA.

Training may be completed on a part-time basis, provided that it is no less than half-time.

Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

Effective for residents entering residency training (PGY-2 in psychiatry) as of July 1, 2002:

The 36 months of full-time, specialized residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than 10 years apart.

Effective for residents entering residency training (PGY-2 in psychiatry) as of July 1, 2011:

Full time residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than five years apart and the shorter block must not be less than six months long. One year of subspecialty residency training must be completed in a continuous block of not less than one-half time.

B. Training in More Than One Residency Training Program

To ensure continuity of training, the Board requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program. In addition, credit will not be given for less than one-year blocks of training, including the PGY-1. The ABPN Credentials Committee will consider exceptions to these rules only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, prior to the transfer. The letters must outline the resident's training content, duties, and responsibilities, including exact dates (month/day/year to month/day/year) of training, and indicate clearly that the resident will satisfy all ACGME program requirements as outlined by the Accreditation Council for Graduate Medical Education. Each case will be considered on an individual basis.

If the Credentials Committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident to submit with his or her Part I application. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their Part I applications.

When training is completed in more than one program, the training director of the first program should send the training director of the second program a letter detailing the training satisfactorily completed, including exact dates (month/day/year to month/day/year) of training, and areas of training that are deficient. After reviewing this documentation, the training director of the second program should inform the resident whether or not the second program will be able to provide the resident with the experience necessary to remove the deficits.

C. Specific Training Requirements

Unless otherwise specified, all training must be completed in programs accredited by the ACGME. (See sections on Canadian and other international training, below.)

An applicant seeking admission to examination for certification in psychiatry must have satisfactorily completed an ACGME-accredited PGY-1 (See below.) and three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME. Different requirements apply for applicants who began training in psychiatry prior to 1986. These candidates should call the Board office if they have any questions.

Two patterns of training are acceptable:

1. Three-Year Psychiatry Residency Program

A broad-based clinical year of ACGME-accredited training in internal medicine, family medicine, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care medicine; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care.

AND

Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME

OR

2. Four-Year Psychiatry Residency Program

Four years of training in an ACGME-accredited program in psychiatry is acceptable. A psychiatry PGY-1 must include at least four months in internal medicine, family medicine, and/or pediatrics. This training must be in a clinical setting that provides comprehensive and continuous patient care. No more than one month of this requirement may be fulfilled by an emergency medicine rotation, as long as the experience predominantly involves medical evaluation and treatment rather than surgical procedure. Neurology rotations may NOT be used to fulfill this four-month requirement.

Canadian Training Programs

Physicians entering residency training in psychiatry (PGY-2) on or after July 1, 2001, **may apply** to the ABPN for examination ONLY if they:

1. Complete their training in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada

AND

2. Achieve certification by the Royal College of Physicians and Surgeons of Canada

AND

3. Possess an unrestricted license to practice medicine in a Canadian province

Physicians entering residency training (PGY-2) in psychiatry prior to July 1, 2001, may be granted credit for training completed in Canada if the training was completed in a program accredited by the Royal College of Physicians and Surgeons of Canada. These applicants must initiate the ABPN certification process by 2008 and should contact the Board office if they have any questions.

Other International Training

Physicians entering psychiatry residency training (PGY-2) on or after July 1, 1997, will not be granted credit for other international training. Physicians entering psychiatry residency training prior to July 1, 1997, may be granted credit for other international training ONLY if they:

1. Achieve a national certificate accepted by the ABPN by the year 2005. The only certificates accepted by the ABPN are MRCPsych; FRANZCP, F.F. Psych (S.A.); and Israel's Specialty Certification of the Scientific Council of the Israel Medical Association. If a physician's training was not completed in its entirety (internship and residency training) in the country issuing the certificate, the physician must complete an additional year of approved primary care training in the United States.

AND

2. Initiate the ABPN certification process by the year 2007.

Physicians who entered residency training in the United Kingdom prior to July 1, 1986, should write to the Board office for training credit information.

Section III:

Requirements for Admission to Initial Certification in Psychiatry Examinations

For Residents Who Entered Residency Training BEFORE July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2) ONLY

A. General Requirements for All Applicants

To qualify to sit for examination, an applicant must:

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Have a medical license as defined in Section I. Applicants are required to submit copies of their medical licenses, showing the expiration date with their applications. ** If more than one medical license is held, a copy of each license is required.*
3. Have satisfactorily completed the Board's specialized training requirements in psychiatry, as described in Section II.
4. Submit a completed official application form, including all required attachments and the appropriate application and examination fees by the specified deadlines. Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.

**Applicants for specialty Part I examinations 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 specialty Part I examination. However, such applicants must submit a copy of their medical license showing the expiration date no later than August 1 of the year in which they sat for the Part I examination in order to be scheduled for Part II.*

B. Initial Certification in the Specialty of Psychiatry

General Information

To become Board certified in psychiatry, candidates must pass both the Part I and Part II oral examinations. Candidates who pass both the Part I computer-administered and Part II oral examinations within the timeframe are awarded a certificate in the specialty of psychiatry and are enrolled in the Continuous Pathway to the Lifelong Learning Program (CP-MOC). To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the Part I examination is valid for three opportunities to pass the Part II oral examinations. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their three opportunities.

Successful completion of the specialty Part I examination is required of candidates seeking certification in psychiatry. To successfully complete the Part I examination, a candidate must pass both the psychiatry and neurology sections of the examination at the same administration before such candidates will be scheduled for the specialty Part II oral examination.

Residents Who Entered Residency Training BEFORE July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2)

Residents who entered residency training in psychiatry BEFORE July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2) must utilize the current certification process (Part I and Part II examinations) and will have up to September 2016 to complete the certification process. Such residents will be required to apply and sit for the Part I examination being administered in 2012. Any candidate who sits for and passes the Part I examination in 2013 or before will have three opportunities or until September 2016 to pass the Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, for the Part II examination, until they have exhausted their three opportunities. We anticipate that the final Part II oral examination will take place in 2016.

Any candidate who fails the initial Part I examination in 2012 may, upon payment of the Part I reexamination fee, repeat the examination in 2013. Examinees who fail or do not sit for reexamination in 2013 as scheduled will be required to submit documentation of satisfactory performance on the required clinical skills evaluations. These evaluations must be completed in an ACGME-accredited training program on or after July 1, 2008 as part of the ABPN credentialing process. To become Board certified in psychiatry, such candidates must pass the new computer-administered examination.

Candidates who do not pass the Part I examination in 2013 or before, or who do not complete the certification process by the September 2016 deadline will be required to submit documentation of satisfactory performance on the required clinical skills

evaluations. These evaluations must be completed in an ACGME-accredited training program on or after July 1, 2008 as part of the ABPN credentialing process. To become Board certified in psychiatry, such candidates must pass the new computer-administered certification examination.

Candidates who are unsuccessful in the Part II oral examination during the allotted time period will be required to submit documentation of satisfactory performance on the required clinical skills evaluations. These evaluations must be completed in an ACGME-accredited training program on or after July 1, 2008 as part of the ABPN credentialing process. To become Board certified in psychiatry, such candidates must pass the new computer-administered certification examination.

Residents who entered residency training in psychiatry (PGY-1) prior to July 1, 2007 or (PGY-2) prior to July 1, 2008 may apply for the new computer-administered Certification Examination beginning in 2014 provided they meet all credentialing requirements including documentation of satisfactory performance on the three required clinical skills evaluations. Candidates who do not complete the certification process by the final administration of the Part II Oral Examination may also apply for the new computer-administered Certification Examination in 2014, provided they meet all credentialing requirements including documentation of satisfactory performance on the three required clinical skills evaluations.

The three required clinical skills evaluations must comply with the standards set forth in the document *Requirements for Clinical Skills Evaluations for Psychiatry*. To become Board certified in psychiatry, such candidates must pass the new computer-administered Certification Examination.

Residents Who Entered Residency Training on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2)

The ABPN began administering the new computer-administered Certification Examination in the fall of 2011. Residents who entered residency training ON OR AFTER July 1, 2007 (PGY-1) ON OR AFTER July 1, 2008 (PGY-2) will take this new Certification Examination provided they meet all credentialing requirements, including documentation of the three required clinical skills evaluations.

Please refer to the publication entitled *2012 Information for Applicants for Initial Certification in Psychiatry* (for applicants who began training on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2) for additional information.

C. Application Process Information

Applicants seeking certification in psychiatry must complete, sign, and file with the President and CEO of the Board an application on the current, official form together with the required supporting documents.

The *INFORMATION FOR APPLICANTS* publication and associated *Application for Initial Certification* are revised each year and may be downloaded from www.abpn.com. Applications include detailed instructions on how to complete the application and what documentation must be included.

Psychiatrists previously approved for examination may submit an application through the ABPN Physician Folios. First time applicants must submit their application using the PDF application form. **Only applications submitted on the current application form or through the ABPN Physician Folios are accepted. Faxed copies of applications are not accepted.**

An acknowledgment mailer accompanies each PDF application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgement that the Board office has received the application. Once the mailer is returned to the applicant, it may take up to 16 weeks for the applicant to receive further information regarding the status of the application. Applications made through the Physician Folios will receive a receipt online.

Applications are reviewed in the order of receipt. Applicants who do not receive any notification from the Board regarding their applications should contact the Board office to inquire about the status of their application after January 9, 2012. Applicants accepted for examination are notified via email or a mailing. 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.

A content outline that indicates the areas to be tested and the percentage of items assigned to each of the areas is available at www.abpn.com.



The 2012 psychiatry Part I examination is administered via computer in a national network of computer test centers. Approximately two months prior to the first examination date, accepted candidates receive registration procedures and deadlines.

Applications for the 2012 examination remain active for the 2012 and 2013 examinations only. Candidates who fail to present themselves for the 2012 examination will receive information from the ABPN about their future examination options. The 2013 Part I examination will not be available for new applicants. The current-format Part I examination will be eliminated after 2013.

D. Information for Applicants Still in Residency Training

If you are still in training, a letter from the training director must be submitted **with the application** documenting that you are in the final year of training and that training will be completed by June 30, 2012. **This letter must include the date on which you started training and the anticipated completion date.**

Immediately after you have completed training, the training director must submit to the Board a letter verifying successful completion of training or a copy of the certificate of training. All documentation must **include exact dates** (from month/day/year to month/day/year) of training. If documentation of successful completion of training is not received in the Board office by **July 15, 2012**, the candidate may be removed from the Part I roster.

Candidates for initial certification in psychiatry who complete training **after June 30, 2012, but no later than July 31, 2012**, may submit a Part I application. The training director must submit a letter verifying successful completion of training to the Board by **August 15, 2012**. All documentation must **include exact dates** (from month/day/year to month/day/year) of training.

For residents completing training on or before June 30, 2012:

If documentation of successful completion of training is not received in the Board office by the **July 15** deadline, the results of the examination will not be released to the candidate, and the candidate will not be scheduled for the Part II examination until the Board office receives the letter. These candidates will be scheduled for the earliest Part II examination that has space available. These candidates may have to wait up to one year for an available examination slot.

For residents completing training between July 1 and July 31, 2012:

If documentation of successful completion of training is not received in the Board office by the **August 15** deadline, the results of the examination will not be released to the candidate, and the candidate will not be scheduled for the Part II examination until the Board office receives the letter. These candidates will be scheduled for the earliest Part II examination that has space available. These candidates may have to wait up to one year for an available examination slot.

Applicants who complete training after July 31, 2012, will be denied an opportunity to sit for the Part I examination. For those candidates who sit for the Part I examination but DO NOT successfully graduate from training by July 31, 2012: The Part I examination scores will be invalidated and the Board will retain the Part I fees.

Due to the large volume of documentation that the Board office will receive on or before July 15, we ask that applicants **DO NOT CALL** to verify that the Board received documentation from their residency program. Applicants should check with their training director to confirm that documentation was sent to the Board office.

Applicants for psychiatry Part I examinations 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 examination. However, such applicants **must submit a copy of their full, unrestricted medical license with expiration date no later than August 1 of the year in which they sat for the Part I examination in order to be scheduled for the specialty Part II examination.** Upon receipt of the required license, candidates will be scheduled for the earliest Part II oral examination that has space available. These candidates may have to wait up to one year for an available examination slot.



E. Information for Applicants Who Entered Residency Training in Psychiatry ON OR AFTER July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2)

The ABPN has made changes in the credentialing process effective for residents who entered residency training in psychiatry on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2). Some of the clinical skills evaluations that are currently conducted in the Part II oral examination are now taking place within the residency program, and the residents will be required to submit documentation of satisfactory performance in the evaluation of clinical skills as part of the ABPN credentialing process. Assessment of other clinical skills will be integrated into a new computer-administered certification examination beginning in 2011. Candidates who successfully pass this computer-administered examination will be awarded a certificate in psychiatry and enrolled in (CP-MOC). NOTE: There is no Part II oral examination for candidates who entered residency training in psychiatry on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2).

Complete information is available in the Psychiatry Certification Examination INFORMATION FOR APPLICANTS for residents who entered residency training in Psychiatry ON OR AFTER July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2).

Section IV: Psychiatry Part I & Part II Examinations Procedures, Formats, and Content

*The 2013 Part I examination will not be available for new applicants.
The current-format Part I examination will be eliminated after 2013.*

A. Psychiatry Part I Computer-Administered Examination Procedures

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

Approximately two to three months prior to the examination, a notice describing registration procedures is emailed to candidates whose applications have been accepted. **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 in a candidate's choice of date and location.

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 changes must be provided to the Board office. Address and/or email address changes must be submitted online through the ABPN Physician Folios at <https://application.abpn.com/webclient/folios.aspx>

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 on-site. 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 are required to sit for the examination for which they have applied. Candidates who fail to present themselves for the 2012 examination will receive information from the ABPN about their future examination options. The 2013 Part I examination will not be available for new applicants. The current-format Part I examination will be eliminated after 2013.



.NOTE: Candidates may not withdraw from psychiatry Part I examinations, and fees are not refundable.

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:

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 2013 examination, and the examination fee will be transferred. Such candidates may be responsible for paying any difference in the examination fee and/or a rescheduling fee.

Candidates who are rescheduled and do not sit for the 2013 examination will be required to submit documentation of satisfactory performance on the required clinical skills evaluations. These evaluations must be completed in an ACGME accredited training program on or after July 1, 2008 as part of the ABPN credentialing process. To become Board certified in psychiatry, such candidates must pass the new computer-administered certification examination.

Candidates who fail the psychiatry Part I examination

Candidates who fail the 2012 Part I examination may, upon payment of the Part I reexamination fee, repeat the examination in 2013. Reexaminees who fail the 2013 examination or do not sit for the 2013 examination as scheduled will be required to submit documentation of satisfactory performance on the required clinical skills evaluations. These evaluations must be completed in an ACGME-accredited training program on or after July 1, 2008 as part of the ABPN credentialing process. To become Board certified in psychiatry, such candidates must pass the new computer-administered certification examination.

B. Psychiatry Part I Examination Format

The Part I examination is a 420-item, multiple-choice, examination administered via computer for eight hours, including a 55-minute break followed by five minutes of on-screen instructions at Pearson VUE testing centers. The Board advises applicants, in writing, of acceptance to the examination.

C. Psychiatry Part I Sections and Content

The psychiatry section of the examination will include questions in the following areas:

- Development through the life cycle
- Behavioral and social sciences
- Epidemiology and public policy
- Diagnostic procedures
- Clinical aspects of psychiatric disorders
- Treatment of psychiatric disorders
- Special topics (suicidality; dangerousness; seclusion/restraints; risk management; child abuse, sexual abuse, and domestic violence; psychiatric consultation; professionalism/ethics; other)

The neurology section of the examination will include questions in the following areas:

- Neural development through the life cycle
- Basic neurosciences
- Diagnostic procedures
- Clinical aspects of neuropsychiatric disorders
- Treatment of neuropsychiatric disorders
- Diagnostic and clinical evaluation of neurologic disorders/syndromes
- Management and treatment of neurologic disorders



D. Psychiatry Part II Oral Examinations Procedures

1. Assignment, Fees, and Scheduling

To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the psychiatry Part I examination is valid for three opportunities to complete the psychiatry Part II oral examination successfully.

Candidates who pass Part I receive a notice of assignment to a Part II oral examination with a billing statement for the required examination fee. Scheduling for the psychiatry Part II oral examination is done on a regional basis whenever feasible.

Candidates must sign a statement that all licenses they possess are unrestricted licenses to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada that comply with the requirements outlined in Section I. Candidates who do not submit copies of their licenses or who submitted a temporary (education or training) medical license at the time of application for Part I are required to submit copies of their unrestricted licenses, showing the expiration dates, by August 1 of the year in which they sit for the Part I examination. Candidates who do not submit copies of their medical licenses by this deadline will not be scheduled for the Part II oral examination until the Board office receives copies of the candidate's medical licenses. These candidates may have to wait up to one year for an available examination slot. (*See Section I. for licensure information.*)

Approximately eight weeks prior to the date of the assigned Part II oral examination, candidates receive informational materials and an admission notice specifying the date, time, and place to report for registration. Candidates are requested to report for registration only on the day and at the time indicated on the admission notice.

NOTE: Candidates may not withdraw from a psychiatry Part II oral examination, and fees are not refundable.

An unexcused absence counts as an opportunity to take the Part II oral examination.

Beginning with the May 2003 Part II oral examination, candidates who do not pay the Part II oral examination fee for their scheduled examination or reexamination by the deadline specified forfeit an opportunity to sit for the examination.

Candidates who decline or do not attend the Part II oral examination for which they are scheduled, unless excused* (see below), forfeit an opportunity **and fees**. Such candidates are removed from the roster of candidates for that examination. **They are scheduled for the earliest Part II oral examination that has space available, which may not be the next consecutive Part II oral examination. Candidates may have to wait up to one year for an available examination slot. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities to pass the Part II oral examination.**

***Excused Absences**

Candidates who are unable to sit for a scheduled Part II 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 reasons relating to such conditions. If the absence is determined excusable, the Part II fees are transferred and such candidates are scheduled for the next Part II examination with available space. Candidates may have to wait up to one year for an available examination slot. Candidates who are transferred to another examination will be required to pay any difference should the Part II examination fee increase. Candidates who do not pay this fee by the deadline specified will forfeit an opportunity and all fees.

Waiting list for an earlier examination:

Beginning with the May 2004 Part II oral examination, a waiting list will be maintained in an effort to fill any vacant slots in the Part II oral examination cycle. Candidates may request placement on a waiting list for a specific Part II oral examination. A written request must be submitted to the Board office along with the Part II fees. Candidates are considered for a specific Part II oral examination based on the post-marked date on the written request. **No request will be considered until the Part II fees have been paid for the originally scheduled examination. Placement on the waiting list does not guarantee seating at a specific examination.**

Candidates reassigned to the requested Part II oral examination are notified in writing and are removed from the roster of the originally assigned Part II oral examination. **Candidates who do not sit for the reassigned Part II oral examination forfeit an**

opportunity and fees. If the Board is unable to schedule candidates for a specific oral examination, such candidates must sit for the Part II oral examination originally assigned.

2. Required Sections and Reexamination

Candidates must pass both sections of the Part II oral examination. Candidates who fail one or both sections of the examination must repeat both sections at each subsequently scheduled examination until both sections are passed at the same examination.

All candidates taking the Part II oral examination are required to be examined in all sections for which they are scheduled. **If a candidate does not appear for a scheduled section of the examination, the examination results for sections taken are invalidated, fees are not refunded, and this counts as an opportunity to take the Part II oral examination. Exceptions for candidates who are unable to sit for all sections of their scheduled Part II oral examination due to an unforeseen medical or other emergency:** If the Board classifies the absence as excusable, the examination results for the completed section are invalidated, and the fees are transferred or refunded. The examination does not count as an opportunity to take the Part II oral examination.

Candidates who fail Part II:

Currently, candidates who fail the Part II oral examination are scheduled for the next Part II oral examination that has available space, as long as they pay the reexamination fees and have not exhausted or forfeited their three opportunities to pass the examination.

Candidates who are unsuccessful in allotted time period:

Candidates who are unsuccessful in the Part II oral examination within three opportunities, may apply for the new computer-administered Certification Examination beginning in 2014 provided they meet all credentialing requirements including documentation of satisfactory performance on the three required clinical skills evaluations.

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

E. Part II Oral Examinations Formats

The psychiatry Part II oral examination includes the examination of patients under the observation of one or more examiners. The manner of examining patients and the reasoning and deductions therefrom constitute an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, management recommendations, and assessment of risk are also essential aspects of the examination, which focuses on evaluation of clinical skills.

Candidates are expected to discuss their findings with their examiners. Questions frequently cover such areas as diagnosis, differential diagnosis, evaluation, treatment, prognosis, and management. Reference to the basic sciences of psychiatry and neurology may be made.

Note-taking is permitted during these examinations, provided that only blank paper is used. ALL notes must be left in the examination room at the conclusion of the examination. Failure to adhere to this policy constitutes irregular behavior. (*See Section I.*) Notes are not used in the assignment of grades and are destroyed.

Candidates are required to bring government-issued photo identification with them to the examinations. They will be asked to present this ID at candidate registration. Government-issued photo IDs include military IDs, passports, valid driver's licenses, and state IDs. If the name on file with the ABPN is different than the name that appears on the photo ID, certified, legal documentation verifying the name change must also be presented.

Candidates may NOT bring food, drink, cellular phones, pagers, or other electronic devices, books, or study materials into the examination room. Candidates may not make telephone calls during an examination. Candidates may not speak to one another or confer with one another about any examination content. These actions may constitute irregular behavior and may be cause for invalidation of examination results. (*See Section I.*)

F. Psychiatry Part II Oral Examination Sections and Content

Psychiatry candidates take **two sections**, each approximately one hour long:

- **Examination in clinical psychiatry (patient)**

In the patient section, the psychiatry candidate is given approximately 30 minutes to examine a patient under the observation of one or more examiners. Following the examination of the patient, the discussion with the examiner(s), which is approximately 30 minutes in length, focuses on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies. Additional questions may address the basic science of psychiatry.

- **Examination in clinical psychiatry (vignette)**

The approximately one-hour long clinical vignette section will consist of four vignettes. The vignette cases may be presented in a written format or a short video clip. Candidates will be examined by one or more examiners with particular reference to the content of the vignettes. These discussions may also include other clinical topics.

G. 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 no later than *eight to 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 *two months* 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 below.)

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.

H. Request for Feedback on Negative Determinations of Part II Oral Examinations

A failing grade on a Part II oral examination is considered a negative determination.

A request for feedback *is not an appeal of the negative determination and will not reverse a negative determination*. Rather, a request for feedback is a procedure by which a candidate may receive certain delimited information regarding the candidate's Part II oral examination performance.

A candidate who receives a negative determination may request feedback by submitting the following materials to the President and CEO at the Board office:

- a letter requesting feedback on his/her Part II oral examination
- applicable feedback fee (*See Fees at the beginning of this publication.*)

The request for feedback must be postmarked within 30 days of the date indicated on the letter of negative determination.

For the **psychiatry patient section**, feedback shall consist of a checklist indicating results for each subcategory. For the **psychiatry vignette section**, feedback shall indicate the number of vignettes not passed. *No other information will be provided as feedback.*

I. Psychiatry Part I and Part II Examinations 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 Fee Schedule*)
- 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 Fee Schedule*)
- 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.

Section V: Special Programs

A. Supplementary Certification

Candidates may apply for certification in another specialty. A candidate may have more than one application on file with the Board if the applications are for certification in different specialties or subspecialties. Candidates completing training both in psychiatry and in neurology or child neurology may apply to sit for both Part I examinations.

1. Dual Certification in Psychiatry and in Neurology

Unless otherwise specified, all training must be completed in programs accredited by the ACGME. Applicants seeking certification both in psychiatry and neurology who began residency training prior to January 1, 1988, should contact the Board office for requirements. Applicants seeking certification both in psychiatry and neurology who began residency training on or after January 1, 1988, must have completed one of the following training tracks:

- **ABPN-approved combined psychiatry/neurology training program (recommended):**

A PGY-1 that meets the requirements for entry into a neurology program*

AND

Five years of residency training in an ABPN-approved combined psychiatry/neurology training program.

OR

- **Individual psychiatry and neurology programs:**

A PGY-1 that meets the requirements for entry into a neurology program.*

AND

Six full years of postgraduate residency training in ACGME-accredited programs, including three full years in psychiatry and three full years in neurology.

OR

- **Non-ABPN-approved combined training programs:**

A PGY-1 that meets the requirements for entry into a neurology program.*

AND

At the discretion and approval of both training directors and in accordance with Residency Review Committee requirements, applicants may complete five full years of postgraduate training in ACGME-accredited programs, including two full years of residency training in psychiatry in a single program, two full years of residency training in neurology in a single program, and a full year that is jointly sponsored and coordinated by the psychiatry and neurology training directors to allow the resident to successfully complete all of the requirements for an approved residency program in psychiatry and an approved residency program in neurology. The five years of residency training usually are taken at one institution, but may be taken at no more than two institutions. An application for examination may be submitted after completion of the PGY-1, the two full years of residency training in one specialty, and the full year of jointly sponsored residency training.

For residents entering non-ABPN-approved combined psychiatry and neurology residency training on or after July 1, 1999:

Program directors must contact the Board office for a copy of the combined psychiatry/neurology guidelines and must submit to the Board for review, **no later than the beginning of the PGY-3**, a proposal for a resident to train in psychiatry and neurology that conforms to these guidelines.

**A full year of ACGME-accredited training in internal medicine or, as an acceptable alternative, a full year in an ACGME-accredited program in which a minimum of six months of training must be in internal medicine, the details of which must be documented by the training director. The composition of these six months may NOT include rotations in neurology, family medicine, or emergency medicine. To ensure that these six months constitute a high-quality experience, they should emphasize progressive responsibility for the resident. At least two of the additional six months must be spent in internal medicine, pediatrics, and/or emergency medicine. For candidates entering neurology residency training on or after July 1, 2001, at least two of the additional six months must be spent in internal medicine, pediatrics, family medicine, and/or emergency medicine. No more than two of the remaining four months may be spent in neurology.*

2. Dual Certification in Child and Adolescent Psychiatry and in Neurology with Special Qualification in Child Neurology

An applicant who wishes to obtain certificates both in child and adolescent psychiatry and in neurology with special qualification in child neurology must meet the following requirements:

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent psychiatry (A minimum of two years of approved residency training in general psychiatry is required.)

AND

- Completion of the requirements for certification in child and adolescent psychiatry

AND

- Completion of the requirements for certification in neurology with special qualification in child neurology (See the *INFORMATION FOR APPLICANTS* for Initial Certification in Neurology publication.)

B. Joint Training in Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The American Board of Pediatrics, the ABPN, and the Committee on Certification in Child and Adolescent Psychiatry of the ABPN have approved programs for combined pediatrics/psychiatry/child and adolescent psychiatry residency training. This training consists of 24 months of pediatrics, 18 months of psychiatry, and 18 months of child and adolescent psychiatry. Completion of the program will satisfy the training requirements for certification in all three areas. Physicians pursuing training in these programs may not apply for examination until all training has been completed.

C. Combined Training Leading to Certification by Two Boards

Board-approved combined/joint training programs are listed in the Graduate Medical Education Directory. The Board currently has the following two programs for psychiatry:

1. Dual Certification in Psychiatry/Family Medicine

The American Board of Family Medicine and the ABPN have approved programs for combined psychiatry/family medicine residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/family medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the *Graduate Medical Education Directory* must be satisfied.

2. Dual Certification in Psychiatry/Internal Medicine

The American Board of Internal Medicine and the ABPN have approved programs for combined psychiatry/internal medicine residency training. In order to satisfy training requirements in psychiatry, a resident who resigns from the combined psychiatry/internal medicine training program must complete 36 months of residency training, beyond the PGY-1, of which 30 months of training must be completed in psychiatry. In addition, the program requirements for psychiatry as defined in the *Graduate Medical Education Directory* must be satisfied.

D. Post Pediatrics Portal Programs

Post Pediatrics Portal Programs (PPPP) accredited by the ACGME are listed in the Graduate Medical Education Directory. Pediatricians who wish to obtain certification in psychiatry and child and adolescent psychiatry may complete training in 36 months in a PPPP. The training consists of 18 months of general psychiatry training and 18 months of child and adolescent psychiatry training. Physicians completing a Post Pediatrics Portal Program may pursue certification in both general psychiatry and child and adolescent psychiatry. Certification in general psychiatry is a prerequisite for admission to examination for certification in child and adolescent psychiatry.