



American Board of Psychiatry and Neurology, Inc.

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

2009

INFORMATION FOR APPLICANTS

INITIAL CERTIFICATION

Child and
Adolescent
Psychiatry

The information contained in this booklet 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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Initial Certification in Child and Adolescent Psychiatry

(Pertaining only to the 2009 Part I and Part II examination date choices listed below)

Date Choices	Application Deadline	Late Deadline
June 1 - 5, 2009	December 1, 2008	January 2, 2009

2009 Fee Schedule*

(Effective March 21, 2009 for Initial Certification in Child and Adolescent Psychiatry examinations)

	<u>PART I COMPUTER-ADMINISTERED EXAMINATION FEES</u>	<u>PART II ORAL EXAMINATION FEES</u>
Application fee	\$ 700	N/A
Examination fee	\$ 1025	\$ 1875
Total fee	\$ 1725	\$ 1875
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Late application fee (in addition to the above)	\$ 500	N/A
Rescheduling fee	\$ 330	N/A
Reexamination fee - 1 section**	\$ 1025	\$ 950
Reexamination fee - 2 sections**	N/A	\$ 1875
Reexamination late application fee (in addition to the above)	\$ 500	N/A
Application/licensure appeal fee***	\$ 350	N/A
Feedback fee	N/A	\$ 100
Examination appeal fee***	\$ 100	\$ 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."

American Board of Psychiatry and Neurology, Inc.

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2009 Information for Applicants for Initial Certification in the Subspecialty of Child and Adolescent Psychiatry

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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 serve the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes.

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 consists of 16 voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, the American Medical Association, and the American Psychiatric Association; for neurology, they are the American Academy of Neurology and the American Neurological Association. Each of these organizations proposes nominees to serve on the Board, but the Board itself selects its members. The Board is independently incorporated.

Elections to fill the places of members whose terms have expired take place annually. Neurology and psychiatry are always represented equally on the Board. The Board holds meetings several times each year for the purpose of examining candidates and 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 Executive Vice President, 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 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, 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 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 Maintenance of Certification Program (MOC) of the American Board of Psychiatry and Neurology 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.

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neurodevelopmental disabilities, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology, including those issued prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1995. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire 10 years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board certified in that area of certification. Once a former diplomate completes all MOC requirements and passes the MOC examination, however, he or she will regain certification status.

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 and applications are available to download from www.abpn.com.

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.



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). The Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded that auxiliary aids and 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)).

To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify the disability and provide a rationale for specified modifications to standard testing procedures.

Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination. All documentation and 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. Required documentation includes completion of the *Application for Testing Accommodations* and appropriate checklists.

Candidates seeking disability accommodations should download the appropriate application from the Publications-Forms section of the ABPN web site, www.abpn.com, or should contact the Board office (847-229-6500) immediately for an application.

Applicants for reexaminations requesting accommodations **must** check the box provided on the billing statement and comply with all requirements, regardless of previous requests and/or granted accommodations. Documentation of a disability and a completed *Application for Testing Accommodations* is required no later than 30 days after the fee due date on the billing statement in order to be considered for special examination assistance or test modification.

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 report diagnosing the applicant's disability written by a professional appropriately qualified to evaluate the disability. The report must be printed on the certified examiner's letterhead, with the examiner's credentials, address, and telephone number given in the letterhead or title. The report must include the candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- A history of the disability, including previous settings in which accommodations have been granted. Having had prior accommodations granted does not necessarily influence the decision of the Board to grant or deny a current request for accommodation. 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 important 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 Executive Vice President at the Board office.

Each report 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 that the request has been denied.



Section II: Training Information for Initial Certification in the Subspecialty of Child and Adolescent Psychiatry

A. General Training Requirements

Applicants for certification in child and adolescent psychiatry must be certified by the Board in general psychiatry by **December 31 of the year** prior to the examination. **All licensing and training requirements must be met by June 30 of the year of the examination.**

All child and adolescent psychiatry training must be completed in programs accredited by the ACGME. 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 American Medical Association.

The exposure to child and adolescent psychiatry given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the two years of training.

The required two years of specialized training in child and adolescent psychiatry may be completed on a part-time basis, as long as it is not less than half time; credit is not given for periods of training lasting less than one year, except under special circumstances that must be approved by the ABPN Credentials Committee. In such cases, it is the responsibility of the applicant to provide detailed documentation from the respective training directors, including exact dates (month/day/year to month/day/year) outlining training content, duties, and responsibilities. Each case is considered on an individual basis.

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.

B. Specific Training Requirements

Applicants for certification in child and adolescent psychiatry must be certified by the Board in general psychiatry by **December 31 of the year** prior to the examination. All child and adolescent psychiatry training must be completed in programs accredited by the ACGME. Up to 12 of the 48 months of general psychiatry training may be spent in an ACGME-accredited child and adolescent psychiatry residency program.

Candidates who sit for the computer examination but do not graduate from training by June 30 will have their examination scores invalidated. Such candidates are required to submit a new application form and pay the application fee and examination fee.

Residents who entered child and adolescent psychiatry training on or after July 1, 1995, must complete a minimum of two full years of ACGME-accredited residency training in general psychiatry and two full years of ACGME-accredited residency training in child and adolescent psychiatry. These two years of child and adolescent psychiatry training may be initiated at any point after the first post-graduate year (PGY-1).

The exposure to child and adolescent psychiatry given to psychiatry residents as part of the general psychiatry curriculum does not count toward the two years of training. The two years of full-time, specialized training in child and adolescent psychiatry may be taken in no more than two blocks. If completed in two blocks, the blocks must not be more than five years apart.

Credit is not given for less than one-year blocks of training, except under special circumstances that must be approved by the Credentials Committee. All program requirements for both general psychiatry and child and adolescent psychiatry must be satisfied.



1. Training programs at variance with the approved training patterns:

A resident who contemplates training programs at variance with the approved training patterns is advised to have his or her program director submit a letter detailing the proposed training sequence to the Executive Vice President of the Board **before** beginning training in child and adolescent psychiatry. The committee provides an advisory opinion as to whether the proposed training is likely to meet the Board's requirements for admission to examination.

2. Training in two programs:

The two years of full-time, specialized training in child and adolescent psychiatry may be taken in no more than two training programs, with a minimum of six months of training in one program and the remaining months of the two years in the other program.

If training in either program is less than one year in duration, the respective program directors should contact the Board office, in writing, prior to the transfer. The correspondence should include exact dates of training (from month/day/year to month/day/year); outline the resident's training content, duties, and responsibilities; and clearly indicate that the resident will satisfy all ACGME program requirements as outlined in the *Graduate Medical Education Directory*. Each case is considered on an individual basis.

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

3. Part-time training:

Training may be completed in either (a) three years at two-thirds time or (b) two years at half-time, plus one year at full time. Residents who entered residency training in child and adolescent psychiatry on or after January 1, 1995, may also complete training in four years at half-time. No credit is given for training completed at less than half-time.

4. Credit for training in pediatric programs:

No credit is granted toward child and adolescent psychiatry training for pediatric training that has been completed at residency level beyond the PGY-1 or PL1 year for residents who began child and adolescent psychiatry training programs on or after July 1, 1995.

Residents who began child and adolescent psychiatry training prior to July 1, 1995, may receive up to (but not more than) six months of child and adolescent psychiatry training credit for one year of pediatric training at the residency level (beyond the categorical PGY-1 or PL1 year). The six months' credit may be granted if the director of the child and adolescent psychiatry training program recommends such credit and if the candidate completes a minimum of one year of training in that child and adolescent psychiatry program (in the event that training is split between two child and adolescent psychiatry training programs).

This recommendation should be set forth in a letter from the director of the child and adolescent psychiatry training program to the resident. It should specify:

- (a) the pediatric residency program in which the training was obtained,
- (b) the exact dates (from month/day/year to month/day/year) of the pediatric training for which child and adolescent psychiatry training credit is being granted, and
- (c) the number of months of credit being granted toward child and adolescent psychiatry training. A copy of this letter should be attached to the *Application for Initial Certification*.



Section III: Requirements for Admission to Initial Certification in Child and Adolescent Psychiatry Examinations

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 child and adolescent 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. Required documents include copies of certificates of training or letters of verification of training from training directors and the identification number of the residency program. **Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.**

B. Initial Certification in the Subspecialty of Child and Adolescent Psychiatry

The ABPN, in concurrence with the Advisory Board for Medical Specialties, established a Committee on Certification in Child Psychiatry in February 1959. This was done to officially establish the field of child psychiatry as a definite area of subspecialization in psychiatry and to provide a means of identifying the properly trained and experienced child psychiatrist as distinguished from those who claim proficiency in this field without adequate background and qualifications. In November 1987, the name of the Committee was changed to the Committee on Certification in Child and Adolescent Psychiatry.

The actual mechanics of certification of qualified candidates and the establishment of basic policies have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board. This Committee presently consists of six members certified in child and adolescent psychiatry by the Board and one member certified by the American Board of Pediatrics. The Committee holds meetings each year for the purpose of examining candidates and transacting business.

To qualify to sit for the initial certification examination in the subspecialty of child and adolescent psychiatry, an applicant must:

1. be certified by the Board in psychiatry no later than **December 31** of the year prior to the child and adolescent psychiatry examination
2. at all times continue to meet all ABPN requirements for certification in general psychiatry during the child and adolescent psychiatry certification process
3. have met all the licensing and training requirements by **June 30** of the year of the child and adolescent psychiatry examination

To become Board certified in child and adolescent psychiatry, candidates must pass both the CAP Part I and CAP Part II examinations. To ensure that candidates have a current fund of knowledge at the time of certification, a passing grade on the CAP Part I examination is valid for a period of six years or three opportunities to pass the CAP Part II examination, whichever comes first. Candidates will be scheduled for examination and reexamination, if necessary, until they have exhausted their opportunities. The Board anticipates that the three opportunities will not take the maximum of six years.

Candidates who are unsuccessful in the CAP Part II examination during the allotted time period will be required to reapply for the CAP Part I examination by submitting a new application form, copies of all medical licenses held



(showing expiration dates) and payment of the current application fee and examination fee. Successful completion of the CAP Part I examination is required of candidates seeking certification in child and adolescent psychiatry prior to scheduling for CAP Part II.

Currently, there is no limit on the number of times an applicant may apply to take the initial certification in the subspecialty of child and adolescent psychiatry Part I examination.

C. Application Process Information

Applicants seeking certification in child and adolescent psychiatry must complete, sign, and file with the Executive Vice President 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. **Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.**

An acknowledgment mailer accompanies each application. This mailer, when stamped, self-addressed, and enclosed with the application, will be returned to the applicant as acknowledgment 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 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 **March 1, 2009**.

Applicants accepted for examination are notified via a mailing that includes a content outline that indicates the broad areas to be tested and the percentage of items assigned to each of the areas. 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.

The 2009 child and adolescent 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 remain active for two 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 by submitting a new application form, current application fee, and the examination fee.

D. Deadlines and Fees

The deadline for receipt in the Board office of completed applications for initial certification in child and adolescent psychiatry is listed at the beginning of this publication. Applications received in the Board office after the application deadline must include a nonrefundable late fee and must be received in the Board office by the late deadline listed. Applications received in the Board office after the late deadline will not be accepted and will be returned.

A complete list of fees appears at the beginning of this publication. Applications submitted without the appropriate fees are not accepted. Fees without applications are returned. Application fees are not refundable.

E. Information for Applicants Still in Fellowship Training

Candidates may apply for the CAP Part I examination while they are still in CAP training. For such candidates, a letter from the program director **MUST** be submitted with the application, documenting that the applicant is in the final year of CAP training and that training will be completed by June 30. This letter must include the exact date that the resident



began training and the anticipated completion date. **Immediately following the actual completion date of training, the program director must submit a letter to the Board verifying successful completion of CAP training.** If documentation of successful training is not received in the Board office by July 15, the results of the computer examination will not be released to the candidate, and the candidate **will not be scheduled for the oral examination** until the Board has received verification of successful completion of CAP training. Candidates whose documentation is received after the July 15 deadline may not be scheduled for the oral examination and may have to wait until the following year for an available examination slot.

Candidates who sit for the computer examination but do not graduate from training by June 30 will have their examination scores invalidated. Such candidates are required to submit a new application form and pay the application fee and examination fee.



Section IV: Child and Adolescent Psychiatry Part I and Part II Oral Examinations Procedures, Formats, and Content

A. Child and Adolescent 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 and deadlines is mailed 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 photograph of the candidate. The name 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.) verifying the name change must also be presented. 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 or address changes. Certified, legal documentation verifying the name change must be provided to the Board office.**

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. 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 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 also electronically fingerprinted 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.

Candidates are required to sit for the examination for which they have applied. Candidates who fail to do so are required to reapply by submitting a new application form, copies of all medical licenses, and the application fee and the examination fee.

NOTE: Candidates may not withdraw from child and adolescent 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 they 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 \$165 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 next ABPN computer-administered 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. In the event a candidate is granted two consecutive excused absences, subsequent requests for rescheduling will be denied, the candidate's examination fee (but not rescheduling fees) will be refunded, and such candidates will be required to re-apply in order to sit for examination.

Candidates who fail the CAP Part I examination:

Candidates who fail the initial psychiatry Part I examination may pay a reexamination fee (*See Fees at the beginning of this publication.*) and repeat the examination at the next available administration.

A failing score on the initial examination is considered a negative determination. Two negative determinations on the psychiatry Part I examination necessitates reapplication (a new application form, copies of all medical licenses, and payment of the current application fee and examination fee).

Candidates who do not sit for reexamination as scheduled are also required to submit a new application, copies of their medical licenses, and payment of the current application fee and examination fee. Candidates applying for reexamination do not need to include another copy of their PGY-1 and residency documentation.

B. Child and Adolescent Psychiatry Part I Examinations Format

The CAP Part I is a multiple-choice, timed examination administered via computer at Pearson VUE testing centers. The Board advises applicants, in writing, of acceptance to the examination.

C. Child and Adolescent Psychiatry Part I Content

This is a 200-item, multiple-choice, timed examination administered via computer. Candidate knowledge is assessed in development, biological science, clinical science, psychopathology/classification/differential diagnosis, diagnostics, treatment, consultation/issues in practice, and prevention.

D. Child and Adolescent Psychiatry Part II Oral Examination Procedures

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 the admission slip 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, 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.*)

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.



Examination Procedures Effective as of 2006

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 CAP Part I examination is valid for a period of six years or three opportunities to complete the CAP Part II oral examination successfully, whichever comes first.

Candidates who pass CAP Part I receive a notice of assignment to a CAP Part II oral examination with a billing statement for the required examination fee. The oral examination is administered annually in November.

Candidates who do not pay the fee for their scheduled examination or reexamination by the deadline specified forfeit an opportunity to sit for examination. Candidates who decline or do not attend the CAP Part II examination or reexamination for which they are scheduled, unless excused*, forfeit an opportunity **and fees**. Such candidates are removed from the roster of candidates for that examination.

****Excused absences:***

Candidates who are unable to sit for a scheduled CAP Part II oral examination due to a 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. If the absence is determined excusable, the fees are transferred and such candidates are scheduled for the next CAP Part II oral examination. It does not count as an opportunity to take the oral examination.

Candidates who are transferred to another examination are required to pay any fee increase in the CAP Part II oral examination. Candidates who do not pay this fee by the deadline specified forfeit an opportunity and all fees.

2. Required Sections and Reexamination

Candidates 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 the section(s) taken is/are invalidated, fees are not refunded, and this counts as an opportunity to take the CAP Part II oral examination.

Exceptions for candidates who are unable to sit for all sections of their scheduled CAP Part II oral examination due to a medical or other emergency:

Candidates who are unable to sit *for all sections* of their scheduled CAP Part II oral examination due to a 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 evaluates the documentation and determines whether the absence is excusable. If the Board classifies the absence as excusable, the results for the completed section(s) stand, and the grade(s) for the section(s) not completed is/are recorded as "incomplete."

Fees are NOT refunded, and the examination counts as an opportunity to take the oral examination. Such candidates must retake the incomplete section at the next examination as scheduled and pay the appropriate reexamination fee.

Candidates who fail a section(s) of the CAP Part II examination:

Candidates must repeat the section or sections failed at each subsequently scheduled examination until both sections of the oral examination are passed or until the candidate has exhausted or forfeited the three opportunities or exhausted the six years to pass the examination.

Candidates who are unsuccessful in the allotted time period:

Candidates who fail the CAP Part II oral examination during the allotted time period (six years or three opportunities, whichever comes first) are required to retake the CAP Part I examination. These candidates must submit a new child and adolescent psychiatry application form, copies of all medical licenses, and the current application fee and examination fee.



Examination Procedures for Candidates Who Applied or Reapplied Prior to 2006

1. Assignment, Fees, and Scheduling

Effective with the November 2002 child and adolescent psychiatry examination, a candidate has three opportunities to pass all three sections of the child and adolescent psychiatry examination, including the written examination and both sections of the oral examination.

Candidates who do not pay the 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 examination or reexamination for which they are scheduled, unless excused*, forfeit an opportunity **and fees**. Such candidates are removed from the roster of candidates for that examination. They are rescheduled for the next child and adolescent psychiatry examination. The Board consistently schedules candidates for an examination until they have exhausted or forfeited their three opportunities to pass the examination.

****Excused absences:***

Candidates who are unable to sit for a scheduled CAP Part II oral examination due to a 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. If the absence is determined excusable, the fees are transferred and such candidates are scheduled for the next CAP Part II oral examination. It does not count as an opportunity to take the oral examination.

Candidates who are transferred to another examination are required to pay any fee increase for the examination. Candidates who do not pay this fee by the deadline specified forfeit an opportunity and all fees.

2. Required Sections and Reexamination

Candidates 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 examination.

A candidate must repeat the section or sections failed at each subsequently scheduled examination until all three sections of the examination are passed or until the candidate has exhausted or forfeited all three opportunities.

A candidate who has not passed all three sections of the examination after three opportunities is required to submit a new application form, copies of all medical licenses, the application fee, and the examination fee. In addition, the candidate is required to take all three sections of the examination.

Exceptions for candidates who are unable to sit for all sections of their scheduled CAP Part II examination due to a medical or other emergency:

Candidates who are unable to sit for all sections of their scheduled CAP Part II examination due to a 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 evaluates the documentation and determines whether the absence is excusable. If the absence is determined excusable, the results for the completed section(s) stand, and the grade(s) for the section(s) not completed is/are recorded as "incomplete."

Fees are NOT refunded, and the examination counts as an opportunity to take the child and adolescent psychiatry examination. Such candidates will be required to retake the incomplete section(s) at the next scheduled examination and pay any increase in examination fees.



E. Child and Adolescent Psychiatry Part II Oral Examination Format and Content

Child and adolescent psychiatry Part II oral examination candidates take two sections:

- **A 75-minute oral examination on preschool/grade school-aged children**

The preschool/grade school section is given as one continuous examination that lasts 75 minutes. During this time, the candidate is presented with clinical cases of preschool and school-aged children on videotape or in written vignettes. Candidates are evaluated on their ability to observe and describe the most significant behaviors of the child and to determine the additional data needed to define the clinical situation and to formulate a differential diagnosis and treatment plan. The examiner(s) may also ask candidates questions about consultative and/or legal aspects of each case.

- **A 60-minute oral examination on adolescents**

In the adolescence section, the 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.

F. Grade Letters and Certificate Mailings

1. Grade letters

Computer-administered Examinations – all initial certification, and maintenance of certification examinations for specialties and subspecialties, including Part I and Child and Adolescent Psychiatry Part I:

The Executive Vice President of the Board notifies candidates in writing of the results of their computer-administered examinations no later than eight 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 CAP Part II oral examinations are mailed approximately four to six weeks after the CAP Part II oral 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 the certificate. 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 publication.*)

3. Duplicate certificates

Photocopies of Board certificates are not available from the ABPN.

Requests for duplicates of ABPN certificates must specify the diplomate's:

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

The diplomate must include:

- a copy of each current medical license held, showing the expiration date
- for security purposes, a copy of 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 at 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.

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

A failing grade on a CAP 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 CAP Part II oral examination performance.

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

- a letter requesting feedback on his/her CAP 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 **CAP Part II oral section**, feedback shall consist of a checklist, indicating results for each subcategory. *No other information will be provided as feedback.*

H. Child and Adolescent Psychiatry Part I and Part II Oral 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 CAP Part II oral examination due to a compromise in the *administration* of the examination (See Procedure 2., below)

1. Appeal Procedures 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
- the applicant's examination scores were invalidated because of irregular behavior
- the applicant's request for disability accommodations was denied

Such applicants or candidates must submit the following materials to the Executive Vice President at the Board office:

- written request for a formal appeal
- applicable appeal fee (*See the 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. Appeal Procedures 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. Rather, a successful appeal will result in the 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 Executive Vice President at the Board office:

- written request for a formal appeal of the negative determination
- applicable appeal fee (*See Fees at the beginning of this publication.*)
- 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 Oral 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.

If the appeal is granted for a computer-administered examination or challenged section(s) of a CAP 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 CAP Part II oral section(s) at the next available administration.

Section V: Special Programs

A. 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 for 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.