



American Board of Psychiatry and Neurology, Inc.

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

2009

INFORMATION FOR APPLICANTS

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MAINTENANCE OF CERTIFICATION

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Geriatric  
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](http://www.abpn.com).

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## Maintenance of Certification in Geriatric Psychiatry

*(Pertaining only to the 2009 examination date choices listed below)*

Date Choices	Application Deadline	Late Deadline
August 3 - 7, 2009	January 2, 2009	February 1, 2009

### 2009 Fee Schedule\*

*(Effective March 21, 2009 for MOC in Geriatric Psychiatry examinations)*

Application fee . . . . .	\$ 700
Examination fee . . . . .	\$ 800
Total fee . . . . .	\$ 1500
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Late application fee <i>(in addition to the above)</i> . . . . .	\$ 500
Rescheduling fee . . . . .	\$ 330
Reexamination fee** . . . . .	\$ 800
Reexamination late application fee <i>(in addition to the above)</i> . . . . .	\$ 500
Application/licensure appeal fee*** . . . . .	\$ 350
Examination appeal fee*** . . . . .	\$ 300
Irregular behavior appeal fee*** . . . . .	\$ 350
Application for testing accommodations appeal fee*** . . . . .	\$ 350
Duplicate certificate fee . . . . .	\$ 150
Returned check charge . . . . .	\$ 50

- \* *All fees must be submitted in U.S. currency.*
- \*\* *Reexamination fees are in addition to any appeal fees.*
- \*\*\* *Appeal fees are refundable if the decision is in the appellant's favor.*

*Please Note:*

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



## Maintenance of Certification in Geriatric Psychiatry

### Section I: General Information and Board Policies

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

### Section II: Requirements for Admission to MOC in Geriatric Psychiatry Examinations

<b>A. ABPN MOC Program (rev. 02/24/08)</b> . . . . .	<b>8</b>
1. Professional Standing . . . . .	8
2. Self-Assessment and Lifelong Learning . . . . .	8
A. Self-Assessment Program . . . . .	8
B. Lifelong Learning (CME) Activities . . . . .	9
3. Cognitive Expertise . . . . .	9
4. Performance in Practice (PIP) . . . . .	9
A. Clinical Modules (Chart Review) . . . . .	9
B. Feedback Modules (Patient/Peer Review) . . . . .	9
<b>B. General Requirements for All Applicants</b> . . . . .	<b>10</b>
<b>C. Application Process Information</b> . . . . .	<b>10</b>
<b>D. Deadlines and Fees</b> . . . . .	<b>10</b>

### Section III: MOC in Geriatric Psychiatry Examination Procedures, Format, and Content

<b>A. Computer-administered Examination Procedures</b> . . . . .	<b>11</b>
<b>B. Examination Format and Content</b> . . . . .	<b>12</b>
<b>C. Grade Letters and Certificates</b> . . . . .	<b>12</b>
<b>D. Computer-administered Examination Appeals Procedures</b> . . . . .	<b>13</b>
1. Appeals Procedure for Rejection of Credentials, Invalidation of Examination Score Due to Irregular Behavior, or Denial of a Request for Disability Accommodations . . . . .	13
2. Appeals Procedure for Computer-administered Examination Failing Grades Due to the <i>Administration</i> of the Examination . . . . .	13



## 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](http://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 by committing to a process of improvement and reevaluation of performance measures over a specified time frame, ultimately leading 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](http://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](http://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

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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](http://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: Requirements for Admission to MOC in Geriatric Psychiatry Examinations

### A. ABPN Maintenance of Certification Program (rev. 02/24/08)

*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](http://www.abpn.com), regularly to ascertain whether any changes have been made.*

As mandated by the American Board of Medical Specialties, the Board has developed a 10-year Maintenance of Certification (MOC) program. The ABPN MOC program includes four components:

1. Professional Standing
2. Self-Assessment and Lifelong Learning
3. Cognitive Expertise
4. Performance in Practice (PIP)

#### Record Keeping, Attestation, Multiple Certificates, and Auditing

Diplomates of the ABPN are required to maintain records of their self-assessment activities, Continuing Medical Education (CME) credits, and Performance in Practice (PIP) Units. **Diplomates must provide their signature attesting to completion of these activities (as determined by the phase-in schedule) on their applications for the MOC examinations. When the MOC Program is fully operational, attestation to all components will be required on applications for the MOC examinations.**

Diplomates are responsible for choosing their self-assessment activities, lifelong learning activities, and performance in practice components. Completed activities can be applied to multiple certifications thus fulfilling MOC criteria for one or more specialty or subspecialty areas.

The ABPN will audit approximately five percent of the applications submitted for the cognitive examination. Candidates whose applications are audited will receive a letter detailing the documentation required as evidence of completion of

Phase-In Schedule for ABPN MOC Component Requirements (rev. 02/24/08)								
Original Certification Year	MOC Application Year	MOC Examination Year	CME Credits Required	First SA Activity Required	Second SA Activity Required	First PIP Unit Required	Second PIP Unit Required	Third PIP Unit Required
1999	2008	2009	90					
2000	2009	2010	120					
2001	2010	2011	150	X				
2002	2011	2012	180	X				
2003	2012	2013	210	X				
2004	2013	2014	240	X	X	X		
2005	2014	2015	270	X	X	X		
2006	2015	2016	300	X	X	X	X	
2007	2016	2017	300	X	X	X	X	X
2008	2017	2018	300	X	X	X	X	X
2009	2018	2019	300	X	X	X	X	X

**Notes:**

- Every ABPN diplomate must possess a medical license, and all licenses must be unrestricted.
- Each SA activity must total a minimum of 100 questions.
- Only after completing licensure, CME, SA and PIP requirements are diplomates qualified to complete the ABPN MOC Cognitive Examination.



stipulated components (self-assessment program, CME activities, and PIP modules) as determined by the phase-in schedule. Failure to return this documentation may result in the denial of the application for the MOC cognitive examination.

### **1. Professional Standing (continuously effective)**

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted medical license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. All medical licenses must be unrestricted.

### **2. Self-Assessment and Lifelong Learning**

#### **A. Self-Assessment Program**

Diplomates of the ABPN are required to participate in at least two major, broad-based self-assessment activities during the 10-year MOC cycle. Each self-assessment activity must total 100 questions and can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development.

When the ABPN MOC Program is fully implemented:

- The first self-assessment activity must be completed in years 1-3 of the 10-year MOC cycle.
- The second self-assessment activity must be completed in years 6-8 of the 10-year MOC cycle.

This requirement will be phased in beginning in 2010.

**Examples of such broad-based self-assessment activities approved by the Board for this purpose may be found on the ABPN web site, [www.abpn.com](http://www.abpn.com).**

The Board may approve additional self-assessment programs over time. Diplomates may request consideration of other practice-specific, self-assessment activities by submitting a detailed description of the activity to the Credentials Department at the Board office. *The ABPN reserves the right to approve or reject any course or guideline submitted for approval.*

#### **B. Lifelong Learning (CME) Activities**

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year over the 10-year MOC cycle. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties.

When the ABPN MOC Program is fully implemented:

- 150 CME credits must be earned during the first 5-year block of the 10-year MOC cycle,
- 150 CME credits must be earned during the second 5-year block of the 10-year MOC cycle,
- Diplomates must accrue 300 Category 1 CME credits over the 10-year MOC cycle.

This requirement was phased in beginning in 2007.

### **3. Cognitive Expertise (effective 1994)**

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements in effect at the time certification is due to expire must be satisfied. A passing score on the cognitive examination extends the renewal date of the certificate to December 31, 10 years from the year of the cognitive examination.

Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.



#### 4. Performance in Practice (PIP)

The Performance in Practice component is a two-part quality improvement program designed to evaluate whether physicians have shown practice improvement over the 10-year MOC cycle by both chart review and second-party external review.

Diplomates will be required to complete three (3) PIP Units, each consisting of both a Clinical Module (chart review) and a Feedback Module (second-party external review).

When the ABPN MOC Program is fully implemented:

- The first PIP Unit must be completed in years 1-3 of the 10-year MOC cycle;
- The second PIP Unit must be completed in years 4-6 of the 10-year MOC cycle;
- The third PIP Unit must be completed in years 7-9 of the 10-year MOC cycle.

This requirement will be phased in beginning in 2013. (See phase-in schedule.)

##### A) Clinical modules (Chart Review)

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

##### B) Feedback modules (Patient/Peer Second Party External Review)

- Feedback modules require each diplomate to solicit personal performance feedback from at least five peers or five patients concerning the diplomate's clinical activity over the previous three years.
- Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency in their practice as related to the core competencies and take steps to implement suggested improvements.
- Within 24 months, each diplomate is required to solicit feedback from at least another five peers or five patients to see if improvements in practice have occurred. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria.

*Model Peer Feedback and Patient Feedback forms are available on the web site [www.abpn.com](http://www.abpn.com).*

**Examples of comprehensive PIP modules approved by the Board for this purpose may be found on the ABPN website, [www.abpn.com](http://www.abpn.com)**

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

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

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

A change in diplomate status from “Clinically Inactive” to “Clinically Active” requires the completion of at least one PIP Unit.

The ABPN encourages all diplomates to take the Clinical Activity Status survey at [www.abpn.com](http://www.abpn.com).



## B. General Requirements for All Applicants

To qualify to sit for the MOC examination in geriatric psychiatry, an applicant must:

1. Adhere to and follow all Policies as described in Section I of this publication
2. Be Board-certified currently in the specialty of psychiatry
3. Be Board-certified currently or at one time have been Board-certified in the subspecialty of geriatric psychiatry
4. Fulfill MOC component requirements as described in A. above
5. 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 and fees

## C. Application Process Information

The *INFORMATION FOR APPLICANTS for MOC in Geriatric Psychiatry* publication and the associated application are revised each year and may be downloaded from [www.abpn.com](http://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. **MOC in geriatric psychiatry applicants** who do not receive any notification from the Board regarding their application by **March 15, 2009** should contact the Board office to inquire about the status of their application.

Applicants accepted for examination are notified via a mailing that includes a content outline indicating the broad areas to be tested and the percent 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 MOC cognitive examinations are administered via computer in a national network of computer test centers. Approximately two months prior to the 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 and the current application fee and examination fee.

## D. Deadlines and Fees

The deadline for receipt of completed applications in the Board office for the 2009 MOC in geriatric psychiatry examination is listed at the front 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 received without applications are returned. Application fees are not refundable.



## Section III: MOC in Geriatric Psychiatry Examination Procedures, Format, and Content

### A. 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 in a candidate's choice of date and location.

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.

Applications remain active for two consecutive examinations *only*. Candidates who fail the initial examination may pay a reexamination fee and repeat the examination at the next available administration. Candidates being reexamined who do not sit for the reexamination as scheduled are required to reapply by submitting a new application form, copies of all medical licenses, and the application fee and the examination fee.

**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 name on the government-issued identification must match the name on file with the ABPN.**

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 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.

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.*)

After completion of the examination, the Executive Vice President of the Board notifies the candidates of the results in writing. The Board sends the names of all those achieving initial certification or maintenance of certification to the ABMS for publication.

#### **Candidates withdrawing from an examination:**

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

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

Candidates who are unable to sit for the examination on the date that they have scheduled must first contact Pearson VUE **no less than 24 hours in advance** to reschedule the examination. If Pearson VUE is unable to reschedule the examination date, candidates should then contact the Board office to determine the availability of rescheduling opportunities. Candi-



dates 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 fees (but not rescheduling fees) will be refunded, and such candidates will be required to re-apply in order to sit for examination.

## B. Examination Format and Content

This is a 120-item, multiple-choice, timed examination administered via computer. Candidate knowledge is assessed in clinical science of aging, diagnosis and evaluation of psychopathology, treatment and management issues, practice-related policy and legal issues, and medical and neurologic aspects of geriatric psychiatry. The Board recommends that examinees use the following resources for test preparation: peer-reviewed journals, current monographs and textbooks, review publications, practice guidelines, accredited CME programs, and attendance at professional meetings.

## C. Grade Letters and Certificates

### 1. Grade Letters

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

The Executive Vice President of the Board notifies candidates in writing of the results of their computer-administered examination 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 Part II oral examinations are mailed approximately four to six weeks after the Part II examinations

### 2. Certificates

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

### 3. Duplicate Certificates

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

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



The diplomate must include:

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

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

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

## D. Computer-Administered Examination Appeals Procedures

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

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

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

An applicant may appeal the decision if:

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

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

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

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

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

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

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

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



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

An appeal will never reverse a negative determination of a computer-administered examination or challenged section(s) of a Part II oral examination. Rather, a successful appeal will result in the examination or challenged section(s) being invalidated and the candidate being rescheduled to sit for the invalidated section(s) at the next available administration. A candidate who believes that there was a compromise in the administration of the examination may choose to appeal a negative determination by submitting the following materials to the 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 document.*)
- additional written information in support of the appeal

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

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

***For Appeals of Negative Determinations on a Computer-Administered Examination***

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

***For Appeals of Negative Determinations on a Part II Examination***

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

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