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ABPN Executive Vice President's Report Update on the ABPN Maintenance of Certification Program and the ABPN's Certification Examinations

by Larry R. Faulkner, MD
Executive Vice President, ABPN



Dr. Faulkner

THE ABPN MAINTENANCE OF CERTIFICATION PROGRAM

The ABPN Maintenance of Certification (MOC) Program continues to evolve as components are modified to reflect the spirit of quality improvement. Revisions that have recently been made to the ABPN MOC Program ensure that the personalized quality improvement process for psychiatrists and neurologists implements the highest standards.

The Maintenance of Certification program includes four components:

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

The majority of changes involve expanding the timeline for Self-Assessment, Lifelong Learning, and Performance in Practice to include guidelines for individuals entering the ABPN MOC Program at various points during the phase-in schedule. Guidelines are based on the expiration date of the physician's 10-year, time-limited certificate, and the date of entry to the MOC Program. All Board-certified psychiatrists and neurologists should review the charts in this newsletter to determine required components for various date points of entry.

1 Professional Standing. Diplomates must hold an active and unrestricted medical license to practice medicine in at least one state, territory, commonwealth, or possession of the United States or province of Canada. All licenses held must be unrestricted. An active and unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

2 Self-Assessment and Lifelong Learning. The first altered requirement is the distribution of CME criteria for lifelong learning programs. The new requirement specifies that when the ABPN MOC program is fully implemented, 150 Category 1 CME hours must be earned during each of the two 5-year blocks of the 10-year cycle, with a suggested average CME accrual of 30 credits per year. The Self-Assessment component is slated to begin in 2010. The second significant change states that when the ABPN MOC program is fully implemented, one Self-Assessment activity must be completed in years 1-3 of the first 5-year block and one completed in years 6-8 of the second 5-year block. This will help ensure that the Self-Assessment activities guide diplomates' continuous cognitive development and CME activities.

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Larry R. Faulkner, MD,
Executive Vice President
Katie DiOrio,
Manager, Communications and Publications
Dorthea Juul, PhD,
VP, Research and Development
Pat Janda,
Director, Credentials, MOC, & Meetings
Trish Tivnan, MA, Ed,
Manager, MOC and Core Competencies
Patti Vondrak,
Director, Examination Administration

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Neurology, Inc.
2150 E. Lake Cook Road, Suite 900,
Buffalo Grove, IL 60089
phone: 847.229.6500 fax: 847.229.6600
www.abpn.com

Executive Vice President's Report (continued)

To be accepted by the ABPN, Self-Assessment activities must:

- Total 100 questions that can come from multiple Self-Assessment programs
- Cover current new knowledge and/or current best practices in one or more of the required competency areas
- Provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development

The Board's endorsement of CME, Self-Assessment and Lifelong Learning activities for MOC was modified so that the ABPN now requires that programs "be consistent with ABPN requirements" rather than be formally "endorsed by the ABPN". This modification eliminates the need for the Board to preview all programs; however, providers may still submit their programs for approval and the ABPN's endorsement if they choose to do so.

The ABPN web site www.abpn.com contains links to several Self-Assessment and CME activities that meet ABPN requirements. However, diplomates may choose any Category 1 CME activity critical to their practice.

3 Performance in Practice. The third revision pertains to the timeline for completion of the three Performance in Practice (PIP) Units. The Performance in Practice (PIP) 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 (Clinical Module) and second party external review (Feedback Module). When the ABPN MOC program is fully implemented three PIP Units must be completed as follows:

- First PIP Unit in years 1-3 of the 10-year MOC cycle;
- Second PIP Unit in years 4-6 of the 10-year MOC cycle;
- Third PIP Unit in years 7-9 of the 10-year MOC cycle.

This requirement will be phased in beginning in 2013.

The most recent change was made in September 2008 when the Board of Directors voted to require all diplomates in the MOC program to complete **both** five peer **and** five patient evaluations in the Feedback Module of Performance in Practice. Previously, **either** five peer **or** five patient reviews were stipulated.

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, practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs) and develop a plan to improve effectiveness or efficiency in 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 **and** five patients concerning the diplomate's clinical activity over the previous three years.
- Each diplomate must then identify opportunities for improvement in 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 **and** 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.

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Executive Vice President's Report (continued)

4 Cognitive Expertise. Once the diplomate has satisfied all of the other ABPN MOC Program requirements that are in effect at the time their certificate is due to expire, the diplomate is qualified to take the ABPN MOC Cognitive Examination. Diplomates are required to maintain records of their Self-Assessment activities, Continuing Medical Education (CME) activities, and Performance in Practice (PIP) Units and must be able to provide records documenting completion of these activities. Diplomates will be required to provide their signature attesting to completion of these activities (as determined by the phase-in schedule) at the time of application for the MOC examination(s). The ABPN will audit approximately five percent of the applications, and diplomates whose applications are audited will receive a letter detailing the documentation required as evidence of completion of components. Failure to return this documentation may result in the denial of the application for the MOC examination.

It is important to note that all policies, components and requirements of the ABPN's MOC Program are subject to change. It is the responsibility of each individual ABPN diplomate to remain apprised of the current applicable MOC Program by checking our web site, www.abpn.com regularly for updates. Please direct questions regarding MOC to the Credentials Department at 847-229-6510.

What Are the ABPN MOC Program Requirements for Me? (rev. 09/27/08)

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

IF YOU WERE CERTIFIED IN 1999...

Apply for the 2009 MOC examination in 2008.

Requirements: 90 Category 1 CME credits

IF YOU WERE CERTIFIED IN 2000...

Apply for the 2010 MOC examination in 2009.

Requirements: 120 Category 1 CME credits

IF YOU WERE CERTIFIED IN 2001...

Apply for the 2011 MOC examination in 2010.

Requirements: 150 Category 1 CME credits
1 completed Self-Assessment activity

IF YOU WERE CERTIFIED IN 2002...

Apply for the 2012 MOC examination in 2011.

Requirements: 180 Category 1 CME credits
1 completed Self-Assessment activity

IF YOU WERE CERTIFIED IN 2003...

Apply for the 2013 MOC examination in 2012.

Requirements: 210 Category 1 CME credits
1 completed Self-Assessment activity

IF YOU WERE CERTIFIED /RECERTIFIED IN 2004...

Apply for the 2014 MOC examination in 2013.

Requirements: 240 Category 1 CME credits (150 in past 5-yr block)

2 completed Self-Assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED /RECERTIFIED IN 2005...

Apply for the 2015 MOC examination in 2014.

Requirements: 270 Category 1 CME credits (150 in past 5-yr block)

2 completed Self-Assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED /RECERTIFIED IN 2006...

Apply for the 2016 MOC examination in 2015.

Requirements: 300 Category 1 CME credits (150 in past 5-yr block)

2 completed Self-Assessment activities
2 completed PIP Units

IF YOU WERE CERTIFIED /RECERTIFIED IN 2007...

Apply for the 2017 MOC examination in 2016.

Requirements: 300 Category 1 CME credits (150 in past 5-yr block)

2 completed Self-Assessment activities
3 completed PIP Units

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2008...

Apply for the 2018 MOC examination in 2017.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2009-2011; 2nd SA 2014-2016)
3 completed PIP Units

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2009...

Apply for the 2019 MOC examination in 2018.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2010-2012; 2nd SA 2015-2017)
3 completed PIP Units

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2010...

Apply for the 2020 MOC examination in 2019.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2011-2013; 2nd SA 2016-2018)
3 PIP Units (complete 1st PIP 2011-2013; 2nd PIP 2014-2016; 3rd PIP 2017-2019)

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2011...

Apply for the 2021 MOC examination in 2020.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2012-2014; 2nd SA 2017-2019)
3 PIP Units (complete 1st PIP 2012-2014; 2nd PIP 2015-2017; 3rd PIP 2018-2020)

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2012...

Apply for the 2022 MOC examination in 2021.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2013-2015; 2nd SA 2018-2020)
3 PIP Units (complete 1st PIP 2013-2015; 2nd PIP 2016-2018; 3rd PIP 2019-2021)

IF YOU WILL BE CERTIFIED /RECERTIFIED IN 2013...

Apply for the 2023 MOC examination in 2022.

Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 Self-Assessment activities (complete 1st SA 2014-2016; 2nd SA 2019-2021)
3 PIP Units (complete 1st PIP 2014-2016; 2nd PIP 2017-2019; 3rd PIP 2020-2022)

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Executive Vice President's Report (continued)

Phase-In Schedule for the ABPN MOC Component Requirements (rev. 09/27/08)

Original or Recertification 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
2010	2019	2020	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 exam.

The 2008 ABPN Maintenance of Certification Committee
 Victor I. Reus, MD, Chair
 Christopher C. Colenda, MD Steven T. DeKosky, MD
 Ann Henderson-Tilton, MD Ralph Józefowicz, MD
 Burton V. Reifler, MD
 Trish Tivnan, MA Ed, Staff Liaison

CHANGES TO CERTIFICATION EXAMINATIONS

Psychiatry Certification Process: New Format and Timetable

For residents who began training as a PGY-1 on July 1, 2007 or as a PGY-2 on July 1, 2008:

The Psychiatry Part II (oral) examination will be eliminated. The Psychiatry certification process will consist of a single computerized examination (Psychiatry Certification Examination); first administration in 2011.

For residents who began training as a PGY-1 before July 1, 2007 or as a PGY-2 before July 1, 2008:

To become Board certified in Psychiatry, candidates must pass both the Part I (computer-administered) and Part II (oral) examinations.

Candidates who do NOT pass the Psychiatry Part I examination in 2013* or before or who do NOT complete the certification process by December 31, 2016 will be required to submit documentation of satisfactory performance in the evaluation of clinical skills completed by the current Program Director of an ACGME-accredited program as part of the ABPN credentialing process. In addition, such candidates will be required to pass the new Psychiatry Certification Examination.

* Note: The 2013 Part I examination will not be available for first-time takers. The current format Part I examination will be eliminated after 2013.

CHANGES TO CERTIFICATION EXAMINATIONS

Child and Adolescent Psychiatry (CAP) Certification Process: New Format and Timetable

For residents who begin CAP training on or after July 1, 2010:

The CAP Part II (oral) examination will be eliminated. The CAP certification process will consist of a single computerized examination (CAP Certification Examination); first administration in 2012.

For residents who begin CAP training before July 1, 2010:

To become Board certified in Child and Adolescent Psychiatry, candidates must pass both the CAP Part I (computer-administered) and CAP Part II (oral) examinations.

Candidates who do NOT pass the CAP Part I examination in 2015* or before or who do NOT complete the certification process by December 31, 2017 will be required to submit documentation of satisfactory performance in the evaluation of clinical skills completed by the current Program Director of an ACGME-accredited program as part of the ABPN credentialing process. In addition, such candidates will be required to pass the new CAP Certification Examination.

* Note: The 2015 CAP Part I examination will not be available for first-time takers. The current format CAP Part I examination will be eliminated after 2015.

Neurology Certification Examination: New Format and Scoring

The 2008 Neurology Certification examination is comprised of two sections: one that is delivered in a morning session and one that is delivered in an afternoon session. Both sessions are three-and-a-half hours in duration and there is a mandatory one-hour break in between the morning and afternoon sessions, totaling eight hours for the entire examination.

Morning Session:

The morning session is comprised of 210 items that are derived from the Neurology A (Basic Neuroscience) and Neurology B (Behavioral Neurology, Cognition, and Psychiatry) content outlines. These items are all stand-alone, multiple-choice items, and as such, all will be available to be flagged for review.

Afternoon Session:

The afternoon session is comprised of 210 items that are derived from the Neurology C (Clinical Neurology) content outline. The majority of the items in this section are linked to a common case that may be presented in a video clip, that may vary in length from 30 seconds to one and a half minutes, or text vignette that utilizes associated images (i.e., CT, MRI, or EMG). The video clip items require the use of headphones to be provided by Pearson VUE. This means that a single case may have as many as five or six associated items. Because of this format, answers to already-answered items may be revealed in subsequent questions; hence, there will be no review of items in the afternoon session. Once a given item has been answered, the examinee will not be able to go back to that item or flag that item for review. Additionally, the displayed item must be answered before moving on to the next item. Content outlines may be obtained at www.abpn.com.

Scoring

In addition to subtest scores, examinees will receive a total percent correct score (percentage of items answered correctly, rounded to the nearest whole number). An acceptable level of performance must be achieved on the total score to pass the examination.

MOC MODULAR EXAMINATIONS ANNOUNCED FOR 2009

MOC Modular Examination Format and Content

MOC modular examinations combine two or three specialty and/or subspecialty examinations into one computerized examination.

Modules are derived from MOC examinations administered by the ABPN. Therefore, subspecialty MOC examinations administered by other Boards are not available as MOC modular examinations. Each module consists of 100 multiple-choice items derived from each specialty's or subspecialty's MOC cognitive examination and is administered via computer. Examinations must be comprised of *two or three modules* in any of the following combinations:

- two specialties, e.g., MOC neurology and MOC psychiatry;
- one specialty and one subspecialty, e.g., MOC neurology and MOC clinical neurophysiology;
- one specialty and two subspecialties, e.g., MOC psychiatry and MOC addiction psychiatry and MOC child and adolescent psychiatry
- two subspecialties, e.g., MOC addiction psychiatry and MOC forensic psychiatry; and
- three subspecialties, e.g., MOC addiction psychiatry, MOC forensic psychiatry, and MOC geriatric psychiatry.

The time allowed for the two-module examination is five hours with no scheduled break. The time allowed for the three-module examination is 8.5 hours with two scheduled 30-minute breaks.

An overall pass/fail standard will be set for each modular examination. An examinee must meet the overall standard to maintain certification in each of the specialties/subspecialties comprising his/her examination.

Downloadable pdf files of content outlines for the MOC examinations are available on the ABPN web site, www.abpn.com. The Board recommends that examinees use these and 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.

ABPN SPONSORS CONFERENCE ON TRAINING FACULTY TO EVALUATE CLINICAL SKILLS

by Dorteia Juul, PhD

In June 2008, the ABPN brought together a group of educational leaders from several neurology and psychiatry organizations to reflect on training faculty to conduct the in-residency evaluations that are now required by the ABPN. Although programs have always evaluated the clinical acumen of their residents, there were no formal requirements for those seeking ABPN certification until those detailed elsewhere in this newsletter were put into place. These evaluations replace some aspects of the oral examinations, which are being phased out, while other aspects are being addressed on the computer-administered cognitive examinations. These requirements are also being integrated into the program essentials of the Psychiatry and Neurology Residency Review Committees.

Eric Holmboe, M.D., Senior Vice President for Quality Research and Academic Affairs at the American Board of Internal Medicine gave the keynote address, titled "Evaluation Via Direct Observation." He cited research demonstrating the importance of sound clinical skills for patient care and of the direct supervision of trainees for development of competency as well as research suggesting that faculty observation and rating skills are suboptimal and can be improved through training in several strategies. Dr. Holmboe described several faculty development efforts to improve direct observation skills that he has developed.

The attendees then split into a psychiatry group and a neurology group to work on six tasks as follows: 1) Establish a steering committee structure; 2) Develop educational objectives for in-residency evaluators; 3) Establish task forces to develop alternative methods for delivering the educational curriculum with timelines for completion; 4) Suggest sites for presentation of curriculum; 5) Estimate budgetary requirements and identify potential sources of support; and 6) Plan a follow-up meeting. The meeting completed with group reports.

Subsequently, a Task Force on Curriculum for Clinical Skills Verification Rater Training co-chaired by Drs. Karen Broquet and Michael Jibson was formed for psychiatry, and they have planned programs for the 2009 annual meetings of the American Association of Directors of Psychiatric Residency Training, the American Psychiatric Association, and the Association for Academic Psychiatry. Other members include Drs. Joan Anzia, Eugene Beresin, Deborah Hales, Jeffrey Hunt, David Kaye, William Lawson, Nyapati Rao, Anthony Rostain, Sandra Sexson, Richard Summers, and Daniel Wilson. For neurology, the conversation has continued in the AAN Consortium of Neurology Program Directors.

Conference Attendees

Michael Aminoff, M.D. (American Board of Psychiatry and Neurology)
University of California School of Medicine, San Francisco, CA

Naleen Andrade, M.D. (American Board of Psychiatry and Neurology)
University of Hawaii at Manoa John A. Burns School of Medicine,
Honolulu, HI

Joan Anzia, M.D. (Association for Academic Psychiatry)
Northwestern University Feinberg School of Medicine, Chicago, IL

Eugene Beresin, M.D. (American Academy of Child and Adolescent
Psychiatry), Harvard Medical School, Boston, MA

Beth Ann Brooks, M.D. (American Board of Psychiatry and Neurology)
Wayne State University School of Medicine, Detroit, MI

Karen Broquet, M.D. (Association for Academic Psychiatry)
Southern Illinois University School of Medicine, Springfield, IL

Jasvinder Chawla, M.D. (Consortium of Neurology Program Directors)
Loyola University Chicago Stritch School of Medicine, Maywood, IL

Christopher Colenda, M.D. (American Board of Psychiatry and
Neurology), Texas A&M College of Medicine, College Station, TX

Christopher Commichau, M.D. (American Academy of Neurology)
University of Vermont College of Medicine, Burlington, VT

Patricia Crumrine, M.D. (American Board of Psychiatry and Neurology)
University of Pittsburgh School of Medicine, Pittsburgh, PA

Larry Faulkner, M.D., Executive Vice President, American Board of
Psychiatry and Neurology, Buffalo Grove, IL

Deborah Hales, M.D. (American Psychiatric Association)
American Psychiatric Association, Arlington, VA

Argye Hillis, M.D. (American Neurological Association)
Johns Hopkins School of Medicine, Baltimore, MD

Jeffrey Hunt, M.D. (American Academy of Child and Adolescent
Psychiatry), Brown University School of Medicine, Providence, RI

Michael Jibson, M.D., Ph.D. (American Association of Directors of
Psychiatric Residency Training), University of Michigan Medical School
Ann Arbor, MI

Stanley Johnsen, M.D. (Child Neurology Society)
Barrow Neurological Institute, Phoenix, AZ

Ralph Józefowicz, M.D. (American Board of Psychiatry and Neurology)
University of Rochester School of Medicine and Dentistry, Rochester, NY

David Kaye, M.D. (American College of Psychiatrists)
University of Buffalo School of Medicine, Buffalo, NY

William Lawson, M.D., Ph.D. (American Association of Chairs of
Departments of Psychiatry), Howard University College of Medicine
Washington, DC

Elliott Mancall, M.D. (American Board of Psychiatry and Neurology)
Jefferson Medical College, Philadelphia, PA

Jonathan Mink, M.D., Ph.D. (Professors of Child Neurology)
University of Rochester School of Medicine and Dentistry, Rochester, NY

Joel Morgenlander, M.D. (Association of University Professors of
Neurology), Duke University School of Medicine, Durham, NC

James Otis, M.D. (Consortium of Neurology Program Directors)
Boston University School of Medicine, Boston, MA

Robert Pascuzzi, M.D. (American Board of Psychiatry and Neurology)
Indiana University School of Medicine, Indianapolis, IN

Marc Patterson, M.D. (Child Neurology Society)
Mayo Clinic, Rochester, MN

Phillip Pearl, M.D. (Professors of Child Neurology)
Children's National Medical Center, Washington, DC

Burton Reifler, M.D. (American Board of Psychiatry and Neurology)
Wake Forest University School of Medicine, Winston-Salem, NC

Anthony Rostain, M.D. (American College of Psychiatrists)
University of Pennsylvania School of Medicine, Philadelphia, PA

Barbara Schneidman, M.D. (American Board of Psychiatry and
Neurology), American Medical Association, Chicago, IL

Sandra Sexson, M.D. (American Psychiatric Association)
Medical College of Georgia School of Medicine, Augusta, GA

Barney Stern, M.D. (American Academy of Neurology)
University of Maryland School of Medicine, Baltimore, MD

Richard Summers, M.D. (American Association of Directors of Psychiatric
Residency Training), University of Pennsylvania School of Medicine,
Philadelphia, PA

Ann Tilton, M.D. (American Board of Psychiatry and Neurology)
Louisiana State University School of Medicine, New Orleans, LA

Daniel Wilson, M.D., Ph.D. (American Association of Chairs of
Departments of Psychiatry), Creighton University School of Medicine,
Omaha, NE

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
2009 - 2010 Examination Schedule (rev. 12/03/08)

Psychiatry, Neurology, Neurology with Special Qualification in Child Neurology - Computer-administered Examinations

Examination	Choice of Dates	Application Deadline	Late Deadline **
Psychiatry ONLY	June 15-19, June 22-26, 2009	October 1, 2008	November 1, 2008
Neurology, Child Neurology ONLY	Sept. 28-Oct. 2, Oct. 5-9, 12-16, 2009	February 1, 2009	March 1, 2009
Psychiatry PART I	May 3-7, 10-14, 2010	September 1, 2009	October 1, 2009
Neurology, Child Neurology PART I	Sept. 13-17, 20-24, 2010	February 1, 2010	March 1, 2010
Neurology, Child Neurology CERT.	Sept. 13-17, 20-24, 2010	February 1, 2010	March 1, 2010

Psychiatry, Neurology, and Neurology with Special Qualification in Child Neurology Part II (Oral) Examinations*

Date	Headquarters Hotel	Location
January 16-18, 2009	San Antonio Hilton Palacio del Rio	San Antonio, TX
April 3-5, 2009	Boston Park Plaza Hotel & Towers	Boston, MA
June 12-14, 2009	Grand Hyatt Denver	Denver, CO
September 11-13, 2009	Marriott Kansas City Downtown	Kansas City, MO
January 22-24, 2010 ***	JW Marriott Houston	Houston, TX
May 7-9, 2010	Philadelphia Marriott	Philadelphia, PA
June 4-6, 2010	Peabody Little Rock	Little Rock, AR
October 1-3, 2010	Omni William Penn Hotel	Pittsburgh, PA

Subspecialty of Child and Adolescent Psychiatry Part II (Oral) Examinations*

Date	Headquarters Hotel	Location
November 13-15, 2009	Renaissance Harborplace Hotel Baltimore	Baltimore, MD
November 19-21, 2010***	Hyatt Regency Austin	Austin, TX

Certification in the Subspecialties Examinations

Subspecialty	Choice of Dates	Application Deadline	Late Deadline**
Vascular Neurology	April 13-17, 2009	November 1, 2008	December 1, 2008
Psychosomatic Medicine	April 27-May 1, 2009	November 1, 2008	December 1, 2008
Clinical Neurophysiology	May 18-22, 26-29, 2009	November 1, 2008	December 1, 2008
Forensic Psychiatry	May 18-22, 26-29, 2009	November 1, 2008	December 1, 2008
Child and Adolescent Psychiatry	June 1-5, 2009	December 1, 2008	January 2, 2009
Neuromuscular Medicine	Aug. 31-Sept. 4, Sept. 8-11, 2009	February 1, 2009	March 1, 2009
Pain Medicine	September 12, 2009	January 2, 2009	February 1, 2009
Neurodevelopmental Disabilities	September 21-25, 2009	March 1, 2009	April 1, 2009
Sleep Medicine	November 19, 2009	April 1, 2009	May 1, 2009
Child and Adolescent Psychiatry	June 7-11, 2010	December 1, 2009	January 2, 2010
Addiction Psychiatry	October 11-15, 2010	April 1, 2010	May 1, 2010
Geriatric Psychiatry	October 11-15, 2010	April 1, 2010	May 1, 2010
Pain Medicine	October 23, 2010***	April 1, 2010***	May 1, 2010***

Maintenance of Certification Examinations

Examination	Choice of Dates	Application Deadline	Late Deadline**
Psychiatry	March 9-13, 16-20, 2009	September 1, 2008	November 1, 2008
Neurology, Child Neurology	March 23-27, 2009	October 1, 2008	December 1, 2008
Child and Adolescent Psychiatry	July 13-17, 2009	February 1, 2009***	February 13, 2009***
MOC Modular Examination†	July 27-31, 2009 (all modules except CNP)	February 1, 2009	March 1, 2009
Addiction Psychiatry	August 3-7, 2009	January 2, 2009	February 1, 2009
Forensic Psychiatry	August 3-7, 2009	January 2, 2009	February 1, 2009
Geriatric Psychiatry	August 3-7, 2009	January 2, 2009	February 1, 2009
Clinical Neurophysiology	August 17-21, 2009	January 2, 2009	February 1, 2009
Clinical Neurophysiology Modular††	August 17-21, 2009 (w/CNP module only)	February 1, 2009	March 1, 2009
Pain Medicine	Sept. 19 - Oct. 3, 2009 (not available as a module)	March 1, 2009	April 1, 2009
Psychiatry	February 15-19, 22-26, 2010	August 1, 2009	October 1, 2009
Child and Adolescent Psychiatry	February 15-19, 22-26, 2010	August 1, 2009	October 1, 2009
Neurology, Child Neurology	March 1-5, 2010	September 1, 2009	November 1, 2009
Addiction Psychiatry	April 12-16, 2010	November 1, 2009	December 1, 2009
Forensic Psychiatry	April 12-16, 2010	November 1, 2009	December 1, 2009
Geriatric Psychiatry	April 12-16, 2010	November 1, 2009	December 1, 2009
MOC Modular Examination†	April 26-30, 2010 (all modules except CNP)	November 1, 2009	December 1, 2009
Clinical Neurophysiology	May 17-21, 2010	December 1, 2009	January 2, 2010
Neurodevelopmental Disabilities	May 17-21, 2010	December 1, 2009	January 2, 2010
Clinical Neurophysiology Modular††	May 24-28, 2010 (w/CNP module only)	November 1, 2009	December 1, 2009
Pain Medicine	October 30 - Nov. 13, 2010*** (not available as a module)	April 1, 2010***	May 1, 2010***

*All Part II Oral Examinations are weekend examination format. ** Late Deadline - \$500 late fee required after application deadline but before late deadline. *** Dates Changed or Added. † MOC Modular Examinations must be two or three examinations combined from the MOC examinations listed during the year except CNP. †† MOC Clinical Neurophysiology examination as a modular examination in combination with other modules may only be taken during dates listed. NOTE: All dates are subject to change - check www.abpn.com for the latest examination schedule.



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