



American Board of Psychiatry and Neurology, Inc.

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

2014

*INFORMATION FOR APPLICANTS*

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INITIAL CERTIFICATION

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Brain Injury Medicine

The information contained in this publication supercedes the information in all previously printed publications concerning Board requirements, policies, and procedures.

For the most current information, please visit our web site, [www.abpn.com](http://www.abpn.com).

**NOTE: ABPMR diplomates must apply through their respective board.**

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## 2014 Initial Certification in Brain Injury Medicine Examination Fee Schedule

*(Pertaining only to the 2014 examination date choices listed below)*

Date Choices	Application Deadline	Late Deadline
October 6, 2014	January 15, 2014	February 14, 2014

### 2014 Fee Schedule\*

Application fee .....	\$ 700
Examination fee .....	\$ 1200
Total fee .....	\$ 1900
Late application fee <i>(in addition to the above)</i> .....	\$ 500
Reexamination fee** .....	\$ 1200
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.*

\*\* *Fee is non-refundable.*

\*\*\* *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."*

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## Important Dates for the 2014 Certification in Brain Injury Medicine Examination

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<b>Certification in psychiatry, neurology, or child neurology required</b>	<b>December 31, 2013</b>
<b>Applications available</b>	<b>October 15, 2013</b>
<b>Application deadline</b>	<b>January 15, 2014</b>
<b>Late application deadline</b>	<b>February 14, 2014</b>
<b>Applicant should contact the Board if they have not received notification regarding their application</b>	<b>March 15, 2014</b>
<b>Admission materials emailed</b>	<b>April 15, 2014</b>
<b>Pearson VUE registration opens</b>	<b>April 15, 2014</b>
<b>Graduation verification due in Board office for residents graduating June 30, 2014</b>	<b>July 15, 2014</b>
<b>Brain Injury Medicine fellowship completed</b>	<b>July 31, 2014</b>
<b>Graduation verification due in Board office for residents graduating July 31, 2014</b>	<b>August 15, 2014</b>
<b>Brain Injury Medicine Examination</b>	<b>October 6, 2014</b>



# 2014 Information for Applicants for Initial Certification in the Subspecialty of Brain Injury Medicine

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## Section I: General Information and Board Policies

### A. General Information

#### 1. History

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

#### 2. Mission Statement

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

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

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

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

#### 3. Composition of the Board

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

#### 4. Conflict of Interest

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

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

As an alternative to regulating investment or employment, the Board has chosen to manage matters related to the appearance of a conflict of interest by encouraging disclosure of significant financial interests or relationships and abstention from participation in decision-making related to a matter that could give rise to a conflict of interest (due to a material financial interest or relationship).



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

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

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

## 5. Certificates

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

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

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

- Addiction Psychiatry
- Brain Injury Medicine
- Child and Adolescent Psychiatry
- Clinical Neurophysiology
- Epilepsy
- Forensic Psychiatry
- Geriatric Psychiatry
- Hospice and Palliative Medicine
- 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.

With the publication of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the American Board of Psychiatry and Neurology (ABPN) will adapt its examination specifications and content to conform to DSM-5 classifications and diagnostic criteria for its computer-delivered certification and maintenance of certification examinations according to the following timeline:

#### Examinations administered in 2013 and 2014

Will continue to use DSM-IV-TR

#### Examinations administered in 2015 and 2016

Will use classifications and diagnostic criteria that have not changed from DSM-IV-TR to DSM-5

#### Examinations administered in 2017

Will use DSM-5 classifications and diagnostic criteria

Oral examinations will continue to conform to DSM-IV-TR.

### 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, full, and unrestricted allopathic and/or osteopathic license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must be full and unrestricted to meet this requirement. An active, full, and unrestricted medical license must be maintained even if a physician is out of the country for extended periods of time.

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

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

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



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

**Exceptions:**

- Restriction of a physician's medical license does not include voluntary participation in an impaired physicians' program or other appropriate, monitored alcohol or chemical substance-abuse recovery program if the physician has **NOT** been reported to either the National Practitioner Data Bank or the Data Bank of the Federation of State Medical Boards.
- Restriction of a physician's medical license does not include medical licenses that, when issued, are limited to a geographic area within a jurisdiction (e.g., practice limited to under-served areas), as long as such licenses are not in anyway limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.
- At its sole discretion, the Board may review instances of licensure restrictions to determine whether such restrictions constitute a violation of the Board's licensure requirements.
- Applicants who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the Certification Examination. However, such applicants must submit a copy of their active, full, unrestricted medical license, showing the expiration date, no later than the date specified in the *Requirements for Admission* section of the appropriate *INFORMATION FOR APPLICANTS* publication. Applicants holding more than one license must submit a copy of each license.

### **3. Maintenance of Certification (MOC) Program**

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

Diplomates are responsible for choosing 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. **Beginning in 2014, diplomates are required to use only ABPN-approved products for self-assessment and performance in practice activities. A list of ABPN approved maintenance of certification products is available at [www.abpn.com/moc-products](http://www.abpn.com/moc-products)**

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

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

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





The ABPN encourages all diplomates to update their Clinical Activity Status through ABPN Physician Folios at [www.abpn.com/folios](http://www.abpn.com/folios)

*NOTE: All policies, components, and requirements of the ABPN's Maintenance of Certification (MOC) Program are subject to change. It is the responsibility of each individual ABPN diplomate to remain apprised of the current applicable MOC Program. As such, diplomates are encouraged to consult the ABPN's website [www.abpn.com](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 Maintenance of Certification (MOC) program that includes four components:

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

Participation in the MOC program includes meeting **all** MOC requirements, not just passing the MOC cognitive examination. **An active, full, unrestricted license must be maintained even if the physician is out of the country for extended periods of time.**

#### **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 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.

- Effective January 1, 2012, ABPN will require a physician to become Board certified within seven years following successful completion of ACGME-accredited or ABPN approved residency training in their primary specialty or ACGME-accredited subspecialty.
- Graduates can take the ABPN Certification Examination as many times as allowed during the seven-year period.
- Individuals who have completed an accredited residency program prior to January 1, 2012 will have until January 1, 2019 to become board certified.
- Individuals who do not become certified during the seven-year period (or before January 1, 2019 for those who completed residency training before January 1, 2012) will be required to (1) repeat the required clinical skills evaluations; and (2) complete one stage of MOC (90 CME credits, 24 self-assessment CME credits, and one PIP Unit that includes a clinical and feedback module) in order to be credentialed to take the ABPN Certification Examination.

#### **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 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 completed application, a current application fee, and an examination fee will be required when and if such a candidate is allowed to apply 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 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
  - r. Leaving the testing center's building during a test section
5. Notification of any Board disciplinary action may be sent to legitimately interested third parties, including the American Medical Association, state medical societies, medical licensing boards, and appropriate specialty societies.

## 10. Policy Regarding Appeals

The Board provides applicants appeals procedures for certain negative determinations.

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

### General Information

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

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

- A completed **Application for Testing Accommodations pdf form**,
  - all appropriate checklists,
  - all documentation, and
  - all other evidence substantiating the disability,
- must be submitted to the Board no later than 30 days after the deadline for filing an application for examination regardless of previous requests and/or granted accommodations. See, [www.abpn.com/downloads/forms/adaform.pdf](http://www.abpn.com/downloads/forms/adaform.pdf)**

**Candidates applying for an examination** must use ABPN Physician Folios and must check the on-screen Testing Accommodations box to notify the Board of the accommodations request. On the receipt, candidates will be given a link to the Application for Testing Accommodations pdf form to download and print from our web site at [www.abpn.com/downloads/forms/adaform.pdf](http://www.abpn.com/downloads/forms/adaform.pdf)

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

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

- A letter and/or report by a qualified professional who has made an individualized assessment of the applicant diagnosing the applicant's disability and identifying one or more major life activities that the disability substantially limits, including, but not limited to, hearing, seeing, breathing, performing manual tasks, caring for one-self, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional's letterhead, with the qualified professional's credentials, address, and telephone number. The diagnosis must include the candidate's name, date of birth, and date of evaluation, and it must be signed by the qualified professional.
- A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.



- Diagnostic information about the specified disability using standard nomenclature from sources such as the *International Classification of Diseases (ICD)* and the *APA's Diagnostic and Statistical Manual of Mental Disorders (DSM)*. (See Section I.B.1.), P.3.
- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board's evaluation of the request.

## **Review of Documentation**

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

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

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

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

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



## Section II: Training Requirements for Initial Certification in Brain Injury Medicine

### A. General Training Requirements

Applicants may qualify for examination by submitting documentation of successful completion of one year of fellowship training in brain injury medicine completed in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The brain injury medicine fellow must have satisfactorily completed an ACGME-accredited psychiatry, neurology, or child neurology residency prior to entering the brain injury medicine program. Training or exposure to brain injury medicine given to psychiatry, neurology, or child neurology residents as part of their basic psychiatry, neurology, or child neurology curriculum does not count toward the one year of brain injury medicine training. **Training must be completed by July 31 of the year of the examination.**

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 or on the ACGME website, [www.ACGME.org](http://www.ACGME.org).

All applicants other than those initially admitted during the “grandfathering period” are required to submit documentation of successful completion of one full time equivalent (FTE) year of ACGME-accredited fellowship training in brain injury medicine that did not begin before the time general residency training in psychiatry, neurology, or child neurology, including time spent in combined training programs, was completed.

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

### B. Specific Training Requirements During the “Grandfathering Period” (2014 through 2018 Examinations)

During the “grandfathering period” (for the first five years in which the BIM examination is administered), as an alternative to one year of ACGME-accredited fellowship training in brain injury medicine, applicants may qualify for examination in brain injury medicine if they can provide the following:

- Documentation of satisfactory completion of 12 months of fellowship training in a non-ACGME-accredited brain injury medicine fellowship program affiliated with an ACGME-accredited psychiatry, neurology, or child neurology residency training program. The brain injury medicine fellow must have satisfactorily completed an ACGME-accredited psychiatry, neurology, or child neurology residency prior to entering the brain injury medicine program. Training or exposure to brain injury medicine given to psychiatry, neurology, or child neurology residents as part of their basic psychiatry, neurology, or child neurology curriculum does not count toward the one year of training. **Training must be completed by July 31 of the year of the examination.**



OR

- Attestation of a minimum of 25% of practice time in the United States devoted to brain injury medicine beyond completion of residency training in the primary specialty for a minimum of three years (within the last five years). The practice should be adequately broad to reasonably reflect the full scope of brain injury medicine.

The specialized training in brain injury medicine 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 that outlines training content, duties, and responsibilities. Each case is considered on an individual basis.

### **C. Training Pathway (Specific Training Requirements after the “Grandfathering Period” -After 2018)**

After the “grandfathering” period, applicants for certification in brain injury medicine must:

Submit documentation of successful completion of one year of ACGME-accredited fellowship training in brain injury medicine. The brain injury medicine fellow must have satisfactorily completed an ACGME-accredited psychiatry, neurology, or child neurology residency prior to entering the brain injury medicine program. Training or exposure to brain injury medicine given to psychiatry, neurology, or child neurology residents as part of the basic curriculum does not count toward the one year of training. All licensing and training requirements must be met no later than July 31 of the year of the examination.

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

**NOTE:** Candidates who were approved under the temporary criteria who fail the examination may reapply for the examination after the temporary criteria has expired.



## Section III: Requirements for Admission to Initial Certification in the Subspecialty of Brain Injury Medicine Examination

### 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. Be certified by the Board in psychiatry, neurology, or neurology with special qualification in child neurology by **December 31 of the year prior to the examination** administration.
3. Have an active, full, unrestricted medical license as defined in Section I. Applicants are required to submit copies of their active, full, unrestricted medical licenses, showing the expiration date with their applications.
4. Have satisfactorily completed the Board's specialized training requirements in brain injury medicine, as described in Section II.
5. Apply online and submit an application through ABPN Physician Folios at [www.abpn.com/folios](http://www.abpn.com/folios). Required documents should be mailed separately. 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.

### B. Initial Certification in the Subspecialty of Brain Injury Medicine

In September 2011, the American Board of Medical Specialties (ABMS) approved the application cosponsored by the American Board of Psychiatry and Neurology (ABPN) and the American Board of Physical Medicine and Rehabilitation (ABPMR) to offer subspecialty certification in Brain Injury Medicine. This was done to officially establish the field of brain injury medicine as a definite area of subspecialization in psychiatry, neurology, child neurology, and physical medicine and rehabilitation, and to provide a means of identifying properly trained and experienced physicians in brain injury medicine.

The actual mechanics of certification of qualified candidates have been delegated by the Board to the Committee, which operates under the supervision of and in accordance with the policies of the Board.

Currently, there is no limit on the number of times an applicant may apply to take the initial certification in the subspecialty of brain injury medicine examination.

### C. Application Process Information

When available, applications must be completed online by registered users of ABPN Physician Folios. The system is available at [www.abpn.com/folios](http://www.abpn.com/folios). Once an account is created, physicians may update licensure information, change their contact information and apply for examinations.

See *Important Dates* for application availability. *INFORMATION FOR APPLICANTS* publications are revised each year and may be downloaded from the web site. Applications include detailed instructions on how to complete the application and what documentation must be included.

**Only applications submitted through ABPN Physician Folios are accepted.**

Applications are reviewed in the order of receipt. It may take up to 16 weeks for the application to be reviewed. Applicants who do not receive any notification from the Board regarding their application by **March 15, 2014**, should contact the Board office to inquire about the status of their application.



Applicants accepted for examination are notified via mail and/or email.

Applicants are to always keep their email, mailing address, and license information up-to-date in ABPN Physician Folios.

Applicants denied admission to the examination are notified of their deficiencies in meeting the standards of the Board. Application fees are not refunded for any reason.

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 online and pay the current application fee and examination fee.





## Section IV: Examination Procedures, Format, and Content

### A. Computer-Administered Examination Procedures

*Note: ADA candidates will receive individual scheduling and examination materials.*

Approximately five months prior to the examination, the American Board of Physical Medicine and Rehabilitation (ABPMR) will email instructions about scheduling to candidates whose applications have been accepted. **Candidates are urged to contact Pearson VUE** as soon as scheduling opens to make 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. ABPN does not guarantee the availability of locations, dates and/or times of Pearson VUE test centers.

If the name that the candidate applied under is different than the name that appears on the identification, certified, legal documentation (marriage license, name change determination, etc.) verifying the name change must be submitted to the Board of-ice prior to the date of the examination. Address and/or email address changes must be updated online through the ABPN Physician Folios at [www.abpn.com/folios](http://www.abpn.com/folios).

Candidates are required to present two current (not expired) forms of identification, including one government-issued photo identification, upon arrival at the testing center. Government-issued photo identification includes military IDs, passports, driver's licenses, and state IDs. Both forms of identification must include signatures. In addition, one form of identification must include a recent, permanently-affixed photograph of the candidate. The first and last names on the government-issued identification must match the name on file with the ABPN. Failure to comply with these requirements may result in the candidate's inability to gain admission to the examination. If a name change has recently occurred, it is recommended to bring a copy of legal documentation to the testing center on the appointment date.

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 access phones or other devices of any kind while on optional or unscheduled breaks. Accessing prohibited items during optional or unscheduled breaks constitutes irregular behavior and may be cause for invalidation of examination result (*See Section I*).

Candidates are NOT permitted to leave the testing center's building during a test section. Leaving the building during a test section 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. For security purposes, candidates are required to place each hand on a palm vein device each time they enter or leave the computer test center. This information is stored electronically. Candidates must agree to the Pearson VUE Testing Center Regulations and sign the ABPMR Examination Irregularity Policy, Nondisclosure Policy, and Cooperation Agreement before taking the examination. The test center administrator will digitally collect each candidate's signature, fingerprint and/or palm vein image, and photograph.

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

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

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



**Candidates withdrawing from an examination:**

The examination fee is refunded to candidates withdrawing from an examination, provided the President and CEO 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. Candidates may be rescheduled, provided there is still an opening in the testing date range. These candidates may be required to pay an additional \$190 seating fee. If there is no other date available in the testing date range, they must sit for the originally scheduled date or forfeit their fees.

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

Candidates who are unable to sit for their scheduled examination due to an unforeseen medical or other emergency should submit a personal statement and supporting documentation of the emergency to the Board office, 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 will be responsible for paying a rescheduling fee of \$380 and may be responsible for paying any difference in the examination fee. In the event a candidate is granted two consecutive excused absences, subsequent requests for rescheduling will be denied, only 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 computer-administered examination (except Pain Medicine and MOC Pain Medicine):**

Candidates who fail the initial computer-administered examination may pay a reexamination fee and repeat the examination at the next available administration. Candidates being reexamined and who fail or do not sit for the reexamination as scheduled are required to reapply online, and pay the current application fee and the examination fee.

## **B. Brain Injury Medicine Examination Format and Content**

Examinations are administered at Pearson VUE testing centers. Details on examination format and content are available at <http://www.abpmr.org/subspecialties/bim/documents/bimoutline.pdf>

The BIM Examination consists of 280 multiple-choice questions with one best answer. The examination is divided into morning and afternoon sections of 140 questions each. Each section of the exam is allotted 3.5 hours for completion. There is a one-hour optional lunch break between the morning and afternoon sections. Unused break time cannot be used at any other time. If a candidate is away for more than 60 minutes during the one-hour optional lunch break, time will automatically be deducted from the remaining examination time. Candidates may take an unscheduled break as needed. Examination time does not stop during an unscheduled break.

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 Child and Adolescent Psychiatry Part I:*

The President and CEO of the Board notifies candidates in writing of the results of their computer-administered examination no later than eight to twelve weeks from the last date of the testing date range.

#### *All Part II Oral Examinations*

*Psychiatry, and Child and Adolescent Psychiatry Part II:*

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

### 2. Certificates

Successful candidates receive their certificates approximately two months after grade letters are mailed. It is the candidate's responsibility to notify the Board office, in writing, if he or she does not receive a certificate within six months. If a candidate does not submit a written notification that the certificate was not delivered, the candidate must request a duplicate certificate and pay the appropriate fee. (*See 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 active, full, unrestricted 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/forms](http://www.abpn.com/forms). 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
- 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 President and CEO at the Board office:

- written request for a formal appeal
- applicable appeal fee (*See Fee Schedule*)
- additional written information that supports the appeal

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

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

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

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

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

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

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

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

- written request for a formal appeal of the negative determination
- applicable appeal fee (*See Fee Schedule*)
- additional written information in support of the appeal

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

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



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

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

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

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

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