An active, full, unrestricted license must be submitted to the Board office by September 2, 2015. Applicants who do not submit a copy of their active, full, unrestricted medical license by September 2, 2015, will be denied an opportunity to sit for the 2015 Psychiatry Certification Examination.

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 website at www.abpn.com.

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Psychiatry Certification Examination

(Pertaining to 2015 Psychiatry Certification Examination date choices)

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<tr>
<th>Date Choices</th>
<th>Application Deadline</th>
<th>Late Deadline</th>
</tr>
</thead>
</table>

2015 Fee Schedule*

**COMPUTER-ADMINISTERED EXAMINATION FEES**

- Application fee ...........................................
  $ 700
- Examination fee ...........................................
  $ 1810
- Total fee ...................................................
  $ 2510

- Late application fee (in addition to the above) ...........
  $ 500
- Reexamination fee ** ...................................
  $ 1810
- Application/licensure appeal fee*** ......................
  $ 350
- Feedback fee ...............................................
  $ N/A
- 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.”
## Important Dates for the 2015 Psychiatry Certification Examination

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<th>Event</th>
<th>Date</th>
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<tr>
<td>Applications Available</td>
<td>November 3, 2014</td>
</tr>
<tr>
<td>Applicant completing training after July 31, 2015 should contact the Board regarding eligibility</td>
<td>January 15, 2015</td>
</tr>
<tr>
<td>Application Deadline</td>
<td>February 2, 2015</td>
</tr>
<tr>
<td>Late Application Deadline</td>
<td>March 2, 2015</td>
</tr>
<tr>
<td>Applicant should contact the Board if they have not received notification regarding their application</td>
<td>May 22, 2015</td>
</tr>
<tr>
<td>Admission Materials Emailed</td>
<td>July 6, 2015</td>
</tr>
<tr>
<td>Pearson VUE Registration Opens</td>
<td>July 13, 2015</td>
</tr>
<tr>
<td>Graduation verification due in the Board office for residents graduating June 30, 2015</td>
<td>July 15, 2015</td>
</tr>
<tr>
<td>Graduation verification due in Board office for residents graduating July 31, 2015</td>
<td>August 15, 2015</td>
</tr>
<tr>
<td>Active, full, unrestricted license due in the Board office, or application is denied</td>
<td>September 2, 2015</td>
</tr>
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<td>Psychiatry Certification examination</td>
<td>September 24 - 25, 2015</td>
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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:

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

Methods for achieving our mission 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 standard 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. ABPN Statement on Professionalism
Professionalism forms the basis of medicine’s contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through: a physician’s clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and MOC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these essential aspects of professionalism.

4. 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.

5. 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.

6. 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
- Neurodevelopmental Disabilities
- Neuromuscular Medicine
- Pain Medicine
- Psychosomatic Medicine
- Sleep Medicine
- Vascular Neurology

A physician may be certified in more than one area and will receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form and for such period of time as specified by the Board.

The purpose of the ABPN’s initial certification examinations is to test the qualifications of candidates in psychiatry, neurology, or both. As these medical disciplines constitute part of the broad field of general medicine, the Board requires proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks. Each examination shall cover such subjects as the Board may determine.
B. Board Policies

1. Rules and Regulations

In carrying out its specified functions, the Board has formulated rules and regulations to guide its activities and to communicate to applicants and other interested persons its policies regarding training requirements, examinations, fees, etc. These rules and regulations are amended from time to time. The statements contained in this publication are the most recent amendments and represent the policies of the Board as of the date of this publication. Visit www.abpn.com for the most current information. The Board has authority to periodically issue and thereafter to amend the rules and regulations relating to the issuance and revocation of certificates of qualification in the practice of psychiatry, neurology, child neurology, and the recognized subspecialties.

The Board may conduct examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be at the sole discretion of the Board.

The ABPN uses the APA’s Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) as the primary authority on psychiatric diagnostic nomenclature for its psychiatry examinations.

DSM-5 Conversion
Updated April 28, 2014

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 all of its computer-delivered certification and maintenance of certification (MOC) examinations according to the following timeline:

Computer-delivered examinations administered in 2013 and 2014:
Will continue to use DSM-IV-TR classifications and diagnostic criteria

Computer-delivered examinations administered in 2015 and 2016:
Will use classifications and diagnostic criteria that have not changed from DSM-IV-TR to DSM-5, as follows:

1. Diagnoses and diagnosis subtypes from DSM-IV-TR that are obsolete with the publication of DSM-5 will not be tested.
   Example: Substance-induced mood disorder is obsolete.

2. Diagnoses and diagnosis subtypes in DSM-5 that were not mentioned at all in DSM-IV-TR will not be tested.
   Example: Hoarding disorder is new to DSM-5.

3. Diagnoses that are exactly or substantially the same in both DSM editions will be tested. Diagnoses that are substantially the same are defined as:
   (a) those that have had a name change only
      Example: Phonological disorder (DSM-IV) is called speech sound disorder in DSM-5.
      Example: Factitious disorder (DSM-IV) is called factitious disorder imposed on self in DSM-5.
   (b) those that have been expanded into more than one new diagnosis
      Example: Hypochondriasis (DSM-IV) has been expanded into two new diagnoses in DSM-5: somatic symptom disorder and illness anxiety disorder.
   (c) those that have been subsumed or combined into a new diagnosis
      Example: Alcohol abuse (DSM-IV) and alcohol dependence (DSM-IV) are combined into alcohol use disorder in DSM-5.

For these diagnoses, both DSM-IV-TR and DSM-5 diagnoses will be provided on examinations.

Computer-delivered examinations administered in 2017:
Will use DSM-5 classifications and diagnostic criteria

Oral examinations:
Will continue to use DSM-IV-TR classifications and diagnostic criteria
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 Part I or Certification Examination. However, such applicants must submit a copy of their unrestricted medical license, showing the expiration date, no later than the date specified in the Requirements for Admission section of the appropriate INFORMATION FOR APPLICANTS publication. Applicants holding more than one license must submit a copy of each license. Applicants who do not provide proof that they are in possession of a full, unrestricted medical license by date specified in the Requirements for Admission section will not be accepted for examination.
3. Maintenance of Certification (MOC) Program

General Conditions of MOC
As mandated by the American Board of Medical Specialties, the Board has developed a Maintenance of Certification (MOC) program that includes four requirements:
1. Professionalism and Professional Standing
2. Lifelong Learning (CME) and Self-Assessment (SA)
3. Assessment of Knowledge, Judgment, and Skills
4. Improvement in Medical Practice (PIP)

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

Diplomates’ certification and maintenance of certification statuses are public information. This information is reported by the ABPN to the public in the ABPN verifyCERT® system and annually to the ABMS.

Specialty, and child and adolescent psychiatry subspecialty certificates issued after October 1, 1994 must be renewed periodically in order to remain valid. All other subspecialty certificates must also be renewed periodically in order to remain valid. Certificates that are not renewed are no longer valid and the physician is no longer certified in that specialty and/or subspecialty.

Certifications in most subspecialties are dependent upon the primary specialty. Diplomates with certificates in any subspecialty other than child and adolescent psychiatry must also maintain certification in their specialty in order to maintain certification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. If certification in the primary specialty lapses, certification in any subspecialty except child and adolescent psychiatry 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 maintain certification in child and adolescent psychiatry.

If a certificate lapses, there is no time limit on regaining certification status through MOC.

Maintenance of Certification program participation includes meeting all MOC requirements: maintaining a valid medical license, satisfying MOC activity requirements (CME, SA, and PIP) as well as passing the MOC examination. Maintenance of Certification requirements must be completed prior to submitting an application for the examination.

The assessment of knowledge, judgment, and skills requirements of the MOC program is the MOC (previously recertification) examination. A passing score on the MOC examination automatically enrolls the Diplomate into the Continuous Maintenance of Certification (C-MOC) Program.

Any CME, SA, and/or PIP activities completed will apply to all specialties/subspecialties in which a physician is certified. Combined (formerly modular) examination formats are available for physicians who wish to maintain certification in more than one area.

For additional information, visit www.abpn.com/moc and download the Maintenance of Certification booklet.

The ABPN encourages all diplomates to update their Clinical Activity Status through ABPN Physician Folios at www.abpn.com/folios in the Diplomate Information and Status section.

NOTE: All policies, components, and requirements of the ABPN Maintenance of Certification (MOC) Program are subject to change. Each ABPN Diplomate is responsible for remaining informed about the current applicable MOC Program requirements. Diplomates are encouraged to consult the ABPN website (www.abpn.com/moc) for regular updates.
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 block 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.

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 appeal 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 and complete:

- An Application for Testing Accommodations pdf form,
- All appropriate checklists,
- All documentation, and
- All other evidence substantiating the disability.

All items 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

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 website at 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 website at 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 oneself, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional’s letterhead, with the qualified professional’s credentials, address, and telephone number. The diagnosis must include the candidate’s name, date of birth, and date of evaluation, and it must be signed by the qualified professional.

- A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.

- Diagnostic information about the specified disability using standard nomenclature from sources such as the International Classification of Diseases (ICD) and the APA’s DSM-IV-TR or DSM-5.

- Specific recommended accommodations with a rationale for why each accommodation is needed. A description of any functional limitations associated with the disability is helpful to the Board’s evaluation of the request.
Review of Documentation
A letter detailing the specific accommodations requested because of a disability must be submitted for each examination and/or reexamination. Documentation should be marked “ADA Materials” and mailed to the attention of the President and CEO at the Board office.

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

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

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

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

A. General Training Requirements

References to residency refer to entry at the second year of postgraduate (PGY-2) training, unless otherwise stated. Residency training must be in the specialty in which the applicant seeks certification, except for residents who are in an approved combined training program.

Training programs approved by the residency review committees and accredited by the ACGME can be found on the ACGME website, www.acgme.org.

The required years of training may be completed on a part-time basis, provided that it is no less than half-time.

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

All training must be completed by September 15, 2015.

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

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

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

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

B. Training in More Than One Residency Training Program

To ensure continuity of training, the Board requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program. The ABPN credentials committee will consider an exception to this rule only under extraordinary circumstances. In such cases, respective program directors should contact the Board office, in writing, prior to the transfer. The letters must outline the resident’s training content, duties, and responsibilities, including exact dates (month/day/year to month/day/year) of training, and indicate clearly that the resident will satisfy all ACGME program requirements as outlined on the ACGME website, www.ACGME.org. Each case will be considered on an individual basis.

If the credentials committee approves the request, the Board will notify the program directors in writing. A copy of this letter should be given to the resident as well as noted in the resident’s ABPN preCERT record. Residents who have not received prior approval from the Credentials Committee risk the possibility that the Board will deny their application.

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

C. Specific Training Requirements

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

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

All applicants for the Psychiatry certification examination must successfully complete three clinical skills evaluations that comply with the standards set forth in the document Requirements for Clinical Skills Evaluation of Residents in Psychiatry.

Two patterns of training are acceptable:

1. Three-year Psychiatry Residency Program
   A broad-based clinical year of ACGME-accredited training in internal medicine, family medicine, or pediatrics; or an ACGME-accredited transitional year program that included a minimum of four months of primary care medical; or an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care
   AND
   Three full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME
   OR

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

Canadian Training Programs

Canadian residents may APPLY to the ABPN for examination ONLY if they:

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

2. Achieve certification by the royal college of Physicians and surgeons of Canada
   AND

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

Other International Training

Currently the ABPN does not accept other international training.
Section III: Requirements for Admission to the Psychiatry Certification 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. 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.* If more than one medical license is held, a copy of each license is required.

3. Have satisfactorily completed the Board’s specialized training requirements in psychiatry, as described in Section II.

4. Submit a completed official online application including all required attachments and the appropriate application and examination fees by the specified deadlines. Applicants are required to apply online through the ABPN Physician Folios at www.abpn.com/folios.

All training must be confirmed either by way of the ABPN preCERT® system or by submitting documentation noting the completion of training requirement.

If you are unable to activate your account, you may need to submit a request to apply for the examination. This process may take up to three business days. Therefore, we encourage applicants to allow enough time to submit the request prior to the deadline for applications. The deadline for submission of a completed application is February 2, 2015.

*Applicants for specialty certification examinations who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the examination. However, such applicants must submit a copy of their active, full, unrestricted medical license with expiration date no later than September 2 of the year of the examination. If the Board office does not receive the medical license by September 2, the application will be denied and the Board will retain the application fee and any late application fee.

B. Certification in Psychiatry

Effective January 1, 2012, ABPN will require physicians to become Board certified within seven years following successful completion of ACGME-accredited or ABPN approved residency training in their primary specialty.

Graduates may take the ABPN certification examination as many times as allowed during the 7-year period. Certification examinations are offered once a year.

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 7-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 1 PIP Unit (includes a clinical and feedback module)] in order to be credentialed to take the ABPN Certification Examination.

Changes in the Credentialing Process

The ABPN has made changes in the credentialing process effective for residents who entered residency training in psychiatry on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2). Some of the clinical skills evaluations that were conducted
previously in the Part II oral examination are now taking place within the residency program and the residents will be required to submit documentation of satisfactory performance in the evaluation of clinical skills as part of the ABPN credentialing process. Assessment of other clinical skills has been integrated into the computerized Certification examination beginning in 2011.

Candidates who successfully pass the Psychiatry certification examination will be awarded a certificate in their specialty. **NOTE:** there is no Part II oral examination for candidates who entered residency training in psychiatry on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2).

Admission to the Psychiatry certification examination requires completion of three clinical skills evaluations that comply with the standards set forth in the document *Requirements for Clinical Skills Evaluation in Psychiatry.*

In addition to documentation of their PGY-1 and residency training, all physicians must submit documentation from the program director of an ACGME accredited psychiatry program verifying completion of the three clinical skills evaluations or verifying that the three clinical skills evaluations will be completed by July 31, 2015. Physicians who do not provide acceptable documentation of successful completion of the three clinical skills evaluations by the deadline will be denied an opportunity to sit for the certification examination. **For physicians in the preCERT® system, verification of training is done in preCERT.**

Residents who entered residency training in psychiatry prior to July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2):

Physicians who entered psychiatry training prior to July 1, 2007 (PGY-1) or July 1, 2008 will not have completed the clinical skills evaluations that are currently required during residency training. Such physicians will be required to complete the required three clinical skills evaluations in an ACGME-accredited program and comply with the standards set forth in the document *Requirements for Clinical Skills Evaluation in Psychiatry* before they will be admitted to the certification examination. Evaluations must be completed by July 31, 2015. **Refer to document on the ABPN website.**

C. Application Process Information

Information in this section is important for all candidates. Please read carefully.

**Applicants are required to apply online through ABPN Physician Folios at www.abpn.com/folios.**

If you are unable to activate your account, you may need to submit a request to apply for the examination. This process may take up to **three business days.** Therefore, we encourage applicants to allow enough time to submit the request prior to the deadline for applications.

The *INFORMATION FOR APPLICANTS* publication and the associated *Application for Initial Certification* are revised each year. The *INFORMATION FOR APPLICANTS* document may be downloaded from the ABPN website.

**The applicant will receive an email confirming that the application was received.**

Applications are reviewed in the order of receipt. Applicants who do not receive any notification from the Board regarding their applications by May 22, 2015 should contact the Board office to inquire about the status of their application.

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

**NOTE: Candidates may not withdraw from the Psychiatry Certification Examinations, and fees are not refundable.**

Applicants denied admissions to the examination are notified of their deficiencies in meeting the requirements 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** by submitting a new online application, current application fee, and the examination fee.
D. Other

Applicants who complete training after September 15, 2015, will be denied an opportunity to sit for the 2015 Psychiatry Certification Examination.

Training Licenses

Applicants who submit a training license with their application, must submit an active, full, unrestricted license to the Board office by September 2, 2015. Applicants who do not submit a copy of their full, unrestricted medical license by September 2, 2015, will be denied to sit for the 2015 Psychiatry Certification Examination.

Training Program Documentation

**Applicants who do have training records in the ABPN preCERT® system**

Please check with your program if you are unclear if your information is in preCERT

Please note that before you can apply, your rotations from PGY-1 through PGY-3 must be entered, attested to and marked complete. In addition, your PGY-4 rotations must be entered.

**Applicants who do not have training records in the ABPN preCERT® system**

All documentation must include exact dates of training (from month/day/year to month/date/year) and be submitted by letter from the program director.

Note: For residents who completed both the PGY-1 and residency training in the same program, a letter documenting both may be included together in one letter.

For residents completing training on June 30, 2015:
If documentation of successful completion of training either by attestation in the ABPN preCERT® system or by a completion of training letter is not received by July 15, 2015 deadline, the candidate may be removed from the examination roster and may be denied to sit for the 2015 Psychiatry Certification Examination.

For residents completing training after June 30 but by September 15, 2015.
If documentation of successful completion of training either by attestation in the ABPN preCERT® system or by a completion of training letter is not received by September 20, 2015 deadline, the candidate may be removed from the examination roster and may be denied to sit for the 2015 Psychiatry Certification Examination.
A. Computer-Administered Examination Procedures

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

Approximately two to three months prior to the examination, scheduling information is emailed to candidates whose applications have been approved. 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.), verification of the name change must be submitted to the Board office 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.

Candidates are required to present two forms of identification. One of the forms of identification must be government-issued and must display a recent, permanently affixed photograph. Both forms of identification must be signed and both must be valid (not expired). Government-issued photo identification includes military identification, passports, driver’s licenses, and state identification cards. 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 Professional & Regulatory Candidate Rules. Candidates must agree to the ABPN Nondisclosure Agreement before taking the examination.

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, and must meet the current credentialing requirements and pay the application fee and the examination fee.

NOTE: Candidates may not withdraw from the Psychiatry Certification Examinations, and fees are not refundable.
Candidates unable to sit for an examination on the scheduled date:
Candidates who are unable to sit for the examination on the date that they have scheduled must first contact Pearson VUE no less than 24 hours in advance to reschedule the examination. If Pearson VUE is unable to reschedule the examination date, candidates should then contact the Board office to determine the availability of rescheduling opportunities. Candidates may be rescheduled, provided there is still an opening in the testing date range. These candidates may be required to pay an additional $190 seating fee. If there is no other date available in the testing date range, they must sit for the originally scheduled date or forfeit their fees.

Candidates unable to sit for their scheduled examination due to an unforeseen medical or other emergency:
Candidates who are unable to sit for their scheduled examination due to an unforeseen medical or other emergency should submit 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 reapply in order to sit for examination.

Candidates who fail the Psychiatry Certification examination:
Candidates who fail the Psychiatry Certification examination may pay a reexamination fee (see Fees at the beginning of this publication) and repeat the examination at the next available administration.

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

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

B. Psychiatry Certification Examination Format and Content

Examinations are administered at Pearson VUE testing centers. Details on examination format and content are available at www.abpn.com/content-specs/psych-cert.

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 examinations 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 oral 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 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 website, 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 Appeal Procedures

The Board provides applicants appeal 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. Appeal 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. Appeal 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 Fees at the beginning of this publication)
- Additional written information in support of the appeal

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

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

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

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

The appeal materials must be sent in a single mailing that is post-marked *within 60 days* of the date indicated on the letter of negative determination 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 next available administration.*
A. Supplementary Certification

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

1. Dual Certification in Psychiatry and in Neurology

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

- **ABPN-approved combined psychiatry/neurology training program (recommended):**
  - A PGY-1 that meets the requirements for entry into a neurology program.*
  - AND
  - Five years of residency training in an ABPN-approved combined psychiatry/neurology training program.

  OR

- **Individual psychiatry and neurology programs:**
  - A PGY-1 that meets the requirements for entry into a neurology program.*
  - AND
  - Six full years of postgraduate residency training in ACGME-accredited programs, including three full years in psychiatry and three full years in neurology.

  OR

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

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

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

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

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

- Certification by the Board in the specialty of general psychiatry prior to applying for examination in child and adolescent psychiatry (A minimum of two years of approved residency training in general psychiatry is required.)
- Completion of the requirements for certification in child and adolescent psychiatry
- Completion of the requirements for certification in neurology with special qualification in child neurology (See the Information for Applicants for Initial Certification in Neurology publication.)

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

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

C. Combined Training Leading to Certification by Two Boards

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

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

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

D. Post Pediatric Portal Programs

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