2015 INFORMATIION FOR APPLICANTS

MAINTENANCE OF CERTIFICATION

Vascular Neurology

This publication is for diplomates applying for Maintenance of Certification in Vascular Neurology only. Diplomates applying for multiple specialty/subspecialty combinations may use the Maintenance of Certification Combined Examination INFORMATION FOR APPLICANTS publication when available at www.abpn.com.

The information contained in this publication supersedes 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.

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2015 Maintenance of Certification in Vascular Neurology Examination Fee Schedule
(Pertaining only to the 2015 examination date choices listed below)

Date Choices | Application Deadline | Late Deadline
--- | --- | ---
May 4 - 8, 2015 | December 1, 2014 | January 5, 2015

2015 Fee Schedule*

Application fee** ............................................................................................................ $700
Examination fee ............................................................................................................. $800
Total fee ......................................................................................................................... $1500

Late application fee (in addition to the above) ........................................................ $500
Reexamination fee*** ................................................................................................ $800
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.”
### Important Dates for the 2015 MOC in Vascular Neurology Examination

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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 that goal include but are not limited to efforts to:

1. 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.
2. Set the standards for knowledge and skills required for certification.
3. Construct and administer examinations designed to evaluate required knowledge and skills.
4. Monitor, evaluate, and improve the standards and procedures of the certification process.
5. 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.
6. Issue certificates and other forms of recognition to successful candidates.
7. Make lists available of diplomates who have fulfilled the requirements for certification.
8. Inform the public, other professions, and other medical organizations of the purposes, activities, and responsibilities of the Corporation.
9. 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  • Hospice and Palliative Medicine
   • Brain Injury Medicine  • Neurodevelopmental Disabilities
   • Child and Adolescent Psychiatry  • Neuromuscular Medicine
   • Clinical Neuropsychology  • Pain Medicine
   • Epilepsy  • Psychosomatic Medicine
   • Forensic Psychiatry  • Sleep Medicine
   • Geriatric Psychiatry  • 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 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.
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 components:

1. Professionalism and Professional Standing
2. Lifelong Learning 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 cognitive examination. An active, full, unrestricted 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 (Continuing Medical Education credits (CME), Self-Assessment (SA), Improvement in Medical Practice - PIP), as well as passing the MOC cognitive examination. Maintenance of Certification requirements must be completed prior to submitting an application for the cognitive examination.

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

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

Information for Applicants publications are available to download from www.abpn.com.

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

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 requirements. Diplomates are encouraged to consult the ABPN’s web site (www.abpn.com/moc) regularly to ascertain whether any changes have been made.
4. **Revocation of Certificates**
The Board has the authority to revoke any certificate issued by it for cause or to place a certificate holder on probation for a fixed or indefinite period of time.

5. **Board Eligibility**
The ABPN 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

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.

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.

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: Requirements for Admission to MOC in Vascular Neurology Examination

A. General Requirements for All Applicants
To qualify to sit for the Maintenance of Certification Examination, an applicant must:
1. Adhere to and follow all Board Policies as described in Section I.
2. Be Board certified currently in neurology, or neurology with special qualifications in child neurology.
3. Be Board certified currently or at one time have been Board certified in vascular neurology
4. Fulfill MOC component requirements as described below:
   * 270 Category 1 CME credits (150 in past 5-yr block)*
   * 24 CMEs from a minimum of two completed self-assessment activities
   * One Improvement in Medical Practice (PIP) Unit
   * Be current in C-MOC (Visit www.abpn.com/c-moc for more details)
5. Submit an online application through ABPN Physician Folios at www.abpn.com/folios.

B. ABPN Maintenance of Certification Program (rev. May 2014)
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. Diplomates are encouraged to consult the ABPN’s web site (www.abpn.com/moc) regularly to ascertain whether any changes have been made.

Specific Requirements: 10-Year MOC Program
Program for Diplomates certified before 2012
Diplomates in the 10-Year MOC program who are not recertified before their certificates expire are no longer board certified in that area of certification. Once a former Diplomate completes all MOC requirements and passes the MOC cognitive examination, he or she will regain certification status.

The ABPN recommends that diplomates sit for the MOC cognitive examination the year in which the Diplomate’s certificate is due to expire so that there is no lapse in certification status. For more information on the 10YR-MOC program visit www.abpn.com/10yr-moc.

Specific Requirements: Continuous Maintenance of Certification (C-MOC)
Program for Diplomates certified or recertified beginning in 2012
Beginning in 2012, Diplomates who certify or recertify are enrolled into the C-MOC Program. Other Diplomates certified before 2012, including lifetime certificate holders, may elect to participate in the program through ABPN Physician Folios.

The ABMS requires that the ABPN report the following annually regarding every Diplomate:
* Is the Diplomate still certified?
* Is the Diplomate actively maintaining certification?

The C-MOC program will assist Diplomates in complying with MOC requirements and timeframes. The program will also facilitate the required annual recording of progress required of Diplomates and reporting of Diplomate participation to the ABMS.

The C-MOC program is organized through the use of ABPN Physician Folios. Using the link at the top of the opening page of the ABPN website (www.abpn.com/folios), physicians can create accounts that will enable them to keep their demographic and license information up to date, track and attest to their MOC activities, stay appraised of any changes in the program, and apply for examinations. Physicians must activate an ABPN Physician Folios account on the ABPN website to begin the MOC process and gain the benefits of the program.

While passing an MOC cognitive examination is still required at least every ten years, a Diplomate’s certification status is dependent upon fulfillment of all four MOC program components (Professionalism and Professional Standing; Lifelong Learning and SA; Assessment of Knowledge, Judgment, and Skills; and PIP), along with annually attesting to completed MOC activities in ABPN Physician Folios, and payment of the annual MOC registration fee.
Diplomates must accomplish MOC requirements in three-year stages. Every three years, Diplomates in the program must document in their Physician Folio completion of:

- 90 Category 1 CME credits (including those from SA)
- 24 CME credits of self-assessment (average eight per year)
- One PIP Unit

The first three-year block of C-MOC requirements [CME, self-assessment, and improvement in medical practice (PIP)] will be waived for diplomates who complete ACGME-accredited or ABPN approved subspecialty training in 2012 or later. Such diplomates are required to pass the corresponding ABPN subspecialty examination within the first three-year block of enrollment into the C-MOC program. If the diplomate was not in the C-MOC program prior to taking the exam, passing the exam will automatically enroll them into the C-MOC program and the waiver will apply to their first three-year block.

Diplomates who are granted the fellowship MOC waiver will be notified upon becoming certified in their subspecialty. Diplomates who believe they are eligible for the credit, but do not receive notice of the credit waiver, should contact the Board via questions@abpn.com

1. Professionalism and Professional Standing

To show evidence of professional standing, all Diplomates must continuously 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. All licenses held by a physician must be unrestricted. An active, full, unrestricted license must be maintained even if the physician is out of the country for extended periods of time. Full details of licensure requirements are found in any Information for Applicants publication. (See Section I).

2. Lifelong Learning (CME) and Self-Assessment (SA)

A. Lifelong Learning

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty CME credits per year averaged over three years. Continuing Medical Education must be relevant to the specialty in which the Diplomate practices. Acceptable CME credits are Category 1 CME accredited by the Accreditation Council for Continuing Medical Education (ACCME), Category 1A CME accredited by the American Osteopathic Association (AOA), or Category 1 CME accredited by the Royal College of Physicians and Surgeons of Canada. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year because the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties. This requirement was phased in beginning in 2006 for Diplomates applying for 2007 MOC cognitive examinations.

- Diplomates must accrue an average of 30 Category 1 or 1A CME credits per year (averaged over three years).
- Continuing Medical Education must be relevant to the specialty/subspecialty in which the Diplomate practices.
- At least an average of eight of the CME credits per year (averaged over three years) should involve SA.

B. Self-Assessment

Diplomates of the ABPN are required to participate in broad-based SA activities. Self-assessment activities may come from multiple SA programs. Each SA activity must cover new knowledge and/or current best practices in one or more of the competency areas and provide feedback that can be used by the Diplomate as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and comparative performance to peers.

- At least eight CME credits per year (averaged over three years) should involve SA.
- CME from the SA activities count toward total CME credits per year.

Beginning January 1, 2014, Diplomates are required to use only ABPN-approved products for self-assessment activities, which are found on the ABPN website (www.abpn.com). The ABPN will approve additional programs over time and reserves the right to approve or reject any course or guideline submitted for approval.

3. Assessment of Knowledge, Judgment, and Skills

Passing the MOC cognitive examination at least once every 10 years fulfills the assessment of knowledge, judgment, and skills component of the program. To sit for an MOC cognitive examination, all current MOC requirements must be satisfied at the time one applies for the MOC examination. The ABPN will audit 5% of applicants for the cognitive examination. Audited applicants must provide documentation of SA, CME, and PIP activities.
Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country.

To prepare for the MOC cognitive examinations, Diplomates should keep current with research and developments in their field, review specialty-specific journals and practice guidelines, and attend relevant CME programs.

- Diplomates must pass the MOC cognitive examination at least once every 10 years.
- Maintenance of Certification program participation includes meeting all MOC requirements, including passing the MOC cognitive examination. All MOC components must be met at the time of application for examination.
- Maintenance of Certification cognitive examinations are currently administered early in the calendar year (except pain medicine). Other than pain medicine, application deadlines for MOC cognitive examinations are currently in the year before the examination.
- Combined (formerly modular) MOC cognitive examinations are available for physicians who wish to recertify in more than one specialty and/or subspecialty at the same time.

4. Improvement in Medical Practice (PIP)

There are two components to a PIP unit: a clinical module and a feedback module. Each component must be done twice to complete the unit. Improvement in Medical Practice (PIP) is designed for “clinically active” physicians (see definitions below) to promote practice improvement activities through both chart review and second-party external review. One PIP unit should be completed every three years.

If a Diplomate participates in an institutional QI program approved by the Multi-Specialty MOC Portfolio Program of the ABMS, that institutional participation will fulfill the clinical module. If a Diplomate participates in Portfolio Program approved peer review in a clinical setting, that institutional activity will fulfill the PIP feedback module criteria. Physicians participating in QI programs not approved by the Portfolio Program must get preapproval from ABPN in order for the program to fulfill the clinical or feedback portions of PIP and should submit an Individual Part IV Improvement in Medical Practice (PIP) Approval Request Form from the Forms section of the ABPN website (www.abpn.com/forms).

Physicians should complete one of the ABPN-approved PIP products listed on the ABPN website. Physicians who wish to complete a PIP module that is not listed on the ABPN approved PIP products list or the Portfolio Program must get preapproval from ABPN in order for the program to fulfill the clinical or feedback portions of PIP and should submit an Individual Part IV Improvement in Medical Practice (PIP) Approval Request Form from the Forms section of the ABPN website.

A. Clinical Module (Chart Review)
   - Diplomates are required to collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the Diplomate’s personal practice over the previous three-year period.
   - Diplomates must then compare data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), and develop and carry out a plan to improve effectiveness or efficiency of individual clinical activities.
   - A minimum of four quality measures must be collected for each clinical module.
   - Re-measurement: within 24 months, Diplomates must collect the same data from at least another five clinical cases in the same specific category and review that data to see if improvements in practice have occurred.
   - The same or different patient may be assessed in the original and follow-up data.

B. Feedback Module (Patient or Peer Review)
   - Diplomates must solicit personal performance feedback from at least five peers or five of their own patients concerning the Diplomate’s clinical activity during the previous three years.
   - Diplomates must then identify opportunities for improvement in the effectiveness and/or efficiency in their practice as related to the general competencies* and take steps to implement improvements as needed.
   - Re-measurement: within 24 months, and using the same forms, patients or peers are surveyed again and the results are used to compare to the original survey to see if practice improvement has taken place.
   - The same or different patients or peers may offer feedback.
Feedback modules require that diplomates collect feedback from ONE of the following options:

- Five patient surveys
- Five peer evaluations of general competencies*
- Five resident evaluations of general competencies*
- 360 Degree evaluation of general competencies with five respondents*
- Institutional peer review of general competencies with five respondents*
- One supervisor evaluation of general competencies*

*The general competencies to be reviewed in peer, institutional peer review, supervisor, resident, or 360 feedback forms are:

- Patient Care
- Practice-Based Learning and Improvement
- Professionalism
- Medical Knowledge
- Interpersonal and Communication Skills
- System Based Practice

Model Feedback Forms are available on the ABPN website (www.abpn.com/forms)

The ABPN recommends that Diplomates allow 24 months to complete each PIP unit.

- Peers may include other professional healthcare staff such as, psychologists, social workers, physicians, counselors, and nurses.
- Patients may include those for which the Diplomate supervises the care of another provider (e.g., resident).
- Approved peer and patient feedback forms are available on the Forms page of the ABPN website (www.abpn.com/forms).
- ABPN will not collect patient or peer data. If audited, ABPN will require that Diplomates explain how they carried out the Improvement in Medical Practice unit and submit information about their process and improvement plan.

Beginning January 1, 2014, Diplomates are required to use only ABPN-approved products for Improvement in Medical Practice (PIP) activities. The ABPN will approve additional programs over time and reserves the right to approve or reject any course or guideline submitted for approval.

Diplomates who wish to request that their own individual Improvement in Medical Practice (PIP) plans be approved should submit an Individual Part IV Improvement in Medical Practice (PIP) Approval Request Form from the Forms section of the ABPN website.

Please review the ABPN website periodically for updates (www.abpn.com/moc-products).

Clinical Activity Status
The ABMS has issued definitions of “Clinically Active” and “Clinically Inactive” and requires that all Diplomates self report their status once every 24 months in each area of certification. This information will be available to the public.

1. **Clinically active**: Any amount of direct and/or consultative patient care has been provided in the preceding 24 months. This includes the supervision of residents.
   A. Engaged in direct and/or consultative care sufficient to complete Improvement in Medical Practice (PIP) Units
   B. Engaged in direct and/or consultative care not sufficient to complete PIP Units
2. **Clinically inactive**: No direct and or/consultative patient care has been provided in the past 24 months.
3. **Status Unknown**: No information available on the clinical activity of this Diplomate.
   - Diplomates who are in Category 1.A. above are required to complete all components of the MOC program including PIP Units.
   - Diplomates who are in categories 1.B. or 2. above are required to complete all components of the MOC program except PIP Units.
   - A change in Diplomate status from 1.B. or 2. to 1.A. requires the completion of at least one PIP Unit.

The ABPN urges all Diplomates to update their clinical activity status as needed through ABPN Physician Folios at www.abpn.com/folios in the Diplomate Information and Status section.
C. Application Process Information

Physicians wishing to maintain certification in more than one specialty and/or subspecialty may use the MOC Combined examination format. (See the appropriate INFORMATION FOR APPLICANTS publication). Only MOC examinations administered by the ABPN may be combined.

Applications are to be completed and submitted using the online application through ABPN Physician Folios at www.abpn.com/folios. Through ABPN Physician Folios, physicians may update licensure information and change their contact information.

See Important Dates for application availability. INFORMATION FOR APPLICANTS publications are revised each year and may be downloaded from the web site. Only applications submitted through ABPN Physician Folios are accepted. Faxed copies or revised applications from a previous administration year are not accepted.

Applications are reviewed in the order of receipt. It may take up to 16 weeks for the applicant to receive further information regarding the status of the application. MOC in Vascular Neurology applicants who do not receive any notification from the Board regarding their application by February 3 2015, 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 denied admission to the examination are notified of their deficiencies in meeting the standards of the Board.

The MOC cognitive examinations are administered via computer in a national network of computer test centers.

Approximately two months prior to the examination date, accepted candidates will be emailed registration procedures and deadlines.

Applications remain active for two consecutive examinations only. Candidates who fail to present themselves for the first scheduled examination following the date of acceptance of their applications are required to reapply online and pay the current application fee and examination fee.

Application fees are not refundable.
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.) verifying 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 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 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, 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. Vascular Neurology MOC 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/vn-moc.

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

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

   A form for requesting a duplicate certificate may be obtained from the Forms section of the ABPN web site, www.abpn.com/forms. Duplicate certificate requests will be sent for printing the last business day of each quarter. 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:

- The applicant submitted a formal application and received a negative determination regarding the application
- The applicant’s examination scores are 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.