



American Board of Psychiatry and Neurology, Inc.

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

2016 General Information and Board Policies

The information contained in this document supercedes information published 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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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 certification 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 effectively and efficiently.

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).

General Information

Annually, board members, examiners, committee members, 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.

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.

Until 2014, the ABPN used 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.

Since the publication of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the American Board of Psychiatry and Neurology (ABPN) has been adapting 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 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 and later 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, at all times, 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 or have been 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, conditions, or contingencies on the physician's privilege to practice professionally and does not have any added requirements to remain full and active. Restrictions include but are not limited to any revocation, suspension, limitation or prohibition against attaining any Drug Enforcement Administration license and/or any licensing board action that results in a revocation, cancellation, suspension, condition, obligation, requirement, probation, forfeiture, surrender, failure to renew, prohibition against applying or renewing, lapse, inactive status or contingency imposed upon a license or in any way relevant to the physician's privilege to practice professionally regardless of whether the restriction was imposed by an adjudicated order, agreed order, non-contested order, consent order, agreement, stipulation, settlement, or plea agreement. In addition, restrictions include any incarceration as a result of any criminal charges, indictments and/or convictions.

A diplomate who is in possession of a restricted medical license pursuant to these policies, whether the Board knows of the restriction or not, no longer meets the Board's licensure requirements and 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 any way 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 (MOC examination)
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.

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.

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

ABPN only requires diplomates with multiple certificates to complete one set of MOC activities (CME, SA and PIP). Any CME, SA, and/or PIP activities completed will apply to all specialties/subspecialties in which a physician is certified. Combined examination formats are available for physicians who wish to maintain certification in more than one area.

Diplomates must update their Clinical Activity Status through ABPN Physician Folios at www.abpn.com/folios in the Diplomate Information and Status section.

For additional information about the 10-Year Program and the Continuous MOC Program, visit the Maintain Certification section of our website at www.abpn.com and/or download the Maintenance of Certification booklet.

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 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 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 eligibility, certification, recertification, or maintenance of certification by deceptive means, including but not limited to submitting or assisting another person to submit to the Board any application, credential, licensure information, or other information or documentation that contains a material misstatement, misrepresentation, or omission will be deemed to have violated this rule. Any physician who violates this rule will be subject to all available disciplinary actions, including but not limited to legal action by the Board, certificate revocation, invalidation of examination results, and/or will be cause for the Board's refusal to admit a candidate to examination for up to five years.
2. Physicians must accurately represent their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, business cards, letterheads, and oral representations. Diplomates with expired time-limited certificates may not claim Board certification and must revise all descriptions of their qualifications accordingly. Physicians may not manufacture, modify, reproduce, distribute, or use fraudulent or otherwise unauthorized ABPN certificates or other documents; falsely claim to be certified by the ABPN; misrepresent their ABPN certificate status; otherwise use ABPN certificates or other documents in violation of trademark and/or copyright laws; or assist another to do any of the above. Any physician who violates this rule will be subject to all available disciplinary actions, including but not limited to legal action by the Board, certificate revocation, invalidation of examination results, and/or will be cause for the Board's refusal to admit a candidate to examination for up to five years.
3. The performance of all physicians taking an examination will be monitored. Test center personnel will notify the Board of any candidate that appears to give or receive assistance or otherwise engages in dishonest, disruptive, or other irregular behavior during the examination. Scores on examinations (computer-administered and/or oral) will be invalidated for any irregular behavior. Statistical analyses may be used to confirm suspected cheating. If an examination score is invalidated, the candidate may submit a written appeal within 30 days of notice of validation. (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 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 the Policy for Applicants with Disabilities page on www.abpn.com for more information.

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.

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.

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 asks, caring for one-self, and/or learning (reading and writing). The diagnosis must be printed on the qualified professional's letterhead, with the qualified professional's credentials, address, and telephone number. The diagnosis must include the candidate's name, date of birth, and date of evaluation, and it must be signed by the qualified professional.
- A history of the disability, including previous settings in which accommodations have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Diagnostic information about the specified disability using standard nomenclature from sources such as the *International Classification of Diseases (ICD)* and the *APA's 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.