BULLETIN

for 2009 - 2010

The Divisions of

Gynecologic Oncology

Maternal-Fetal Medicine

Reproductive Endocrinology and Infertility

of

The American Board of Obstetrics and Gynecology, Inc.

ABOG

The American Board of
Obstetrics & Gynecology
The Vineyard Centre
2915 Vine Street
Dallas, TX 75204
First in Women's Health

This bulletin, issued in September, 2008 represents the official statement of the requirements in effect for the Divisions' 2009 and 2010 examinations.

Deadlines and Fees
PROGRAM OF GRADUATE MEDICAL EDUCATION

	DEADLINE	FEE
Institutional Application for New Program	One year prior to proposed program start.	$1930
Institutional Application for Continued Approval	Date notified	NONE
Annual Fee for Approved Programs	May 29/date notified.	$1930*
Candidate's Fellowship Application	NINETY (90) DAYS PRIOR to the start of the Candidate's program.	$365*

EXAMINATION DATES

WRITTEN EXAMINATIONS

MFM and REI - only June 26, 2009
GO - only - June 25, 2010

ORAL EXAMINATION

April 12-14, 2010

The American Board of Obstetrics and Gynecology, Inc. Dallas, Texas

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NOMINATING ORGANIZATIONS

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY

ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS

This Board is a founding member and holds active membership in the American Board of Medical Specialties. This Board also functions in cooperation with the Residency Review Committee for Obstetrics-Gynecology, and the Council on Resident Education for Obstetrics-Gynecology.

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All correspondence should be sent by a service (e.g., FedEx or UPS) that has tracking capability. This will allow you to verify the receipt of materials sent to ABOG.
Deadlines set by the ABOG are based upon RECEIPT of the information in the Board office, not the date of shipping.

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For the Year Ending June 30, 2008

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HISTORY

Three specialty divisions to define qualifications and determine eligibility for certification in gynecologic oncology, maternal-fetal medicine and reproductive endocrinology and infertility were established by The American Board of Obstetrics and Gynecology, Inc., in June 1972. Authorization to certify for special qualification in these fields was approved by the American Board of Medical Specialties in March 1973. These enabling actions were preceded by intensive study, beginning with The Conference on Specialization in Obstetrics and Gynecology held in December 1969. Implementation was not begun until the study of the implications and probable effects upon the field of obstetrics and gynecology indicated that such advanced training would promote improvement in the health care of women.

Authorization to certify for added qualification in critical care was approved by the American Board of Medical Specialties in 1983 and reaffirmed in 1985.

In 1996, in compliance with other members of the American Board of Medical Specialties, the American Board of Obstetrics and Gynecology ceased using the terms “special qualifications” and “added qualifications”. Today, the term “subspecialty” has replaced these older designations.

PURPOSES AND OBJECTIVES

The general objective of the specialty divisions is to improve health care of women with special disorders of the reproductive tract or the reproductive process by:

a. elevating standards of education and training relating to those special areas.

b. enhancing the recruitment of qualified physicians into obstetrics and gynecology and into the special areas.

c. improving the organization and distribution of patient services.

d. increasing basic knowledge of the special areas.

ORGANIZATION

There are six members of each division, all of whom shall have been nominated by the division and/or the Board and elected by the Board. Tenure of such members shall be 6 years, subject to re-election yearly by the Board. One member shall be an organizational member of the Corporation. This individual is selected by the Board and will be the Board representative. No member of a division shall be eligible to serve consecutive terms, regardless of the manner of selection, unless the initial term has been of less than 2 years' duration.

The Executive Director of ABOG serves as Secretary-Treasurer of the divisions but does not vote. The ABOG is responsible for fiscal commitments of the divisions.

The directors (officers) of the divisions will be elected by the Corporation from names nominated by the divisions and/or the Board. The tenure of the directors (officers) of the divisions ends with the end of tenure as a member of the division.

GRADUATE MEDICAL EDUCATION PROGRAMS

An educational program in gynecologic oncology, maternal-fetal medicine, or reproductive endocrinology and infertility must (with rare exceptions) be affiliated with a medical school and be an integral part of a department of obstetrics and gynecology which also conducts an accredited residency program in obstetrics and gynecology. It must function with the approval, but not necessarily under the direction, of the chairman of the department. A subspecialty program requires special facilities, services and personnel. The activities of the subspecialty fellows and the residents in the core program must be clearly and separately identified.

Institutions may apply for approval of education programs of three years duration. Refer to the "General and Special Requirements for Graduate Medical Education" for detailed guidelines. The fellows who enter a three-year fellowship program must satisfactorily complete three years of training to be admissible to the subspecialty division's written examination. Moreover, fellowship education is a full-time endeavor. Fellows may NOT

be in independent private practice at any time during their fellowship. The certification process for all candidates will be identical.

Leaves of absence and vacation may be granted to fellows at the discretion of the program director in accordance with local rules. Within the years of graduate medical education, the total of such leaves and vacation time may not exceed 6 weeks in any one year. If greater leave is granted in any year, the required years of graduate medical education must be extended accordingly.

New programs require an application and an on-site survey before initial approval will be given. Approved programs will be reviewed for continued approval at least every five years. Continued approval requires a new application and an on-site survey. There is no additional charge for routine surveys. The program director will be notified of the date re-application is due and the date scheduled for the program survey at least 90 days in advance. If there is any anticipated change of program director, or any other significant change in the program (change of number of faculty, change of patient volume, closure of research programs or change in number of relevant clinical procedures), the Board must be notified 30 days prior to the anticipated change. Every program is required to submit an *annual* fee and report identifying current faculty and enrolled fellows. IF SUCH FEE AND REPORT ARE NOT RECEIVED BY THE DUE DATE, THE PROGRAM MAY HAVE ACCREDITATION WITHDRAWN. These notices and reports may serve as the basis for modification of the date of required re-application.

A program will be approved for a specific number of fellows at each level. ANY individual in an institution assigned to a position in a fellowship who has clinical or research duties similar to fellows shall be included in reporting the number of fellows for that institution, and this number shall not exceed the APPROVED number without specific prior written approval.

If review of a program requires a specialist site visit, the travel expenses and per diem of the site visitors must be paid by the institution having the site visit. These charges will be made by, and are to be paid to The American Board of Obstetrics and Gynecology, Inc.

Program directors and candidates must be aware that in order to become certified in any subspecialty, the candidate must pass both the written and oral examinations of the principal Board. It is recommended that continued contact with the broad aspects of obstetrics and gynecology be continued throughout the fellowship, including such mechanisms as participation in lectures, conferences, or night and weekend call. The extent of these

activities, however, must not significantly alter the training program as proposed by the program director and approved by the division.

Modification of training to accommodate research for individuals preparing for academic careers will be considered individually by the Board if a detailed application is received by the Board in advance of initiation of the program. Progress reports for individuals approved will be required.

TYPES OF BOARD STATUS

1. Fellow

a. An individual seeking subspecialty certification is registered with the Board when, upon application, the Board approves his/her entrance in an approved fellowship training program.

b. Completion of the approved fellowship is recorded upon receipt of the annual report from each fellowship program.

c. An on-line application is required to take the written examination.

2. Active Candidate

a. An individual achieves Active Candidate status by passing the written examination in the subspecialty division.

b. To maintain Active Candidate status, the individual must not have exceeded the **limitations** to admissibility for the oral examination (see **LIMITATIONS**).

c. Active Candidate status which has expired may be regained by repeating and passing the Board's written examination in the subspecialty division.

3. Certified Subspecialist

a. An individual becomes a certified subspecialist when the requirements have been fulfilled, the written and oral examinations have been satisfactorily completed, and the Board's certifying certificate has been awarded.

b. Certificates have **limited** duration of validity (see **CERTIFICATION**).

4. **Expired Certificate**

    a. An individual has failed to complete successfully a maintenance of certification examination prior to the expiration date printed on their time-limited certifying diploma (see **DURATION OF CERTIFICATE VALIDITY**).

    b. Individuals in this category are NO LONGER certified subspecialists of the American Board of Obstetrics and Gynecology, and may not advertise or otherwise designate that they are ABOG certified.

    c. Former Diplomates whose time-limited certificates have expired may re-obtain Diplomate status by successfully completing an ABOG Maintenance of Certification process.

5. **Retired Diplomate**

    a. This is an individual who has retired from clinical practice at a time when they were a Diplomate.

    b. Individuals in this category are retired Diplomates. If they return to active practice after their time-limited certificate has expired, they must complete an ABOG maintenance of certification process in order to reactivate their Diplomate status. All new certificates will be time-limited.

    c. Individuals choosing to be a retired Diplomate must notify the Board. Failure to take this action will result in an Expired Certificate status for an individual holding a time-limited certificate which has expired. In order to reestablish certification, these individuals must contact the American Board of Obstetrics and Gynecology to ascertain what is required. All new certificates will be time-limited.

6. **Revoked Certificate**

    a. An individual has had their Diplomate status revoked by the American Board of Obstetrics and Gynecology for cause.

    b. Cause in this case may be due to, but is not limited to, licensure revocation by any State Board of Medical Examiners, violation of ABOG or ACOG rules and/or ethics principles or felonly convictions.

c. Such individuals will have their reason(s) for restriction(s) made available for public review if requested and in requests for status letters.

d. It is the responsibililty of such individuals to inform the American Board of Obstetrics and Gynecology when, and if, ALL such restrictions have been removed by ALL sources.

e. In order to reestablish certification, these individuals must contact the ABOG to ascertain what is required. All new certificates will be time-limited.

7. Restricted

a. An individual with a restricted license (as defined in **Revocation of Diploma or Certificate**) may not participate in any ABOG examination or recertification/MOC process.

b. Such individuals may be considered for revocation of Diplomate status (see number 6, above).

c. Such individuals will have the reason(s) for the restriction(s) made available for public review if requested and in requests for status letters.

d. It is the responsibility of such individuals to inform the American Board of Obstetrics and Gynecology when, and if, ALL such restrictions have been removed by ALL sources.

The term "Board Eligible" is not a term used or recognized by ABOG, and it is not appropriate for an individual seeking Board certification to use the term to describe their status, nor for those who have only completed residency training.

RIGHTS OF APPLICANTS AND DIPLOMATES

Jurisdiction and Venue. The Corporation shall require, as a condition precedent for any person or entity to become a Member, Director, Officer, Employee, Agent, Applicant for Examination, a Diplomate certified by the Corporation, a Committee or Division Member, whether paid or volunteer

(hereinafter, individually and collectively, "Person or Entity"), that such person or entity agree as follows:

In any dispute of any kind with the Corporation or any Person or Entity, such Person or Entity shall be subject to suit, if at all, only in the County and State where the Corporation maintains its principal place of business and its headquarters, which is currently Dallas, Dallas County, Texas. Each Person or Entity shall be required to consent to the exclusive jurisdiction and venue of courts located in Dallas, Texas, and laws of the State of Texas for the resolution of any and all such disputes. Further, in the event any Diplomate engages in any activity or form of conduct which would reasonably diminish the reputation of the Corporation and the value of its certification, the Board may require such Diplomate to appear and show cause why his/her certification should not be revoked and Diplomate status terminated. The Board of Directors shall establish procedures to assure that any Diplomate required to appear shall be afforded due process and the opportunity to defend him/her self.

Adjudication of Disputes, Forum: Waiver of Right to Jury Trial. In the event that any dispute arises between a Diplomate and the ABOG whether under the terms hereof or as a result of any action taken by the ABOG or a Diplomate as a result or consequence of submission of an application, use of the ABOG website or any documents or materials downloaded, viewed or referred to on the ABOG's website, or by reason of any Application, request for information or other contact between a Diplomate or a representative of a Diplomate and the ABOG or any representative of the ABOG, the Diplomate and the ABOG expressly agree to waive and hereby waive any rights each may have to a trial by jury of any and all issues arising in any action or proceeding between a Diplomate and the ABOG or their respective successors, representatives, or heirs. In addition, any claim, dispute, or controversy ("claim") by a Diplomate or the ABOG against the other shall be resolved in an appropriate court of law located in Dallas County, Texas, as described above. Nothing herein is designed to create or grant a Diplomate or the ABOG any rights that a Diplomate or the ABOG may not already have.

Obligations. The acceptance of an Applicant for examination by the Corporation and the granting of Diplomate status to a physician who has satisfied the requirements for certification is contingent on the agreement of the Applicant or Diplomate to abide, at all times, with the rules, regulations and directives of the Corporation, its Board of Directors and Officers, of which they are advised or on notice.

Rights. Individuals who are certified as Diplomates by the Corporation acquire no property right or vested interest in their certification or in their Diplomate status, the duration, terms, and conditions of which may be extended, reduced, modified or otherwise changed as determined by the Board of Directors, in its absolute discretion to assure greater protection of the public, to recognize knowledge and skills deemed to require further evaluation or to accommodate legal requirements.

CANDIDATE RESPONSIBILITY

It is the responsibility of the candidate to seek information concerning the current requirements for certification as a subspecialist in obstetrics and gynecology. The Board does not assume responsibility for notifying a candidate of changing requirements for admissibility to any examination or impending loss of admissibility to any examination. Moreover, candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the examination.

It is the candidate's responsibility to read the applicable ***Bulletin***, to follow the published requirements and to meet the published deadlines.

DURATION OF CERTIFICATE VALIDITY

Certificates have a limited valid duration for a maximum of six (6) years, after which they are no longer valid. Each certified subspecialist must undergo a Board-approved method of maintenance of certification in order to receive a new subspecialty certificate. Please refer to the current Maintenance of Certification Bulletin which can be found on the Board's website, www.abog.org.

Certificates issued for the first time will be limited to the time which appears on the Diplomate's **SUBSPECIALTY CERTIFICATE**. After this first combination, both the primary and subspecialty certificates will be time-limited to the same six (6)-year cycle.

THE DIVISION OFGYNECOLOGIC ONCOLOGY

Purposes and Objectives

The objectives of the Division of Gynecologic Oncology are:

1. to improve the health care of women with neoplastic diseases of the reproductive organs by

   a. elevating standards of education and training relating to gynecologic oncology;

   b. enhancing the recruitment of qualified physicians to this field;

   c. improving the organization and distribution of patient care; and

   d. increasing knowledge and thereby improving the treatment of women with gynecologic cancer.

2. to rule on the acceptability of the proposed training programs in gynecologic oncology.

3. to periodically define and make known the knowledge and the professional skills which are considered essential for the effective care of patients with gynecologic cancer.

4. to establish procedures whereby the professional activities, knowledge, and skills of a candidate for advanced certification may be evaluated and to conduct examinations designed to ascertain the candidate's knowledge as a gynecologic oncologist.

5. to recommend to The American Board of Obstetrics and Gynecology, for subspecialty certification, physicians who have demonstrated to the satisfaction of the division special knowledge and qualifications in the management of patients with gynecologic cancer.

Definition of a Gynecologic Oncologist

A gynecologic oncologist is a subspecialist in obstetrics and gynecology who by virtue of education and training is prepared to provide consultation on and comprehensive management of women with gynecologic cancer. A gynecologic oncologist’s activity should include practice in an institutional setting wherein all the effective forms of cancer therapy are available.

Comprehensive management should include those diagnostic and therapeutic procedures necessary for the total care of the woman with gynecologic cancer or complications resulting from them.

Program of Graduate Medical Education
In Gynecologic Oncology

An institutional application for approval of a graduate education program in gynecologic oncology must be made by the proposed program director who is certified in gynecologic oncology. The program must be at least 36 months in duration and must consist of specified education and training as outlined in the "General and Special Requirements for Graduate Medical Education." The request must be made on an application form obtained from the Board office and must be submitted to the office **at least one year in advance** of the start of a new program. A program will be approved for a specific number of fellows at each level.

The program must include two *university graduate-level* courses: one in quantitative techniques which should include biostatistics and other areas such as epidemiology and research design and implementation. The second course must be relevant to the specific subspecialty. Both courses must be approved by the division. All courses must have an **examination** which the **fellow must pass.** Attendance at continuing education courses or short single-topic courses sponsored by various organizations is not sufficient to meet the requirement of university graduate-level courses. An approvable graduate education program shall be designed to provide the candidate with the knowledge and skills outlined in the "Guide to Learning in Gynecologic Oncology" and must conform to the current "General and Special Requirements for Graduate Medical Education in Gynecologic Oncology". These documents are available for download at the Board's web site (www.abog.org).

A case list AND experience log is REQUIRED to be kept of a candidate's hospital experience on forms obtained from the Board office. These must be submitted by the candidate within 30 days of completion of each fellowship year. The program director must ensure that the logs and case lists have been submitted IN ORDER TO MAINTAIN PROGRAM APPROVAL.

Fellows

Program directors are responsible for ensuring the submission of personal applications for registration by each fellow.

The candidate who is entering an approved graduate education program in gynecologic oncology must make personal application to the Board ninety (90) days prior to starting a fellowship. Candidates will not be accepted for the written examination unless they have been registered with the Board, have SATISFACTORILY completed at least 32 of a 36-month training program and can supply **DOCUMENTATION OF SATISFACTORY COMPLETION OF THE TWO REQUIRED GRADUATE COURSES.** Adequate documentation must include either an official transcript or a letter signed by the course instructor (not the program director).

Examinations leading to Certification in Gynecologic Oncology

The Written Examination

The scope of the examination will include advanced knowledge in the subjects outlined in the "Guide to Learning in Gynecologic Oncology".

The Oral Examination

In the oral examination, evaluation of the candidate will include critical review and discussion of the thesis, questions related to principles of biostatistics and clinical trial design, review of the case lists, hypothetical cases, discussion of surgical techniques, interpretation of operative videos and computer-generated images (gross and microscopic pathology, imaging techniques, intraoperative photographs, etc.), structured cases, and questions related to the content of the "Guide to Learning in Gynecologic Oncology".

Instructions for Preparation of Practice Summary and Case Lists

The candidate must submit seven (7) copies of all hospitalized gynecologic oncology patients and all other hospitalized patients in whose care the applicant had significant participation during a one-year period of time, and eight (8) copies of the summary sheet. **The type may not be smaller than 12 point.** The case collection period will be January 1 - December 31 in the year prior to the one in which the oral examination is to be taken. For example, case collection will occur between January 1 and

December 31, 2009, for the April 12-14, 2010, oral examination. Candidates may not reuse any case/case list from a previous examination. This listing of patients shall (1) be prepared in the proper format, and (2) be certified by appropriate personnel of the institution(s) in which the care took place. Subspecialties case list forms can be downloaded at the Board's web site (www.abog.org).

The candidate must assure that the patient case lists provided have been "de-identified" in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital and other physician records in order for the patient case lists to be deemed "de-identified" under the HIPAA Privacy Rule is detailed in the Appendix.

All case lists submitted are subject to random or directed audit by the ABOG in order to ensure completeness and accuracy.

For purposes of this preparation, gynecologic oncology patients are defined as women with:

a. pre-invasive or invasive cancer of female reproductive organs.

b. conditions resulting from the growth of gynecologic cancer or from related therapy (e.g., infection, fistulae, obstruction).

c. clinical conditions which portend gynecologic cancer but cannot be identified as such or clarified until surgery is performed (e.g., adnexal masses, postmenopausal bleeding, ascites).

The patients listed individually must be only those for whom the candidate has had personal responsibility for the professional management and care during the indicated period of hospitalization. The lists MAY NOT include those women seen only in consultation or for whom he/she has had only administrative responsibility. This record of professional responsibility certifies that the candidate has personally controlled the medical and/or surgical management of each patient listed. For example, if the patient had surgery or a radium application, the candidate must have taken part in the procedure in order for this patient to be included in the case list. When such a patient is listed, the candidate should indicate his/her role in the procedure according to one of the following categories:

1. Surgeon: operating surgeon assisted by others.

2. Co-surgeon: operating surgeon for a major portion of a procedure (i.e., doing one side of an operation or one part of a two-team procedure).

3. Instructor: first assistant to a trainee who is the surgeon.

4. Assistant: scrubbed on an operation but not acting in one of the above categories.

A preoperative diagnosis should be recorded for each major or minor surgical procedure. For patients having several hospital admissions during the time period of the report, the patient should be listed only once with each hospitalization listed beneath in chronological sequence. For non-surgical conditions, the admission diagnosis should be recorded. In cases without tissue for histological diagnosis, the final clinical diagnosis should be listed.

Non-cancer patients must be listed chronologically on separate forms provided.

The case lists must have sufficient numbers and sufficient breadth and depth of clinical difficulty. They must include a minimum of 50 patients with significant problems, that is, at least 50 patients with invasive neoplasms. These clinical problems, of course, will vary according to the nature of the candidate's practices. The problems, however, must be of sufficient variety and severity to permit the evaluation of a candidate's ability to function as a gynecologic oncologist. These lists must include patients having radical surgical procedures, insertions of radioactive isotopes and chemotherapy.

THE DIVISION OF MATERNAL-FETAL MEDICINE

Purposes and Objectives

The primary purposes of the Division of Maternal-Fetal Medicine are:

1. to improve the health care of mother and fetus by elevating the standard of education in obstetrics.

2. to evaluate educational programs offering training in maternal-fetal medicine.

3. to define and to publish the details of the education which the division considers essential in order to attain eligibility for examination.

4. to establish procedures for evaluating the knowledge and skills of a candidate for certification as a subspecialist in maternal-fetal medicine.

5. to recommend to the American Board of Obstetrics and Gynecology for subspecialty certification physicians who have demonstrated to the satisfaction of the division their possession of special knowledge and qualifications in maternal-fetal medicine.

The Definition of a Subspecialist in Maternal-Fetal Medicine

A maternal-fetal medicine subspecialist is a subspecialist in obstetrics and gynecology who, by virtue of additional education, cares for and/or provides consultation on women with complications of pregnancy. This activity requires advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus. It also requires expertise in the most current approaches to the diagnosis and treatment of women with complicated pregnancies and practice in a setting in which such modalities are available. Advanced knowledge of newborn adaptation also is necessary to ensure a continuum of excellence in care from the fetal to newborn periods.

Program of Graduate Medical Education in Maternal-Fetal Medicine

An institutional application for approval of a graduate education program in maternal-fetal medicine must be made by the proposed program director who is certified in maternal-fetal medicine. The program shall be a minimum of 36 months in duration approved for a specific number of fellows and must consist of specified education and training, as outlined in the "General and Special Requirements for Graduate Medical Education". The application must be made on a form obtained from the Board office and must be submitted **at least one year in advance** of the start of a new program.

Education may be obtained in one or more institutions, but at all times there must be evidence of an adequate patient population and proper supervision by a subspecialist in maternal-fetal medicine to ensure the candidate a satisfactory clinical experience.

The program must include two *university graduate-level* courses, one in quantitative techniques which should include biostatistics and other areas such as epidemiology and research design and implementation. The second course must be relevant to the specific subspecialty. Both courses must be approved by the division. All courses must have an **examination** which the **fellow must pass**. Attendance at continuing education courses or short single-topic courses sponsored by various organizations is not sufficient to meet the requirement of university graduate level courses.

An approvable graduate education program shall be designed to provide the candidate with the knowledge and skills outlined in the "Guide to Learning in Maternal-Fetal Medicine" and must conform to the current "General and Special Requirements for Graduate Medical Education". These documents are available for download at the Board's web site (www.abog.org).

Fellows

Program directors are responsible for ensuring the completion of personal applications for registration by each fellow.

A candidate entering an approved graduate education program in maternal-fetal medicine must make personal application to the Board ninety (90) days prior to starting their fellowship. Candidates will not be accepted for their written examination unless they have been registered with the Board, have satisfactorily completed 32 of a 36-month training program and

can supply **DOCUMENTATION OF SATISFACTORY COMPLETION OF THE TWO REQUIRED GRADUATE COURSES**. Adequate documentation must include either an official transcript or a letter signed by the course instructor (not the program director).

Examinations leading to Certification in Maternal-Fetal Medicine

The Written Examination

The scope of the written examination will include advanced knowledge in maternal-fetal medicine as described in detail in the "Guide to Learning in Maternal-Fetal Medicine".

The Oral Examination

In the oral examination, evaluation of the candidate will include critical review and defense of the thesis, review of the case lists, interpretation of ultrasound, imaging and other clinical material, and questions related to subjects described in the "Guide to Learning in Maternal-Fetal Medicine".

Instructions for Preparation of Practice Summary and Case Lists

The candidate must submit a typed list (3 copies) of all patients in whose care he/she had significant participation during a one-year period of time, and seven (7) copies of the summary sheet. **The type size may not be smaller than 12 point.** The case collection period will be January 1 - December 31 in the year prior to the one in which the oral examination is to be taken. For example, case collection will occur between January 1 and December 31, 2009, for the April 12-14, 2010, oral examination. Cases in which the candidate acted solely as consultant should be identified by labeling under the case number "consult only". Candidates may not reuse any case/case list from a previous examination. This listing of patients shall (1) be prepared in the proper format, and (2) be certified by appropriate personnel of the institution(s) in which the care took place. All case lists submitted are subject to random or directed audit by the ABOG in order to ensure completeness and accuracy. Subspecialties case list forms are available for download at the Board's web site

The candidate must assure that the patient case lists provided have been "de-identified" in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human

Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital and other physician records in order for the patient case lists to be deemed "de-identified" under the HIPAA Privacy Rule is detailed in the Appendix.

The candidate, who has a full-time academic appointment with little or no responsibility for private patients, should follow the above format, using all high-risk patients for whom they had primary responsibility or for whom they provided supervision during the same January through December time period required for all candidates.

THE DIVISION OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Purposes and Objectives

The objectives of the Division of Reproductive Endocrinology and Infertility (REI) are to:

1. improve health care in the area of reproductive endocrinology, including non-gynecologic endocrine disorders and infertility by:

   a. establishing high standards of education and training in reproductive endocrinology and infertility.

   b. enhancing recruitment of qualified physicians in the field for both clinical practice and scientific investigation.

   c. improving the organization, distribution and access to care in the field.

   d. increasing basic and clinical knowledge of reproductive endocrinology and infertility.

2. establish standards of training by defining the skills and knowledge essential for physicians who evaluate and provide care for women and affiliated men with reproductive problems.

3. evaluate educational programs designed to prepare physicians for certification in reproductive endocrinology and infertility.

4. establish standards and procedures for the evaluation of candidates, including the conduct and supervision of examinations to ascertain the candidate's knowledge as a reproductive endocrinologist.

5. recommend to The American Board of Obstetrics and Gynecology for subspecialty certification physicians who have demon-strated to the satisfaction of the division, their possession of special knowledge and qualifications in effectively managing women with reproductive endocrine and infertility problems, as well as couples with infertility.

Definition of a Reproductive Endocrinologist

A reproductive endocrinologist is a subspecialist in obstetrics and gynecology who provides consultation and/or comprehensive care of women with complex problems related to reproductive endocrinology and infertility. This activity requires additional education and training to acquire advanced knowledge of the most current diagnostic and therapeutic approaches available. It also requires the practice of reproductive endocrine and infertility in a setting wherein all essential modalities are available and used appropriately.

Program of Graduate Medical Education in Reproductive Endocrinology and Infertility

An institutional application for approval of a graduate education program in reproductive endocrinology and infertility (REI) must be made by the proposed program director who is certified in REI. The program must be at least 36 months in duration and must consist of specific research, education and training as outlined in the "General and Special Requirements for Graduate Medical Education". The request must be made on an application form obtained from the Board office **at least one year in advance** of the proposed start of a new program. A program will be approved for a specific number of fellows at each level.

The program must include two *university graduate-level* courses: one in quantitative techniques which should include biostatistics and other areas such as epidemiology and research design and implementation. The second course must be relevant to the specific subspecialty. Both courses must be approved by the division. All courses must have a final **examination** which the **fellow must pass**. Attendance at continuing education courses or short single-topic courses sponsored by various organizations is not sufficient to meet the requirement of university graduate-level courses.

Programs may request reduction of the fellowship to less than 36 months for candidates with a Ph.D. in a closely related field who can document having had extensive research experience. Their fellowship must provide sufficient clinical experience to allow certification. The request must be submitted by the program director **prior to starting the fellowship.** Requests after starting a fellowship will NOT be considered.

A graduate medical education program must be designed to provide the candidate with the knowledge and skills outlined in the "Guide to Learning in

Reproductive Endocrinology and Infertility" and must conform to the current "Special Requirements for Graduate Medical Education". These documents are available for download at the Board's web site (www.abog.org), and MUST be read by both program director and fellow prior to commencing the training program. The program director must provide a written statement to the Board office attesting to the fact that each new fellow has read these documents prior to starting the fellowship.

Fellows

Program directors are responsible for ensuring completion of personal applications for registration by each fellow.

Candidates who are entering an approved graduate education program in reproductive endocrinology and infertility must make personal application to the Board ninety (90) days prior to starting their fellowship. Candidates will not be accepted for their written examination unless they have registered with the Board, have SATISFACTORILY completed at least 32 of a 36-month training program and can **SUPPLY DOCUMENTATION OF SATISFACTORY COMPLETION OF THE TWO REQUIRED GRADUATE COURSES**. Adequate documentation must include either an official transcript or a letter signed by the course instructor (not the program director).

Examinations leading to Certification in Reproductive Endocrinology and Infertility

The Written Examination

The scope of the written examination will include the subjects pertinent to reproductive endocrinology and infertility as outlined in the "Guide to Learning in Reproductive Endocrinology and Infertility".

The Oral Examination

In the oral examination, evaluation of the candidate will include critical review and discussion of the thesis, review of the case lists, and questions related to the content of the "Guide to Learning in Reproductive Endocrinology and Infertility". The candidate should demonstrate capability of managing complex problems relating to reproductive endocrinology and infertility. The candidate should have the scientific and methodologic training to advance knowledge in this evolving subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Instructions for Preparation of Practice Summary and Case Lists for 2010 Oral Examination

The candidate must submit three (3) copies of all surgical patients and all ART cases and the requisite number of outpatients (listed below) in whose care the applicant had primary responsibility during a one-year period. A list of complications from all surgical and ART procedures should be included in the appropriate section. Three (3) copies of the summary sheet should be submitted. **The type size may not be smaller than 12 point.** The case collection period will be January 1 - December 31 in the year prior to the one in which the oral examination is to be taken. For example, case collection will occur between January 1 and December 31, 2009, for the April 12-14, 2010, oral examination. If enough cases are not collected in a one year period of time, the time for collection of cases can be extended to two years. Candidates may not reuse any case/case list from a previous examination. This listing of patients shall (1) be prepared in the proper format, and (2) be certified by appropriate personnel of the institution(s) in which the care took place. All case lists submitted are subject to random or directed audit by the ABOG in order to ensure completeness and accuracy. Subspecialties case list forms are available to download at the Board's web site, www.abog.org.

The candidate must assure that the patient case lists provided have been "de-identified" in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule, Standards for Privacy of Individually Identifiable Health Information issued by the Department of Health and Human Services under the Health Insurance Portability and Accounting Act of 1996 (HIPAA). The information which must be removed from patient, hospital and other physician records in order for the patient case lists to be deemed "de-identified" under the HIPAA Privacy Rule is detailed in the Appendix.

Reproductive Endocrinology Patients

The list of 25 patients (not more and not less) from the candidate's office practice should be prepared in the proper format. List separately patients who have presented with any of the following problems. List no more than three (3) patients from any one category. List PCOS under hirsutism and hyperandrogenism.

Reproductive Endocrinology Categories

1. Contraception
2. Genetic counseling
3. Primary and secondary amenorrhea

4. Hirsutism and hyperandrogenism
5. Hyperprolactinemia
6. Endometriosis
7. Perimenopausal and menopausal care/premature ovarian failure
8. Abnormal uterine bleeding
9. Pediatric Endocrinology including disorders of sexual differentiation
10. Abnormalities of pubertal development
11. Premenstrual syndrome
12. Diabetes mellitus
13. Thyroid disorders
14. Adrenal Disease
15. Hypothalamic and Pituitary disorders
16. Endocrinology of Pregnancy
17. Fertility Preservation

Reproductive Surgery

The list of 25 surgical patients (not more and not less) from the candidate's surgical practice should be prepared in the proper format. List separately patients who have presented with any of the following problems. At least 5 of the categories below must be included. List all complications from surgery separately.

1. Laparotomy
2. Operative laparoscopy
3. Operative hysteroscopy
4. Uterine myomas
5. Asherman syndrome
6. Endometriosis
7. Tubal reversal/tuboplasty
8. Ectopic pregnancy
9. Operative management of pelvic pain
10. Congenital abnormalities of the reproductive tract
11. Adnexal problems excluding ectopic pregnancy
12. Postoperative complications

Infertility/IVF

The list of 25 patients (not more and not less) from the candidate's office practice should be prepared in the proper format. List separately patients who have presented with any of the following problems. List all complications from IVF/infertility treatment.

1. Female infertility

2. Male infertility
3. Recurrent pregnancy loss
4. ART

THESIS

A thesis is required by each Division. Submission of an approved thesis is a requirement for entrance to the oral examination. The thesis need not have been published or accepted for publication upon submission.

Instructions for Preparation of Thesis

1. The thesis must meet the instructions for authors for any one of the following journals: (1) *American Journal of Obstetrics and Gynecology*; (2) *The New England Journal of Medicine*; (3) *Fertility and Sterility*; or (4) *Obstetrics and Gynecology*. The format chosen must be identified clearly on the cover page of the manuscript, and as a rule, the total pages of the manuscript should not exceed thirty (30). The thesis must be submitted in type-written form, single-spaced, double-sided on standard 8 1/2 x 11 paper **(THIS INCLUDES PUBLISHED MANUSCRIPTS; REPRINTS ARE NOT ACCEPTABLE).** The applicant must be the sole or principal investigator and should be the only author listed on the manuscript (do not list co-authors, institutions, or acknowledgments). No more than one such article is to be submitted and pages must be numbered.

2. The subject should be clearly in the area of gynecologic oncology, maternal-fetal medicine, or reproductive endocrinology and infertility.

3. The thesis must be on clinical or basic research and NOT a review of work by others. The work must have been performed during the fellowship period.

4. All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs).

5. The thesis must be a scholarly effort that most often should consist of:

   a. an abstract (200-300 word concise statement of the work performed);

b. an introduction outlining the pertinent background and reasons for doing the work, as well as, when appropriate, a **testable hypothesis** and a rationale for the hypothesis;

c. a methodology section, including quality control of the methods used (for assays, this should also include precision, accuracy, sensitivity, and specificity) and a well-defined control group, as well as a reasonable number of observations as demonstrated by a power analysis, when appropriate;

d. an analysis of results with valid statistical methods;

e. pertinent discussion and significance of the study including an appropriate review of the literature and justification of the conclusion(s) reached;

f. a summary; and

g. references.

6. The following are not acceptable for a fellow's thesis:

   a. book chapters,
   b. clinical case reports,
   c. descriptive series, or
   d. systemic reviews and meta analyses.

7. During the oral examination, the candidate will be asked any one or all of the following questions; however, additional questions may be asked which are not listed in this outline.

   a. Hypothesis
      1) What were the study objectives?
      2) What was the population studied?
      3) What was the population to which the investigators intended to apply their findings?

   b. Design of the investigation
      1) Was the study an experiment, case control study, randomized clinical trial, planned observations, or a retrospective analysis of records?
      2) Were there possible sources of sample selection bias?
      3) How comparable was the control group?

4) What was the statistical power of the study?

c. Observations
   1) Were there clear definitions of the terms used (i.e., diagnostic criteria, inclusion criteria, measurements made and outcome variables)?
   2) Were the observations reliable and reproducible?
   3) What were the sensitivity, specificity and predictive values of the methods?

d. Presentation of findings
   1) Were the findings presented clearly, objectively, and in sufficient detail?
   2) Were the findings internally consistent (i.e., did the numbers add up properly and could the different tables be reconciled, etc.)?

e. Analysis of the results
   1) Was the data worthy of statistical analysis? If so, were the methods of analysis appropriate to the source and nature of the data?
   2) Were the analyses correctly performed and interpreted?
   3) Were there sufficient analyses to ascertain whether "significant differences" might, in fact, have been due to a lack of comparability of the groups (i.e., age, sex, clinical characteristics, or in other relevant variables)?
   4) Was design of the study appropriate for solving the stated problems?
   5) Was there an improper use of statistical techniques?
   6) Was there mention of the type of test used or the significance level?
   7) Was there use of measured sensitivity without specificity?

f. Conclusions or summary
   1) Which conclusions were justified by the findings?
   2) Were the conclusions relevant to the hypothesis?

g. Redesign the study
   If the study could be improved, how would you revise the experimental design in order to provide reliable and valid information relevant to the questions under study?

h. Breadth and depth of subject matter

Each candidate may be asked about references cited in their thesis. The candidate also will be judged based upon their knowledge of the literature related to the subject of their thesis.

EXAMINATIONS: REQUIREMENTS AND APPLICATIONS FOR ADMISSION AND RE-ADMISSION

General Information for all Candidates

The written subspecialty examinations are given every other year, and the oral subspecialty examinations are given yearly. The Gynecologic Oncology (GO) examination is administered the Friday before the last Monday in June of years ending in even numbers (for example, 2012, 2014, etc.). The Maternal-Fetal Medicine (MFM) and Reproductive Endocrinology & Infertility (REI) examinations are administered the Friday before the last Monday in June of years ending in odd numbers (for example, 2013, 2015, etc.).

If a candidate completes a fellowship in an "off year", that is, the candidate completes their fellowship in June when an examination is not administered (candidate completes MFM or REI fellowship in an even numbered year), they must delay taking the written examination for one year. For such candidates ONLY, they will be allowed to commence case collection for their oral examination in January **PRIOR** to taking the written examination in June. If they are successful in passing the written examination, the case collection started in January may be continued through December 31 of the same year and submitted for the oral examination administered the following year.

The Written Examination

Requirements

The candidate may take the written examination for subspecialty certification following completion of a Board approved fellowship program.

To be admissible for the written examination, the candidate must have passed the written examination for general certification by The American Board of Obstetrics and Gynecology, Inc. (see ABOG Bulletin), and have an unrestricted license to practice medicine in all of the states or territories of the United States or a province of Canada in which the candidate holds a medical license. In addition, the applicant MUST HAVE SATISFACTORILY

COMPLETED OR BE NEAR COMPLETION OF THE GRADUATE MEDICAL EDUCATION AND TRAINING WHICH PREVIOUSLY WAS APPROVED BY THE DIVISION.

Time spent in fellowship prior to completion of the eligibility requirements to take the principal written examination of The American Board of Obstetrics and Gynecology will NOT provide credit toward admissibility to the subspecialty examination unless a specific exception has been approved by the Board **in advance.**

Following submission of the on-line application form and fee, each application will be considered in accordance with the requirements in effect for that year. The candidate then will be notified of admissibility to the written examination.

If it is determined that an applicant does not meet the requirements to take the examination, a new application and fee, submitted at a later date, will be considered, subject to the requirements in effect during the year of the new application.

Application for the Written Examinations

ALL ON-LINE APPLICATIONS
MUST BE FILLED OUT COMPLETELY.

___Written examinations for subspecialization are given every two years. The next examinations for maternal-fetal medicine and reproductive endocrinology and infertility will be held **June 26, 2009.**. The next examination for gynecologic oncology will be given June 25, 2010.

A candidate scheduled to complete, on or before September 30, 2009, at least three years of post-residency graduate medical education, approved in advance by the division must apply on-line before November 14, 2008, to sit for the maternal-fetal medicine or reproductive endocrinology and infertility divisions' examinations on June 26, 2009.

The application for the written examination is available on-line at www.abog.org.

The completed application must include the signature of the program director and chairman at each fellowship institution, each attesting to the satisfactory completion of the program, and that the candidate has completed the work necessary for the anticipated thesis.

The complete application must include documentation of passing the approved required graduate courses. Adequate documentation is an official transcript or letters signed by the course instructors (not the program director). The courses must have an examination which the fellow must pass.

Please note that there are two (2) separate fees for both the written and oral examinations. One fee is an application fee and the second fee is the examination fee.

For the June 26, 2009, written examination for MFM and REI, the candidate's completed application, with payment of the $935.00 **APPLICATION FEE** in U.S. funds and current medical license with expiration date must be **received** in the Board office **ON OR BEFORE NOVEMBER 14, 2008.**

The candidate's completed application for the June 25, 2010, ONC examination, with payment of the $935.00 **APPLICATION FEE in U.S. funds** and current medical license with expiration date must be **received** in the Board office **ON OR BEFORE November 14, 2009**.

Application and late fees for the written examination are not refundable and will not be credited against a future application.

FOR THE JUNE 26, 2009, MATERNAL-FETAL MEDICINE AND REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY WRITTEN EXAMINATION, A $305.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED NOVEMBER 15, 2008 THROUGH DECEMBER 15, 2008.

A $780.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED DECEMBER 16, 2008 THROUGH DECEMBER 31, 2008.

FOR THE JUNE 25, 2010, GYNECOLOGIC ONCOLOGY WRITTEN EXAMINATION, A $305.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED NOVEMBER 15, 2009 THROUGH DECEMBER 15, 2009.

A $780.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED DECEMBER 16, 2009 THROUGH DECEMBER 31, 2009.

Admission to the Written Examination

A candidate, notified in February 2009 of admissibility to the June 2009 written examination is required to submit the $835.00 EXAMINATION FEE by March 23, 2009 and will be given authorization to contact the Pearson-VUE computer based testing service in order to make a testing center reservation.

For the June 25, 2010 ONC written examination, a candidate notified in February 2010, of admissibility to the examination is required to submit the $835.00 EXAMINATION FEE by March 23, 2010 and will be given authorization to contact the Pearson-VUE computer based testing service in order to make a testing center reservation.

The candidate ruled admissible to the examination will be sent a fellowship training affidavit which must be completed and returned to the Board office. After submission of the application, verification that the candidate is completing fellowship in a satisfactory manner (including passing the approved required graduate courses), must be reaffirmed with the signature of the fellowship program director on the fellowship training affidavit and must be dated within the month the candidate is scheduled to sit for the examination. Results of the examination will not be released until the completed affidavit is received by the Board. Those candidates that have completed their fellowship training prior to making application, or who have taken their respective written subspecialty examination in a prior year, do NOT need to complete/return the affidavit.

*If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues the examination will not be scheduled and the candidate's credentials will be re-examined. Typically, the Board will defer such a decision for one year to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral or professional misbehavior may result in deferral of consideration of a candidate's application for at least three years, and the candidate must meet all requirements in effect at the end of the deferred period.*

Re-application

The candidate who postpones or fails the written examination must complete a new on-line application in order to be considered for the next scheduled written examination. This application must be accompanied by a NEW APPLICATION FEE.

Fees

PLEASE NOTE THAT THERE ARE TWO FEES; AN APPLICATION FEE AND A SEPARATE EXAMINATION FEE. (See SUBSPECIALTY WRITTEN EXAMINATION FEES AND INSIDE BACK COVER.)

Fees have been computed to cover the costs of examination and administrative expenses. **Application and late fees will not, therefore, be refunded or credited.** All fees must be paid in United States currency.

No application or late fees will be credited against either a future application or refunded.

Examination fees may be refunded provided candidates inform the Board office **in writing** of their inability to write the examination prior to March 20.

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* See **REVOCATION OF DIPLOMA OR CERTIFICATE**

THE ORAL EXAMINATION

Requirements

In order to be admissible to the division's oral examination, the candidate must be a certified Diplomate of The American Board of Obstetrics and Gynecology at the time of application, have passed the division's written examination, have an unrestricted license to practice medicine in all of the states or territories of the United States or a province of Canada in which the candidate holds a medical license, have good moral and ethical character, and have full and unrestricted hospital privileges.

The candidate must have gained and be prepared to document not less than 12 months of experience in practice as a subspecialist in a center or centers providing or having ready access to essential diagnostic and therapeutic facilities.

The case lists must have sufficient breadth and depth of clinical difficulty in the subspecialty to permit the evaluation of a candidate's ability to function as a consultant in the subspecialty.

The candidate must have full and unrestricted privileges to practice as an obstetrician-gynecologist in EACH of the hospital(s) in which the candidate has been responsible for patient care since **at least** July 1, 2008. If the candidate is under investigation or on probation, the examination will be deferred until the investigation is completed, the probation is lifted and full and unrestricted privileges are granted.

The Board will request, by confidential inquiry, documented evidence concerning a candidate's professional reputation, moral and ethical character and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and the candidate's conduct of practice is known.*

Candidates must pass the oral examination within five years of passing the subspecialty written examination (see **LIMITATIONS**).

Each applicant will be considered in accordance with the requirements in effect during the year admission to the examination is requested.

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* See **REVOCATION OF DIPLOMA OR CERTIFICATE**

All questions concerning admissibility will be decided by recommendation of the Credentials Committee with the approval of The American Board of Obstetrics and Gynecology, Inc.

Additional Requirements forCandidates Practicing in a Country Other than the United States or Canada

Submission **with the application** of a letter(s) from a senior responsible officer in the hospital(s) where the candidate practices, verifying the candidate's responsibility for independent, unsupervised care of obstetrical and gynecological patients.

Application for Oral Examination

The candidate wishing to sit for the 2010 oral examination may apply on-line at www.abog.org beginning May 1.

The on-line application for the 2010 oral examination, $940.00 APPLICATION FEE, and the substantiating information required by the individual division, including a copy of a current medical license with current expiration date, MUST BE RECEIVED in the Board office **on or before May 31, 2009**. The application fee will not be credited against a future application or refunded.

FOR THE 2010 ORAL EXAMINATIONS, A $295.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED JUNE 1 THROUGH JUNE 15.

A $750.00 LATE FEE WILL BE ADDED TO APPLICATIONS AND FEES RECEIVED JUNE 16, THROUGH JUNE 30.

Admission to the Oral Examination

A candidate, notified in mid-September of admissibility to the 2010 oral examination, is required to submit the $1065.00 EXAMINATION FEE by October 31. The required thesis MUST BE RECEIVED in the Board office on or before January 4, 2010. The required case list (for the period **January 1 - December 31,2009**) MUST BE RECEIVED in the Board office on or before February 1, 2010.

If the (1) case lists, (2) theses, and (3) examination fee HAVE NOT BEEN RECEIVED BY THE APPROPRIATE DEADLINES, THE CANDIDATE WILL NOT BE SCHEDULED.

If the copies of the thesis, the examination fee, and copies of the case list have been received by the scheduled deadlines, and are approved by the Board, the candidate will receive an AUTHORIZATION FOR ADMISSION FORM at least one month prior to the examination, indicating the day, time and place to report for the examination.

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, he/she will not be scheduled for examination and credentials will be re-examined.* Typically, the Board will defer such a decision for one year to gain further information.

Falsification of data (including case lists) or evidence of other egregious ethical, moral or professional misbehavior may result in deferral of consideration of a candidate's application for at least three years. The candidate also must meet all requirements in effect at the end of the deferred period.*

Re-application

A candidate who postpones or fails the 2009 oral examination must complete a new on-line application. This application must be accompanied by a new application fee. Following notification of approval to retake the oral examination, the candidate must submit a NEW CASE LIST, along with the EXAMINATION FEE on or before the established deadline. The candidate's THESIS must also be submitted prior to the deadline.

Fees

PLEASE NOTE THAT THERE ARE TWO SEPARATE FEES; AN APPLICATION FEE AND A SEPARATE EXAMINATION FEE. (See SUBSPECIALTY ORAL EXAMINATION FEES AND INSIDE BACK COVER.)

Fees have been computed to cover the costs of examination and administrative expenses. **Application and late fees will not, therefore, be refunded or credited.** All fees must be paid in United States currency.

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* See **REVOCATION OF DIPLOMA OR CERTIFICATE**

No application or late fees will be either credited against a future application or refunded.

Examination fees may be refunded provided candidates inform the Board office **in writing** of their inability to sit for the examination prior to February 10.

LIMITATIONS

Duration of Active Candidate status is limited. Candidates who fail the subspecialty oral examination three times, or have not passed the subspecialty oral within four years of passing the basic oral examination, are required to take and pass the subspecialty written examination again before reapplying for the subspecialty oral examination. Alternatively, if Diplomate status was achieved prior to passing the subspecialty written examination, the candidate must pass the subspecialty oral examination within five years of passing the subspecialty written examination.

APPEALS

Appeals of Oral Examination

At the completion of the oral examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, the candidate may request a second examination. The request must be made within one hour of completion of the examination. To make a request, the candidate must phone the Board office (214-871-1619).

If the appeal is granted:

(a) a second examination will be provided at the next regularly scheduled annual subspecialty oral examination at no additional charge.

(b) the repeat examination will be conducted by an entirely different team of examiners, no one of whom shall have previously participated in an examination of the candidate.

(c) neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners.

(d) the decision of the examiners conducting the second examination shall determine the results of the candidate's oral examination.

Other Appeals

Appeals from any action of the Board may be initiated by writing to the Executive Director within 90 days of notification of the action which is being appealed.

CERTIFICATION

A candidate who has passed the written and oral examinations will then be recommended by the specific division to The American Board of Obstetrics and Gynecology for subspecialty certification. Final certification is by The American Board of Obstetrics and Gynecology, Inc.

Certificates do not have unlimited duration of validity. All new certificates in the subspecialties bear a limiting date of a maximum of six (6) years, after which they are no longer valid. Each individual must be evaluated again to receive a new certificate. Certificates issued for the first time will be limited to the time which appears on the Diplomate's **SUBSPECIALTY CERTIFICATE**. After this first combination, both the primary and subspecialty certificates will be time-limited to the same six (6)-year cycle.

REVOCATION OF DIPLOMA OR CERTIFICATE

1. All Candidates for Certification, Recertification and Maintenance of Certification and all physicians holding Diplomate status MUST hold an unrestricted license to engage in the practice of medicine in all of the states and territories in which they are licensed, subject to the exceptions hereinafter specified.
   a. A physician's license shall be deemed "restricted" for purposes of this policy if, as a result of final action by a State or other legally constituted Medical Board (hereinafter "State Medical Board"), the physician shall have:
      (1) had his/her license revoked or surrendered his/her license in lieu of revocation;
      (2) had his/her license suspended for a specified period of time or until specified conditions have been met and the suspension is no longer in effect;
      (3) been placed on probation and the probationary period had not expired;

(4) been made subject to special conditions or requirements which are still in effect, (including, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for the maintenance of licensure) and regardless of whether or not such conditions or requirements are imposed by order of the State Medical Board or are the result of a voluntary agreement between the physician and the State Medical Board.

b. Letters of concern or reprimand, not resulting in one of the stipulations which are enumerated in Section 1.a. of these requirements shall not be considered a restriction on the physician's license, even if such letters are made part of the physician's record. Likewise, a physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a State Medical Board shall not be considered for purposes of this policy, to have a restriction on his/her license to practice medicine.

2. Consequences of License Revocation, Restriction or Surrender

a. Upon receipt of Notice that the license of a physician seeking to sit for Initial Certification, Recertification or Maintenance of Certification has been revoked or restricted, as herein defined, such Physician shall be disqualified from sitting for any ABOG Certifying Examination until such restriction has been removed or expires.

b. Upon receipt of Notice that a Diplomate's license has been revoked or restricted, as herein defined, the Board has the authority and may at its discretion, undertake proceedings, consistent with due process, to revoke his/her Diplomate Status. Once revoked, the Diplomate Status of the physician shall be reinstated only after the revocation or restriction on his/her license has been removed or expires and then only on such terms as the Board deems appropriate, considering, among others things, the period of time the physician has not been able to engage in the unrestricted practice of medicine and his/her specialty.

c. Upon receipt of Notice that the license of a Candidate or Diplomate has been revoked or restricted under an order which nevertheless permits him/her to continue to practice medicine, the Board has the authority and shall at its discretion undertake proceedings, consistent with due process, to determine whether or not such restriction is of such nature and extent as to preclude consideration for initial Certification, Recertification or Maintenance of Certification until the revocation or restriction is removed. In

making such determination, the Board must evaluate such restrictions or revocations in accordance with pre-established standards, which are objective and non-discriminatory and are applied consistently and uniformly.

d. The Board shall require each Diplomate or any physician seeking to sit for Initial Certification, Recertification or Maintenance of Certification to provide the Board with complete information concerning revocation or any and all restrictions placed on his/her license within sixty (60) days after its imposition. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction, as well as the restriction's duration, basis, and specific terms and conditions. The Board shall also periodically review the database of the Federation of State Medical Boards, as appropriate and when available, to identify any Candidates or Diplomates who have failed to disclose license restrictions in a timely manner. However, the Candidate or Diplomate has the affirmative obligation to advise the Board of all revocations or restrictions and to inform the Board when such restrictions or revocations expire or are otherwise removed. Candidates or Diplomates who are discovered not to have made timely disclosure shall be required to show cause why their Candidate or Diplomate status should not be withdrawn, deferred or otherwise sanctioned and the Board may defer further consideration or reinstatement of Diplomate status until such showing is satisfactorily made.

3. Each candidate, when making application, signs an agreement regarding disqualification or revocation of their diploma, certificate, or other evidence of qualification for cause. Disqualification or Diplomate revocation also may occur whenever:
    a. the physician shall not, in fact, have been eligible to receive the diploma or certificate, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers, or agents at or before the time of issuance of such diploma or certificate;
    b. any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his diploma or certificate;
    c. the physician shall have violated the moral or ethical standards of the practice of medicine then accepted by organized medicine in the locality where the Diplomate is practicing and, without limitation

of the foregoing, the forfeiture, revocation or suspension of their license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in a local, regional or national organization of their professional peers shall be evidence of a violation of such standards of the ethical practice of medicine;

d. the physician shall fail to comply with the rules and regulations of this Board;
e. the issuance of, or receipt of such diploma, certificate or other evidence of qualification shall have been contrary to or in violation of the Certificate of Incorporation or the By-laws of this Board; and/or

Upon revocation of any diploma or certificate by this Board as aforesaid, the holder shall return their diploma or certificate and other evidence of qualification to the Executive Director of the Board and their name shall be removed from the list of certified specialists.

RESPONSIBILITY OF CANDIDATE

It is the responsibility of the candidate to seek information concerning the current requirements for both basic certification as an obstetrician and gynecologist and for such subspecialty certification as may be of interest to the candidate. **THE BOARD (OR DIVISION) DOES NOT ASSUME RESPONSIBILITY FOR NOTIFYING A CANDIDATE OF THE IMPENDING LOSS OF ADMISSIBILITY TO AN EXAMINATION.**

A physician, who is formally obligated to an approved residency or fellowship program and later breaks this contract may be required to provide an explanation satisfactory to the division and/or Board in order to establish credentials to take the examinations conducted by this Board.

APPENDIX

"DE-IDENTIFICATION" OFPATIENT CASE LISTS

General. Pursuant to the Health Insurance Portability and Accountability Act of 1996, (HIPAA), the Secretary of the Department of Health and Human Services has issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions on which health care providers can make available "individually identifiable health information". Under the HIPAA Privacy Rule, Candidates would have to obtain the "prior written knowledgeable consent" of their patients before they could release any information concerning those patients which would permit them to be individually identified. The HIPAA Privacy Rule does, however, permit the release of patient information if the information released does NOT permit the patient to be individually identified.

The American Board of Obstetrics and Gynecology has determined that it would be substantially impossible for Candidates seeking certification to obtain prior written knowledgeable consent from all patients who might be included on the patient case lists which the Board requires for its Oral Examinations. Accordingly, the patient lists which Candidates are required to submit for their Oral Examinations MUST BE "DE-IDENTIFIED", that is, Candidates MUST EXCLUDE from the records they submit to the Board such information as could permit the identification of the patient.

De-Identification of Patient Case Lists: Requirements

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be "de-identified" and thereby become available for submission to the Board.

1. Section 164.514(a) provides, in pertinent part, as follows:

   "Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information." [Emphasis added]

2. Section 164.514(b) provides that:

   "A covered entity (physician/candidate) may determine that health information is not individually identifiable health information ONLY IF:

The following identifiers of the individual or of relatives, employers or household members of the individual ARE REMOVED:

a. Names
b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the currently publicly available data from the Bureau of the Census:
   (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and
   (2) The initial three digits of a zip code for all such geographic units contains 20,000 or fewer people is changed to 000.
c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
d. Telephone numbers;
e. Fax numbers;
f. Electronic mail addresses;
g. Social security numbers;
h. Medical record numbers;
i. Health plan beneficiary numbers;
j. Account numbers;
k. Certificate/license numbers;
l. Vehicle identifiers and serial numbers, including license plate numbers;
m. Device identifiers and serial numbers;
n. Web Universal Resource Locators (URLs);
o. Internet Protocol (IP) and address numbers;
p. Biometric identifiers, including finger and voice prints;
q. Full face photographic images and any comparable images; and
r. Any other unique identifying number, characteristic, or codes; except as permitted by paragraph (c) of this Section.

This means that Candidates, when preparing the patient case lists required by the Board, should NOT include ANY of the information specified in Items (a) through (r) above.

3. Finally, Section 164.514(b)(2)(i)&(ii) stipulates that patient information can ONLY be provided to the Board if the “covered entity

(physician/candidate) does not have actual knowledge that the information (provided to the Board in the patient case lists) could be used alone or in combination with other information to identify an individual who is the subject of the information".

WARNING

THE DE-IDENTIFICATION OF PATIENT CASE LISTS DOES NOT SANCTION THE OMISSION OF ANY CASES INVOLVING PATIENTS UNDER THE CANDIDATE'S CARE WHICH ARE OTHERWISE REQUIRED TO BE REPORTED. THE COMPLETENESS OF THE CANDIDATE'S CASE LIST IS SUBJECT TO AUDIT AND THE BOARD HAS IDENTIFIED AND IMPLEMENTED VARIOUS AUDIT PROCEDURES WHICH ARE CONSISTENT WITH THE HIPAA PRIVACY RULE. ANY EFFORT TO USE THE HIPAA PRIVACY RULE TO MISLEAD THE BOARD AS TO THE BREADTH AND DEPTH OF THE CANDIDATE'S PRACTICE, THE NUMBERS OF PATIENTS OR THE OUTCOME OF THEIR TREATMENT WILL SUBJECT THE CANDIDATE TO DISQUALIFICATION FROM EXAMINATION AND OTHER DISCIPLINE AS APPROPRIATE.

SUBSPECIALTY WRITTEN EXAMINATION FEES

WRITTEN EXAMINATION:				
DATE	**APPLICATION FEE**	**LATE FEE**	**LATE FEE DATE**	**EXAMINATION FEE***
June 26, 2009 MFM & REI	$935.00	$0.00	November 14, 2008	$835.00
	$935.00	$305.00	November 15, 2008 - December 15, 2008	$835.00
	$935.00	$780.00	December 16, 2008 - December 31, 2008	$835.00
June 25, 2010	$935.00	$0.00	November 14, 2009	$835.00
	$935.00	$305.00	November 15, 2009 -,December 15, 2009	$835.00
	$935.00	$780.00	December 16, 2009 - December 31, 2009	$835.00

* No late examination fees are accepted. Fee deadline March 23.

SUBSPECIALTY ORAL EXAMINATION FEES

ORAL EXAMINATION:				
DATE	**APPLICATION FEE**	**LATE FEE**	**LATE FEE DATE**	**EXAMINATION FEE***
April 12-14, 2010	$940.00	0.00	May 31, 2009	$1065.00
	$940.00	$295.00	June 1, 2009 - June 15, 2009	$1065.00
	$940.00	$750.00	June 16, 2009 - June 30, 2009	

* No late examination fees are accepted. Fee deadline October 31.

PLEASE NOTE: THE ABOG DOES NOT HAVE A SOFTWARE PROGRAM AVAILABLE FOR PREPARATION OF CASE LISTS. THE SOFTWARE PROGRAM AVAILABLE FOR PREPARATION OF CASE LISTS FOR THE GENERAL OB/GYN EXAMINATION IS NOT ACCEPTABLE.

MONITORING ORAL EXAMINATIONS

ALL ORAL EXAMINATIONS CONDUCTED AT THE ABOG TEST CENTER WILL BE MONITORED BY CLOSED CIRCUIT TELEVISION AND SOUND IN ORDER TO IMPROVE THE ORAL EXAMINATION PROCESS. RECORDINGS WILL NOT BE MAINTAINED BY THE BOARD.

American
Board of
Obstetrics &
Gynecology

THE WRITTEN EXAMINATION – 2009 MFM and REI Only**		THE ORAL EXAMINATION - 2009 (GO, MFM, and REI)	
Application form, application fee of $935.00, and a copy of your current license must be RECEIVED on or before	November 14, 2008	Application form and application fee of $940.00, and a copy of your current license must be RECEIVED on or before	May 2, 2008
Candidate will be notified in	February, 2009	Candidate will be notified on or before	Mid-September
Examination fee of $835.00 due by	March 23, 2009	Examination fee of $1065.00 MUST BE RECEIVED by	October 31, 2008
Date of examination is	June 26, 2009	Thesis and two passport-sized photos signed across the front MUST BE RECEIVED in the Board office by	January 5, 2009
		Case list MUST BE RECEIVED BY	February 2, 2009
		Date of the examination is	April 20-22, 2009
THE WRITTEN EXAMINATION –2010 GO Only *		THE ORAL EXAMINATION – 2010 (GO, MFM, and REI)	
Application form, application fee of $935.00, and a copy of your current license must be RECEIVED on or before	November 14, 2009	Application form and application fee of $940.00, and a copy of your current license must be RECEIVED on or before	May 31, 2009
Candidate will be notified in	February, 2010	Candidate will be notified on or before	Mid-September
Examination fee of $835.00 due by	March 23, 2010	Examination fee of $1065.00 MUST BE RECEIVED by	October 31, 2009
Date of examination is	June 25, 2010	Thesis and two passport-sized photos signed across the front, MUST BE RECEIVED in the Board office by	January 4, 2010
		Case list MUST BE RECEIVED BY	February 1, 2010
		Date of the examination is	April12-14, 2010

* GO = Gynecologic Oncology

** MFM = Maternal-Fetal Medicine; REI = Reproductive Endocrinology and Infertility

The American Board of
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