



Office address

111 West Jackson, Suite 1110
Chicago, Illinois 60604

Phone (312) 939-2276 [ABPM] Fax (312) 939-2218

E-Mail: abpm@theabpm.org

Website: www.theabpm.org

MAINTENANCE OF
CERTIFICATION (MOC®)
EXAMINATION APPLICATION FOR:

AEROSPACE MEDICINE

OCCUPATIONAL MEDICINE

PUBLIC HEALTH AND
GENERAL PREVENTIVE MEDICINE

An online paperless application
is available at www.theabpm.org

INSTRUCTIONS FOR COMPLETING THE APPLICATION

DEADLINES

Applications are due 15 days prior to the MOC® examination date, but seats are available on first come, first serve basis.

COMPLETING THE APPLICATION

1. The Board stresses careful and complete preparation of the application. Incomplete applications may result in an additional fee or possible disqualification.
2. Return all numbered pages of the application along with supporting documentation.
3. You must use the application form for the current year.

REQUIRED DOCUMENTATION TO BE SUBMITTED TO ABPM

1. Completed application.
2. MOC® registration fee (if not previously paid) and examination fee.
3. Documentation of any completed ABPM MOC/LLSA credits (if not previously submitted).
Required MOC/LLSA credits **do not** have to be completed before taking the examination, but does need to be completed before recertification can occur and must be completed in the 10-year certification period. See page 3 of this application for the number of MOC/LLSA credit hours required.
4. Documentation of completion of Part IV.

APPLICATION AND EXAMINATION FEES

Non-refundable MOC® Registration fee (*if not previously paid*) \$200*
MOC® Examination fee \$1,750*

FEE PAYMENT

Fees may be paid by credit card by completing the information below and submitting it with the application to the ABPM Board office. You may also complete this entire process online at www.theabpm.org Personal checks and money orders are also accepted for fees. There is a \$25.00 charge for bank-returned checks. Only U.S. dollars may be used; no foreign currencies are acceptable. Make check/money order payable to: The American Board of Preventive Medicine.

* All fees are reviewed annually and subject to change at the direction of the Board.

CREDIT CARD INFORMATION

Name (as it appears on credit card): _____

Billing Address: _____

Select type of credit card:



Credit Card Number:

Security Code: Expiration Date: / Amount \$

Signature: _____ Date: _____

The Security Code is the 3 or 4 digit code found on the back (or front for American Express) of your credit card. All fees are in US dollars.

SIGNATURES AND ACKNOWLEDGEMENTS

I hereby apply for maintenance of certification (MOC[®]) through the ABPM in the specialty area of Preventive Medicine and at the location and date checked below (check one in each column):

SPECIALTY AREA

- Aerospace Medicine
- Occupational Medicine
- Public Health/General Preventive Medicine

EXAM DATE and LOCATION

- Feb 22, 2012 at 1:00 pm -- Preventive Medicine, Lake Buena Vista, FL
- April 29, 2012 at 9:00 am -- ACOEM - AOHC, Los Angeles, CA
- May 13, 2012 at 1:00 pm -- AsMA Annual Meeting, Atlanta, GA
- June 20, 2012 at 1:00 pm -- UHMS Annual Meeting, Phoenix, AZ
- Aug 23, 2012 at 10:00 am -- ACPM Review Course, Washington DC
- TBD -- ACOEM Fall Courses

In making this application and in consideration of its acceptance by the ABPM, I hereby agree to accept and be bound by the terms and conditions governing MOC[®] as a diplomate of the ABPM as set forth in the Articles of Incorporation, Bylaws, and Policies and Procedures of the ABPM, as they now exist and as they may be amended from time to time in the future.

In further consideration and as a condition of my acceptance by ABPM for MOC[®], I hereby further agree:

1. To indemnify and hold harmless the ABPM and each of its members, trustees, officers, agents, employees and examiners, individually and collectively, from and against any claim or liability arising out of any act or omission related to or arising out of (a) the processing of this application, (b) the examination or the grading of it, or (c) the granting or failure to grant recertification or diplomate status;
2. That any certificate of diplomate status issued to me shall be and shall remain the property of the ABPM and that I shall promptly return the certificate to the ABPM in the event my status as a diplomate is terminated, either voluntarily or by action of ABPM;
3. That the registration fee which accompanies this application for examination shall not be refunded and that the examination fee shall not be refunded within the period of fourteen (14) days before my examination is scheduled unless the ABPM determines, in its absolute discretion, that circumstances beyond my reasonable control preclude my taking the examination;
4. That I am obligated to inform the ABPM immediately of any change in my status as described in this application occurring after its submission, and I understand that my failure to so inform the Board is grounds for my disqualification as a candidate for examination or as a diplomate, if I am recertified;
5. That my name, along with names of all physicians recertified as diplomates of the American Board of Preventive Medicine, will be published in *The Official ABMS Directory of Board Certified Medical Specialists*, and will be posted on the ABMS web site (www.abms.org) and the ABPM web site (www.theabpm.org). I understand that this information is available to the public. I further understand that in the event I become recertified by the ABPM, I will be contacted concerning the form and content of my listing and any special limitations I might identify.

I CERTIFY that all statements and representations made as part of the application are true and accurate and I FULLY ACKNOWLEDGE AND ACCEPT the foregoing terms and conditions of my application for admission to the examination.

SIGNATURE

DATE

In further consideration of my acceptance for MOC[®] by the ABPM, I hereby authorize the ABPM to request information from any of the persons or organizations to which I have referred in this application and to take such further action as it deems necessary, in its absolute discretion, to verify that I possess the training, experience, and medical licensure required to be admitted for the examination.

SIGNATURE

DATE

GENERAL INFORMATION

LAST NAME FIRST NAME

MIDDLE NAME

NAME, INCLUDING DEGREES IF DESIRED, EXACTLY AS IT SHOULD APPEAR ON THE CERTIFICATE

Soc. Sec. #: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ E-Mail: _____

Work Address: _____

Work Phone: _____ Fax: _____

Correspondence should be mailed to: Home or Work

ABPM BOARD CERTIFICATION

- | | | |
|--|-----------------------------|-----------------------|
| <input type="checkbox"/> Aerospace Medicine | Date of Certification _____ | Certification # _____ |
| <input type="checkbox"/> Occupational Medicine | Date of Certification _____ | Certification # _____ |
| <input type="checkbox"/> Public Health and General Preventive Medicine | Date of Certification _____ | Certification # _____ |

PART ONE: PROFESSIONAL STANDING

MEDICAL LICENSE

Requirement:

Diplomates must hold current, valid, and unrestricted license from each State in which diplomates is licensed. License(s) must be valid at all times during the ten-year cycle.

Have you ever had a medical license revoked, suspended, restricted, or under disciplinary action?

YES, Please Explain _____ NO

Instruction:

Send photocopy, from each state you hold a license, of the current license registration showing expiration dates.

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

All current licenses must be listed. All such licenses must be unrestricted. Use additional sheet if needed.

LIFELONG LEARNING AND SELF-ASSESSMENT (LLSA)

Requirement:

A. Thirty (30) hours of ABPM-approved LLSA/MOC activities every three years*

A total of 100 hours over the 10-year span of certification is required. LLSA has been expanded significantly. ABPM has agreements in place with our three specialty societies (the American College of Preventive Medicine, the American College of Occupational and Environmental Medicine, and the Aerospace Medical Association) to provide more opportunities for LLSA. Courses and sessions at each society's annual meetings are designated as ABPM LLSA/MOC credit if they cover an area of the Board's examination content outline and include self-assessment questions covering the content of the session or course. The specialty societies also offer a variety of LLSA/MOC distance-learning opportunities. Contact the appropriate specialty society for details on distance-learning opportunities.

There are several providers of LLSA/MOC activities in addition to the specialty societies. A complete listing of LLSA/MOC activities is posted on the ABPM web site at www.theabpm.org

In addition to modules listed on the ABPM website, the Board may consider granting LLSA/MOC credit for completion of CME provide by Federal agencies, if the content is relevant to the specialty of preventive medicine and includes self assessment questions.

B. Forty-five (45) hours of other Category 1 ACCME approved continuing medical education (CME) every three years.**

A total of 150 hours over the 10-year span of certification is required. This requirement is in addition to the ABPM-approved LLSA/MOC activities listed above. This 45 hour CME requirement may also be satisfied by completing the MOC Part 2 requirements of another ABMS specialty board with which the diplomate is also maintaining certification.

* Diplomates who obtained their initial certification prior to 2003 may complete a reduced number of LLSA/MOC. See ABPM website for information

**The additional CME requirement begins with those certified in 2007 and later.

Instruction:

Sponsoring organizations of the LLSA/MOC activities will provide verification directly to ABPM. Additional CME credit hour documentation should be submitted to ABPM by fax (312-939-2276) or email kdh@theabpm.org.

EXAMINATION

Requirement:

Diplomate must take and receive a passing score on a 100 multiple-choice item secure, closed book, proctored examination. Exam covers content outline of the specialty area or subspecialty of the diplomate's choice.

Diplomates may begin taking the examination seven (7) years after receiving their initial certification, and may repeat the examination if necessary to pass it prior to the expiration of their certificate.

Instruction:

Examinations will be offered annually in conjunction with the specialty societies' annual meetings. Neither registration for nor attendance at the annual meeting is required for sitting the examination.

PRACTICE PERFORMANCE

Requirement:

Diplomates are required to complete a practice performance assessment. This component utilizes a quality improvement model with opportunities for assessment of practice performance and improvement activities available in clinical practice, teaching, research, and administration. Diplomates may complete the Assessment of Practice Performance through any of the three Preventive Medicine specialty societies. Please contact the appropriate specialty society for more detailed information.

ACOEM: www.acoem.org/moc.aspx

ACPM: www.acpm.org/education/moc_descr.htm

AsMA: www.asams.org/MOC.htm

Instruction:

Upon completion of Part IV, the specialty society will send documentation to the ABPM. Diplomates do not need to submit documentation to the ABPM.