



MAINTENANCE OF CERTIFICATION

BOOKLET OF INFORMATION

Questions remaining after review of this document may be addressed to Betsy D. Bennett, M.D., Ph.D., Executive Vice President, at bdbennett@abpath.org. Please include your mailing address in all e-mail correspondence.

MAINTENANCE OF CERTIFICATION SUMMARY

The American Board of Pathology (ABP) Maintenance of Certification (MOC) Program consists of four parts.

Part I - Professional Standing has two requirements. The first is that diplomates practicing in the United States maintain a full and unrestricted medical license in at least one jurisdiction of the United States, its territories, or Canada. If a diplomate holds more than one license, all must be full and unrestricted. For diplomates practicing outside the United States or Canada, the ABP will accept the local license of the jurisdiction in which the diplomate practices. The second requirement is that the diplomate must submit documentation of medical staff membership and healthcare organization privileges. *Evidence of licensure and documentation of staff membership and privileges must be submitted at the end of the 4th and 8th years of the MOC cycle.* An English translation must accompany all documents that are written in another language. A description of practice may be substituted for documentation of medical staff membership and healthcare privileges if these are not applicable.

Part II - Life-Long Learning and Self-Assessment requires completion of an average of 35 Category I CME credits per year for each two-year period within the ten-year MOC cycle. Ten of these credits must be obtained from completion of self-assessment modules (SAMs). Eighty percent (80%) of CME must be related to the diplomate's practice. Participation in an **accredited** fellowship will meet these requirements for a two-year period. *These activities must be reported to the ABP at the end of each two-year period within the MOC cycle.*

Part III - Cognitive Expertise requires satisfactory completion of a secure examination. *The examination will be available beginning in the 8th year of the MOC cycle and must be passed before the end of the tenth year.*

Part IV - Evaluation of Performance in Practice requires that the diplomate provide (1) peer attestations regarding interpersonal and communication skills, professionalism, ethics, and effectiveness in practice; (2) documentation of laboratory accreditation, where applicable; (3) participation by the diplomate's laboratory in inter-laboratory performance improvement and quality assurance programs; and (4) participation by the diplomate in at least one performance improvement and quality assurance activity or program per year appropriate for his/her principal professional activities. *Peer attestation and documentation of laboratory accreditation must be provided to the ABP at the end of the 4th and 8th years of the MOC cycle. Documentation of laboratory and individual participation in practice improvement and quality assurance activities must be provided at the end of each two-year period of the MOC cycle.*

It is vital that diplomates realize that a certificate issued by the ABP is valid for ten years contingent upon meeting all interim reporting requirements for the various parts of the MOC program. Failure to meet reporting deadlines will result in a warning followed by loss of certification if the reporting requirements are not met.

MAINTENANCE OF CERTIFICATION OVERVIEW

The ABP, along with the other 23 members of the American Board of Medical Specialties (ABMS), has committed to participating in an MOC program. This program is designed to assist physicians in maintaining standards necessary for them to provide quality care in their chosen specialties throughout their careers.

MOC is a continuous process that begins immediately after board certification. It uses the six areas of competency adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS to ensure that all aspects of practice are evaluated and outcomes are measured. The six areas of competency are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. ABMS has taken these six competencies and developed a four-part MOC program. These are designated as Part I Professional Standing; Part II Lifelong Learning and Self-Assessment; Part III Cognitive Expertise; and Part IV Evaluation of Performance in Practice.

As of January 1, 2006, all primary and subspecialty certificates issued by the ABP are time-limited and expire on December 31 ten years after they are issued. ***Certain parts of the MOC process have deadlines that must be met at specific times during the ten-year cycle. Failure to meet reporting deadlines will result in a warning followed by loss of certification if the reporting requirements are not met.*** In addition, a candidate must be up to date in reporting requirements before he/she will be allowed to sit for the MOC examination.

The ABP recognizes that pathology practice is very diverse and that after a period of time a diplomate who was initially certified in anatomic and clinical pathology may find his/her practice limited to one of these areas. In this case, the diplomate may choose to maintain certification in either anatomic pathology or clinical pathology or both. Similarly, a diplomate who holds a subspecialty certificate and whose practice is confined entirely to that subspecialty may choose to maintain certification in the subspecialty only, in the subspecialty and the primary discipline with which it is associated, or in the subspecialty and both primary disciplines. The ABP encourages diplomates to maintain all certificates through at least one 10-year cycle since practice circumstances frequently change.

Diplomates who hold multiple time-limited certificates may be able to combine the reporting for their certificates. Please refer to Appendix A – Combined Reporting Cycles for Multiple Certificates.

Diplomates of the ABP are required to accurately state their certification status in curriculum vitae, publications, directories, letterheads, etc. A diplomate whose certificate has expired must not claim to be board certified, and all descriptions of certification status must be modified accordingly. If an individual represents that he/she is certified by the ABP when such is not the case, the ABP will notify appropriate authorities, including but not limited to credentialing agencies, licensing boards, and law enforcement agencies.

Beginning with the reports due January 31, 2011, all reports must be submitted online through the PATHway reporting system. All payments must be made online by credit card at the time of submission of the form. Paper forms and checks will no longer be accepted.

REQUIREMENTS FOR MOC PARTS I THROUGH IV

I. Part I: Professional Standing

A. Medical Licensure

1. Diplomates practicing in the United States or Canada must maintain a full and unrestricted license to practice medicine in at least one jurisdiction of the United States, its territories, or Canada. If a diplomate holds more than one license, all must be full and unrestricted.
2. Diplomates practicing outside the United States must maintain a full and unrestricted license in the local jurisdiction in which they practice.
3. Evidence of licensure must be provided to the ABP at the end of the 4th and 8th years of the MOC cycle.
4. Each candidate for initial certification and each diplomate must provide the ABP with complete information concerning any and all restrictions placed on his/her license within sixty days after its imposition. This information must include, but shall not be limited to, the identity of the medical board imposing the restriction as well as the restriction's duration, basis, specific terms, and conditions.
5. Chemical Dependency
 - a. A diplomate who has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority will be required to provide the ABP with documentation showing that he/she has successfully completed the authorized rehabilitation or diversionary program, is successfully enrolled in such a program, or is successfully enrolled in or has completed a private treatment program.
 - b. In the case of a private treatment program, the responsible program administrators and physician must attest, to the satisfaction of the ABP, that the diplomate has been free of chemical dependency for a period of time sufficient to establish that the individual is not currently engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an ongoing problem.
 - c. All documentation regarding chemical dependency must accompany the evidence of licensure submitted at the 4th and 8th years of the MOC cycle.
6. An English translation must accompany all documents that are written in another language.

B. Description of Practice

1. Diplomates must provide the ABP with information regarding medical staff membership and scope of health care organization privileges.
2. If the diplomate's practice is such that this information is not applicable, then the diplomate must submit a description of his/her practice.
3. An English translation must accompany all documents that are written in another language.

II. Part II: Life-Long Learning and Self-Assessment

A. Continuing Medical Education

1. Each diplomate must obtain 70 Category 1 CME credits for each two-year period in the MOC cycle.
2. At least 20 of these credits must be obtained from completion of SAMs (See II.B).
3. Eighty percent of the CME requirement must be directly related to the diplomate's practice. The remainder may be in areas of general relevance to pathology, such as administration or ethics.

4. Fellowships
 - a. Participation in an ACGME-accredited fellowship during one full year of any two-year period will cover all Part II and Part IV requirements for that period.
 - b. If the fellowship is not accredited by the ACGME, the Designated Institutional Official or Program Director must submit a letter to the ABP indicating that the fellowship is reviewed by the GME committee and is held to the same standards as ACGME-accredited fellowships.
- B. Self-assessment Modules (SAMs)
 1. Any society, institution, or other educational provider who wishes to offer SAMs must be approved by the ABP. A SAMs Provider Agreement is available on the ABP Web site under MOC. The ABP approved SAMs providers, not individual activities.
 2. SAMs must be approved for AMA Category 1 CME credit by an organization accredited by the ACCME.
 3. Each SAM must include a self-administered examination and the diplomate must meet a minimum performance level defined by the sponsor.
 4. The term "SAM" is a term developed by the ABP and is not recognized as a unique type of CME by the ACCME. Since all SAMs must be Category 1 CME, a diplomate may use a SAM to satisfy CME requirements for licensure, etc., as well as specific requirements of the ABP.
 5. Links to SAM sponsors are available on the ABP Web site.
- C. Electronic Record of CME/SAMs
 1. Each diplomate will be responsible for reporting his/her Lifelong Learning and Self-Assessment activities to the ABP through PATHway every two years.
 2. The ABP reserves the right to audit an individual's CME data.
 3. ***Diplomates who are not current in reporting CME/SAMs activities will not be allowed to sit for the cognitive examination.***
- D. Content Specifications
 1. In order to assist organizations developing CME and self-assessment activities as well as to help diplomates through the MOC process, the ABP will periodically publish on its Web site content specifications for all certification areas. These topics will provide the basis for Parts II and III of the MOC process.
 2. Content specifications represent:
 - a. advancements important to a broad conceptual understanding of principles of pathobiology; and/or
 - b. critical elements related to the accurate diagnosis of disorders important to patient health.
 - c. both fundamental information and new concepts which have been validated since the last time a diplomate was certified.

III. Part III: Cognitive Expertise

- A. The MOC examination is mandatory for all participants in MOC. It will be given at least once each year, and must be taken no later than ten years after the most recent certification. The examination may be taken as soon as eight years after the most recent certification, giving a candidate a potential period of qualification of three years.
- B. Satisfactory completion of the examination in the 8th or 9th year of the cycle does not change the end-point of the cycle, which is December 31 ten years after the date of the most recent certification.
- C. The examination will be a proctored, closed-book assessment based on knowledge that a competent practitioner would be expected to possess without access to reference material.

- D. Each examination (AP, CP, AP/CP, subspecialty) will be composed of 150 multiple-choice questions in the one-best-answer format. A diplomate will be able to complete all examinations in both primary (AP and/or CP) and one subspecialty area of certification in one day. Additional time may be required if a diplomate is maintaining certification in more than one subspecialty.
- E. The ABP recognizes the breadth of pathology practice.
 - 1. The primary examinations (AP, CP, AP/CP) will be modular and the diplomates will be able to select modules that are as relevant as possible to individual practice settings.
 - 2. The subspecialty MOC examinations in Hematology, Molecular Genetic Pathology, Neuropathology, and Pediatric Pathology will be modular. The remainder of the subspecialty examinations will consist of 150 questions covering the general practice of the subspecialty.
 - 3. For both primary and subspecialty exams, all modules will be graded together as one examination.
 - 4. See "MOC Presentation" on the MOC section of the ABP Web site for a proposed list of modules. These are subject to change prior to administration of the first examination in 2014.
- F. The exact nature of the modules to be provided is under development. However, each testing module will contain questions related to:
 - 1. Fundamental knowledge.
 - 2. Current and clinically valid practice-related knowledge; e.g., questions will include information new to the field since the diplomate's last certification or MOC examination and will evaluate the outcome of the diplomate's Lifelong Learning and Self-Assessment experience.
 - 3. Practice environment including such areas as:
 - a. federal and state regulations relevant to anatomic and/or clinical pathology.
 - b. CLIA standards.
 - c. AABB standards for transfusion medicine.
 - d. principles of laboratory management.
 - e. coding and billing.
 - f. quality assurance.
 - g. laboratory accreditation and safety.
 - h. professionalism and ethics.
- G. Initially, the examination will be given in the ABP Examination Center in Tampa, Florida. If future technology permits assurance of examination security, the ABP anticipates administering its computer-based examinations in regional computer testing centers or possibly on the World Wide Web.
- H. The cognitive examination will be based on the same proven psychometric principles used in the primary certification examinations. The examinations will be criterion referenced.
- I. Aggregate results of the MOC examination in each primary and subspecialty area will be published in the ABP newsletter on the ABP Web site.

IV. Part IV: Evaluation of Performance in Practice

- A. Evaluation of a diplomate's performance in practice has four components:
 - 1. All diplomates will be required to provide peer attestations as to interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice.
 - a. At the end of the 4th and 8th years of each certification period, each diplomate will be asked to supply the ABP through PATHway with the names and contact

- information for four references who can attest to his/her ability and effectiveness in practice.
- b. These references must include:
 - 1) an ABP-certified pathologist who is familiar with the diplomate's practice,
 - 2) the chair of the credentials committee or equivalent of the primary health care facility where the diplomate practices,
 - 3) a board-certified physician in another specialty, and
 - 4) a technologist or pathologist's assistant who works with the diplomate in his/her practice and is familiar with his/her professional activities.
 - c. If any of these reference requirements are not applicable to the diplomate's practice or position, other references (usually another board-certified pathologist) may be substituted on a case-by-case basis.
 - d. The ABP will provide for electronic submission of references directly by the individuals requested to provide them.
2. The ABP encourages voluntary accreditation of all laboratories and regards such accreditation as a very important part of system-based practice.
 - a. Documentation of the accreditation status of the laboratory with which a diplomate is primarily associated must be submitted to the ABP via PATHway every two years.
 - b. The accrediting agency must be appropriate for the diplomate's scope of practice, such as Centers for Medicare and Medicaid Services, Joint Commission on Accreditation of Healthcare Organizations, College of American Pathologists, American Association of Blood Banks, and the National Association of Medical Examiners.
 3. Each laboratory with which a pathologist is associated must participate in inter-laboratory performance improvement and quality assurance programs appropriate for the spectrum of anatomic and clinical laboratory procedures performed in that laboratory.
 - a. Programs recognized and approved to meet this requirement include those sponsored by a cooperating society of the ABP.
 - b. Inter-laboratory performance improvement and quality assurance programs are often a requirement of accreditation. In such cases, the proficiency testing program that is part of the accreditation process will meet the inter-laboratory requirement.
 - c. ***Documentation of the laboratory's or practice's participation in such programs must be supplied to the ABP via PATHway every two years.***
 4. Each individual pathologist must participate in at least one laboratory performance improvement and quality assurance activity or program per year appropriate for his/her principal professional activities.
 - a. Examples of activities that meet these requirements include:
 - 1) annual cytopathology proficiency examination designed to meet the CLIA requirement.
 - 2) participation as an inspector in an accreditation program.
 - 3) participation in surgical pathology inter-laboratory programs sponsored by a cooperating society of the ABP (or otherwise approved by the ABP).
 - 4) participation in a departmental or institutional quality assurance or transfusion committee.
 - 5) documentation of use of appropriate protocols, outcome measures, and practice guidelines as developed by recognized authorities in the appropriate area and sponsored by one of the cooperating societies of the ABP.

- b. An application form is available on the ABP Web site for approval of laboratory or individual performance improvement and quality assurance activities that are not part of a previously approved program. This form and supporting documentation should be submitted to the ABP office for approval by the MOC Committee before the activity is submitted by the diplomate as part of his/her Part IV activities.
- c. ***Documentation of the pathologist's participation in these programs must be submitted to the ABP via PATHway every two years.***
- d. The ABP reserves the right to audit a pathologist's participation in quality improvement activities.

V. Unsatisfactory Performance

- A. Diplomates are expected to satisfactorily complete all four parts of MOC.
- B. Those whose performance is below ABP expectations will be required to submit to the ABP an implementation plan to improve performance, including objective measures of improvement (i.e., examination performance, improved survey performance) or letters of attestation of improvement in areas that do not lend themselves to objective assessment, such as communication and professionalism.
- C. Those who fail to show significant improvement could be subject to intensified practice review by the ABP. Such review might include submission of detailed information regarding the area of practice in question (i.e., additional reports, quality assessment plans).
- D. Diplomates who fail to satisfy performance criteria by December 31 of the year in which the time-limited certificate expires will no longer be recognized by the ABP as a diplomate of the ABP in the area in question.
 - 1. These physicians may continue to participate in MOC activities and may request to be recertified when the MOC requirements have been satisfied. Such a request must occur within five years of loss of certification.
 - 2. If a diplomate wishes to regain certification after five years, he/she must retake the initial certification examination. If the diplomate has remained in active practice since losing certification, the requirement for an additional year of training in an ACGME-approved pathology training program before sitting for the primary examination will be waived. However, the diplomate will always have the option to satisfactorily complete a period of additional training or a course of remedial education as a part of his/her attempts to complete the MOC requirements.
 - 3. The diplomate may appeal to the ABP according to the standard appeals procedure at any point in the MOC process if he/she believes that the MOC standards have been unfairly or inappropriately applied.

VI. Diplomates Not In Active Practice

- A. Certification status reported to ABMS will contain the notation that a diplomate with a time-limited certificate is either "clinically active" or "clinically inactive." The designation "clinically inactive" will apply to any pathologist who is not involved in direct or consultative patient care for more than twenty-four months.
- B. Diplomates with time-limited certificates who are not involved in direct or consultative patient care and wish to maintain their certification status will be required to participate in Parts I-III of MOC.
 - 1. Since these physicians have no practice from which to draw data, they will not be required to participate in Part IV.
 - 2. These diplomates will be required to participate in MOC activities in Part II that demonstrate an ongoing knowledge of the science underlying the principles of quality

improvement, including the application of such principles to clinical situations using real or simulated data.

3. Diplomates returning to active practice after a period of inactivity exceeding 24 months should notify the ABP immediately upon re-entering active practice and must begin participating in and reporting Part IV activities within six months.

VII. Diplomates with Non-Time-Limited Certificates

- A. Although the ABP does not require diplomates with non-time-limited certificates to participate in MOC, it strongly encourages them to do so.
- B. Participation in MOC by these diplomates does not put their original certificate(s) in jeopardy.
- C. After July 2013, Voluntary Recertification will no longer be available. After this date, a diplomate with a non-time-limited certificate who wants to recertify or is required to pass a secure examination for licensure will have to do so through the MOC process.

VIII. Application And Fee

- A. Each diplomate will be automatically enrolled in the MOC program at the time he/she is initially certified.
- B. Electronic reporting forms will be posted on the ABP web site each fall for all diplomates who are required to report at the end of the calendar year. Any additional required documentation must be uploaded and submitted as part of this report.
- C. Each diplomate will be assessed a fee for development and maintenance of an electronic record of certification/MOC with the ABP. The fee will be \$50 per year per person (not per certificate) beginning with the second calendar year of certification. The first payment of \$50 will be due at the end of the first 2-year reporting cycle and a payment of \$100 will be due at the end of each subsequent 2-year reporting cycle.
- D. An application for the MOC examination will be posted online prior to the beginning of the application period for the first MOC examination. Each diplomate will be required to select the examination modules that he/she wishes to take at the time of application. The fee for the examination has not yet been determined but will be approximately the same as the fee for current examinations.

IX. Appeals Procedure

- A. A candidate who fails an MOC examination may request that the examination be rescored to verify the accuracy of the results as reported.
 1. Such request must be made via the ABP Web site within 90 days of the date that the results of the examination were made available to the candidate.
 2. Credit card payment of \$50 must accompany the request for rescore.
 3. There will be no further appeal from failure of an examination.
- B. Except as described in IX.A., an individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such determination by sending a notice of appeal to the ABP within 60 days of the date such ruling was made available to the individual.
- C. On receipt of a notice of appeal, the applicable ABP committee:
 1. will invite the individual to submit, in writing, such information as the individual feels appropriate in support of the appeal.
 2. may make such further investigation as it deems appropriate.
 3. may request the individual to submit additional information.
 4. will reconsider the unfavorable ruling and report its decision to the individual and the president of the ABP.
 5. will specify the grounds for any unfavorable action.

6. in the case of an unfavorable ruling, will inform the individual that he/she may request a hearing before an appeals committee of the ABP by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.
- D. On receipt of a request for a hearing, the executive vice president will inform the president of the ABP, who will appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed.
1. The chairperson of the ad hoc committee will convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with a legal and/or other representative to present such information deemed appropriate in support of the individual's position.
 2. Not less than 30 days prior to the hearing, the executive vice president will send written notice to the ad hoc committee and to the appellant stating the time and place of the hearing and will provide them copies of written material and a list of witnesses that the concerned committee intends to present at the hearing.
 3. The executive vice president will also specify any information and documents the individual is required to produce at the hearing.
 4. Not less than seven days prior to the hearing, the concerned ABP committee will provide the executive vice president and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABP committee intends to present at the hearing.
 5. Not less than seven days prior to the hearing, the individual will provide the executive vice president with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statement of experts he or she intends to present at the hearing.
 6. The executive vice president will submit the written material referred to in IX.D.4 and IX.D.5 to the members of the Appeals Committee prior to the hearing.
 7. At the hearing, the concerned ABP committee and its legal or other representatives will present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee will not have the right to present any information or evidence not previously provided as required in IX.D.4 and IX.D.5. The committee may call, examine, and cross-examine witnesses.
 8. The individual will have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual will not have the right to present any information or evidence if not previously provided as required in IX.D.4 and IX.D.5. The failure of the individual to produce information or documents requested by the concerned ABP committee as required in paragraph XII.D.5 will be grounds for upholding and confirming the determination of the concerned ABP committee.
 9. The individual and the concerned ABP committee may submit written statements at the close of the hearing.
 10. A written record of the hearing will be made available to the individual at one-half the cost of its preparation.
 11. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing.
 12. The committee may affirm, modify, or overrule the decision of the ABP committee.
 13. The Appeals Committee will inform the individual, the concerned committee, and the president of the ABP, in writing, of its decision and the reasons therefore within a reasonable time of the hearing.
 14. The decision of the Appeals Committee will be final and binding.

Appendix A Combined Reporting Cycles for Multiple Certificates

Note: You cannot combine non-time-limited certificates with time-limited certificates (see #6 below).

The years in which you were certified determine whether or not your reporting may be combined. The computer system will determine the report(s) that you need to complete.

1. Only certificates *received in adjacent years* may be combined into one report (primary and subspecialty certificates or AP only and CP only certificates or subspecialty and subspecialty certificates). Only the reports are combined; *the certificates remain separate*. You must still take an examination for each certificate that you hold and you will receive separate new certificates at the end of the certification cycle.
2. If you have only one certificate this does not apply to you.
3. If you received a primary certificate and a subspecialty certificate or two subspecialty certificates in the same year, your reporting requirements are automatically combined into one report. The same Part II and Part IV activities will apply to both certificates. Separate examinations are required.
4. If you have a primary certificate and received a subspecialty certificate the following year, or if you obtained subspecialty certificates in adjacent years, you may combine your required reports if you wish. If you choose to combine, you will follow the timeline of the earlier certificate for reporting and taking the examinations. Other certificates will fall under #5 below.
Example 1: You have a 2010 Anatomic Pathology certificate and a 2011 Cytopathology certificate. You choose to combine your reports. Your 2010 report will be due 1/31/2013, and will cover both your 2010 Anatomic Pathology certificate and your 2011 Cytopathology certificate.
*Example 2: You have a 2010 Anatomic Pathology certificate and a 2011 Cytopathology certificate. You choose **not** to combine your reports. Your 2010 report will be due 1/31/2013, and your 2011 report will be due 1/31/2014, and you will continue to follow both timelines separately. However, you will be allowed to use your CMEs/SAMs for both reports for the overlapping years. In other words, you do not to double your CMEs/SAMs because you are reporting separately.*
5. For additional primary or subspecialty certificates received 2 or more years after the initial primary time-limited certificate, the time line for the second report may or may not fall on the same reporting timeline as the initial primary certificate. If the timeline for reporting is the same, the system will require you to complete only one report per year. If a 4-year or 8-year report is due, it will override any 2-, 6-, or 10-year reports that may be due for other certificates on that timeline. The same CMEs and SAMs and part IV accreditation and activities may be used for overlapping years.

6. If you have a non-time-limited certificate, and a second certificate which is time-limited, you will report only for your time-limited certificate. There is no reason to participate for the non-time-limited certificate since you will be automatically designated as “participating in MOC” for the second certificate.

*Example: You have a 2005 Anatomic Pathology certificate and a 2006 Cytopathology certificate. You **cannot** combine your reporting and you gain nothing by reporting on the AP certificate. Your 2006 report will follow the 2006 timeline.*

7. If all of your certificates are non-time-limited and you wish to participate in the MOC program, the reporting for all of your certificates will be combined at the time that you enter the program unless you indicate that you are participating for only one certificate.