



# The American Board of Pathology

A Member Board of the American Board of Medical Specialties

WEB SITE: [www.abpath.org](http://www.abpath.org)

TELEPHONE: (813) 286-2444

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**Please *DO NOT* call the ABP with questions until you have read these instructions.**

## Instructions for PATHway to Maintenance of Certification (MOC)

If you have questions in regard to the policies, procedures, and requirements for MOC, please see *Maintenance of Certification Booklet of Information* and Memos, Forms, and Presentations. If you need additional information, e-mail your questions to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org). Please indicate the general nature of your question (i.e., CME question, medical license question, login problems) in the subject line so that we can direct your question to the appropriate department.

ABP MOC reporting forms require files to be uploaded. The files must be in PDF format. Many word processing products have the capability of saving PDF files. If your computer does not have a product that can save a document as a PDF file, there are free products available online (search for 'how to save pdf files'). You must complete the information, upload the PDF files on each page, and click "Save Form" on each page before proceeding to the next page.

Do not wait until the deadline to submit your reporting form. If you have any problems after business hours, your application may not be finalized by the deadline.

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## **The My Profile Tab**

Please check the My Profile tab to be sure your personal information is correct. Your e-mail address is required and is our primary method of correspondence. Your mailing address is required for sending your certificate. If you make any changes to any of the data, be sure to click the 'Save Individual Data' button at the bottom of the screen.

The fields above 'Remember this ID' cannot be edited by you. If the information is incorrect, please fax the corrected information to the ABP Office (we prefer NOT to receive personal information via e-mail, which is not secure). If your name has changed and you would like for your name to be changed on ABP records, you must send verification of your legal name change. Please check [www.abpath.org](http://www.abpath.org) for the name change form and instructions.

For APO or FPO addresses, fill in the City field with APO, AP or FPO, AP and leave the State field blank (or select the blank line above Alabama in the drop-down list).

You may change your username and password at any time.

Your ABP certifications will appear on your My Profile tab in the Board Certification table.

The Medical Licensure table appears on your My Profile tab. Please use the table to update your medical licenses. Please refer to the 'Updating Your Medical License' section for more information.

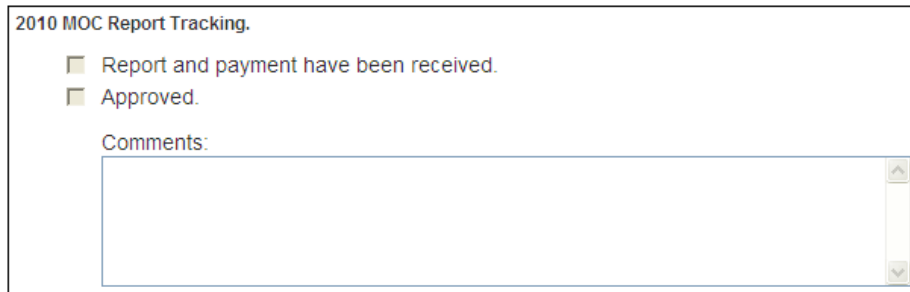
## The Board Correspondence Tab

When you first log in, the Board Correspondence tab will be displayed. Communication regarding MOC reporting and examinations will appear on this screen.

The Board Correspondence tab also contains links to ABP publications you may find helpful.

### *MOC Reporting Tracking*

Below is an example of a reporting form in progress. In the example, the 2010 reporting form has not been finalized or approved.

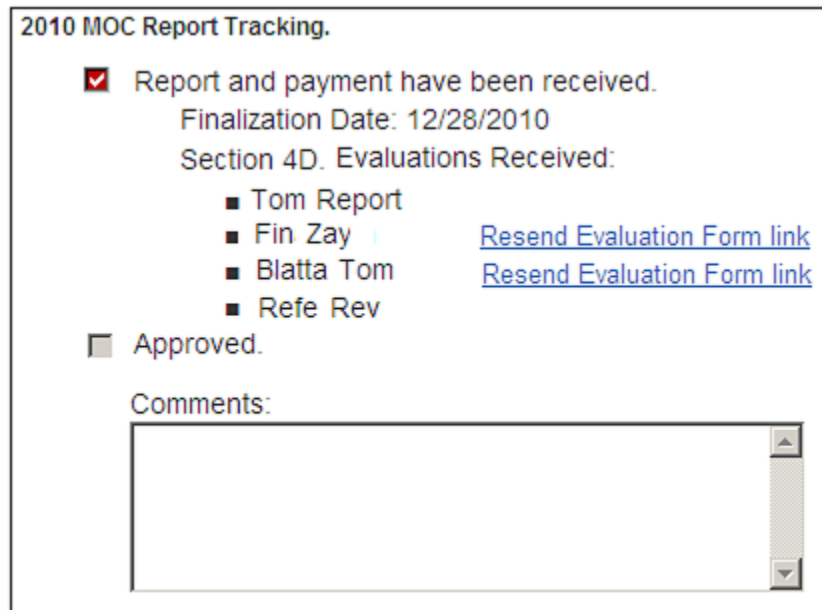


2010 MOC Report Tracking.

- Report and payment have been received.
- Approved.

Comments:

Below is an example of a reporting form that has been finalized.



2010 MOC Report Tracking.

- Report and payment have been received.  
Finalization Date: 12/28/2010  
Section 4D. Evaluations Received:
  - Tom Report
  - Fin Zay [Resend Evaluation Form link](#)
  - Blatta Tom [Resend Evaluation Form link](#)
  - Refe Rev
- Approved.

Comments:

When you finalize your reporting form, the automated process sends an e-mail to each of the contacts you listed on Page 5 – Section 4.D. The e-mail includes a link to their evaluation form. They must click the link in the e-mail to open the online evaluation form. They must complete the online evaluation form and click 'Finalize' at the bottom of the form (instructions are included in the e-mail).

The name of each contact will be listed on the Board Correspondence tab. It is your responsibility to be sure each of your contacts submits an evaluation. If an evaluation has not been finalized, the 'Resend Evaluation Form' link will be available beside the name. It is possible a contact did not receive the email, or it could have been considered spam or junk mail. If you believe the email address you listed is correct and the individual needs to be reminded, please do so.

If your contact indicates the e-mail was not received, you may click the 'Resend Evaluation Form' link to resend the email that includes the link to their evaluation form. When you click the link beside a name, there will be a message for you to confirm that you wish to resend the email. Click OK to confirm, or Cancel if you choose not to resend the email. Please keep a record of the date you resend the email, there is no indication on the screen that you have resent the email or the date. Again, it is your responsibility to be sure each of your contacts submits an evaluation. You may click the 'Resend Evaluation Form' link at any time.

If the contact name and/or email you listed on your reporting form are not valid, please e-mail [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org) to request that your reporting form be unfinalized. Please include your full name, your ABP ID, and indicate the reason you are requesting your reporting form be unfinalized. You will be allowed to change the contact name and/or email for anyone that you listed, and then refinalize the form. When you refinalize your reporting form, the automated process will send an e-mail to each of the contacts you *changed*.

If each evaluation has been finalized, the 'Resend Evaluation Form' link will **NOT** be visible and your reporting form will be considered complete.

#### *MOC Reporting Review and Approval*

It is likely that your reporting form will **not** be reviewed immediately after you finalize. Please do not call the Board office to inquire about the status of your reporting form. The status is reported on Board Correspondence tab.

When your reporting form is reviewed and the MOC Coordinator has comments or questions regarding your reporting form, you will receive an e-mail indicating you should log in and the comment would appear in the Comments text box. Please respond to the comments via e-mail.

**The MOC Tab – MOC Table**

This table lists each of your certificates and combined reports, including your non-time-limited certificates if you have any. If one or more of you certificates are combined, they will appear together in one field of the table after you have finalized your report. Certificates that are not combined are listed in a separate field.

MOC					
Cert(s): 2006 AP/CP, 2006 CYP	Year 2	Year 4	Year 6	Year 8	Year 10
Date Finalized	12/31/2008	01/31/2011			
Date Approved	08/19/2009	08/09/2011			
Cert(s): 2009 MGP	Year 2	Year 4	Year 6	Year 8	Year 10
Date Finalized					
Date Approved					

When you finalize a report, the date you finalize the report is listed under the appropriate year. When the ABP approves a report, the date the report is approved is listed under the appropriate year.

## The MOC Tab – Reporting Forms

Access to your reporting forms is available on the MOC tab. If the 'Go To Reporting Form' link is not available, please contact [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org).

All of the information on each page must be completed before it can be saved. Be sure to click the 'Save' button when you add or change data. Do not click the 'Finalize' button until the reporting form is complete and you are ready to fill in your credit card information.

MOC reporting forms require files to be uploaded. The files must be in PDF format. Many word processing products have the capability of saving PDF files. If your computer does not have a product that can save a document as a PDF file, there are free products available online (search for 'how to save pdf files'). You must complete the information, upload the PDF files on each page, and click "Save Form" on each page before proceeding to the next page.

Do not wait until the deadline to submit your reporting form. If you have any problems after business hours, your form may not be finalized by the deadline.

### Reporting Form – Page 1

Page 1 displays the information from the Profile tab. The information is not editable on this page. If the information is incorrect, please refer to the instructions for the Profile tab.

### Reporting Form – Page 2

#### Combined Reporting Cycles for Multiple Certificates

Note: You cannot combine non-time-limited certificate 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.

## Reporting Form –Page 3

### Section 1.

If you are clinically inactive (you have done no work directly related to patients in the last 24 months), check the box. You must complete the form through Section 3. You do not have to complete Section 4.

<p><b>Section 1. CLINICAL ACTIVITY</b></p> <p>Clinical Activity: <input type="checkbox"/> If you are clinically inactive (you have done no work directly related to patients in the last 24 months), check this box. You must complete the form through Section 3. You do not have to complete Section 4.</p>
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### Section 2.A. Medical Licensure (Year 4 and Year 8 only)

It is a **requirement** that you possess a currently valid, full and unrestricted license to practice medicine or osteopathy. Please refer to the Updating Your Medical License section for more information.

Section 2.B. Chemical Dependency Program (Year 4 and Year 8 only)







Please select an answer.

<b>B. Chemical Dependency Program:</b> <input type="button" value="No"/> Have you participated in a rehabilitation or treatment program for chemical dependency in the last 4 years?
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Section 2.C. Medical Staff Privileges (Year 4 and Year 8 only)

In table C1, list the health care organizations in which you have medical privileges and describe the scope of these privileges. If your practice is such that this information is not applicable, submit a description of your practice in Table C2. **DO NOT COMPLETE BOTH TABLES.**

Each time you fill in the information and click 'Save Record,' the activity is added as another line in the table.

<p><b>C. Medical Staff Privileges:</b></p> <p>In table C1, list the health care organizations in which you have medical privileges and describe the scope of these privileges. If your practice is such that this information is not applicable, submit a description of your practice in Table C2. <b>DO NOT COMPLETE BOTH TABLES.</b></p> <p><b>Table C1 - List the Health Care Organizations</b></p> <table border="1"><thead><tr><th>Health Care Org.</th><th>Action</th></tr></thead><tbody><tr><td></td><td> </td></tr></tbody></table> <p>For existing records click the pencil icon to edit, and the trash can icon to delete.</p> <p><input type="text"/></p> <p>Health Care Org.</p> <p><input type="text"/> <input type="text"/></p> <p>Anatomic Pathology (% time)      Clinical Pathology (% time)</p> <p><input type="text"/> <input type="text"/></p> <p>Other Type      Other (% time)</p> <p>Description</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Health Care Org.	Action		 
Health Care Org.	Action			
	 			
<p><b>Table C2 - Description of Your Practice</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>				

Section 3.A. Fellowship Training

If you check one of the boxes in this section, you may skip to Section 4. on page 4 and complete only A and D. You do not need to complete Section 3.B or Section 4.

**A. FELLOWSHIP TRAINING:**  
Participation in an ACGME-accredited fellowship training program for 12 months during this reporting cycle will meet the following MOC requirements for 2008-2010.

Section 3. MOC PART II – LIFE-LONG LEARNING AND SELF-ASSESSMENT B on this page and Section 4. MOC PART IV – SYSTEMS BASED PRACTICE B and C on pages 4 and 5.

Please check the appropriate statement if you are using a fellowship for this credit.

I completed an ACGME accredited fellowship in 2008-2009 or 2009-2010.

<input type="text"/>	<input type="text"/>
Name of Fellowship	ACGME #





I completed a fellowship in 2008-2009 or 2009-2010 but the fellowship was not ACGME accredited. I have uploaded a letter signed by the Program Director or institutional official stating that the program is held to the same standards as an ACGME accredited program. (THIS IS THE ONLY CIRCUMSTANCE IN WHICH YOU MAY USE THIS FELLOWSHIP FOR PART II AND IV CREDIT.)

You must click [Upload] to save!  
Document must be PDF format and less than 4MB in size.

*If you have checked one of the boxes above, skip to Section 4. MOC PART IV – SYSTEMS BASED PRACTICE on page 4 and complete only A and D. You do not need to complete B below or Section 4. MOC PART IV B and C.*

Section 3.B. CME/SAMs


Please provide the requested information about your CME activities in the last two years. Do not send CME certificates at this time. It is possible that you may be asked to supply these later as part of the ABP audit process.

CME Activities Records						Total CME credits: 78.00 (50 required)
						Total SAM credits: 16.00 (20 required)
Activity Name	Sponsor	Date	CME Credits	SAM Credits	Action	
Performance improvement program in surgical pathology	CAP	11/09/2010	10.00	0.00	 	
Performance improvement program in surgical pathology	CAP	05/06/2010	10.00	0.00	 	

Name of Activity \*

Sponsor \*

Date \*  

Number of CME credits \*

Number of SAM credits \*

Each time you fill in the information and click 'Save Record,' the activity is added as another line in the table.

Section 4.A. Laboratory Accreditation

Complete Section 4.A.1. if your laboratory is accredited, complete Section 4.A.2. if it is not.

**Section 4. MOC PART IV – SYSTEMS BASED PRACTICE**

**A.1. My laboratory is accredited by the following agencies**  
(list the laboratory identification number for all that apply):

CLIA

The Joint Commission

College of American Pathologists

AABB

National Association of Medical Examiners

State of

Other

*If your laboratory is accredited, please skip B.*

**A.2. My laboratory is not accredited.**

Not accredited

## Section 4.B. Laboratory Proficiency Testing

**B. 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.**

Check one of the following and fill in the required blank

My laboratory participates in proficiency testing sponsored by

My laboratory does not participate in proficiency testing but we do participate in the following activity approved for Part IV:   
(see ABP web site: [www.abpath.org](http://www.abpath.org))

## Section 4.C. Laboratory Performance Improvement and Quality Assurance

**Section 4. MOC PART IV – SYSTEMS BASED PRACTICE (cont'd)**

**C. 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. (see ABP web site: [www.abpath.org](http://www.abpath.org))**

Check all that apply and fill in the blank(s).

I participate in cytology proficiency testing and passed the required examination (sponsored by  in )

I was an Inspector for an Accreditation Agency listed in 3A during the last two years. (Agency: )

I was a member of a department or hospital/institutional quality assurance or transfusion committee. (Department/Institution: )

I participate in the following slide review program sponsored by   
Slide review program:

I participate in the following educational activity sponsored by  designed to assess/improve quality in my practice.  
Educational activity:

I participate in the following ABP-approved quality assurance activity sponsored by my local institution/department.  
ABP-approved activity:  sponsored by

Section 4.D. Contacts who can attest to your ability and effectiveness in practice (Year 4 and Year 8 only)

Please complete the information for each of the following and check the box to authorize their evaluation of your practice.

**D. List the names and e-mail contacts for four individuals who can attest to your ability and effectiveness in practice:**

1. ABP-certified pathologist who is familiar with your practices

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	E-mail

2A. Chair of the Credentials Committee (or equivalent) of the primary health care facility where you practice

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	E-mail

2B. If the Chair of the Credentials Committee (or equivalent) is not applicable, submit the name of a second ABP-certified pathologist

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	E-mail

3. Board-certified physician in another specialty

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	E-mail

4. Technologist or Pathologist's Assistant who works with you and is familiar with your professional activities

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	E-mail

I request and authorize the above identified individuals to provide information to the ABP in connection with an evaluation of my practice in accordance with and subject to, the rules and regulations of the ABP. I understand and agree that all information provided by these individuals is confidential and will not be disclosed to me.

## Finalize Your Reporting Form

All reporting forms must be 'finalized' by midnight on the deadline date.

Click the 'Finalize' button if the reporting form is complete and you are ready to fill in your credit card information. The ABP accepts VISA, Mastercard, and American Express. Checks and money orders are NOT accepted. When the credit card information has been submitted, you will receive an e-mail receipt. Please print the receipt for your records. The e-mail receipt is automatic and the ABP does not have access to it. The e-mail receipt will come from [emailreceipts@authorize.net](mailto:emailreceipts@authorize.net). If you do not receive the e-mail receipt, please check your junk mail and spam folders.

## After Your Reporting Form has been Finalized

Print the reporting form for your records. Do NOT send a paper copy to the ABP office.

Please check your e-mail and log in to PATHway frequently.

Please include your full name and ABP ID in all correspondence.

The automated process sends an e-mail to each of the contacts you listed on Page 5 – Section 4.D. Your reporting form is not considered complete and will not be reviewed until the required documentation by your contacts is completed. Your Board Correspondence tab indicates which evaluations have not been received. Please refer to the Board Correspondence tab section for more information.

Your medical license(s) and CME/SAMs will be acknowledged during application review. If your reporting form requires additional information, your Board Correspondence page will be updated and you will receive an e-mail. At that time you will be given a deadline to submit the required additional information to the Board office. ***Please do not call or e-mail the Board office regarding the status of your reporting form.***

Reporting forms are processed in order by date 'finalized.'



## Updating Your Medical License

It is a **requirement** that you possess a currently valid, full and unrestricted license to practice medicine or osteopathy. All valid medical licenses uploaded with a reporting form will appear in the Medical Licensure table on the My Profile tab when the form has been finalized. Please use the table to update your medical licenses. Expired licenses do not appear in the Medical Licensure table.

Indicate the State/Province, License Number, and Expiration Date of your medical license in the Medical Licensure table and click Save Record. Please attach a copy of your medical license in PDF format. The copy must include the expiration date. If your wallet medical license does not include the expiration date, you may attach the information from the state's web site. To attach the PDF file, click the 'Edit' icon (the pencil) beside the record, click 'Browse' in the Documentation Upload field, select your file, then click 'Upload.' The file name will appear as the Document on File. Click 'Save Record' to finish.

A medical license obtained outside of the US or Canada will be accepted for MOC purposes *with a translation*. Select Non-US/Canada from the State/Province dropdown list and complete the remaining information. Please attach a copy of your medical license and the translation one file in PDF format.


### Medical Licensure:

State	Number	Expiration	Restricted	Action
AK	12345	12/31/2011	No	 

For existing records click the pencil icon to edit, and the trash can icon to delete.

The applicant must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy. Please upload a copy of your medical license.

State/Province License Number



Expiration Date (mm/dd/yyyy) Restricted

Clicking the calendar icon allows you to select a date. You can click the "Today" link to pick the current date, or click on any other day of the month. Use the arrow to the left and right of the month/year displayed to scroll through previous and future months. When the month/year link is clicked, use the left and right arrows to scroll through previous and future years.

Upload medical license:  
You must click [Upload] to save!  
Document must be PDF format and less than 4MB in size.

To delete a record, click the 'Delete' icon (Trash Can) beside the record you wish to delete.

To delete an uploaded file, click the 'Edit' icon (the pencil) beside the record. The uploaded file name will appear above the 'Save Record' button. Click the 'Delete' icon (Trash Can) beside the filename you wish to delete. If you delete it, you must upload another file. You cannot complete your application without the medical license file being attached.