



ABP BOOKLET OF INFORMATION

MISSION OF THE AMERICAN BOARD OF PATHOLOGY

To promote the field of pathology and the continuing competency of practicing pathologists.

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POLICIES, PROCEDURES, AND REQUIREMENTS

This document supersedes all previous publications of the American Board of Pathology (ABP) concerning its policies, procedures, and requirements for certification.

All candidates for ABP certification are admitted to the examinations at the discretion of the ABP.

The admission of a candidate to an ABP certifying examination is governed by the policies, procedures, and requirements in effect during the current application period.

The ABP reserves the right to make changes in its fees, policies, procedures, and requirements at any time, with or without prior notice.

ORGANIZATIONAL HISTORY

In June 1935, the American Medical Association (AMA) Section on Pathology and Physiology and the American Society of Clinical Pathologists (ASCP) appointed committees that together considered the feasibility and desirability of establishing a national certifying board. The joint committee agreed unanimously that such a board should be established and proceeded to draw up bylaws.

In May 1936, the AMA and the ASCP accepted the proposed bylaws, authorized the nomination of four members each to the ABP, and incorporated in Michigan. Approval of the ABP was granted by the Advisory Board for Medical Specialties and the AMA Council on Medical Education and Hospitals.

On July 19, 1936, the ABP met for the first time in Chicago. The original Trustees were F. W. Hartman, E. B. Krumbhaar, H. T. Karsner, and J. J. Moore from the AMA, and A. H. Sanford, F. H. Lamb, A. G. Ford, and R. R. Kracke from the ASCP. Elected officers were: A. H. Sanford, President; F. H. Lamb, Vice President; F. W. Hartman, Secretary-Treasurer.

COOPERATING SOCIETIES OF THE ABP

Academy of Clinical Laboratory Physicians and Scientists
American Medical Association Pathology Section Council
American Society for Clinical Pathology
American Society for Investigative Pathology
American Society of Cytopathology
Association for Molecular Pathology
Association of Directors of Anatomic and Surgical Pathology
Association of Pathology Chairs
College of American Pathologists
United States and Canadian Academy of Pathology

MISSION AND PURPOSE

The mission of the ABP, as a member of the American Board of Medical Specialties, is to promote the field of pathology and the continuing competency of practicing pathologists.

The ABP accomplishes its mission through the following principal activities:

1. Establishing certification and maintenance of certification standards.
2. Assessing the qualifications of those seeking to obtain voluntary certification in the specialty of pathology.
3. Conducting voluntary primary and subspecialty certification examinations and awarding certificates to successful candidates.

4. Requiring diplomates with time-limited certification and encouraging diplomates with non-time limited certification to participate in Maintenance of Certification as a means to assist diplomates in evaluating and maintaining competencies necessary for provision of quality patient care.
5. Participating in the review of pathology training programs and supporting the directors and trainees of these programs.
6. Maintaining communication with the pathology community and other medical organizations, with its diplomates, and with others as appropriate.
7. Encouraging the study of pathology.
8. Maintaining a registry of its diplomates.

The ABP does not confer a legal qualification or license to practice pathology and does not delineate who may or may not engage in the practice of pathology or obtain healthcare organization privileges. The ABP does not define the scope of pathology practice.

CERTIFICATION BY THE ABP

The ABP issues primary certificates in Anatomic Pathology and/or Clinical Pathology and Anatomic/Neuropathology.

Subspecialty certificates are issued in:

- Blood Banking/Transfusion Medicine
- Chemical Pathology
- Clinical Informatics (in cooperation with the American Board of Preventive Medicine)
- Cytopathology
- Dermatopathology (in cooperation with the American Board of Dermatology)
- Forensic Pathology
- Hematopathology
- Medical Microbiology
- Molecular Genetic Pathology (in cooperation with the American Board of Medical Genetics and Genomics)
- Neuropathology
- Pediatric Pathology

I. The granting of a certificate to a physician by the ABP denotes that the pathologist is a physician who has:

- A. Successfully completed a graduate medical education program in pathology or a pathology subspecialty accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in pathology accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC),
and
- B. Had the Program Director verify that the resident has mastered the six ACGME competencies and Milestones and is competent to practice safe and effective medicine without direct supervision,
and
- C. Successfully completed a voluntary evaluation process designed and administered by the ABP to assure the public and other physicians that, at the time of certification, the candidate had the knowledge, skills, judgment and other abilities that the ABP deems important for the practice of pathology.

II. Subspecialty Certification. Pathology is a broad discipline; therefore, it is appropriate that some certified pathologists seek greater knowledge and expertise in one or more of the subspecialties of pathology. Pathologists with subspecialty certification may choose to limit their activities entirely or in part to a specific area of competence or they may place special emphasis on it in their practices. The achievement of subspecialty certification does not reflect on the ability of other pathologists to practice in that area.

III. Maintenance of Certification (MOC). As of January 1, 2006, all primary and subspecialty certificates issued by the ABP are time limited and diplomates are required to participate in the MOC program. Continuing certification status is contingent upon meeting all MOC requirements and deadlines. Certificates issued prior to January 1, 2006 are non-time limited certificates and do not require participation in MOC; however, voluntary participation in MOC is strongly encouraged. (See *MOC Booklet of Information for details of the program.*)

IV. Certification Status. Recipients of ABP certificates are designated as Diplomates of the ABP, and are entitled to so designate themselves in an ethical manner. All Diplomates are governed by policies for use of certification, and for expiration and revocation of certificates as the Board may, from time to time, adopt. Diplomates of the ABP are required to accurately state their certification status in *curriculum vitae*, publications, directories, letterhead, etc. A diplomate with a time-limited certificate 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 hospital, healthcare, and credentialing organizations, licensing boards, and law enforcement agencies.

V. Definitions

- A. **Applicant.** An applicant is a physician who has never before applied for a certifying examination, or whose application was previously not approved for an examination.
- B. **Board Eligible Candidates.** When an applicant has received notice from the ABP that the Credentials Committee has approved their application to take the ABP examination, the **applicant** is now a **candidate** for certification and can declare himself/herself to be “board eligible”. The period of eligibility is 5 years from the completion of training, or in the case of subspecialty application, 5 years from the completion of training or initial certification, whichever is later. Diplomates must be current in their participation in the MOC program to be eligible to take another certification exam.
- C. **Registration.** Registration is required for any individual whose application for an examination was approved, but the individual did not take or pass the examination. Registration consists of completing online registration and certificate forms and paying the required fee.

REQUIREMENTS FOR PRIMARY AND SUBSPECIALTY CERTIFICATION

Candidates for certification must possess the requisite qualifications at the time of application, as established and published by the ABP. All applications for certification are evaluated by the Credentials Committee of the ABP. The evaluation process includes consideration of undergraduate medical education, medical licensure, and graduate medical education as detailed below.

I. UNDERGRADUATE MEDICAL EDUCATION (UME)

A. UME Requirement

1. Applicants for certification by the ABP must have graduated from:
 - a. a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, or
 - b. an osteopathic college of medicine accredited by the American Osteopathic Association, or
 - c. a medical school outside the United States or Canada acceptable to the ABP.

B. UME Documents Required with Application

1. Applicants must upload a copy of their medical school diploma (along with an English translation if issued in a language other than English), showing the medical degree and the date when it was awarded, **or**
2. If a copy of their diploma is not available, graduates of United States or Canadian medical schools may upload a letter from the Dean's office of their medical school certifying that they graduated, stating the medical degree and the date when it was awarded. A certificate showing that the applicant has passed a final examination is not acceptable.

II. MEDICAL LICENSURE (there are no exceptions to the licensure requirements).

A. Licensure Requirements for Primary and Subspecialty Certification

1. Applicants must possess or have applied for a full and unrestricted license in a state or jurisdiction of the United States or Canada that will be valid at the time examination results are released.
2. Canadian applicants must have applied for a full and unrestricted license in a state or jurisdiction of the United States **OR** must have passed the Licentiate of the Medical Council of Canada (LMCC) and RCPSC examinations and obtained the appropriate licensure in a Canadian province.
3. An institutional, training, or temporary license is **not** acceptable.
4. If the applicant has applied for, but not yet received a medical license, he/she may upload:
 - a. a copy of a letter or email received from the medical licensing board stating they are in receipt of your application for licensure **and**
 - b. documentation of successful completion of USMLE Step 3 or COMLEX-USA Level 3.
5. Applicants who provided the documentation required in II.A.4 will be allowed to sit for the examination, but their results will not be released until a copy of a full and unrestricted medical license showing the expiration date is uploaded to the candidates "My Profile" tab in PATHway. **If evidence of licensure is not uploaded within 2 years from the date of the examination, the examination results will be declared null and void.**
6. Applicants who have a license at the time they apply will be rendered ineligible by any termination, suspension, probation or limitation of his/her license. Diplomates may not be rendered ineligible when:
 - a. any suspension, probation and/or limitation of the diplomate's license is due to his/her entry into, and successful participation in and/or completion of, a rehabilitation or diversionary program for chemical dependency, authorized by the applicable medical licensing authority; or
 - b. the diplomate voluntarily surrendered or allowed his/her license in a jurisdiction to lapse at a time the diplomate was not practicing in the jurisdiction and did not surrender or allow the license to lapse to avoid disciplinary action by the jurisdiction's licensing authority; or

- c. the licensing authority of a jurisdiction in which the diplomate does not currently practice terminates, suspends, places on probation or limits the diplomate's license in that jurisdiction and the licensing authority(ies) of the jurisdiction(s) in which the diplomate currently practices and holds a full and unrestricted license has been fully apprised of the disciplinary actions against the diplomate's license(s) and/or its surrender, in lieu of disciplinary action, in other jurisdictions.

B. Notification of Action against a Medical License

1. Candidates and diplomates must notify the ABP in writing within 60 days of the effective date of:
 - a. any revocation, surrender, suspension, probation or limitation of his/her medical license or right to practice by any licensing agency;
 - b. voluntary surrender of such a license or right in connection with, or in lieu of, any disciplinary action or consent decree; or
 - c. entry into a rehabilitation or diversionary program for drug or other substance abuse.
 - d. A mental or physical condition that affects their ability to practice safely and effectively.
2. The candidate or diplomate must provide the ABP all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements.
3. Failure to report such an action may result in the denial of eligibility to sit for a certifying examination or the revocation of any and all certificates issued by the ABP, as applicable (see Section X.H. Revocation of Certification).
4. Successful participation in a rehabilitation program for drug or other substance abuse authorized by the applicable medical licensing board will not, by itself, disqualify an applicant from taking a certification examination.

III. GRADUATE MEDICAL EDUCATION (GME) TRAINING REQUIREMENTS

A. General (Primary and Subspecialty Certification)

1. Applicants must have successfully completed a GME program in pathology or a pathology subspecialty accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a pathology program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC). Only pathology training obtained in the United States or Canada is acceptable toward meeting ABP requirements. The ABP does not accept Canadian subspecialty training; however Canadian pathologists who are certified by the RCPSC in AP and NP (separate certificates) may apply for combined AP/NP or NP subspecialty certification.
2. Applicants who completed training in 2008 or later, must obtain certification within their period of eligibility, which is five years from the completion of training. After five years, additional training will be required.
3. Applicants/candidates who completed residency or fellowship training prior to 2008 and completed training 10 years or more ago must complete additional ACGME-accredited training.
 - a. For APCP certification: the applicant must complete 36 months of full-time training. Training must include at least 18 months of structured AP and 18 months of structured CP training.
 - b. For AP only certification: the applicant must complete 24 months of structured AP training.
 - c. For CP only certification: the applicant must complete 24 months of structured CP training.

- d. For Subspecialty certification: the applicant must complete 1 full year of additional training in the area in which the applicant is seeking certification.
4. Verification of the applicant's qualifications by the pathology training program director is required.
 - a. The ABP will provide an on-line evaluation form to the most recent pathology training program director. The program director must complete this evaluation, which verifies that ACGME or RCPSC-accredited training for the requested certification has been successfully completed and that the applicant has demonstrated sufficient competence to enter practice without direct supervision.
 - b. For applicants who have trained in more than one program, the ABP will provide an additional online evaluation form to each pathology training program director responsible for any portion of the applicant's training. The program director(s) completing this form must verify satisfactory performance during the training in that program.
 5. Each institution sponsoring a pathology training program should develop their own sick, vacation, parental, and other leave policies for the resident. Regardless of institutional policies, the ABP defines:
 - a. **One (1) year of training to meet ABP certification requirements must be 52 weeks in duration, and the applicant must document an average of 48 weeks per year of full-time pathology training over the course of the training program.**
 - b. Any training less than 48 weeks must be made up.
 - c. Unused vacation and other leave time may not be accumulated to reduce the overall duration of training.
 - d. The ABP does not allow part-time training for primary certification. A one year (12 month) fellowship may be completed part-time over two years (24 months).
 6. The ABP does not allow credit for student fellowships in pathology during medical school. The ABP does not give "advanced credit" for any training outside of the US or Canada or for training in non-accredited programs for either primary or subspecialty certification.

B. Primary Certification

1. **Combined Anatomic Pathology and Clinical Pathology (AP/CP) Certification**
 - a. The applicant must have 48 months of full-time training in an accredited AP/CP program. Training must include at least 18 months each of structured AP and CP training. The remaining 12 months are flexible and may include AP and/or CP rotations. Training may include up to 6 months of research completed during the pathology training program with the approval of the program director. Applicants for the spring examination must complete their training by July 1 of the year of application. Applicants for the fall examination must complete their training by November 1 of the year of application.
 - b. The applicant must have completed at least 50 autopsies by the time the application for certification is submitted.
 - c. A list of completed autopsies must be uploaded with the application.
 - 1) **(Effective 2018) for residents who have trained in an ACGME accredited program, the ABP will only accept an uploaded copy of your ACGME autopsy log. DO NOT** include FNA's, bone marrow biopsies, or other logged procedures.
 - 2) The autopsy list must include age group, gender, primary pathology diagnosis (e.g. as would be reported on a death certificate) and PGY year the autopsy was

performed. Age group must be listed as: fetal; infant (up to 12 months); child (1-12 years); adolescent (13-18) years and adult (>18 years).

3) **DO NOT INCLUDE** deceased name or age on the autopsy list submitted.

4) **Only RCPSC trained residents may upload the ABP Autopsy form.** An autopsy submission form is available on the ABP Web site (<http://www.abpath.org>).

- d. All autopsies, except forensic cases, must have a signed consent form.
 - e. In order to report an autopsy to the ABP, the applicant must have actively participated in the following (as appropriate to the case):
 - 1) review of the clinical history and circumstances of death
 - 2) external examination of the body
 - 3) gross dissection, including organ evisceration
 - 4) review of the microscopic and laboratory findings
 - 5) preparation of a written description of gross and microscopic findings
 - 6) development of an opinion as to the cause of death
 - 7) clinical-pathologic correlation
 - 8) review of the autopsy report with a faculty member.
 - f. The ABP policy on the use of fetal autopsies to satisfy the 50 autopsy requirement is:
 - 1) A fetal autopsy is defined as one that is performed on a fetus dying in-utero or born dead.
 - 2) There must be a signed autopsy consent form. An anatomic disposal permit is not acceptable.
 - 3) The fetus should be intact. Gross and microscopic examination of the placenta must be part of the autopsy report.
 - 4) No more than 5 fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities (Final Anatomic Diagnosis = intrauterine fetal demise) can count toward the 50 required autopsy cases.
 - 5) Macerated fetuses can only count for 2 of the 5 fetal autopsies with a diagnosis of intrauterine fetal demise.
 - g. The ABP policy on shared autopsies (**effective 2018**)
 - 1) There is **not** a limit of the number of shared autopsies; **no more than two residents can share an autopsy.**
 - 2) The maximum number of single organ autopsies (e.g. brain) allowed is five and **cannot** be shared.
 - 3) The maximum number of limited autopsies (e.g. chest or abdomen only) allowed is ten and **can** be shared.
 - h. The ABP reserves the right to audit autopsy cases submitted by applicants as part of the certification requirements.
 - i. **Candidates for combined AP/CP certification will not be certified by the ABP until both the AP and the CP examinations are passed and all requirements are met.**
2. **Combined Anatomic Pathology and Neuropathology (AP/NP) Certification**
- a. Applicants for combined AP/NP certification must complete 2 full years of ACGME accredited training in anatomic pathology and 2 full years of ACGME accredited training in neuropathology
 - b. Applicants for AP/NP certification must meet the autopsy requirements described under Primary Certification Section III.B.1.b-g.
 - c. Applicants for combined AP/NP certification must pass the AP examination before they will be allowed to sit for the NP examination.

- d. Applicants for combined AP/NP certification must complete the primary application for AP/NP and pay the required fee for the AP portion of the examination.
 - e. Applicants must complete a separate registration for the NP portion of the examination when subspecialty registration becomes available and pay the required fee for the NP portion of the examination.
 - f. Applicants who are certified by the Royal College of Physicians and Surgeons of Canada in AP and in NP (separate certificates) are eligible for ABP combined AP/NP certification or NP subspecialty certification.
- 3. Anatomic Pathology (AP) Certification**
- a. The applicant must have 36 months of full-time training in an accredited AP/CP or AP program. Training must include at least 24 months of structured AP training. The remaining 12 months are flexible; and may include AP and/or CP rotations. Training may include up to 6 months of research completed during the pathology training program with the approval of the program director.
 - b. The applicant must have performed at least 50 autopsies by the time the application for certification is submitted (see autopsy requirements Section III.B.1.b-g).
 - c. Candidates already certified in CP must have an additional 24 months of full-time training in AP including 18 months of structured training in AP. The remaining 6 months are flexible, but must be in one or more areas of AP. Candidates with a time-limited CP certification must be participating in MOC and up to date with all MOC reporting requirements.
 - d. A diplomate certified in CP, who then applies for AP certification, cannot use any previous AP training if it is more than 9 years old, to qualify to take the examination. Additional training will be required.
- 4. Clinical Pathology (CP) Certification**
- a. The applicant must have 36 months of full-time training in an accredited AP/CP program. Training must include at least 24 months of structured CP training. The remaining 12 months are flexible; and may include AP and/or CP. Training may include up to 6 months of research completed during the pathology training program with the approval of the program director.
 - b. Candidates already certified in AP must have an additional 24 months of full-time training in CP including 18 months of structured training in CP. The remaining 6 months are flexible, but must be in one or more areas of CP. Candidates with a time-limited AP certification must be participating in MOC and up to date with all MOC reporting requirements.
 - c. A diplomate certified in AP, who then applies for CP certification, cannot use any previous CP training if it is more than 9 years old, to qualify to take the examination. Additional training will be required.
- C. Subspecialty Certification**
- 1. Requirements for ALL Subspecialty Certifications**
- a. Candidates must have current primary or subspecialty certification from the ABP or another ABMS Board. Applicants may apply to take a subspecialty examination, but will not be declared a board eligible candidate and not allowed to take the exam until primary certification is achieved.
 - b. Candidates with time-limited certification(s) must be participating in MOC and up to date with all MOC reporting requirements.
 - c. Applicants may not use training to qualify for subspecialty certification if all or part of that training was used to meet the training requirements for primary certification.
 - d. Residents must complete at least 2 years of training in AP/CP, AP, or CP before beginning subspecialty fellowship training, except for Dermatopathology, for which

completion of all primary certification training requirements is required prior to the fellowship.

- e. The period of eligibility for subspecialty certification is 5 years from the completion of subspecialty training **or** primary certification, whichever is later.
 - f. Applicants whose period of board eligibility has expired must successfully complete 6 months of additional pathology training in an ACGME-accredited training program in the area(s) in which certification is desired.
 - g. Part-time training for subspecialty certification is acceptable if the part-time training occurs in an approved position in an ACGME-accredited program. The duration of training may not exceed twice that required for qualification.
2. **Blood Banking/Transfusion Medicine**
- a. Candidates must be certified in AP/CP or CP or certified by another ABMS board as noted below and must complete 12 months of training in an ACGME accredited blood banking/transfusion medicine program.
 - b. Diplomates of the American Boards of Anesthesiology, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Surgery, Orthopedic Surgery, Plastic Surgery, Colon and Rectal Surgery, Neurological Surgery, and Thoracic Surgery or any diplomate of an ABMS board who is subspecialty certified in Hematology must complete 12 months of training in an ACGME accredited blood banking/transfusion medicine program.
 - c. Applicants, other than those described in 2.a. or 2.b. above, who are certified by another ABMS member board must complete 24 months of training, including 12 months in an ACGME accredited blood banking/transfusion medicine program and an additional 12 months in blood banking/transfusion medicine acceptable to the ABP (*ABP approval for the additional 12 months should be obtained before the individual begins the additional training*).
3. **Chemical Pathology**
- a. Candidates must be certified in AP/CP or CP and must complete 12 months of training in an ACGME accredited chemical pathology program.
 - b. Applicants who are certified by another ABMS member board must complete 1 full year of training in an ACGME accredited chemical pathology program and 1 additional year in chemical pathology acceptable to the ABP (*ABP approval for the additional year should be obtained before the individual begins the additional year*).
4. **Clinical Informatics**
(See www.abpath.org for more Clinical Informatics information and the paper application. Applications are **not available online** in PATHway.)
- a. Certification in clinical informatics is a joint and equal function of the ABP and the American Board of Preventive Medicine (ABPM). Such function relates to qualification of applicants, standards of examinations, and the form of the certificate.
 - b. All candidates for certification in Clinical Informatics by the ABP must possess current certification by the ABP and meet the qualifications indicated in one of the following pathways to certification.
 - c. **ACGME-accredited Fellowship Pathway**
A physician must have successfully completed 24 months in an ACGME-accredited Clinical Informatics fellowship program. The ABP has approved simultaneous completion of another one year (12 month) fellowship, completed over the same two years as the Clinical Informatics fellowship. The one-year fellowship should have focus, projects, or processes related to clinical informatics. A physician completing the two fellowships will be eligible for certification in both

Clinical Informatics and the other subspecialty, if ABP certification is available in that subspecialty.

Until a sufficient number of training programs are accredited, the following additional pathways to certification will be available.

d. **Practice Pathway (in effect until 2022)**

An applicant may submit documentation of a 36-month period of time in which he/she spent a minimum of 25% of his/her time engaged in the practice of clinical informatics at the subspecialty level. All practice time must have occurred in the 5-year interval immediately preceding application for certification. These experiences must consist of broad-based professional activities with significant clinical informatics responsibility. Documentation of clinical informatics research and teaching activities may also be submitted for review. The practice experience may include a period of time spent in non-accredited fellowship training.

e. **Non-Accredited Fellowship Pathway (in effect until 2022)**

An applicant may request credit for training in a non-ACGME accredited fellowship program. Training in a non-ACGME accredited program for less than two years duration may be applied toward the practice pathway described above. The training received in the non-accredited fellowship must have been substantially equivalent to, or exceeded, the training required in ACGME accredited fellowships. The fellowship training curriculum and a description of the training experience must be submitted with the application.

5. **Cytopathology**

- a. Candidates must be certified in AP/CP or AP, and must complete 12 months of training in an ACGME accredited cytopathology program.

6. **Dermatopathology**

- a. Certification in dermatopathology is a joint and equal function of the ABP and the American Board of Dermatology (ABD). Such function relates to qualifications of applicants, standards of examinations, and the form of the certificate.
- b. Candidates must be certified in AP/CP or AP or Dermatology and must have completed 12 months of training in an ACGME accredited dermatopathology fellowship program. Fellowship training can only be taken after the applicant has met the full training requirements for primary certification in pathology.
- c. Training programs in dermatopathology are a joint and equal function of departments of pathology and dermatology. A pathologist applicant must spend a portion of their training in clinical dermatology, as required by the ACGME Dermatopathology Program Requirements.

7. **Forensic Pathology**

- a. Candidates must be certified in AP/CP or AP and must complete 12 months of training in an ACGME accredited forensic pathology program.

8. **Hematopathology**

- a. Applicants who are certified in AP/CP, AP, or CP or who have a primary certificate and a subspecialty certificate in hematology from another ABMS member board must complete 12 months of training in an ACGME accredited hematopathology program.
- b. Applicants (other than those described above in III.C.8.a.) who are certified by another ABMS member board must complete 24 months of full-time training including 12 months in an ACGME accredited hematopathology program and 12 additional months in hematology acceptable to the ABP (*ABP approval for the additional year should be obtained before the individual begins the additional year*).

9. **Medical Microbiology**

- a. Applicants who are certified in AP/CP, AP, or CP or who have a primary certificate plus a subspecialty certificate in infectious disease from another ABMS member board must complete 12 months of training in an ACGME accredited medical microbiology program.
- b. Applicants (other than those described above in III.C.9.a.) who are certified by another ABMS member board must complete 24 months of full-time training including 12 months of training in an ACGME approved medical microbiology program and 12 additional months in medical microbiology acceptable to the ABP (*ABP approval for the additional year should be obtained before the individual begins the additional year*).

10. **Molecular Genetic Pathology**

- a. Certification in molecular genetic pathology is a joint function of the American Board of Medical Genetics and Genomics (ABMGG) and the ABP. Such function relates to qualifications of applicants and standards of examinations.
- b. Prerequisites
 - 1) Candidates must be certified in AP/CP, AP, or CP or certified by the ABMG. Only ABMG physician diplomates may be candidates for this exam.
 - 2) Applicants must complete at least 12 months of training in an ACGME accredited molecular genetic pathology program.
- c. Training
 - 1) Training programs in molecular genetic pathology are a joint and equal function of departments of pathology and departments or divisions of medical genetics. The pathologist applicant must gain an understanding of the principles involved in the diagnosis, management, and treatment of genetic disorders and of counseling patients and the families as delineated in the ACGME Molecular Genetic Pathology Program Requirements.

11. **Neuropathology**

- a. Applicants who are certified in AP/CP or AP must complete 24 months of training in an ACGME accredited neuropathology program.
- b. Applicants who are certified in CP or are certified by another ABMS member board must complete 12 months of ACGME accredited training in anatomic pathology and 24 months of ACGME accredited training in neuropathology.
- c. **Combined Anatomic Pathology/Neuropathology certification** (see Section III.B.2.a-e.)
- d. Applicants who are certified by the Royal College of Physicians and Surgeons of Canada in AP and in NP (separate certificates) are eligible for ABP combined AP/NP certification or NP subspecialty certification.

12. **Pediatric Pathology**

- a. Applicants who are certified by the ABP in AP/CP or AP or certified by the RCPSC in anatomic pathology or general pathology must complete 12 months of ACGME accredited training in pediatric pathology.

IV. **PHYSICIAN-SCIENTIST RESEARCH PATHWAY**

A. **OBJECTIVES**

- To increase the number of physician-scientists in pathology
- To attract exceptional and committed young physician-scientists to pathology
- To prepare trainees for careers in academic medicine centered on basic science or clinical research

- To provide flexibility in training pathways, while assuring the clinical competency of trainees that select this pathway

B. GENERAL REQUIREMENTS

1. The ABP Physician-Scientist Research Pathway is intended for those physicians who are committed to contributing to new scientific knowledge in basic science, and clinical or translational medicine through a career that will involve funded research. Residents may enter the Physician-Scientist Research Pathway while training in AP, CP, AP/CP, or AP/NP. In some instances a trainee may enter this program following completion of a subspecialty fellowship. A trainee may transfer into or out of the pathway at any time without ABP approval. Training programs do not need ABP approval or notification to offer this pathway; however, a program will be asked to provide information regarding candidates completing this program for purposes of tracking and outcomes assessment.
2. Current ABP graduate medical education (GME) training requirements allow for up to six months of research during core training. Trainees in the Physician-Scientist Research Pathway must complete at least one additional year of research. Research is defined as scholarly activities expected to develop and contribute to generalizable knowledge, typically involving grants supporting the activities, and may include basic science, clinical, or translational research. Trainees may complete additional years of research, depending on their institution, and are encouraged to do so, especially if they wish to seriously pursue a career in basic science or clinical research. ACGME Program Requirements must be followed during the six months of research that is part of the required core GME training; however the additional research time is not subject to ACGME Program Requirements. All additional research time must occur in blocks of at least six months and should be protected by not being commingled with substantial clinical training. Trainees are encouraged to complete their core training prior to their research year(s) and to become ABP certified as soon as they are eligible.
3. The GME training requirements to apply for board certification are the same as for trainees that are not in this pathway (See section III). Trainees should apply to take the certification examination as soon as GME training requirements are completed. Trainees must become certified within five years of completion of GME requirements. The ABP certification examination and ABP certificates are the same for all candidates, whether they are in the research pathway or standard pathology training. A research year, like a fellowship year, will meet the Maintenance of Certification Part II and Part IV requirements (except for peer evaluations) for that period of the MOC cycle.
4. The Program Director is responsible for the core GME training and must approve the six months of research completed as part of the core. Supervision of the trainee's additional year(s) of research should be the responsibility of a faculty research mentor. An ideal research mentor is a successful investigator with an active research program and peer-reviewed research funding. Establishment of a research review committee that meets at least every six months to provide advice and feedback to the trainee is strongly encouraged. Research may be done at more than one institution, but the experience should have oversight and coordination by a single mentor.
5. The ABP will not oversee the research training. An applicant for ABP certification must indicate on their application form that they are in the Physician-Scientist Research Pathway, what their research topic is, and the name of their research mentor. The Program Director must verify this information. The Program Director should notify the ABP if a candidate/diplomate does not complete the Research Pathway.

V. CANDIDATES WITH DISABILITIES

A. Policy

1. The ABP will provide applicants/candidates who have documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, as appropriate.
2. Such accommodations must not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.

B. Documentation of Disability

1. The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A "qualified" individual with a disability is one who meets the requirements to take the examination and with or without reasonable accommodation, can perform the essential functions of a pathologist.
2. Applicants/candidates requesting accommodation due to a disability must submit an **Examination Accommodations Request Form** found at www.abpath.org and provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability.
3. Applicants/candidates who provide documentation that they have received, in the administration of the USMLE examinations, the same type of accommodations as they request for the ABP certification examination, are not required to submit additional documentation with the Request Form.
4. Applicants/candidates who have not received an accommodation on the USMLE examination must submit the information required in the request form. Such documentation must include a professionally recognized diagnosis of the disability and medical records or other documentation of the diagnosis of the disability by a qualified healthcare professional.
5. The ABP reserves the right to request additional documentation as necessary.
6. If an applicant/candidate is given accommodation on an ABP examination, he/she will automatically receive the same accommodation on any subsequent ABP examinations.

C. Type of Accommodation

1. Applicants/candidates requesting accommodation must identify the type of accommodation requested.
2. The ABP will determine the type of accommodation to be made for a candidate with a verified disability.
3. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.

D. Examination Accommodation Request Form Deadline

1. Initial applicants and repeat candidates who are submitting their first request must submit the request form for accommodation and documentation no later than the **application deadline**.
2. Applicants/candidates denied a request for accommodation may appeal the denial in accordance with ABP's appeals procedure.

VI. SUBSTANCE ABUSE OR IMPAIRMENTS

- A. An applicant for certification who, within 3 years of his or her application, 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 drug or other substance abuse will be required to provide the following information to the ABP:

1. The applicant must show that he/she has successfully completed a rehabilitation or diversionary program authorized by the applicable medical licensing authority or is successfully enrolled in such a program.
 2. The applicant must show that the applicant has successfully completed or is enrolled in a private treatment program and the responsible program administrators and physician must attest, to the satisfaction of the ABP, that the applicant has been free of dependency or impairment 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 on-going problem that impairs the applicant's ability to practice safely and effectively.
- B. Mental and Physical Impairment.** An applicant who has a mental or physical impairment that affects the applicant's ability to practice safely and effectively will be required to provide medical evidence from the appropriate physicians, treatment centers and hospitals demonstrating to the ABP that the impairment does not compromise the applicant's ability to practice safely and effectively.

VII. EXAMINATIONS

A. Primary Certification

1. AP/CP applicants may not apply for any part of the AP/CP examination until all AP/CP training requirements are anticipated to be completed by the completion of training requirements in Section III. B. 1.
2. Candidates for combined AP/CP certification will not be certified by the ABP until both AP and CP examinations are passed and all other requirements are met.
3. The AP and CP examinations do not have to be taken within the same examination period (i.e. spring or fall), but both must be passed before an AP/CP candidate is considered certified and a diplomate.
4. Candidates who completed training in 2008 or later must complete all certification requirements, including passing the examination, within 5 years from the completion of residency training.

B. Subspecialty Certification

1. Candidates who completed training in 2008 or later must complete all certification requirements within 5 years from the completion of training **or** from the date of primary certification, whichever is later.

C. Application

1. Individuals applying for the spring primary examinations must anticipate completing their training by July 1 of the year of application.
2. Individuals applying for the fall primary examinations must anticipate completing their training by November 1 of the year of application.
3. Individuals applying for subspecialty examinations must anticipate completing their training by October 1 of the year of application.
4. Application forms for primary and subspecialty certification are available online through PATHway on the ABP Web site (<http://www.abpath.org>). All applications must be completed and submitted online, with the exception of Clinical Informatics.
5. The ABP accepts credit card payments only (MasterCard, Visa, and American Express). Checks are not accepted. Online payment must be completed before the application can be finalized.

D. Honor Code

1. Applicants must sign an Honor Code when applying for certification. This is a legally binding contract between the physician and the ABP.

2. Any violations of the Honor Code may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of a candidate's examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABP. Violations include, but are not limited to:
 - a. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of candidates' answers.
 - b. The unauthorized possession, reproduction, or disclosure of any ABP examination related materials, including, but not limited to, examination questions or answers, before, during, or after the examination.
 - c. The offering of any benefit to any agent of the ABP in return for any right, privilege, or benefit that is not usually granted by the ABP to other similarly situated candidates or persons.
 - d. Possession of notes, books, or any other examination aid in the examination area.
 - e. Engaging in irregular behavior in connection with the administration of the examination, including but not limited to:
 - 1) Referring to notes, books, or any other examination aid at any time during the examination, including breaks,
 - 2) Transferring or receiving information relating to the contents or answers of the examination to or from another candidate or a third party before, during, or after the examination. This prohibition includes any transfer of information between a candidate and another person at any time during the examination, including breaks, and any recall or reconstruction of examination questions and answers and the transfer of information concerning the same after the examination.
 - 3) Possession of a cell phone, watch, or any other electronic device at the testing workstation.
3. The ABP may withhold a candidate's scores and require that the candidate retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of the candidate's personal involvement in such activities.

E. Fees

1. The examination application fee includes a nonrefundable administrative fee of \$100.
2. If an AP/CP applicant takes the AP and CP examinations at different times, there is a separate examination fee for each exam.
3. Late application fees for primary and subspecialty examinations are non-refundable.
4. See Exam Fee Schedule on the ABP Web site (<http://www.abpath.org>).

F. Period of Board Eligibility for Examination

1. An applicant is declared board eligible for examination only after an application has been received and approved by the Credentials Committee. Applicant's board eligibility information will be posted in their "My Profile" tab on their PATHway account.
2. **Candidates for primary certification (AP and/or CP) who complete residency training on or after January 1, 2008:**
 - a. Applicants have 5 years of board eligibility from the end of their residency training to complete all requirements for certification by the ABP (e.g. training completed in 2017 + 5 years = 2022; the applicant has until the end of 2022 to be certified). After 5 years, additional training will be required.
 - b. The length of the board eligibility period decreases by the length of time between completion of training and submission of application. For example, if an applicant does not apply for the examination until three years after the completion of training, once approved by the Credentials Committee, he/she will only have the next two years to take and pass the examination.

- c. A board eligible candidate may take the examination as many times as it is given during the period of board eligibility.
3. **Candidates for subspecialty certification who complete fellowship training after January 1, 2008**
- a. Applicants have 5 years from the end of their fellowship training **or** from the year of their primary certification, whichever is later, to complete all requirements for subspecialty certification by the ABP.
 - b. The length of the board eligibility period decreases by the length of time between completion of training **or** primary certification, whichever is later, and submission of the application. For example, if an applicant does not apply for the examination until three years after the completion of training or their primary certification, whichever is later, once approved by the Credentials Committee, he/she will only have the next two years to take and pass the examination.
4. At any time after declaring an applicant board eligible for examination, the Credentials Committee, at its discretion, may withdraw such board eligibility or, as a condition, may require that the applicant satisfy specified conditions. In the exercise of its discretion under this regulation, the Credentials Committee will be entitled to act without reason assigned.
5. If it is determined that an applicant has:
- a. falsified information or has withheld material information in connection with his or her application or in any other representation to the ABP or any committee thereof, including, but not limited to an applicant's failure to report any revocation or suspension of, or limitation to, his or her license as required in Medical Licensure Section II, or
 - b. misrepresented to any third party his or her status as a diplomate of the ABP and/or
 - c. engaged in irregular behavior, the applicant will not be approved for the certifying examination and will be ineligible to file a new application for a period of up to 3 years.
- G. **Reporting of Examination Results to Candidates**
- 1. When all requirements for certification are met, the candidate will receive a letter posted on the Board Correspondence screen in PATHway 6 weeks following the last day of examination(s) indicating whether or not he/she has been successful. The ABP does not report examination scores to successful candidates.
 - 2. An engraved certificate will be mailed to a successful diplomate approximately 4 months after release of the results.
 - 3. Examination score(s) and information regarding relative performance in areas of the examination is provided to unsuccessful candidates only.
 - 4. If a candidate has not submitted all requirements for certification (e.g. current, full medical license), examination results will be withheld by the ABP until evidence of completion of these requirements has been received and evaluated by the ABP. **If all requirements are not met within 2 years from the date of the examination, the examination results will become null and void.**
- H. **Reporting of Examination Results to Training/Fellowship Programs**
- 1. Each year, residency and fellowship training program directors receive, via PATHway, a report of the board examination performance of all residents or fellows, by name, who have done all or part of their training in the program during the previous 6 years.
 - 2. The most recent six-year cumulative board performance report, without names, is sent annually to the ACGME Pathology Residency Review Committee for use in accreditation of the training/fellowship program. The ACGME report includes only residents/fellows who completed all of their training in the program.
- I. **Unsuccessful Candidates**
- 1. For candidates who complete residency and/or fellowship training **on or after January 1, 2008**, the following policy applies.

- a. An AP and/or CP candidate who is not successful in becoming certified during his/her five year period of board eligibility must complete an additional year of ACGME-accredited training or non-ACGME accredited training affiliated with an ACGME-accredited training program in the area(s) in which he/she is unsuccessful before re-applying for the examination. **The additional year of training must be completed after the period of board eligibility terminates, but no later than 10 years after the completion of initial training.**
- b. If the candidate has passed either the AP or CP examination but not the other, he/she may apply for single certification in that discipline provided the certification requirements are met (see Section VIII.).
- c. A subspecialty candidate who is not successful in becoming certified in the subspecialty examination during his/her period of board eligibility must complete at least an additional six months of training in an ACGME-accredited fellowship or non-ACGME accredited training affiliated with an ACGME-accredited training program in the subspecialty before re-applying for the examination. **The additional six months of training must be completed after the period of board eligibility terminates, but no later than 10 years after the completion of initial training.**
- d. Candidates requesting an additional period of board eligibility based on training will receive a 5-year additional period of board eligibility.

VIII. SINGLE CERTIFICATION FOR CANDIDATES BOARD ELIGIBLE FOR COMBINED CERTIFICATION WHO ARE SUCCESSFUL IN ONLY ONE OF THE EXAMINATIONS

- A. Candidates who are board eligible for certification in AP/CP must pass both examinations to become certified.
- B. Candidates successful in only one of the primary examinations (AP or CP) have the option to request that the ABP award a single certificate in the primary area (AP or CP) in which they were successful, if all training requirements have been met.
 1. Original applications and any subsequent training will be evaluated for compliance with single certification requirements. All of the requirements for certification in Anatomic Pathology or Clinical Pathology must be satisfied as described in Sections III.A and III.B.
 2. Candidates must sign the statement included with the application for single certification stating that they are relinquishing their board eligibility in AP/CP and are requesting primary certification in the area in which they were successful (AP or CP).
 3. Candidates must complete the application for single certification, which is available on the ABP Web site (<http://www.abpath.org>) and submit the appropriate fee. This application must be downloaded, completed and mailed to the ABP office so that it is received no later than the published deadline. An online application is not available.
 4. Training used to satisfy the requirements for a single certificate may not be used subsequently to obtain additional certification. If a candidate applies for the other primary certificate at a later date, he/she will be expected to satisfy existing requirements for the other primary certificate at the time of application, which may require additional training in an ACGME accredited training program.
 5. Application for single certification must be submitted within 3 years of expiration of the period of board eligibility in which the primary examination was passed.
 6. Candidates who are board eligible for combined AP/NP certification must pass both examinations to receive a combined certificate. Candidates successful in the primary examination (AP) but not in the NP examination may apply for a single primary (AP) certificate as outlined above.

- C. Applications for single certification are evaluated in May and in November. Applications received by March 1 will be evaluated in May. Applications received by October 1 will be evaluated in November. The fee for single certification is \$1000.00.

IX. EXAMINATION DATES/DATE ASSIGNMENTS

- A. **Location.** All examinations are computer based and are administered at the ABP Examination Center located at One Urban Centre, Suite 689, 4830 West Kennedy Blvd., Tampa, Florida. The **primary** examination is also offered at The American Board of Radiology examination center located at 5441 E. Williams Circle, Tucson, AZ. **Tucson is used for the Spring primary examinations only.** The Tucson assignments are made on a first come basis, based on date of the completed application and training program location. There are a limited number of candidates who can be assigned to the Tucson examination center. All Fall examinations are administered in Tampa.
- B. **Posting.** Date assignments for all examinations are made by the ABP and are posted to the Board Correspondence screen in PATHway.
1. Primary examination dates for the spring session will be posted in March, for the fall session in September.
- C. **Anatomic Pathology and Clinical Pathology Examinations**
1. See "Taking an Examination" on the ABP web site www.abpath.org for the Examination Schedules, Hotel Links, Examination Information and Dates & Deadlines.
 2. Special requests for date assignments cannot be accepted.
- D. **Subspecialty Examinations**
1. All subspecialty examinations are given one time each year.
 2. Some subspecialty examinations are given on more than one day, depending on the number of candidates. If that is the case, the examination date assignment will be posted approximately 6 weeks prior to the examination date to the Board Correspondence in your PATHway.
 3. A candidate for the Spring primary examinations (AP and/or CP) who wishes to apply for a subspecialty examination in the same year must submit the subspecialty application prior to the subspecialty application deadline.
 - a. If the candidate is successful in the primary examination, the ABP will automatically process the application for the subspecialty examination.
 - b. If the candidate is not successful, he/she will be notified and the subspecialty examination fee minus a \$100 administrative fee will be refunded. A new subspecialty application must be completed for future examinations.
- E. **Application Deadlines and Late Applications**
1. See Examinations on the ABP Web site (<http://www.abpath.org>) for important dates and deadlines.
 2. **Late Application/Registration Period and Fee.** Late application and registration (for previously qualified candidates that did not take or pass the exam) for examinations is available for one month past the original deadline and requires payment of a non-refundable late fee [see Exam Fees on the ABP Web site (<http://www.abpath.org>)]. There is no late registration (for previously qualified candidates that did not take or pass the exam) for the fall primary examinations, because of the already late deadline of August 15.
- F. **Cancellation of an Examination**
1. If a candidate cancels for the examination after the deadline for application/registration or does not appear for the examination, the entire examination fee is forfeited with the following exceptions:

- a. Personal illness at the time of the examination, validated by the candidate's personal physician. Documentation must be submitted and received by ABP within 60 days of the date of the examination.
- b. Inability to accept the date assignment (**AP and/or CP only**)
 - 1) Once an examination date assignment (**AP and/or CP only**) is posted to a candidate's Board Correspondence screen on PATHway, the candidate has two weeks from the date that the assignment is posted to cancel.
 - 2) If the date is not acceptable, a candidate must cancel on the Board Correspondence screen in PATHway. The examination fee minus a \$500 cancellation fee will be refunded to the candidate's credit card within two weeks of cancellation.
 - 3) There is no opportunity to change the date assignment within a given examination period (spring or fall).
 - 4) If the ABP is not notified within the 2-week period, the date assignment will stand.
 - 5) It is the candidate's responsibility to notify the ABP in writing of any change that may affect a scheduled examination.

X. CERTIFICATES

- A. All certificates issued by the ABP after January 1, 2006 are time-limited and remain valid contingent upon the diplomate's participation in Maintenance of Certification.
- B. Certificates issued prior to January 1, 2006 are not time-limited.
- C. After meeting all certification requirements, a candidate is issued a certificate by the ABP. Engraved certificates are mailed approximately 3-4 months after the results of the examination are posted. It is the diplomate's responsibility to keep their mailing address and email current in PATHway.
- D. Candidates qualified for combined certification (AP/CP or AP/NP) receive one certificate indicating that the pathologist is certified in both disciplines. This certificate is issued only after both examinations have been passed.
- E. The ABP does not issue duplicate certificates.
- F. **Replacement Certificates**
 1. If a certificate is lost or destroyed, the diplomate can request a replacement, stating on the order form the reason for replacement of the original certificate.
 2. The replacement certificate will indicate that the certificate is a replacement and the date of the replacement.
 3. The fee for a replacement certificate is \$75 payable by credit card only. Both the order form and payment form are available on the ABP Web site (<http://www.abpath.org>).
- G. **Verification of Certification**
 1. Requests for verification of a pathologist's certification should be made via the ABP Web site (<http://www.abpath.org>) and must include enough demographic information to identify the pathologist.
 2. Requests must be accompanied by payment of \$35.
- H. **Revocation or Expiration of Certification**
 1. At its discretion, the ABP may revoke a certificate for cause, including but not limited to:
 - a. The diplomate did not possess the required qualifications or did not fulfil the requirements for examination, whether or not such deficiency was known to the ABP or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be.

- b. The diplomate made a material misrepresentation or withheld material information in the application or in any other representation to the ABP or any committee thereof, whether intentional or unintentional.
- c. The diplomate violated the Honor Code and/or engaged in irregular behavior in connection with an examination of the ABP (as described under Honor Code Section VII.D), whether or not such practice had an effect on his or her performance on an examination.
- d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that, in the opinion of the ABP, has a material relationship to the practice of medicine.
- e. The diplomate made a misrepresentation to the ABP or any third party as to his or her status as a diplomate of the ABP.
- f. The ABP receives information that an adverse licensure action has been taken against a diplomate.
 - 1) For purposes of this policy, adverse licensure action will mean:
 - a) a final action by one of the licensing authorities of the United States or Canada that revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review, except as provided in Section II.B.4) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and that resulted from or is based on misconduct involving patient care and/or ethical practice; or
 - b) the voluntary surrender of a license or associated right in connection with, or in lieu of any disciplinary action by, or consent decree or settlement agreement with, one of the licensing authorities of the United States or Canada.
 - 2. A diplomate's time-limited certificate will expire in the event a diplomate fails to meet the ABP's Maintenance of Certification (MOC) program requirements.
 - 3. A diplomate may appeal a revocation or early expiration of his/her certificate pursuant to the ABP appeals procedure set forth in Section XIII.
 - 4. If a diplomate's certificate is revoked and the diplomate subsequently regains a full and unrestricted license to practice medicine, he/she may provide proof of such to the ABP and request that the certificate be reinstated.
 - 5. If a diplomate's time-limited certificate expires because of failure to meet MOC requirements and the diplomate subsequently meets all requirements for MOC, he/she may request that the certificate be reinstated. (See the MOC Booklet of Information regarding expiration of certification and policies for reinstatement.)
 - 6. If a request for reinstatement of certification is approved, certification will be restored subject to all rules in force at the time of the restoration, including time-limited certification and mandatory participation in Maintenance of Certification.

XI. PUBLIC REPORTING OF CERTIFICATION

- A. The American Board of Pathology provides the American Board of Medical Specialties (ABMS) with a listing of diplomates, which ABMS publishes online at <http://www.abms.org>. This information is available to the public and published in a directory that is routinely used by credentialing organizations. Candidates are given reporting options at the time of application for examination.
- B. The ABP also releases certification information to Cooperating Societies of the ABP and on request to recognized pathology societies.

XII. MAINTENANCE OF CERTIFICATION (MOC)

- A. For complete and detailed information on the MOC program, please refer to the *Maintenance of Certification (MOC) Booklet of Information* found on the ABP website.
- B. Participation in the Maintenance of Certification (MOC) program is required for ABP diplomates with certificates issued in 2006 or after. Voluntary participation in MOC is available to pathologists with non-time limited certificates issued prior to 2006.
- C. The Maintenance of Certification program has four components:
 - 1. Part I: Professionalism and Professional Standing.
 - 2. Part II: Life-Long Learning and Self-Assessment.
 - 3. Part III: Assessment of Knowledge, Judgment, and Skills.
 - 4. Part IV: Improvement in Medical Practice.

XIII. APPEALS PROCEDURES

- A. An individual who has received an unfavorable ruling from the ABP or a committee of the ABP may appeal such ruling by sending a notice of appeal to the ABP within 60 days of the date such ruling was made available to the individual.
- B. 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 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.
- C. On receipt of a request for a hearing, the Chief Executive Officer 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 ruling 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 Chief Executive Officer 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 Chief Executive Officer 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 appeals committee will provide the Chief Executive Officer and the individual with copies of any written reports, affidavits, or statements of experts the committee intends to present at the hearing.
 - 5. Not less than seven days prior to the hearing, the appellant will provide the Chief Executive Officer 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 Chief Executive Officer will submit the written material referred to in C.4. and C.5. above 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. The committee will not have the right to present any information or evidence not previously provided as required in C.4. and C.5. above. 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/she may present such relevant information and evidence as he/she deems appropriate in support of his/her position. The individual will not have the right to present any information or evidence not previously provided as required in C.4. and C.5. above. The failure of the individual to produce information or documents requested by the concerned ABP committee as required in paragraph C.5. above will be grounds for upholding and affirming 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 a majority vote 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.

ACCREDITATION OF PATHOLOGY TRAINING PROGRAMS

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of all graduate medical education pathology training programs in the United States. The member organizations of ACGME are: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

The responsibility for evaluating the quality of residency training programs in pathology is delegated to the ACGME Residency Review Committee (RRC) for Pathology. RRC members are appointed by the ACGME. Nominations are made by the American Medical Association and the ABP. The RRC is responsible for the preparation of the "Program Requirements for Residency Training in Pathology" and the pathology "Milestones".

Program Accreditation Review Process

Requests for information regarding accreditation of Pathology residency training programs should be directed to:

Cheryl Gross, Executive Director
ACGME Residency Review Committee for Pathology
515 North State Street, Suite 2000
Chicago, Illinois 60610
312/755-5025
Fax: 312/755-7498

For detailed and specific information about the general requirements for Pathology residency training programs, consult the ACGME Web site at www.acgme.org or the *AMA's Graduate Medical Education Directory* (available from the AMA bookstore at <https://catalog.ama-assn.org/Catalog/home.jsp>). An on-line Directory of Pathology Training Programs is available from the Intersociety Council for Pathology Information, Inc. at www.pathologytraining.org.



LOGO

Revised in 2015, the logo of the American Board of Pathology depicts the origin and evolution of pathology. The traditional microscope in the foreground symbolizes cellular pathology and laboratory medicine. In the background the double helix reflects the evolving discipline in the molecular era.