



CONTINUING CERTIFICATION (CC) BOOKLET OF INFORMATION

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MISSION OF THE AMERICAN BOARD OF PATHOLOGY

The mission of the American Board of Pathology, a member of the American Board of Medical Specialties, is to serve the public and advance the profession of pathology by setting certification standards and promoting lifelong competency of pathologists.

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REVISED February 2021

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POLICIES, PROCEDURES, AND REQUIREMENTS

This document supersedes all previous publications of the American Board of Pathology (ABPath) concerning its policies, procedures, and requirements for the Continuing Certification (CC) Program.

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

HISTORIC CONTEXT

The sophisticated practice of anatomic and clinical pathology emerged in the late 1800s and during the first decades of the 20th century. As pathologists performed autopsies to define the anatomic manifestations and extent of disease, examined specimens from living patients, and reported their diagnostic findings to surgeons, their value to the delivery of patient care began to gain appreciation and respect.

At first, pathologists were not considered “equal” in medical practice by their clinical colleagues. Finally, in 1926 clinical pathologists received significant enhanced recognition when the American College of Surgeons revised its Minimal Standards to require that clinical laboratories be under the direction of MD physicians with special training in clinical pathology and that “all tissue removed at operations shall be examined in the laboratory and reports rendered thereon”.

Recognition of pathologists as physicians and pathology as a medical profession was reinforced in June 1935 when a joint committee of the American Medical Association Section on Pathology and Physiology and the American Society of Clinical Pathologists agreed unanimously that a Board of Pathology should be established. In July 1936 the American Board of Pathology (ABPath) was incorporated in Michigan and approval was granted by the Advisory Board of Medical Specialties and the AMA Council on Medical Education and Hospitals. On July 19, 1936 the ABPath 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.

CONTINUING CERTIFICATION OVERVIEW

The ABPath, as one of the 24 member boards of the American Board of Medical Specialties (ABMS), is committed to continuous professional development through its CC program. CC assists physicians in maintaining standards necessary for them to provide quality care throughout their careers. CC assures the public that the physician is committed to lifelong learning and competency in pathology. The program requires ongoing assessment of the six competencies adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS to ensure that all aspects of practice are evaluated and outcomes are measured. The six competencies are:

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Diplomates of the ABPath are required to accurately state their certification status in curriculum vitae, publications, directories, letterheads, etc. A diplomate whose certificate has lapsed or been revoked 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 ABPath when such is not the case, the ABPath will notify appropriate authorities, including, but not limited to, credentialing agencies, licensing boards, and law enforcement agencies.

RECIPROCITY FOR CONTINUING CERTIFICATION

The **Royal College of Physicians and Surgeons of Canada (RCPSC)** has recognized the ABPath's CC Program as substantively equivalent to the MOC program in Canada. This means that Fellows of the Royal College who are living and practicing in the United States can use the ABPath's CC Program to maintain their membership and Fellowship with the Royal College without having to also participate in the Royal College's MOC program.

The ABPath has adopted a reciprocity policy for diplomates participating in the **Royal College of Physicians and Surgeons of Canada (RCPSC)** MOC program. Diplomates participating in MOC with the RCPSC can submit documentation of current participation in lieu of reporting Part II & Part IV requirements. Diplomates must be living and practicing in Canada to have Part II & Part IV requirements waived.

The ABPath has adopted a reciprocity policy for diplomates maintaining their primary certification with another ABMS member board's MOC program. These diplomates can submit documentation of current MOC participation with another ABMS member board in lieu of reporting all Part II and IV requirements of the ABPath's CC program.

CONTINUING CERTIFICATION SUMMARY

All primary and subspecialty certificates issued in 2006 and thereafter by the ABPath are valid as long as diplomates participate in the Continuing Certification (CC) Program to maintain their certification(s). **Continuing certification status is contingent upon meeting all CC requirements and reporting deadlines of the program.**

The ABPath's CC Program consists of the following requirements which are described in greater detail under CC Requirements and Policies.

Reporting Requirements

Professionalism and Professional Standing

Diplomates must hold a valid, unrestricted medical license, meet the ABPath's professionalism expectations, and abide by the American Medical Association's and American Osteopathic Association's Code of Ethics.

Lifelong Learning and Self-Assessment

Diplomates must meet the ABPath's continuing medical education requirements.

Improvement in Medical Practice

Diplomates must engage in specialty-relevant performance-in-practice assessment and improvement activities.

Assessment Requirement

Diplomates must assess their pathology-specific knowledge, judgment, and skills by passing a secure assessment at least once every 10-years.

Diplomates must meet Reporting requirements online by completing CC Reporting Forms in PATHway. All CC requirements and deadlines are based on the year of enrollment in the CC program. Diplomates issued certificates after 1/1/2006 are automatically enrolled in the CC program. Diplomates with non-time limited (lifetime) certificates issued prior to 1/1/2006 may voluntarily enroll in the CC Program at any time.

All Trustees and the Chief Executive Officer of the ABPath are currently participating in the CC Program.

A diplomate issued a primary certificate by ABPath (AP/CP, AP only, CP only, or AP/NP) after 1/1/2006 must maintain their primary certificate in order to maintain their ABPath subspecialty certification. If a diplomate holds primary certification with another ABMS board and an ABPath subspecialty certification, and that primary certification is no longer active, the subspecialty ABPath certification can be maintained by participation in ABPath's CC Program.

Diplomates with more than one certificate need only submit a single reporting form to maintain all certificates held. The diplomate can use the same Part II (CME) and Part IV activities to meet CC requirements for all certificates.

All CC fee payments must be made online by major credit card (MasterCard, Visa, or American Express) at the time of CC Reporting Form submission. Paper forms and checks are not accepted.

A diplomate must be up to date in reporting requirements before they will be allowed to sit for the CC examination or any additional primary or subspecialty examinations.

To successfully complete a 10-year CC cycle, a diplomate must have all five electronic CC Reporting Forms approved and pass a CC assessment for each certification. After successful completion of the first 10-year CC cycle, the next 10-year cycle will commence.

CC REQUIREMENTS AND POLICIES

I. Part I: Professionalism and Professional Standing

ABMS Competency: Professionalism.

Requirements must be reported to the ABPath every two years via PATHway, except for peer attestations which are only required in the 4th and 8th years of the 10-year CC cycle.

The ABPath has adopted the AMA and AOA Code of Ethics, the ABMS definition of Medical Professionalism, and EPCOM's Guiding Principles as standards of conduct that define the essentials of ethical behavior for physicians.

A. Medical Licensure

1. Diplomates must maintain a full and unrestricted license to practice medicine in all the jurisdictions in which they practice.
2. Diplomates may be declared ineligible to participate in CC or to take CC assessments due to the revocation, surrender, suspension, probation, or limitation of any medical license. A diplomate may not be rendered ineligible when:
 - a. any suspension, probation and/or limitation of the diplomate's license is due to their 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 their license to lapse in a jurisdiction 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.
3. Diplomates practicing outside the United States or Canada must maintain a full and unrestricted license in the local jurisdiction in which they practice.
4. Each diplomate must provide the ABPath with complete information concerning any revocation, surrender, suspension, probation, or limitation of their license or right to practice within 60 days of the action's effective date. This information must include, but shall not be limited to, the identity of the medical licensing authority imposing the restriction, the restriction's duration, basis, specific terms, and conditions and all relevant documentation. Failure to report such an action may result in a diplomate being declared ineligible to participate in CC or take the CC examination or may result in revocation of certification.
5. An English translation must accompany all documents that are written in another language.

B. SUBSTANCE ABUSE OR IMPAIRMENTS

1. A diplomate who, within the last three years, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered into a rehabilitation or remediation program for drug or other substance abuse will be required to provide the ABPath with documentation showing that he/she has successfully completed a rehabilitation or remediation program authorized by the applicable medical licensing authority or is successfully enrolled in such a program.

2. In the case of a private treatment program, the diplomate must show that they have successfully completed or are enrolled in a private treatment program. The responsible program administrators and treating physician must attest, to the satisfaction of the ABPath, that the diplomate has been free of dependency or impairment for a period of time sufficient to establish that the individual is not currently impaired, dependent, or engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an ongoing problem that impairs the diplomate's ability to practice safely and effectively.
3. A diplomate who has a mental or physical impairment that affects their ability to practice safely and effectively will be required to provide medical evidence from the appropriate physicians, treatment centers and hospitals demonstrating to the ABPath that the impairment does not compromise the diplomate's ability to practice safely and effectively.

C. Medical Staff Privileges

1. Diplomates must provide the ABPath with information regarding medical staff membership and scope of health care organization privileges.
2. If the diplomate's practice is such that this information is not applicable, then the diplomate may report "not applicable".

D. Description of Practice

1. Diplomates must provide the ABPath with a brief description of their current scope of practice.
2. The description should include all areas and subspecialties of pathology and medicine that are part of the diplomate's current practice.

E. Peer Attestations/Evaluations

1. All diplomates are required to provide peer attestations as to their interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice.
2. At the end of the 4th and 8th years of the CC 10-year cycle, each diplomate will be asked to provide the ABPath with the names and e-mail addresses of four references who can attest to their ability and effectiveness in practice.
3. These references must include each of the following:
 - a. an ABPath-certified pathologist
 - b. confirmation from the medical staff office, the Chair of the Credentials Committee (or designate), Chief Medical Officer, Department Chair, or Chief of Staff that the diplomate is a credentialed member of the medical staff in good standing at the primary health care facility where the diplomate practices
 - c. a board-certified physician in another specialty
 - d. a technologist/CLS or pathologists' assistant
4. If any of these reference requirements are not applicable to the diplomate's practice or position, other references (usually another ABPath-certified pathologist) may be substituted with prior ABPath approval on a case-by-case basis.
5. The ABPath will provide a secure link to the evaluation forms via e-mail to the diplomate's references. These secure evaluation forms must be completed and submitted by each reference. It is the responsibility of the diplomate to be sure that this Professionalism requirement is completed. 4th and 8th year CC reporting forms will not be reviewed for approval until all four required evaluations have been submitted to ABPath.

- a. In order to check the status of your evaluations, log into your PATHway and view the Board Correspondence page. Your references will be listed under the appropriate reporting form. If there is a link available to resend the evaluation form next to a reference's name, then the ABPath has not received the evaluation from that reference.
- b. If there is a link available, it may be selected to have a new evaluation form link e-mail sent to the reference. It must be at least 10 business days from the date that the last evaluation form was sent for the resend link to be activated.
- c. To view the email address provided to the ABPath, the corresponding reporting form must be opened in a diplomate's CC Program page in PATHway.
- d. To update, correct, or replace a reference name or e-mail address, you must e-mail a request to ABP-MOC@abpath.org.

F. Other ABMS Boards

1. Many ABMS Member Boards have a cooperative approach to CC requirements for diplomates who are participating in more than one Board's CC Program. These diplomates should contact their ABMS Boards to learn if there is reciprocity for CC requirements.
2. Diplomates of the ABPath should report if they are diplomates of another ABMS Member Board.
3. For diplomates maintaining their primary certification with another ABMS Member Board, ABPath accepts documentation of current participation in lieu of reporting Lifelong Learning and Improvement in Medical Practice requirements. Diplomates are required to upload this documentation when submitting their CC reporting forms to ABPath.

G. Royal College of Physicians and Surgeons of Canada

1. For diplomates participating in CC with the RCPSC, ABPath accepts documentation of current participation in lieu of reporting Part II & Part IV requirements. Diplomates must be living and practicing in Canada to have Part II & Part IV requirements waived.

II. Part II: Lifelong Learning and Self-Assessment

ABMS Competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice

Requirements must be reported to the ABPath every two years via PATHway.

A. Fellowships

1. Completion of an ACGME-accredited fellowship during any two-year reporting period will meet all Part II and Part IV requirements (except for peer evaluations) for that period.
2. If the fellowship is not accredited by the ACGME, the Designated Institutional Official or GME Committee must provide a letter, submitted to the ABPath by the diplomate, indicating that the fellowship is reviewed by the GME committee and is held to the same standards and applicable program requirements as an ACGME-accredited fellowship.

B. Physician Scientist Research Pathway

1. Objectives
 - a. To increase the number of physician-scientists in pathology
 - b. To attract exceptional and committed young physician-scientists to pathology
 - c. To prepare trainees for careers in academic medicine centered on basic science or clinical research
 - d. To provide flexibility in training pathways, while assuring the clinical competency of diplomates that select this pathway

2. General Requirements
 - a. The ABPath Physician-Scientist Research Pathway is intended for those diplomates 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.
 - b. A diplomate may transfer into or out of the pathway at any time without ABPath approval.
 - c. A diplomate has until Year 6 of their first 10-year CC cycle in which to report the completion of the Pathway. The completion of the Pathway may only be reported once.
 - d. A Physician-Scientist research year, like a fellowship year, will meet the Part II and Part IV requirements for that reporting period.
3. Supervision
 - a. Supervision of the diplomate'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 diplomate is strongly encouraged. Research may be done at more than one institution, but the experience should have oversight and coordination by a single mentor.
 - b. ABPath will not oversee the research training. A diplomate may indicate on their reporting form that they completed one year in the Physician-Scientist Research Pathway, what their research topic was, and the name of their research mentor. The mentor must verify this information and should notify the ABPath if a diplomate did not complete the Research Pathway.

C. Continuing Medical Education (CME)

1. Each diplomate must obtain a minimum of 70 AMA PRA Category 1 CME credits for each two-year reporting period.
2. Diplomates may claim AMA Category 1 CME credits for certain activities from the American Medical Association (AMA), including successfully completing an ABMS board certification or a 10-year CC cycle. Diplomates must apply directly to the AMA and provide documentation. Information and the Direct Credit Application can be found at the AMA's website.
3. Eighty percent of required CME must be directly related to the diplomate's scope of practice. The remainder may be in areas of general relevance to medicine (e.g. ethics, practice management, informatics, etc.)
4. The Royal College of Physicians and Surgeons of Canada Continuing Professional Development (CPD) Accredited Group Learning (Section 1 & 3) credits in General Pathology are accepted as equivalent to AMA Category 1 CME credits. The American Osteopathic Association (AOA) Category 1A CME are acceptable as CME credits for Part II requirements.
5. The ABPath reserves the right to audit a diplomate's CME data and require copies of CME certificates. Diplomates should retain documentation of CME activities for at least 3 years.
6. Diplomates who are not current in reporting will not be allowed to sit for any additional primary or subspecialty examinations.

III. Part III: Assessment of Knowledge, Judgment, and Skills

ABMS Core Competencies: Patient Care and Medical Knowledge

A. Meeting Certification Assessment Requirements

1. All time-limited certifications have a requirement for assessment of knowledge, judgment, and skills at least every 10 years. This requirement may be met through either ABPath CertLink[®] (ABPCL) participation or the Continuing Certification (CC) examination. Satisfactory completion of the Assessment requirement does not change or reset any CC Program deadlines or certification expiration dates.
 - a. For time-limited certifications that do not have an expiration date, the Assessment requirement must be met by the end of every 10-year cycle.
 - i. An assessment is not required in a current 10-year cycle for any additional certificate that is issued after Year 7.
 - b. For time-limited certifications that have an expiration date, the Assessment requirement must be met by the expiration date.
 - c. Beginning in 2019 and thereafter, all certifications which are enrolled in the CC Program are automatically registered in ABPCL. All certifications already in the CC Program during 2019 will begin participating in ABPCL on January 1, 2020 if they were not already.
 - d. Diplomates not meeting the Assessment requirement through ABPCL will be required to take and pass the CC examination before the end of their 10-year cycle.

B. ABPath CertLink[®]

1. ABPath CertLink[®] (ABPCL) is an online longitudinal assessment designed to support continuous learning and professional development. Questions are assigned every quarter and must be answered before the end of the quarter.
2. ABPCL is available to current diplomates and former diplomates who lapsed less than one year from the current date. Physicians who are no longer diplomates due to certification revocation or surrender cannot participate.
3. When a diplomate is registered in ABPCL, all time-limited certifications are registered. It is not possible for a diplomate to only register certain time-limited certifications.
4. ABPCL has separate and distinct participation requirements and performance requirements. Only by meeting both will the overall Assessment requirement be satisfied.
5. Being required to take the CC exam due to not meeting ABPCL requirements does not automatically stop or prevent continued participation in ABPCL.
6. Participation Requirements
 - a. ABPCL participation per quarter is defined as attempting to answer all questions assigned for a quarter.
 - b. Overall participation requirements are provided in Appendix A, based on the year of initial time-limited certification or CC Program enrollment. Diplomates should carefully manage their participation so the minimum participation requirements to use ABPCL as their assessment are met.
 - c. Diplomates may request permission for time off for a quarter (sabbatical). Quarters approved for sabbatical do not count towards the participation requirements. Questions not attempted will not be scored during a quarter approved for sabbatical.
 - d. A support ticket in the ABPCL system requesting sabbatical must be received no later than one day prior to the end of the requested quarter. Quarters cannot be retroactively approved for sabbatical.

7. Performance Requirement
 - a. Periodic feedback to diplomates about meeting the performance requirement will be provided by ABPath. Notice will be given if ABPCL performance has met the Assessment requirement prior to the end of a CC cycle. Timing of the notice is dependent on a diplomate's ABPCL timeline as shown in Appendix A.
 - b. The performance decision for all registered certifications is made on overall ABPCL performance, evaluated as a whole, not for each certificate.
 - c. Any and all unanswered questions are recorded as incorrect, unless the quarter was approved for sabbatical.
 - d. The ABPath recognizes the breadth and variation of pathology practice. Each certification registered in ABPCL has a mandatory core component of items. Percentages of assessment assigned to core and elective Practice Areas is shown in Appendix B.
 8. Exit and Reentry
 - a. If a diplomate chooses to no longer participate in ABPCL, they may opt-out by submitting a request via a support ticket in the ABPCL system.
 - b. If a diplomate opts-out of participation in ABPCL, they are required to take and pass the CC examination for all applicable certifications during their current 10-year cycle.
 - c. A diplomate with a lapsed certification due to missed reporting requirements is automatically removed from ABPCL after one year if the certification is not reinstated. If a certificate is reinstated, the diplomate may register for ABPCL again, but ABPCL cannot be used to meet the CC Assessment requirement for any certifications during the current 10-year cycle.
 - d. Opting out of or being removed from ABPCL does not prevent future participation in ABPCL if a diplomate is eligible.
- C. Continuing Certification Examination**
1. The CC examination is given twice each year, in Spring and Fall sessions, and may be taken as soon as Year 8 of a 10-year cycle.
 2. The examination is a proctored assessment based on practical, need-to-know, day-to-day knowledge that a competent practitioner would be expected to possess. Comprehensive study guides are available on the ABPath website.
- D. Examination Composition and Structure**
1. Each CC examination (primary and subspecialty) is composed of 150 multiple-choice questions in the single best answer format. A diplomate may choose to complete more than one examination in an examination session.
 2. The ABPath recognizes the breadth and variation of pathology practice, therefore:
 - a. The primary examinations (AP/CP, AP only, and CP only) are modular and diplomates select modules at the time of registration that are as relevant as possible to their individual scope of practice.
 - b. The subspecialty CC examinations in Hematology, Molecular Genetic Pathology, Neuropathology, and Pediatric Pathology are modular and diplomates select modules at the time of registration. All other subspecialty examinations are a single 150-question examination.
 - c. For both primary and subspecialty modular examinations, all modules are graded together as a single 150-question examination for purposes of pass/fail.
 - d. See the *CC Examination Module Illustrations* on the ABPath website for a complete list of modules available for each examination. The modules and their content are subject to change by the ABPath.
 - e. Diplomates who hold both a primary and a subspecialty certificate may elect to take a single examination that includes a 50-question primary certification module

(AP and/or CP) and a 150-question subspecialty examination, which may be modular (see Appendix C). The combined primary and subspecialty examination is graded as a single 200-question examination for purposes of pass/fail. A passing score will fulfill the every 10-year Part III requirement for both certificates.

3. Each examination module contains questions related to:
 - a. Fundamental practical knowledge.
 - b. Current and clinically valid practice-related knowledge, including information new to the field since the diplomate's last certification or CC examination.
 - c. Practice environment questions relevant to the module, such as:
 - (i) federal regulations relevant to the practice area.
 - (ii) CLIA regulations.
 - (iii) AABB standards for transfusion medicine.
 - (iv) principles of laboratory management.
 - (v) coding and billing.
 - (vi) quality assurance.
 - (vii) laboratory accreditation.
 - (viii) patient safety.
 - (ix) professionalism and ethics.

E. Taking the Examination

1. Diplomates take their CC examination(s) via secure, remote computer access from their home or office during a scheduled 2-week period for examination access.
 - a. Remote CC examinations can be taken any day, any time, and anywhere that the diplomate chooses during the 2-week window. Remote examination registrants are responsible for ensuring that system requirements, webcam, and microphone are installed on their computers prior to the start of the examination session. Remote examination registrants are required to perform a system check on the computer that will be used to take the examination prior to the examination session to ensure acceptable functions are in place for examination access.
2. Physical reference material such as books or notes are allowed in a diplomate's exam environment. Digital/electronic reference materials are not allowed.

F. Examination Results

1. The CC examination is based on the same proven psychometric principles used in the primary certification examinations. The examinations' passing standards are criterion referenced.
2. Aggregate results of the CC examinations in each primary and subspecialty area are published annually in ABPath newsletters on the ABPath website.

G. Examination Registration and Fees

1. The registration fee for the CC Part III examination is \$700. The \$700 fee covers all examinations taken during the same examination session (spring or fall) regardless of the number of examinations taken (primary and subspecialty).
2. The CC examination registration form is automatically available in a diplomate's *CC Program* page in PATHway during open registration for each session if the diplomate is eligible. A diplomate is eligible to register for CC examinations beginning in the 8th year of a 10-year CC cycle and if they cannot meet their Assessment requirement(s) through ABPath CertLink[®]. CC reporting forms have been submitted and approved and they are currently meeting all CC requirements.

H. Cancellation of an Examination

1. Remote Examination

- a. If a cancel request is received by the ABPath via email, before the tutorial exam window opens, a full refund of the fee will be made.

- b. If a cancel request is received after the tutorial exam window opens, but before the tutorial exam window closes, the examination fee will be refunded minus a \$100 administrative fee. Diplomates who do not complete their tutorial exam within the allotted time will have their registration canceled and a \$600 refund issued automatically.
- c. If a cancel request is received after the tutorial exam window closes the entire examination fee will be forfeited with the following exception:
 - i. Personal illness or quarantine at the time of the examination, verified by the Diplomate's personal physician, or due to a travel ban issued by their institution. The examination fee will be refunded minus a \$100 administrative fee. Documentation must be submitted and received by the ABPath within 60 days of the date of tutorial exam window close.
- 2. ABPath, at its sole discretion, may cancel an examination due to concerns including, but not limited to, hurricanes, tornados, other natural disasters, and public health emergencies. The ABPath will follow guidance from local, state, and national governmental authorities, including the CDC.
 - a. Examination fees minus a \$100 administrative fee will be refunded unless the exam is rescheduled in the same calendar year.

I. Non-Time Limited Diplomates and the Examination

- 1. For those diplomates with non-time limited primary certification, but time-limited subspecialty certification, the ABPath encourages these individuals to consider voluntary CC recertification for their primary certificate. There is no extra cost to take the examination and failure does not jeopardize the primary certificate.
- 2. Diplomates with non-time limited certificates may register for the examination at any time by sending a request to ABPath.

IV. Part IV: Improvement in Medical Practice (IMP)

ABMS Core Competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice

Requirements must be reported to the ABPath every two years via PATHway.

A. Laboratory Accreditation

- 1. ABPath encourages voluntary accreditation of all laboratories and regards such accreditation as a very important part of systems-based practice.
- 2. Accreditation status of the laboratory with which a diplomate is primarily associated must be reported to the ABPath every two years.
- 3. The accrediting agency must be appropriate for the diplomate's scope of practice, such as Centers for Medicare and Medicaid Services, The Joint Commission, College of American Pathologists, American Association of Blood Banks, or the National Association of Medical Examiners.

B. Laboratory Performance Improvement and Quality Assurance (PI/QA)

- 1. 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.
- 2. Inter-laboratory performance improvement and quality assurance programs are often a requirement of accreditation. In such cases, the proficiency testing program that is part of the accreditation process will meet the laboratory PI/QA requirement.

C. Individual Pathologist Performance Improvement and Quality Assurance (PI/QA)

- 1. Each individual pathologist must participate in at least one PI/QA activity or program per year appropriate for their principal professional activities.

2. Programs recognized and approved to meet this requirement include those sponsored by a Cooperating Society of the ABPath. See the ABPath Website for a list of the Cooperating Societies approved for Part IV activities.
3. Examples of activities that meet this requirement include:
 - a. the CLIA mandated annual cytology proficiency examination.
 - b. participation as an inspector for a laboratory accreditation agency.
 - c. active participation in a departmental or institutional quality committee (e.g., transfusion, infection control, patient safety, etc.).
 - d. participation in an ABPath-approved society's slide review program. (e.g., CAP PIP and PAP programs)
 - e. participation in an ABPath-approved PI/QA activity sponsored by a local institution or department. (e.g., test utilization projects, case consensus conferences). (Application for approval of such activities is located on our website: [Part IV PI/QA Application](#))
 - f. participation in an ABPath-approved society-sponsored PI/QA improvement activity. (Approved societies listed on our website: [Part IV Approved Societies](#))
 - g. engaged in one or more activities to better understand the COVID-19 virus. (2020 ONLY)
 - h. participation in the ABMS Multi-Specialty Portfolio Program.
 - i. participation in a ABIM Foundation Choosing Wisely initiative.
 - j. incorporation of an ABPath-approved Joint Commission Ongoing Professional Practice Evaluation (OPPE) in your practice. (Application for approval is located on our website: [Part IV OPPE Application](#))
 - k. a peer reviewed publication that improves practice or patient care (first, second, or senior author).
 - l. Program Director or Associate Program Director for an ACGME-accredited residency or fellowship program who initiates an activity that improves medical education.
 - m. An application form is available on the ABPath website for approval of laboratory, individual, or departmental PI/QA activities that are not part of a previously-approved program. This form and supporting documentation should be submitted to the ABPath office for approval by the CEO before the activity is reported by the diplomate as part of their Part IV activities.
4. The ABPath reserves the right to audit a diplomate's participation in PI/QA activities and may require documentation to be submitted by the diplomate.

V. Lapse of Certification

- A. Diplomates are expected to remain current in their participation in the CC program by satisfactorily completing all CC requirements and meeting all CC deadlines.
 1. CC Reporting: Requirements must be met every two years via electronic reporting form submission.
 2. CC Assessment: Requirement must be met at least once every 10 years for any certification enrolled in the CC Program.
- B. The ABPath reserves the right to audit any CC reporting form and the activities reported therein, even after form approval has been given.
- C. **Lapse Conditions and Reinstatement Process**
 1. Failure to meet CC Reporting requirements will result in the diplomate's certification status being publicly reported as "not participating in the CC Program" for the first year following the missed deadline for reporting. After a one-year grace period, the diplomate's certification(s) lapse and they are publicly reported as "NOT CERTIFIED".

- a. A diplomate who is not current in CC Reporting requirements will have a grace period until December 31 of the year following the reporting form submission deadline. The diplomate must meet the CC requirements during the one-year grace period. Once the grace period has ended, if the past due reporting form has not been submitted, the diplomate's certificate(s) will lapse, regardless of the expiration date on their certificate. The physician will be publicly reported as "**NOT CERTIFIED**". A diplomate issued a primary certificate by ABPath (AP/CP, AP only, CP only, or AP/NP) after 1/1/2006 **must** maintain their primary certificate in order to maintain their ABPath subspecialty certification. If an ABPath subspecialty certification was issued while a diplomate held a primary certification with another ABMS member board, and that primary certification has lapsed, the subspecialty ABPath certification may continue to be maintained in ABPath's CC Program.
- b. A diplomate with a lapsed certification from missed CC reporting is automatically removed from ABPCL after one year if the certification is not reinstated. If a certification is reinstated, the diplomate may register for ABPCL again, but ABPCL cannot be used to meet the CC Assessment requirement for any certifications during the current 10-year cycle.
- c. Reinstatement of Certification: Once a certificate lapses due to non-participation in CC, the diplomate must bring all CC requirements up to date within three years of loss of certification. Reinstatement cannot occur if the Assessment requirement of a 10-year cycle has not been met by one year past Year 10.
 - i. The physician must complete and submit all past due CC requirements; late fees apply.
 - ii. The physician must submit documentation supporting all CC activities reported on past due reporting form(s) (e.g. CME certificates).
 - iii. Pay a \$500 reinstatement fee.
- d. If reinstatement of certification does not occur within the time frame, as outlined above, from loss of certification for failure to meet Reporting requirements, the physician must take and pass the initial board certification examination(s) to receive a new certificate with a new certification date and begin a new 10-year CC cycle.
 - i. If the physician **has remained in active practice** since losing certification, the requirement for additional ACGME-accredited training before sitting for the initial certification examination(s) will be waived. The physician must provide an attestation letter stating they are currently in active practice and have been for the past two years and a description of their practice. The physician will have a four-year period of exam eligibility starting from the end of their reinstatement time frame. The physician must take the primary certification exam in the area (e.g. AP/CP, AP only, CP only) in which they were previously certified, since this reflects the training requirements completed for initial eligibility for certification.
 - ii. If the physician **has not remained in active practice** since losing certification, he/she must either satisfactorily complete additional training in a pathology department with an ACGME-accredited pathology training program for primary certification (twelve months for AP and/or CP) and six months of additional training in a department with an ACGME-accredited pathology fellowship for subspecialty certification, **or** a course of remedial education approved by the ABPath. The physician will receive five years eligibility to take the AP and/or CP initial certification examination(s) and seven years to take the subspecialty initial examination(s) from completion of additional training.

2. **Failure to meet the CC Assessment requirement will result in the diplomate's certification lapsing and being publicly reported as "NOT CERTIFIED".** A diplomate issued a primary certificate (AP/CP, AP only, CP only, or AP/NP) after 1/1/2006 **must** maintain their primary certificate in order to maintain their ABPath subspecialty certification.
 - a. There is a one-year grace period during which the physician can take and pass the Continuing Certification examination, bring all CC reporting requirements up to date (see Section VII.C.1.b), pay a \$500 reinstatement fee and have certification reinstated.
 - i. If reinstatement does not occur within one year of loss of certification for failure to meet the CC Assessment requirement, the physician must take and pass the initial board certification examination(s) to receive a new certificate with a new certification date and begin a new 10-year CC cycle.
 - ii. If the physician **has remained in active practice** since losing certification, the requirement for additional ACGME-accredited training before sitting for the initial certification examination(s) will be waived. The physician must provide an attestation letter stating they are currently in active practice and have been for the past two years and a description of their practice. The physician will have a four-year period of exam eligibility from the end of the reinstatement period to take the initial certification examination(s). The physician must take the primary certification exam in the area (e.g. AP/CP, AP only, CP only) in which they were previously certified, since this reflects the training requirements completed for initial eligibility for certification.
 - iii. If the physician **has not remained in active practice** since losing certification, he/she must satisfactorily complete additional training in an ACGME-accredited program for primary certification (twelve months for AP and/or CP), six months of additional training in a department with an ACGME-accredited fellowship for subspecialty certification, **or** a course of remedial education approved by the ABPath.
 - iv. After completion of additional training or completion of an approved course of remedial education, the physician will receive five years eligibility to take the AP and/or CP primary certification examination and seven years eligibility to take the subspecialty initial examination(s).
 - b. Diplomates whose CC performance does not meet ABMS competencies and ABPath expectations will be required to submit to the ABPath an implementation plan to improve performance, including objective measures of improvement (i.e., examination performance, Part IV PI/QA activities) or letters of attestation of improvement in areas that do not lend themselves to objective assessment, such as interpersonal and communication skills and professionalism.
 - c. Diplomates who fail to show significant improvement throughout the 10-year CC cycle could be subject to intensified practice review by the ABPath. Such review might include submission of detailed information regarding the area of practice in question (i.e., additional reports, quality assessment plans).
 - d. Diplomates who fail to satisfy CC requirements by December 31st of the year in which the time-limited certificate expires will no longer be recognized as a diplomate of the ABPath for that certificate. These physicians may continue to participate in CC activities and may request to be reinstated when the CC requirements have been satisfied. See Section VII.C.3 for procedure to reinstate certification.
 - e. A diplomate may appeal to the ABPath according to the standard appeals procedure at any point in the CC process if he/she believes that the CC standards

have been unfairly or inappropriately applied. (See Section XII. Appeals Procedure)

VI. Revocation of Certification

- A. At its discretion, the ABPath may revoke a certificate for cause, including but not limited to:
1. 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 ABPath or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be.
 2. The diplomate made a material misrepresentation or withheld material information in the application or in any other representation to the ABPath or any committee thereof, whether intentional or unintentional.
 3. The diplomate violated the Honor Code and/or engaged in irregular behavior in connection with an examination of the ABPath (as described under Honor Code Section VII.I), whether or not such practice had an effect on his or her performance on an examination.
 4. 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 ABPath, has a material relationship to the practice of medicine.
 5. The diplomate made a misrepresentation to the ABPath or any third party as to his or her status as a diplomate of the ABPath.
 6. The ABPath receives information that an adverse licensure action has been taken against a diplomate.
 - a. For purposes of this policy, adverse licensure action will mean:
 - i. 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 I.A.2.a) 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
 - ii. 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.
- B. A diplomate's time-limited certificate will lapse in the event a diplomate fails to meet the ABPath's Continuing Certification (CC) program requirements.
- C. A diplomate may appeal a revocation or lapse of his/he certificate pursuant to the ABPath appeals procedure set forth in Section XII.
- D. 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 ABPath and request that the certificate be reinstated.
- E. If a diplomate's time-limited certificate lapses because of failure to meet CC requirements and the diplomate subsequently meets all requirements for CC, he/she may request that the certificate be reinstated.
- F. 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 Continuing Certification.
- G. **Honor Code**
1. Diplomates must sign an Honor Code when taking the Part III exam. This is a legally binding contract between the physician and the ABPath.

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 diplomate's examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABPath. 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 Diplomates' answers.
 - b. The unauthorized possession, reproduction, or disclosure of any ABPath 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 ABPath in return for any right, privilege, or benefit that is not usually granted by the ABPath to other similarly situated Diplomates or persons.
 - d. Possession or use of any electronic examination aid in the examination area.
 - e. Engaging in irregular behavior in connection with the administration of the examination, including but not limited to: Referring to cell phones, smart watches, or any other disallowed examination aid at any time during the examination, including breaks.

VII. Diplomates with Disabilities

A. Policy

1. The ABPath will provide Diplomates 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. Diplomates requesting accommodation due to a disability must submit an Examination Accommodations Request Form found at <http://www.abpath.org> and provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability.
3. Diplomates who provide documentation that they have received, in the administration of the USMLE examinations, the same type of accommodations as they request for the ABPath certification examination, are not required to submit additional documentation with the Request Form.
4. Diplomates 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 ABPath reserves the right to request additional documentation as necessary.
6. If an applicant/candidate is given accommodation on an ABPath examination, he/she will automatically receive the same accommodation on any subsequent ABPath examination.

C. Type of Accommodation

1. Diplomates requesting accommodation must identify the type of accommodation requested.
2. The ABPath will determine the type of accommodation to be made for a diplomate 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 Diplomates and repeat Diplomates who are submitting their first request must submit the request form for accommodation and documentation no later than the registration deadline.
2. Diplomates denied a request for accommodation may appeal the denial in accordance with ABPath's appeals procedure.

VIII. Diplomates Not In Active Practice (Clinically Inactive)

- A. Certification status reported to ABMS will contain the notation that the diplomate is either clinically active or clinically inactive. The designation clinically inactive will apply to any diplomate who reports to the ABPath that he/she was not involved in direct or consultative patient care for the full twenty-four month CC reporting period.
1. Working forensic pathologists are not clinically inactive.
 2. Diplomates in fellowship programs are not clinically inactive.
 3. Pathologists working only in an academic, administrative, or research position may report as clinically inactive.
- B. Diplomates reporting as clinically inactive for consecutive CC reporting periods must provide the ABPath with a letter of explanation for the lapse in active practice. Letters may be scanned and emailed to ABP-MOC@abpath.org or mailed to 4830 W. Kennedy Blvd., Ste. 690, Tampa, FL 33609.
- C. Diplomates reporting as clinically inactive are required to continue to participate in CC in order to maintain current certification status.
1. These diplomates must continue to report Part I requirements to the ABPath every two years.
 2. These diplomates must continue to participate in and report Part II activities that demonstrate an ongoing knowledge of the science underlying the principles of quality improvement, including the application of such principles to clinical situations using real or simulated data to the ABPath every two years.
 3. These diplomates must continue to meet the Part III requirement for each certificate enrolled in CC.
 4. Since these diplomates have no practice from which to draw data, they will not be required to report Part IV requirements or provide references for evaluations.

IX. Diplomates Retiring from Active Practice

- A. Certification with an ABMS member board is a significant achievement. ABPath wishes to continue recognizing physicians as diplomates after they have stopped actively practicing medicine and no longer wish to maintain their medical license and certifications.
- B. Retired status is a status any current diplomate may request from ABPath or another ABMS Member Board. Eligibility for Retired status with ABPath requires the following:
1. No longer being actively engaged in direct, indirect, and/or consultative patient care, overseeing medical laboratories, or supervising/teaching in a medical field.
 2. Not performing any function for which board certification is required
 3. Being a current diplomate of ABPath in good standing:
 - a. Good standing for the purpose of the Retired status means the following:

- i. No medical license restrictions or disciplinary issues, pending or otherwise, in any jurisdiction where the diplomate holds a medical license.
 - ii. No disciplinary actions, pending or otherwise, by the ABPath.
- C. The first step to obtaining retired status through ABPath requires submitting the Request for Retired Status Application found on abpath.org.
- D. Opting into the retirement status publicly lists the physician as Retired. Physicians listed as retired no longer need to hold a medical license or maintain certification in ABPath's CC Program to be a diplomate of ABPath. Retired diplomates will be disenrolled from the CC Program.
- E. Retirement status is shared across all ABMS Member Boards. It is not possible to be certified by several ABMS boards and hold a different status with each. ABPath will notify ABMS of a diplomate's retired status and similarly receives notice if one of our diplomates opts into retired status with another ABMS board.
- F. If a diplomate no longer meets the Retired status criteria listed under section XI.B the diplomate must report the change to ABPath and all ABMS Member Boards for which they currently hold certification. Only after all applicable boards update the change in status will the physician no longer be publicly listed as Retired.
- G. Removal of Retired status with ABPath requires passing the CC examination for all time-limited certifications held prior to retirement status change. Passing the required CC examinations will enroll the diplomate in the CC Program the year the final CC examination was passed.
- H. A diplomate exiting Retired status must wait two years from the year of CC Program enrollment to request Retired status with ABPath again.
- I. Failure to notify ABPath of a change in retired status within a timely manner may result in certification revocation.

X. Diplomates with Non-Time Limited Certificates

- A. Although the ABPath does not require diplomates with non-time limited (lifetime) certificates to participate in the Continuing Certification (CC) Program, it strongly encourages them to do so. Voluntary participation in either the entire CC Program or only ABPath CertLink® (ABPCL) will in no way place lifetime certifications in jeopardy.
- B. Voluntarily completing any aspect of the CC Program requires access to a diplomate's PATHway profile. A link to the PATHway home page can be found on abpath.org. Requests for assistance accessing PATHway should be emailed to abp-moc@abpath.org.
- C. Voluntary Enrollment in the CC Program
 - 1. To voluntarily enroll in the CC Program, a diplomate must enroll through their PATHway account and pay a \$100 enrollment fee. The 10-year CC cycle will begin January 1 of the year following enrollment. A voluntarily enrolled diplomate will have the same expectations of CC Program participation as those who are enrolled automatically.
- D. Voluntary Registration in ABPath CertLink® (ABPCL)
 - 1. Non-time limited diplomates may register to participate in ABPCL without voluntarily enrolling in the CC Program. There is no cost for enrollment through 2020.
- E. As of July 2013, the ABPath's Voluntary Recertification program is no longer available. A diplomate with a non-time limited (lifetime) certificate who wants to recertify or is required to pass a secure examination for licensure must do so through the CC program. Taking the CC examination voluntarily requires enrollment in the CC Program and a request for early examination to abp-moc@abpath.org.

XI. Enrollment and Fees

- A. As of January 1, 2006, diplomates will be automatically enrolled in the Continuing Certification Program upon issuance of a certification.
- B. Each diplomate is assessed an annual fee for establishment and maintenance of an electronic record of certification via PATHway. The annual fee is \$50 through 2020 and will increase to \$150 starting in 2021. The fee is per physician (not per certificate) and is linked to the electronic submission of each 2-year reporting form. The first payment is due at the end of the first 2-year reporting period and future fees are due at the end of each subsequent 2-year reporting period. PATHway will require the CC payment upon submission of each electronic CC reporting form. All payments must be made online by major credit card (MasterCard, Visa, or American Express).
- C. A late fee of \$100 will be assessed for late submission of a reporting form, to be paid upon form submission. An additional \$100 late fee will be assessed for each year past the submission deadline.
- D. A reinstatement fee of \$500 will be assessed to any diplomate that allows certification to lapse due to non-participation in CC and then is approved for reinstatement by the CC Credentials Committee during the 3-year lapsed certification grace period or the one-year grace period for CC Part III.
- E. The registration fee for the CC examination is \$700. The \$700 fee covers all examinations taken during the same examination session (spring or fall) regardless of the number of examinations taken (primary and subspecialty).
- F. For diplomates with only non-time limited (or lifetime) certificates, there is a one-time fee of \$100 to enroll and initiate participation in the CC Program. As above, a fee is due at the end of each 2-year reporting period.

XII. Appeals Procedure

- A. An individual who has received an unfavorable ruling from the ABPath or a Committee of the ABPath may appeal such determination by sending a notice of appeal to the ABPath within 60 days of the date such ruling was made available to the individual.
- B. On receipt of a notice of appeal, the applicable ABPath committee:
 - 1. will invite the individual to submit, in writing, such information as the individual feels appropriate in support of the appeal.
 - 2. may make such further investigation as it deems appropriate.
 - 3. may request the individual to submit additional information.
 - 4. will reconsider the unfavorable ruling and report its decision to the individual and the president of the ABPath.
 - 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 ABPath 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 ABPath, who will appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose determination is being appealed.
 - 1. The chairperson of the ad hoc committee will convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with a legal and/or other representative to present such information deemed appropriate in support of the individual's position.
 - 2. Not less than 30 days prior to the hearing, the 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 concerned ABPath committee will provide the Chief Executive Officer and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABPath committee intends to present at the hearing.
5. Not less than seven days prior to the hearing, the individual 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 XII.C.4 and XII.C.5 to the members of the Appeals Committee prior to the hearing.
7. At the hearing, the concerned ABPath committee and its legal or other representatives will present such relevant information and evidence as it deems appropriate to support its previously made determination. However, the committee will not have the right to present any information or evidence not previously provided as required in XII.C.4 and XII.C.5. The committee may call, examine, and cross-examine witnesses.
8. The individual will have the right to be represented at the hearing by legal counsel or any person of his or her choice. He or she may present such relevant information and evidence as he or she deems appropriate in support of his or her position. However, the individual will not have the right to present any information or evidence if not previously provided as required in XII.C.4 and XII.C.5. The failure of the individual to produce information or documents requested by the concerned ABPath committee as required will be grounds for upholding and confirming the determination of the concerned ABPath committee.
9. The individual and the concerned ABPath committee may submit written statements at the close of the hearing.
10. A written record of the hearing will be made available to the individual at one-half the cost of its preparation.
11. The decision of the Appeals Committee will be by vote of a majority of the committee members based on the information presented at the hearing.
12. The committee may affirm, modify, or overrule the decision of the ABPath committee.
13. The Appeals Committee will inform the individual, the concerned committee, and the president of the ABPath, 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.

XIII. Vision Statement, Values, and ABPath Logo

VISION

The American Board of Pathology improves the health of the public by promoting excellence in the practice of pathology.

VALUES

We are committed to the following values for our stakeholders who include: patients, the public, diplomates, trainees, specialty societies, Trustees, Program Directors, ABMS member boards, volunteers, colleagues, and employees.

Integrity & Professionalism:

We are committed to the highest standards, ethics, and moral principles in our work, actions, and decisions to serve the best interests of stakeholders.

Innovation:

We embrace new ideas and change through teamwork to continually improve our board certification programs and internal processes.

Transparency:

We are open and responsive in our communications and collaborations with stakeholders.

Service:

We are committed to delivering exceptional and friendly service.

Stewardship:

We ensure the ABPath is led responsibly and that our resources are managed effectively to address the needs of stakeholders.

Accountability:

We are dedicated to the continuous improvement of diplomates' practice and the quality of the pathology profession on behalf of stakeholders.

THE ABPATH LOGO



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.



APPENDIX A - ABPath CertLink® Participation Timelines

A decision about meeting the performance requirement will be made towards the end of a 10-year cycle, depending on a diplomate's current ABPath CertLink® timeline. Diplomates will have ongoing feedback on their performance throughout their participation. The remaining years of a 10-year cycle can be used to take the Continuing Certification examination if ABPCL does not meet the Assessment requirement.

Diplomates are expected to continuously participate in ABPath CertLink, even after the Assessment requirement for a cycle has been met.

Normal 10-Year CC Cycle	Must Start By	Participation Requirement				Performance Requirement
		Year 1	Year 2	Year 3	Year 4	
This timeline is for diplomates whose year of initial certification is not shown below.	Quarter One, Year 1	Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		Performance decision made at the end of Year 8
		Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		

Year of Initial Certification	Must Start By	2019	2020	2021	Performance Requirement
		Year 8	Year 9	Year 10	
2011	Quarter Three, 2019	Participate in a minimum two of four quarters	Participate in the first six quarters		Performance decision made on 6/30/2021

Year of Initial Certification	Must Start By	2020	2021	2022	Performance Requirement
		Year 8	Year 9	Year 10	
2012	Quarter Three, 2020	Participate in a minimum two of four quarters	Participate in the first six quarters		Performance decision made on 6/30/2022

Year of Initial Certification	Must Start By	2020	2021	2022	Performance Requirement
		Year 7	Year 8	Year 9	
2013	Quarter One, 2020	Participate in a minimum six of eight quarters		Participate in all four quarters	Performance decision made at the end of Year 9

Year of Initial Certification	Must Start By	2020	2021	2022	2023	Performance Requirement
		Year 6	Year 7	Year 8	Year 9	
2014	Quarter One, 2020	Participate in a minimum three of four quarters	Participate in a minimum six of eight quarters		Participate in a minimum three of four quarters	Performance decision made at the end of Year 9

Year of Initial Certification	Must Start By	2020	2021	2022	2023	Performance Requirement
		Year 5	Year 6	Year 7	Year 8	
2015	Quarter One, 2020	Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		Performance decision made at the end of Year 8

Year of Initial Certification	Must Start By	2020	2021	2022	2023	2024	Performance Requirement
		Year 4	Year 5	Year 6	Year 7	Year 8	
2006 & 2016	Quarter One, 2020	Participate in a minimum three of four quarters	Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		Performance decision made at the end of Year 8

Year of Initial Certification	Must Start By	2020	2021	2022	2023	2024	2025	Performance Requirement
		Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	
2007 & 2017	Quarter One, 2020	Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		Performance decision made at the end of Year 8

Year of Initial Certification	Must Start By	2020		2021	2022	Performance Requirement
		Year 2		Year 3	Year 4	
2008 & 2018	Quarter One, 2020	Participate in a minimum three of four quarters		Participate in a minimum six of eight quarters		Performance decision made at the end of Year 8
		2023	2024	2025	2026	
		Year 5	Year 6	Year 7	Year 8	
		Participate in a minimum six of eight quarters		Participate in a minimum six of eight quarters		

APPENDIX B - ABPath CertLink® Assessment Design

ABPath CertLink® (ABPCL) assessment design options are determined by the number and type of certifications registered. Diplomates with separate time-limited AP and CP certificates will have the certificates considered a single AP/CP certificate for ABPCL assessment design purposes.

Core Content includes items relevant to a diplomate's certification(s) and is required to maintain certifications. See the table that reflects the type and number of certificates that you possess to understand how your assessment is designed.

I. Only One Certification (either primary or subspecialty)

Required Core Content	Twenty percent of questions
Elective Content	Eighty percent of questions

II. One Primary Certification and One Subspecialty Certification

Required Core Content	Twenty percent for primary certification, twenty percent for subspecialty certification
Elective Content	Sixty percent of questions

III. One Primary Certification and More Than One Subspecialty Certifications

Required Core Content	Twenty percent for primary certification, ten percent for each subspecialty certification
Elective Content	Up to sixty percent of questions

IV. More Than One Subspecialty Certifications with No Primary Certifications

Required Core Content	Ten percent for each subspecialty certification
Elective Content	Up to eighty percent of assessment design

APPENDIX C – Continuing Certification 10-year Examination Modules

- I. **Primary examination modules (mandatory modules are based on your primary certification)**
 - A. 50-Question AP/CP Mandatory Modules (CHOOSE ONE)
 1. Anatomic Pathology and Clinical Pathology
 2. AP/CP with Anatomic Pathology emphasis
 3. AP/CP with Clinical Pathology emphasis
 4. AP/CP with Dermatopathology emphasis
 5. AP/CP with Forensic Pathology emphasis
 6. AP/CP with Neuropathology emphasis
 7. AP/CP with Pediatric Pathology emphasis
 - B. 50-Question AP Mandatory Modules (CHOOSE ONE)
 1. Anatomic Pathology
 2. AP with Dermatopathology emphasis
 3. AP with Forensic Pathology emphasis
 4. AP with Neuropathology emphasis
 5. AP with Pediatric Pathology emphasis
 - C. 50-Question CP Mandatory Module
 - D. 25-Question AP/CP Elective Modules (may be selected by AP and/or CP certified diplomates)
 1. Hematopathology I – Lymph Nodes/Spleen
 2. Hematopathology II – Blood and Bone Marrow
 3. Flow Cytometry
 4. Infectious Diseases
 5. Laboratory Management/Informatics
 6. Medical Director
 7. Patient Safety
 - E. 25-Question AP Elective Modules (may be selected by AP/CP or AP certified diplomates)
 1. General Anatomic Pathology
 2. Surgical Pathology I
 3. Surgical Pathology II
 4. Surgical Pathology III
 5. Cytopathology I - Gynecological & Non-Gynecological
 6. Cytopathology II – Gynecologic
 7. Cytopathology III – Non-Gynecologic
 8. Bone/Soft Tissue
 9. Breast I
 10. Breast II
 11. Breast III
 12. Cardiovascular
 13. Dermatopathology I – Non-Neoplastic
 14. Dermatopathology II – Neoplastic
 15. Endocrine
 16. Gastrointestinal/Liver/Biliary I
 17. Gastrointestinal/Liver/Biliary II
 18. Gastrointestinal/Liver/Biliary III
 19. Genitourinary I
 20. Genitourinary II

- 21. GYN/Placenta I
- 22. GYN/Placenta II
- 23. GYN/Placenta III
- 24. Head and Neck
- 25. Medical Renal I
- 26. Medical Renal II
- 27. Molecular Pathology
- 28. Pulmonary - Mediastinal
- 29. Transplant Pathology
- F. 25-Question CP Elective Modules (may be selected by AP/CP or CP certified diplomates)
 - 1. General Clinical Pathology I
 - 2. General Clinical Pathology II
 - 3. Blood Banking/Transfusion Medicine I
 - 4. Blood Banking/Transfusion Medicine II
 - 5. Chemical Pathology
 - 6. Hematology
 - 7. Hemostasis and Thrombosis I
 - 8. Hemostasis & Thrombosis II
 - 9. Microbiology I
 - 10. Microbiology II
 - 11. Molecular Pathology
- II. Subspecialty examination modules**
 - A. Blood Banking/Transfusion Medicine
 - 1. 150-Question General Blood Banking/Transfusion Medicine Mandatory Module
 - B. Chemical Pathology
 - 1. 150-Question General Chemical Pathology Mandatory Module
 - C. Cytopathology
 - 1. 150-Question General Cytopathology Mandatory Module
 - D. Dermatopathology
 - 1. 150-Question General Dermatopathology Mandatory Module
 - E. Forensic Pathology
 - 1. 150-Question General Forensic Pathology Mandatory Module
 - F. Hematopathology
 - 1. 50-Question General Hematopathology Mandatory Module +
 - 2. 50-Question Hematopathology Elective Modules (select two)
 - a. Blood and Bone Marrow Pathology
 - b. Flow Cytometry
 - c. Hemostasis and Thrombosis
 - d. Laboratory Hematopathology (No Coagulation)
 - e. Lymph Node and Related Tissues
 - G. Medical Microbiology
 - 1. 150-Question General Medical Microbiology Mandatory Module
 - H. Molecular Genetic Pathology
 - 1. 75-Question General Molecular Genetic Pathology I Mandatory Module +
 - 2. 75-Question General Molecular Genetic Pathology II Elective Module
 - OR
 - 3. 25-Question Molecular Genetic Pathology Elective Modules (choose three)
 - a. Genetics I
 - b. Genetics II
 - c. Infectious Diseases I

- d. Infectious Diseases II
 - e. Oncology/Hematology I
 - f. Oncology/Hematology II
 - g. Oncology/Solid Tumors I
 - h. Oncology/Solid Tumors II
- I. Neuropathology
- 1. 50-Question General Neuropathology I Mandatory Module +
 - 2. 50-Question General Neuropathology II Elective Module
 - 3. 25-Question Neuropathology Elective Modules (choose 2 or 4)
 - a. Degenerative I
 - b. Degenerative II
 - c. Developmental/Pediatric/Congenital I
 - d. Developmental/Pediatric/Congenital II
 - e. Neoplastic I
 - f. Neoplastic II
 - g. Neuromuscular I
 - h. Neuromuscular II
- J. Pediatric Pathology
- 1. 100-Question General Pediatric Pathology Mandatory Module +
 - 2. 50-Question Pediatric Pathology Elective Modules (choose one)
 - a. Anatomic Pathology
 - b. Laboratory Medicine
 - c. Placental/Perinatal Pathology