



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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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

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 may 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.

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.

The ABPath has adopted a reciprocity policy for diplomates maintaining their primary certification with another ABMS member board's MOC program. These diplomates may report 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 on or after January 1, 2006 by the ABPath are valid as long as they are maintained, and diplomates are required to participate in the Continuing Certification Program to maintain their certification. **Continuing certification status is contingent upon meeting all CC requirements and deadlines of the program during each 2-year CC reporting period.** Failure to meet reporting deadlines will result in a warning followed by lapse of certification if reporting requirements are not met.

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

Part I – 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.

Part II – Lifelong Learning and Self-Assessment

Diplomates must meet the ABPath's learning and self-assessment requirements.

Part III – Assessment of Knowledge, Judgment, and Skills

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

Part IV – Improvement in Medical Practice

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

Diplomates report Part I, II, and IV requirements on-line by completing their CC Reporting Form in PATHway (<http://www.abpath.org>) every two years. 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 his/her 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.

Diplomates with more than one certificate need only submit a single reporting form to maintain all certificates held. The diplomate may use the same Part II (CME/SAM) 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 he/she 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 submitted and approved, complete an ABPath-approved Patient Safety Course, and pass a secure 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.

Part I requirements must be reported to the ABPath every two years via PATHway.

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 where:
 1. 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
 2. the diplomate voluntarily surrendered or allowed his/her 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
 3. 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 his/her 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 as well as 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 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 the diplomate 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 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 applicant's ability to practice safely and effectively.

3. 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 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. Other ABMS Boards

1. Many ABMS Member Boards have a cooperative approach to CC requirements for diplomates that are participating in more than one Board's CC Program. It is suggested that these diplomates 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 in CC with another ABMS Member Board, ABPath accepts documentation of current participation in lieu of reporting Part II & IV requirements. Diplomates are required to upload this documentation when submitting their CC reporting forms to ABPath. This does not affect the CC Part III examination requirement which must be met before the end of the 10-year CC cycle.

F. 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

Part II requirements must be reported to the ABPath every two years via PATHway.

A. Fellowships

1. Completion of an ACGME-accredited 12-month 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 to be 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 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 pathologists 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 research year, like a fellowship year, will meet the Continuing Certification Part II and Part IV requirements (except for peer evaluations) 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) and Self-Assessment Modules (SAMs)

1. Each diplomate must obtain a minimum of 70 AMA PRA Category 1 CME credits for each two-year reporting period. At least 20 of the 70 CME credits must be obtained from completion of self-assessment modules (SAMs).
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 term "SAM" was developed by the ABPath and is not recognized as a unique type of CME by the ACCME. Since all SAMs must be AMA Category 1 CME, a diplomate may use SAMs to satisfy CME requirements for licensure, etc., as well as the requirements of the ABPath CC Program.
5. The Royal College of Physicians and Surgeons of Canada Continuing Professional Development (CPD) Accredited Group Learning (Section 1) credits in General Pathology are accepted as equivalent to AMA Category 1 CME credits. RCPSC Assessment (Section 3) credits are accepted as equivalent to SAM credits for meeting the ABPath CC Program's Part II requirements. The American Osteopathic Association (AOA) Category 1A CME are acceptable as CME credits for Part II requirements.
6. The ABPath reserves the right to audit a diplomate's CME data and require copies of CME and SAM completion certificates. Diplomates should retain documentation related to reported activities for at least 3 years.
7. Diplomates who are not current in reporting will not be allowed to sit for CC assessments or for any additional primary or subspecialty examinations.

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

ABMS Core Competencies: Patient Care and Medical Knowledge

Part III requirements must be met once each 10-year cycle.

Examination deadlines, dates, and schedule information is available on the ABPath website.

A. Meeting Part III Requirements

1. The CC assessment is mandatory for all participants in CC. The CC examination is given twice each year, in Spring and Fall sessions, and may be taken as soon as eight years after CC enrollment, but must be passed no later than 10 years after certification.
2. Satisfactory completion of the CC examination does not change any CC Program deadlines or certification expiration dates.
3. The examination is a proctored assessment based on practical, need-to-know, day-to-day skills and knowledge that a competent practitioner would be expected to possess. Comprehensive study guides are available on the ABPath website.

B. 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 opt to complete more than one examination in an examination session.
2. The ABPath recognizes the breadth and variation of pathology practice, therefore:

1. 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.
 2. 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.
 3. For both primary and subspecialty modular examinations, all modules are graded together as a single 150-question examination for purposes of pass/fail.
 4. 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.
 5. 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 One). 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:
 1. Fundamental practical knowledge.
 2. Current and clinically valid practice-related knowledge, including information new to the field since the diplomate's last certification or CC examination.
 3. 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.

C. Taking the Examination

1. Diplomates may choose to take their CC examination(s) at the ABPath Examination Center in Tampa, Florida (offered for 1 day only) or via secure, remote computer access from their home or office during a scheduled 2-week period for examination access.
 1. Remote CC examinations can be taken any day, any time, and anywhere that the diplomate chooses during the 2-week window of time. 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. Registrants for the Tampa location will have their date assignments posted to PATHway.
2. Physical reference material such as books or notes are allowed in a diplomate's exam environment. Notes must be typed and not handwritten. Digital reference materials are not allowed.

D. 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.

E. 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). The registration fee is the same whether for remote access or Tampa Examination Center administration.
2. The CC examination registration form automatically populates 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 after initial certification as long as his/her first 3 CC reporting forms have been submitted and approved and is currently meeting all CC requirements.

F. Cancellation of an Examination

1. Tampa Location

- a. If a cancel request is received by the ABPath via email, before the date assignment is posted to the Diplomate's Board Correspondence in Pathway, a full refund of the fee will be given.
- b. If a cancel request is received after the date assignment is posted to the Diplomate's Board Correspondence in Pathway, but before the examination is administered, the examination fee will be refunded minus a \$100 administrative fee.
- c. If the Diplomate does not appear for the examination the entire examination fee will be forfeited with the following exception:
Personal illness, at the time of the examination, validated by the Diplomate's personal physician. Documentation must be submitted and received by the ABPath within 60 days of the date of examination. the examination fee will be refunded minus a \$100 administrative fee.

2. 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 given.
- 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 may have their registration canceled and a \$600 refund issued automatically.
- c. If a cancel request is received after the tutorial exam closes the entire examination fee will be forfeited with the following exception:
Personal illness, at the time of the examination, validated by the Diplomate's personal physician. Documentation must be submitted and received by the ABPath within 60 days of the date of examination. The examination fee will be refunded minus a \$100 administrative fee.

G. Non-Time Limited Diplomates and the Examination

3. 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.
Diplomates with non-time limited certificates may register for the examination at any time during the 10-year cycle 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

Part IV 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.

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 his/her 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:
 1. the CLIA mandated annual cytology proficiency examination.
 2. participation as an inspector for a laboratory accreditation agency.
 3. active participation in a departmental or institutional quality committee (e.g., transfusion, infection control, patient safety, etc.).
 4. participation in an ABPath-approved society's slide review program. (e.g., CAP's PIP quarterly review slide programs)
 5. participation in an ABPath-approved sponsor's SAM activity designed to assess/improve quality of practice (e.g., Component I patient safety course).
 6. participation in an ABPath-approved PI/QA activity sponsored by a local institution or department. (e.g., test utilization projects, case consensus conferences). (Application located on our website: [Part IV PI/QA Application](#))
 7. participation in an ABPath-approved society-sponsored PI/QA improvement activity. (Approved societies listed on our website: [Part IV Approved Societies](#))
 8. participation in the ABMS Multi-Specialty MOC Portfolio Approval Program (Portfolio Program).
 9. participation in the ABIM Foundation Choosing Wisely initiative.
 10. incorporation of Joint Commission Ongoing Professional Practice Evaluation (OPPE) in your practice. (Application located on our website: [Part IV OPPE Application](#))

11. having a peer reviewed publication that improves practice or patient care (first, second, or senior author).
 12. participation as a Program Director or Associate Program Director for an ACGME-accredited residency or fellowship program for improving medical education. 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 his/her Part IV activities.
4. The ABPath reserves the right to audit a pathologist's participation in PI/QA activities and may require documentation to be submitted by the diplomate.

V. 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 his/her ability and effectiveness in practice.
3. These references must include each of the following:
 1. an ABPath-certified pathologist
 2. the Chair of the Credentials Committee (or designate), Chief Medical Officer, Department Head, or Chief of Staff of the primary health care facility where the diplomate practices
 3. a board-certified physician in another specialty
 4. 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 board-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.
 1. 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.
 2. 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.
 3. 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.
 4. To update, correct, or replace a reference name or e-mail address, you must e-mail a request to ABP-MOC@abpath.org.

VI. Patient Safety

Patient safety requirement must be met once each 10-year cycle.

- A. All diplomates are required to complete a Component I Patient Safety Course (PSC) at least once during each 10-year CC Cycle. Component I PSCs have been approved by either ABMS or ABPath for content and are the only PSCs acceptable to meet this CC requirement. Component II PSCs have not been approved by ABMS or ABPath for content and do not meet the CC requirement. Component II PSCs may only be reported as Part II CME activities.
- B. Diplomates enrolled in the CC program 2006-2011 must complete the course by the 10th year of the cycle for the first 10-year cycle only. For each subsequent cycle, the course must be completed within the first two reporting periods (or by the 4th year) of the cycle.
 - 1. For all other diplomates, the course must be completed within the first two reporting periods (or by the 4th year) for each cycle.
- C. Currently the Component I PSCs designed specifically for pathologists are offered by the College of American Pathologists (CAP) and the American Society for Clinical Pathology (ASCP). There are general physician PSCs offered by the National Patient Safety Foundation (NPSF) and Johns Hopkins University School of Medicine (JHUSM) that are also acceptable to meet this requirement. A list with website links for each Component I PSC is located on the ABPath website in the CC section.
- D. **ABPath allows all Component I PSCs to be reported for both Part II SAM credit and Part IV PI/QA activity requirements.**
- E. To request an application for Component I PSC approval, which includes a list of required content, send an e-mail to ABP-MOC@abpath.org. The ABPath encourages educational providers to develop pathology specific PSCs that will meet the CC requirement for our diplomates.

VII. 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 Part I, II, & IV Reporting: Requirements must be reported to the ABPath every two years via electronic reporting form submission.
 - 2. The CC Part III Assessment: Requirement must be met once every 10-year CC cycle for any certifications enrolled in the CC Program.
 - 3. The ABPath-approved Patient Safety Course: Requirement must be met once every 10-year CC cycle. (See Section VI.A.1-2. for diplomate specific requirement timeline)
- 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 Part I, II, & IV Reporting requirements will result in the diplomate's certification status being reported as "not participating in the CC Program"** for the first year following the missed deadline for reporting. After the 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 31st of the following year of 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. 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 his/her 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. 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/SAM certificates).
 - iii. Pay a \$500 reinstatement fee.
 - c. 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 new 10-year CC cycle. Any certification issued in this manner will be valid for as long as it is maintained in the CC Program.
 - 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 as a requirement for eligibility to take the initial certification examination(s). The physician will receive five years eligibility to take the AP and/or CP initial certification examination(s), seven years to take the subspecialty initial examination(s) from completion of additional training.
2. **Failure to meet the CC Part III Assessment requirement by the end of a 10-year cycle 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 his/her 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.
 - b. 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 new 10-year CC cycle. Any certification issued in this manner will be valid for as long as it is maintained in the CC Program.

- 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 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.
 - ii. 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 as a requirement for eligibility to take the initial certification examination(s).
 - iii. 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, seven years eligibility to take the subspecialty initial examination(s).
- D. 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.
- E. 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).
- F. 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.
- G. 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)

VIII. 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.
 - i. 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 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
 - 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.
- 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.

IX. 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.

Diplomates denied a request for accommodation may appeal the denial in accordance with ABPath's appeals procedure.

X. 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 pathologist 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. Non-employed physicians, or physicians not actively working as pathologists, may report as clinically inactive.
 4. 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 faxed to 813-289-5279, scanned and e-mailed 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.
 5. These diplomates must meet the Component I Patient Safety Course requirement.

XI. Diplomates with Non-Time Limited Certificates

- A. Although the ABPath does not require diplomates with non-time limited certificates to participate in CC, it strongly encourages them to do so. To voluntarily enroll in CC, the diplomate must send a request for enrollment to ABP-MOC@abpath.org. The 10-year CC cycle will begin January 1st of the year following enrollment.
- B. Participation in CC by these diplomates does not put their original certificate(s) in jeopardy of lapsing.
- C. As of July 2013, the ABPath's Voluntary Recertification program is no longer available. A diplomate with a non-time limited certificate who wants to recertify or is required to pass a secure examination for licensure must do so through the CC program.

XII. 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 biennial fee is \$100, per physician (not per certificate) and is linked to the electronic submission of each 2-year reporting form. The first payment of \$100 is due at the end of the first 2-year reporting period and a fee of \$100 is 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 of \$100 is due at the end of each 2-year reporting period.

XIII. 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.

XIV. 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



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.



APPENDIX ONE - CC Examination Modules

I. Primary examination modules

- 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
 - 1. Clinical Pathology
- D. 25-Question AP/CP Elective Modules (may be selected by AP, CP, and/or AP/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