CERTIFICATION

Booklet of Information

2011-2012 Examinations

THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

A MEMBER BOARD OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES
### 2012 Examination Dates

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Date</th>
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<tbody>
<tr>
<td>Part II</td>
<td>May 19-20</td>
</tr>
<tr>
<td>Part I</td>
<td>August 20</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>July</td>
</tr>
<tr>
<td>Neuromuscular Medicine</td>
<td></td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>August 13-17</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>August 18</td>
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<tr>
<td>Pain Medicine</td>
<td></td>
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<tr>
<td>Hospice and Palliative Medicine</td>
<td>October 4</td>
</tr>
<tr>
<td>Pediatric Rehabilitation Medicine</td>
<td>November 12</td>
</tr>
<tr>
<td>Spinal Cord Injury Medicine</td>
<td>November 12</td>
</tr>
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### Examination Application Deadlines for 2012 Exams

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Application Date</th>
</tr>
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<tbody>
<tr>
<td>Part II</td>
<td>November 15, 2011</td>
</tr>
<tr>
<td>Part I</td>
<td>January 31, 2012</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>February 15</td>
</tr>
<tr>
<td>Neuromuscular Medicine</td>
<td>February 15</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>February 15</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>February 28</td>
</tr>
<tr>
<td>Pediatric Rehabilitation Medicine</td>
<td>March 15</td>
</tr>
<tr>
<td>Spinal Cord Injury Medicine</td>
<td>March 15</td>
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### Processing, Examination, and Late Fees* for 2012 Exams

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Fee Schedule</th>
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<tbody>
<tr>
<td>Part I</td>
<td></td>
</tr>
<tr>
<td>Nonrefundable Processing Fee</td>
<td>$600</td>
</tr>
<tr>
<td>Examination Fee</td>
<td>$795</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,395</strong></td>
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<tr>
<td>Part II</td>
<td></td>
</tr>
<tr>
<td>Nonrefundable Processing Fee</td>
<td>$600</td>
</tr>
<tr>
<td>Examination Fee</td>
<td>$1,310</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,910</strong></td>
</tr>
<tr>
<td>All Subspecialty Examinations</td>
<td></td>
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<tr>
<td>Nonrefundable Processing Fee</td>
<td>$600</td>
</tr>
<tr>
<td>Examination Fee</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,800</strong></td>
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<tr>
<td><strong>Late Fee</strong> (nonrefundable) in addition to above examination fees</td>
<td>$500</td>
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*The ABPMR reserves the right to revise fee schedules at any time.*
Introduction

THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION, INC.

This Board holds active membership in the American Board of Medical Specialties (ABMS), which functions in cooperation with the Council on Medical Education of the American Medical Association. The Board is represented on the Residency Review Committee (RRC) for Physical Medicine and Rehabilitation, which is organized within the Accreditation Council for Graduate Medical Education (ACGME).

Directors of the American Board of Physical Medicine and Rehabilitation are nominated by the:
- American Academy of Physical Medicine and Rehabilitation (AAPM&R),
- American Board of Physical Medicine and Rehabilitation (ABPMR), and
- Association of Academic Physiatrists (AAP).

Core Values

The ABPMR’s core values provide a solid foundation for our specialty and subspecialty certification programs. We are committed to these eight fundamentals that reflect and uphold our mission:

- Dedication to excellence
- Public assurance of high quality patient care
- Standard setting
- Science-based medicine
- Professionalism
- Leadership
- Accountability
- Autonomy

Purpose of Certification

The intent of the certification process as defined by Member Boards of the ABMS is to provide assurance to the public that a certified medical specialist has successfully completed an accredited residency training program and an evaluation, including an examination process, designed to assess the knowledge, experience, and skills requisite to the provision of high quality patient care in that specialty. Diplomates of the ABPMR possess particular qualifications in this specialty.
Standards of certification are distinct from those of licensure. Possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of other physicians not so certified.

**Functions of the Board**

1. To assist in improving the quality of graduate and continuing education in the specialized medical practice embraced by the field of physical medicine and rehabilitation;

2. To determine and set requirements and qualifications for physicians who confine their practice to the field of physical medicine and rehabilitation and submit voluntarily to the certification processes of the Board;

3. To determine, by computer-based and oral examinations and otherwise, which physicians possess such qualifications;

4. To issue appropriate certification to physicians so determined as possessing such qualifications and adhering to such standards;

5. To promote the advancement and betterment of the specialty of physical medicine and rehabilitation.

**Definition of Physical Medicine and Rehabilitation**

Physical medicine and rehabilitation (PM&R), also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairment and disability. This specialty involves the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and coimpairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine, and an emphasis on prevention of complications of disability from secondary conditions.

Physiatrists are trained in rehabilitation of neurologic disorders, and in the diagnosis and management of impairments of the musculoskeletal (including sports and occupational aspects) and other organ systems, and the long-term management of patients with disabling conditions. Physiatrists provide leadership to multidisciplinary teams concerned with maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders or pain to enable people to achieve their maximum functional abilities.
GENERAL REQUIREMENTS

1. Prior to entry in a residency training program: graduation from a United States or Canadian medical school approved by the Liaison Committee on Medical Education (LCME), or graduation from an osteopathic medical school approved by the American Osteopathic Association (AOA);

Graduates of educational institutions outside the United States or Canada must possess a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). Also accepted is a Fifth Pathway certificate and evidence of satisfactory completion of the United States Medical Licensing Examination (USMLE), Parts 1 & 2. Individuals holding fifth Pathway certificates that are not accepted by the USMLE program for purposes of meeting Step 3 eligibility will be required to obtain ECFMG certification in order to be eligible for Step 3;

2. Possession of a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure);

3. Satisfactory completion of the requirements of the Board for graduate education;

4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and payment of required fees.

RESIDENCY TRAINING

Physicians must successfully complete 48 months (four years) of training in a PM&R residency accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC). This training must be completed after the completion of medical school.

Twelve of the 48 months must consist of a coordinated program of experience in fundamental clinical skills such as an accredited transitional year, or include six months or more in accredited training in emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics, or surgery, or any combination of these patient care experiences. The remaining months of this year may include any combination of accredited specialties or subspecialties.

Accredited training in any of the specialties or subspecialties must be for a period of at least four weeks. No more than eight weeks may be in non-direct patient care experiences. Training in fundamental clinical skills must
be completed within the first two years of the four-year training program. The program director and the Credentials Committee of the Board, at the beginning of the residency, will make the decision regarding the acceptability for credit of the 12 months of training in fundamental clinical skills approved by the ACGME, the RCPSC, or the AOA.

The program must include 36 months in PM&R in a training program accredited by the ACGME or the RCPSC. A resident is expected to complete training in a single accredited program except when significant extenuating circumstances make a change advisable. In the event of a transfer, the resident is expected to complete all of the PM&R program requirements as outlined by the RRC. All required training and experience as stated above must be taken in the United States, Puerto Rico, or Canada.

The training program must include a significant amount of time spent in primary responsibility for the direct patient care management of hospitalized patients on the PM&R service. Residents must devote at least one-third of their residency experience to the care of these hospitalized PM&R patients. They must spend at least one-third of the training in the care of outpatients, including a significant experience in the care of musculoskeletal problems.

The training curriculum must be compatible with the program requirements in PM&R, which are published annually in the AMA’s Graduate Medical Education Directory. The resident is expected to assume progressive responsibility for the care of patients. The ABPMR requires program directors to verify the training received by the resident.

Credit for Other Specialty Training
Physicians who have satisfactorily completed one or more years of training (up to and including certification) in a program accredited by the ACGME, the RCPSC, or the AOA in related relevant specialties may receive up to a maximum of 12 months of non–PM&R training credit on recommendation of the program director and at the discretion of the Board.

These relevant specialties include emergency medicine, family practice, internal medicine, neurology, obstetrics and gynecology, orthopedics, pediatrics, and surgery. Completion of 36 months of training in an ACGME–accredited PM&R residency is still mandatory.

The Board will consider approval for non–PM&R training credit only upon recommendation of the residency training program director. Alternatively, upon the recommendation of the program director, the Board may accept a non-coordinated ACGME–accredited “transitional” year or an ACGME–accredited year of training. This alternative training may be in emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics, neurology, orthopedics, or surgery.

No credit will be given toward shortening the basic required four-year program for non–ACGME–accredited residencies, fellowships, or
internships, for Fifth Pathway in a United States AMA–designated training institution, or for hospital house physician experience. No credit will be allowed for fellowships prior to or during residency training.

Absence from Training
A resident should not be absent from the residency training for more than six weeks (30 working days) annually. Regardless of institutional policies regarding absences, any leave time beyond six weeks would need to be made up by arrangement with the program director.

“Leave time” is defined as sick leave, vacation, maternity or paternity leave, or leave for locum tenens. A candidate may not accumulate leave time or vacation to reduce the overall duration of training.

Residency Training Program Directors
The ABPMR relies on information from program directors to ensure that residents are progressing through their training in a satisfactory manner (e.g., registration, annual evaluation). The RRC will be notified of the programs that do not meet the reporting requirements in a timely manner.

1. At the beginning of a residency in PM&R, the residency training program director will submit a registration indicating basic information and educational background of the resident to establish a file and a computerized listing for each resident. Any anticipated credit for previous satisfactorily completed ACGME– or RCPSC–approved training (which may not be for more than 12 months) must be indicated at the time of registration. Such recommendation should be reconfirmed in writing by the program director at the first annual evaluation. If the residency is designated as a combined program for dual certification or for the Clinical Investigator Pathway, the program director must submit a special form obtained from the Board office detailing the proposed assignment schedule for the resident. This form is then signed by both program directors.

2. The program director must confirm the authenticity of the medical degree and list its source along with any ECFMG, FLEX, National Boards or USMLE certification numbers and/or state medical licensure number.

3. The Board will notify the resident of the registration by the program director and direct him/her to the ABPMR website for the current Certification Booklet of Information.

4. An annual evaluation on each resident is to be submitted to the Board office at the end of each year of training, indicating quality of performance and number of months of residency training satisfactorily completed in PM&R, including elective services and scheduled or documented pertinent research.

5. If a resident is placed on probation, a plan for remedial action must be submitted.
6. If a resident transfers to another program in PM&R, the Board is to be notified by the resident and by each program director involved regarding the circumstances of the change, and the amount and content of credit being given in the dismissing program. Also required is a new registration including the proposed content and time in the accepting program. Total content of the resident’s training must meet the Board’s PM&R residency training requirements.

7. When a resident first applies for admissibility to the certification examinations, the program director certifies that satisfactory completion of the required residency training is anticipated by August 31 of the year of examination, and also provides a preliminary opinion regarding the candidate’s qualifications to enter independent clinical practice in the specialty. In case of subsequent change in status or recommendations regarding a candidate, the program director should notify the Board office promptly.

8. For residents completing training between January and August 31 of the year of examination, the program director must complete the final residency year’s evaluation form immediately upon completion of residency training and submit it to the Board office by July 1 prior to the Part I examination. The evaluation form must include the final grade and amount of training satisfactorily completed. In addition, statements are to be included indicating that the candidate is deemed qualified to enter independent practice of PM&R and should be admitted to the certification examination.

Clinical Investigator Pathway

The ABPMR provides an opportunity for interested residents to participate in a Clinical Investigator Pathway (CIP) during their training. The ABPMR’s criteria for certification as a clinical investigator require that a resident complete a five-year residency program that integrates training in PM&R and clinical research.

The purpose of the CIP is to increase both quality and capacity of physiatric research nationally by enabling a select group of clinically- and research-minded residents to become well trained in physiatric practice and research. The CIP is intended for PM&R residents in PM&R programs that have a strong emphasis on physiatric research.

Planning—Trainees interested in a research career should work with their residency program director and research mentor to design an appropriate training plan that will provide an adequate clinical experience and meet the Board’s requirements. Ideally, planning for their pathway should occur during PGY-1, and the Board must be notified of and approve a trainee’s intention to pursue such training by the end of PGY-2.

Training—The first year of the five-year program is devoted to fundamental clinical skills as required for a PM&R training program. The following four
years of residency training combine clinical and investigative training. Training should preferably occur at one institution.

**PM&R Training**—All trainees in the CIP must satisfactorily complete two years of accredited PM&R training.

**Research Training**—Two years of research training at 80% commitment is required. The Board defines research as scholarly activities intended to develop scientific knowledge.

The research experience of trainees should be mentored and reviewed; training should include completion of work leading to a graduate degree (if not already acquired). The last year of research training may be undertaken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

**Clinical Experience During Research Years**—During PM&R research training, 20% of each year must be spent in clinical experiences. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the CIP.

Trainees in the PM&R Clinical Investigator Pathway may apply for the Part I examination in PM&R after successful completion of four years of training, which must include 24 months of accredited training in PM&R and 12 months of research training. Trainees may apply for the Part II examination after successful completion of five years of residency training.

The ABPMR certification examinations and the Board certificate are the same for all Board candidates whether they pursue the Clinical Investigator Pathway or standard PM&R training. The table on the following page illustrates the requirements for the ABPMR Clinical Investigator Pathway.

### PM&R Clinical Investigator Pathway Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Fundamental skills training</td>
<td>12 months</td>
</tr>
<tr>
<td>PM&amp;R training</td>
<td>24 months</td>
</tr>
<tr>
<td>Research training (80%)</td>
<td>24 months</td>
</tr>
<tr>
<td>Clinical training during research (20%)</td>
<td>1 day/week</td>
</tr>
<tr>
<td><strong>Total training</strong></td>
<td><strong>5 years</strong></td>
</tr>
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**Dual Specialty Certification**

Residents may elect to pursue integrated training in PM&R and another specialty by enrolling in a combined training program. The ABPMR currently approves two types of combined training: Pediatrics and PM&R and Internal Medicine and PM&R. Both programs require completion of at least 36 months of accredited training in general comprehensive PM&R.
The proposed program agreed to by the respective residency training program directors should be submitted by the program directors to both Boards for approval. Admissibility to Part I of the certification examination may be sought during the last year of training. Candidates must pass Part I before applying for admissibility to Part II of the certification examination. Guidelines for program directors interested in developing such a program are available through the ABPMR office.

**Combined Training in Pediatrics and PM&R**

A special agreement exists between the American Board of Pediatrics (ABP) and the ABPMR whereby a physician interested in dual specialty certification in pediatrics and in PM&R can qualify for admission to the certification examinations of both Boards. The individual resident must be registered in an approved combined Peds/PM&R residency training program no later than the end of the R-2 year of the combined program.

The programs are designed to be completed in a minimum of 60 months. Vacation is shared pro rata between the training time spent in pediatrics and that spent in PM&R. The non–PM&R 12-month segment of the four-year PM&R residency will be credited based on satisfactory completion of the regular first year of pediatric residency.

The ABP requires a minimum of 36 months of general comprehensive pediatric training with six months’ credit for pediatric rehabilitation within the PM&R training. The ABPMR requires a minimum of 36 months of an accredited PM&R residency with six months’ credit for related rotations during the pediatric training. These rotations may be in developmental pediatrics, neonatology, pediatric neurology, pediatric neurosurgery, or pediatric orthopedics.

Six months full-time equivalent (FTE) of pediatric rehabilitation is required. Twenty-four months of the 36 months PM&R training must be in adult PM&R.

It is recommended that all training be completed at one academic institution; any deviation will require prospective approval by both Boards. When two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience.

**Combined Training in Internal Medicine and PM&R**

A special agreement exists between the American Board of Internal Medicine (ABIM) and the ABPMR whereby a prospective resident interested in dual specialty certification in internal medicine and in PM&R can qualify to apply for admission to the certification examination of each Board. Admissibility is determined by satisfactory completion of a preplanned, combined, and integrated program that could be designed to be completed in a minimum of 60 months. Before the end of the R-2 level of training in either specialty, the ABPMR prospectively requires approval of a detailed curricular plan.
for a given resident approved by both Boards and signed by both program directors.

The non–PM&R 12-month segment of the 48 months of PM&R residency concerned with basic fundamental clinical skills will be credited on the basis of satisfactory completion of the regular first year of internal medicine residency.

In addition, the ABPMR requires a minimum of 36 months of accredited PM&R residency with six months’ credit for internal medicine rotations. These rotations may be in such areas as rheumatology, endocrinology, cardiovascular, or pulmonary subspecialties of internal medicine.

During the 30 months in PM&R, the resident must satisfactorily complete 24 months of hospital and outpatient clinical management of patients receiving PM&R services. Physical medicine and rehabilitation training includes basic and advanced knowledge of musculoskeletal and neuromuscular anatomy and physiology as related to kinesiology, exercise, and functional activities as well as to immobilization and inactivity. Applications and prescription of therapeutic exercise, orthotics, prosthetics, assistive and supportive devices for ambulation and mobility are essential.

The following segments of training in PM&R are also required: experience with inpatient or outpatient pediatric rehabilitation, adequate training to achieve basic qualifications in electromyography and electrodiagnosis, and opportunities to achieve understanding of special aspects of rehabilitation of patients in geriatric age groups.

The three-year internal medicine residency requirements are met in part by the ABIM recognizing six months’ credit for PM&R residency training involving PM&R management of patients with problems related to internal medicine. Such problems include those occurring in patients with rheumatologic, cardiovascular, pulmonary, stroke, and/or oncologic conditions.

It is recommended that all training be completed at one academic institution. If two separate institutions are involved, there should be evidence of adequate coordination to provide an appropriate educational experience. Any deviation requires prospective approval by both Boards. After the program is approved, the resident’s registration form is submitted. Vacation is shared pro rata between the two training programs.

APPLICATION REQUIREMENTS AND FEES

Part I (Computer-Based) Examination
The application and related forms for Part I of the certification examination are available on the ABPMR website. The completed application must include a copy of the medical degree diploma or certificate and the PG-1 year certificate, if applicable.
In order to have the application considered for examination, the applicant must be scheduled to complete the graduate medical education requirements on or before August 31 immediately following the scheduled examination date for which he or she has applied. Satisfactory completion of the educational and training requirements in force at the beginning of the resident’s training in an accredited program will be considered acceptable for application for admissibility to the certification examinations.

Final admissibility is contingent upon receipt of the final-year evaluation by the program director, due July 1 in the examination year. If a resident is placed on probationary status during the final year of the residency program, this status must be rescinded by the program director before July 1 for the resident to be admissible.

**Part II Examination**

Part II of the ABPMR certification examination is an oral examination. To be admissible to Part II, applicants must have passed Part I. The application and related forms for Part II are available on the [ABPMR website](https://www.abpmr.org).

An applicant applying for Part II must complete a form provided by the Board that describes the professional time spent during his or her full-time PM&R clinical practice, PM&R-related fellowship, PM&R-related research, or a combination of these.

The applicant is required to submit a copy of a current, valid, and unrestricted license (including expiration date) to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.

**Reapplication**

Physicians who have initially applied for and failed or did not take either Part I or Part II can apply for admissibility for re-examination or examination during any subsequent examination period. The same requirements will be in effect for reapplication as for initial admissibility. Currently, there is no limit to the number of times a physician may reapply for examinations.

**Refunds and Forfeiture of Fees**

Processing and late fees are nonrefundable. The Board will return the refundable portion of the fee only in the event that:

- an applicant withdraws the application prior to being declared admissible to the examination, or
- an applicant is declared not admissible to the examination.

Once an applicant has been declared admissible and is a candidate, the fees will be forfeited if the candidate withdraws for any reason, or does not appear for the scheduled examination for which he or she applied.
The ABPMR does not assume responsibility for notifying an applicant of the impending loss of admissibility due to an incomplete application or incomplete qualifications.

The Board is a nonprofit organization, and the candidates’ fees are used solely for defraying the actual expenses of the Board. The directors of the Board serve without remuneration. The Board reserves the right to change the fees when necessary.

**Board Admissibility**

“Board admissible” is a term used by the ABPMR to define the status of an applicant who has been accepted by the ABPMR as a candidate to take the examination for which he or she has applied. Designation of “Board admissible” does not continue beyond the date such an examination is given, regardless of results. The Board does not accept any use of the term “Board eligible” in lieu of documented admissibility. This term should not appear in curricula vitae, in advertising, or in statements to the public.

**EXAMINATIONS**

As part of the requirements for certification by the ABPMR, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of PM&R. The examination for certification is given in two parts, Part I (computer-based) and Part II.

Parts I and II of the Board examination are given once each year, at such times and places as the Board designates. While Part I of the examination is administered simultaneously at Pearson Professional Centers nationwide, Part II is administered only in Rochester, Minnesota.

**Part I**

Two forms of state- or government-issued identification (non-expired, including a photo and a signature) will be required of candidates presenting for the examination. No notes, textbooks, other reference materials, scratch paper, or electronic devices may be taken into the examination room. The computer-based examination consists of 325 multiple-choice questions, divided into morning and afternoon sections, each allowing three hours. An on-screen tutorial is available at the beginning of the first session, allowing the examinee to become familiar with both the computer and the format of the examination.

The examination questions are designed to test the candidate’s knowledge of basic sciences and clinical management as related to PM&R and will be in the form of objective testing. The Part I examination is based on the content areas of the examination outline, located in the appendix of this booklet.

**Part II**

As currently structured, the oral examinations consist of three examiners examining the candidate, with each examiner conducting a 40-minute
segment of the 120-minute examination. Two five-minute breaks divide the three portions of the oral examination.

Candidates will be expected to present, in a concise, orderly fashion, evidence of their proficiency in the management of various clinical conditions within the field of PM&R. During the oral examination, the examiner will ask questions about diagnostic procedures, therapeutic procedures, and patient management. The examination content is classified according to the exam outline in the appendix of this booklet. A demonstration video of a Part II examination is available on the ABPMR website.

EXAMINATION RESULTS

Official notification of examination results are sent in writing 6-8 weeks after an examination is administered. Pass/fail results also will be available on the individual candidate’s "Physician Home Page" on the ABPMR website. In the interest of maintaining confidentiality of candidate information, examination results are not given over the telephone, via fax, or e-mail.

Requests to have results mailed to a temporary or new address must be submitted to the ABPMR office in writing, either by mail, fax, or e-mail.

THE CERTIFICATE*

Upon approval of the application and the candidate’s successful completion of the examinations, the ABPMR will grant a time-limited certificate to the effect that the candidate has met the requirements of the ABPMR. The recipient of a certificate will be known as a diplomate, or a certificant, of the American Board of Physical Medicine and Rehabilitation.

The Board began issuing 10-year, time-limited diplomate certificates in 1993. The expiration date for these certificates is transitioning to December 31 of the given year. Maintenance of Certification procedures and requirements are described briefly in the following section, and in-depth in a separate Maintenance of Certification Booklet of Information, available at the ABPMR website. Certificates issued prior to 1993 have no time-limited stipulations; however, holders of these pre-1993 certificates may voluntarily participate in the Maintenance of Certification program.

Residents entering a training program are hereby informed and must be aware that time-limited certification for PM&R began in 1993 for all diplomates certified thereafter.

A certificate granted by this Board does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice PM&R. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted to physicians in the practice of PM&R in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.
Certification is a voluntary process by which the ABPMR grants recognition to a physician specialist who has met predetermined qualifications specified by the ABPMR. Certification and the certificate recognize those physician specialists who have successfully completed the Board’s educational requirements and demonstrated their skills and abilities at the time of evaluation. Certification is not a guarantee of the competence of the physician specialist.

**Maintenance of Certification**

Beginning in 1993, the ABPMR issued time-limited certificates that are valid for 10 years. To maintain certification, diplomates certified in 1993 and thereafter must participate in the Maintenance of Certification (MOC) program.

The guiding principle of the ABPMR MOC program is to foster the continuing professional development of quality patient care and all aspects of the practice of PM&R by its diplomates. Through its MOC program, the ABPMR seeks to encourage, stimulate, and support its diplomates in a program of self-directed, lifelong learning through the pursuit of continuing medical education.

The MOC process permits diplomates to demonstrate that they continue to meet the requirements of the ABPMR. MOC also provides patients and their families, funding agencies, and the public in general with assurance of the continuing up-to-date knowledge of PM&R diplomates. Please refer to the ABPMR's *Maintenance of Certification Booklet of Information* for details.

**Subspecialty Certification**

**SPINAL CORD INJURY (SCI) MEDICINE**

**Introduction**

Spinal Cord Injury (SCI) Medicine is the subspecialty that addresses the prevention, diagnosis, treatment, and management of traumatic spinal cord injury and nontraumatic etiologies of spinal cord dysfunction by working in an interspecialty manner. Care is provided on a lifelong basis and covers related medical, physical, psychological, and vocational disabilities and complications. This care encompasses patients of all ages.

**Purpose of Subspecialty Certification in SCI Medicine**

The ABPMR offers subspecialty certification in SCI Medicine in order to enhance the quality of care available to individuals with spinal cord dysfunction. This is accomplished through training a cadre of highly expert clinicians, teachers, and investigators to:

- demonstrate special expertise in clinical knowledge and skill in SCI Medicine;
• improve the rehabilitation and care of individuals with spinal cord injury;
• provide expert primary diagnostic and management services for complex and severe clinical problems related to spinal cord injury that require interspecialty management in SCI centers;
• support principal care providers of persons with spinal cord injury who practice in non-SCI centers, by rendering follow-up care to prevent and manage complications related to spinal cord injury;
• improve the quality of teaching of SCI Medicine in residency programs of related primary specialties by stimulating the availability of subspecialists with additional knowledge and skills in SCI Medicine;
• increase research directed toward the problems of individuals with spinal cord dysfunction, while also recognizing potential faculty members with special interests in SCI Medicine;
• improve interspecialty and interdisciplinary communication and cooperation among specialists caring for persons with spinal cord injury;
• provide access to diplomates of all ABMS Member Boards, particularly from specialties directly related to the care of persons with spinal cord injury whose diplomates wish to be certified in SCI Medicine. This includes specialties such as anesthesiology, emergency medicine, family practice, internal medicine, neurology, neurological surgery, orthopedic surgery, pediatrics, physical medicine and rehabilitation, plastic surgery, and urology.

SCI Medicine Subspecialty Requirements

ABMS Certification — All applicants for subspecialty certification in SCI Medicine must be current diplomates in good standing of a Member Board of the ABMS.

Licensure — An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.

Training — Applicants must:
• complete a one-year training program accredited by the ACGME after completing residency, and register with the ABPMR at the start of their training program;
• be evaluated semi-annually by their program director, using evaluation forms supplied by the ABPMR; the program director must submit the completed evaluation form directly to the ABPMR; and
• be recommended for admissibility to the SCI Medicine Subspecialty Examination by their program director upon successful completion of the training program in SCI Medicine.
The applicant must complete the training program on or before August 31 that precedes the scheduled examination date. The training curriculum must be compatible with the program requirements in SCI Medicine, which are published annually in the AMA’s *Graduate Medical Education Directory*.

**SCI Medicine Fellowships**
Please refer to the ABPMR website for the current listing of SCI Medicine fellowships.

**SCI Medicine Processing, Examination, and Late Fees**
Please refer to the inside cover of this booklet.

**SCI Medicine Subspecialty Examination**
As part of the requirements for subspecialty certification in SCI Medicine offered by the ABPMR, candidates must demonstrate satisfactory performance on a proctored examination conducted by the ABPMR covering the field of SCI Medicine. The SCI Medicine Subspecialty Examination may be taken after satisfactorily completing an ACGME–accredited training program.

The SCI Medicine Subspecialty Examination is administered as a computer-based test. Two forms of state- or government-issued identification (non-expired, including a photo and a signature) will be required of candidates presenting for the examination. No notes, textbooks, other reference materials, scratch paper, or electronic devices may be taken into the examination room.

The examination consists of 280 multiple-choice questions, divided into morning and afternoon sections of 140 questions each. Each question in the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer. Some questions may be accompanied by illustrations that will be displayed on-screen with the question. The examination items are classified according to the exam outline available on the ABPMR website and linked in the appendix of this booklet.

**SCI Medicine Certificate**
Subspecialty certification in SCI Medicine is awarded to all candidates who meet the requirements outlined within this *Booklet of Information*, and who successfully pass a proctored examination in this subspecialty.

Upon approval of the application and the candidate's successful completion of the examination, the ABPMR will grant a subspecialty certificate in SCI Medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after mailing notification of results.
Maintenance of Certification in SCI Medicine
The original certificate is a 10-year, time-limited certificate for which Maintenance of Certification (MOC) will be necessary. To participate in the SCI Medicine MOC program, certificants must:

• maintain primary certification, and
• have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored SCI Medicine Subspecialty Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the SCI Medicine MOC cycle.

If a certificant's subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in SCI Medicine).

SCI Medicine certificants must also maintain certification in their primary specialty. In the event a certificant's primary certificate lapses, is revoked, suspended, or expired, the ABPMR will revoke subspecialty certification as well. Please refer to the ABPMR's Maintenance of Certification Booklet of Information.

PAIN MEDICINE
Definition of Pain Medicine
Pain Medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, Pain Medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient.

Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in Pain Medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of Pain Medicine.

Introduction
In March 1998, The American Board of Physical Medicine and Rehabilitation (ABPMR) and The American Board of Psychiatry and Neurology (ABPN)
joined the American Board of Anesthesiology (ABA) in recognition of pain management as an interdisciplinary subspecialty. The respective Boards have agreed upon a single standard of certification. In March 2002, the ABMS approved a name change for this subspecialty to Pain Medicine.

The ABA administers a computer-based examination covering the various content areas of Pain Medicine. Diplomates from the ABPMR, ABA, or ABPN must apply for subspecialty certification in Pain Medicine through their primary specialty boards. Diplomates from other Member Boards of the ABMS who have had appropriate training and experience in the area of Pain Medicine may apply to the ABPMR for admission to the Pain Medicine certifying process.

The subspecialty certificate in Pain Medicine is a 10-year, time-limited certificate.

Pain Medicine certificants must also maintain certification in their primary specialty. In the event a certificant’s primary certificate lapses, is revoked, suspended, or expired, the ABPMR will revoke subspecialty certification as well.

The standard agreed upon by the Boards embraces open and active participation of all interested medical specialties to utilize a common examination, and uniformity in training achieved through common Residency Review Committee (RRC) standards and the development of multidisciplinary fellowships. The designation of subspecialty certification in Pain Medicine does not imply that each physician working in a pain clinic setting must be certified in Pain Medicine.

**Purpose of Subspecialty Certification in Pain Medicine**

Certification in Pain Medicine recognizes those physicians who, through education and examination in Pain Medicine, have documented competence to achieve specific objectives. The ABPMR offers subspecialty certification in Pain Medicine in order to enhance the quality of care available to individuals within the entire range of painful disorders.

This is accomplished through training a cadre of highly expert clinicians, teachers, and investigators to:

- provide a high level of care for patients experiencing problems with acute or chronic pain in both hospital and ambulatory settings;
- demonstrate special expertise in clinical knowledge and skill in Pain Medicine resulting in improved rehabilitation and care of individuals with the entire range of painful disorders;
- gain the Pain Medicine skills necessary for the coordination and responsibility of activities such as quality assurance, meeting regulatory standards, participation in Pain Medicine related committees, facilities planning and budget formation;
• participate in the formulation and/or evaluation of policies, procedures, standing orders, standards of care and special equipment as related to Pain Medicine;

• provide coordination, quality control, and education of ancillary services, e.g., medical, nursing, psychology, physical therapy, and occupational therapy;

• participate in research for the advancement of the clinical science of Pain Medicine directed toward the problems of individuals with painful disorders;

• provide expert primary diagnostic and management services for complex and severe clinical problems related to Pain Medicine that require interspecialty management in pain centers, improving interspecialty and interdisciplinary communication and cooperation among specialists caring for persons with painful disorders;

• support principal care providers of persons with a variety of painful disorders who practice in nonpain centers, by rendering follow-up care to prevent and manage complications related to painful disorders; and

• improve the quality of teaching of Pain Medicine in residency programs of related primary specialties by stimulating the availability of subspecialists with additional knowledge and skills in Pain Medicine.

Pain Medicine Fellowships

The purpose of a fellowship in Pain Medicine is to enhance the knowledge and practice of the subspecialty beyond that which is learned in the core specialty. Pain Medicine is a part of core training programs in specialties such as physical medicine and rehabilitation, anesthesiology, neurology, and psychiatry.

Although this exposure provides a limited introduction to the complex medical and functional needs of this patient population, a full year of concentrated training provides the volume of supervised clinical experiences necessary for the interspecialty management of individuals with acute and chronic pain problems.

Please refer to the ABPMR website for instructions on obtaining a current listing of Pain Medicine fellowships.

Pain Medicine Subspecialty Requirements

ABMS Certification—all applicants for subspecialty certification in Pain Medicine must be current diplomates in good standing of a Member Board of the ABMS.

Licensure—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states
in which the physician practices will be required prior to issuance of the certificate.

**Training Requirements**—The educational requirements in Pain Medicine can be fulfilled by satisfactory completion of 12 months in an ACGME–accredited Pain Medicine fellowship (the training program must occur after completing residency, and must be completed by the August 31 that precedes the examination date).

The training curriculum must be compatible with the program requirements in PM&R, which are published annually in the AMA's *Graduate Medical Education Directory*.

With uniformity in training achieved through common standards, it can be expected that at the completion of Pain Medicine training, the physician should be able to:

- perform a directed history and physical examination to identify the etiology of Pain Medicine problems;
- document the findings, discuss the differential diagnoses, and provide a comprehensive management plan for acute or chronic pain conditions;
- integrate and coordinate the multidisciplinary assessment of psychological, rehabilitative, behavioral, and diagnostic services; and
- appreciate and assess the complex psychological and socioeconomic forces affecting both pain presentation and response to therapy.

Development of these skills is dependent on appropriate exposure. Pain Medicine faculty will represent multiple ABMS disciplines, enabling training programs to provide learning and experience in a wide range of areas, including:

- **anesthesia**, providing exposure to anesthetic approaches to Pain Medicine and the use of nerve blocks;
- **psychiatry and neurology**, providing exposure to psychiatric etiologies of pain as differentiated from physical pain, and performing a thorough neurological evaluation with appropriate neurological testing;
- **physical medicine and rehabilitation**, providing exposure to applying PM&R techniques to pain problems;
- **neurosurgery**, providing exposure to application of techniques utilized by neurosurgeons in their management of pain problems;
- **pediatrics**, providing exposure to the multidimensional nature of children’s pain experiences, the methods of pain measurement and assessment in children, the unique pediatric factors that distinguish the pain experience of pediatric patients from that of adults;
- **cancer pain**, providing exposure to oncologic therapies, such as endocrine, chemotherapy, radiation, and immunotherapy, relating to the control of painful cancer conditions both in the inpatient and outpatient settings;
• **administrative and teaching experience**, allowing opportunity to teach and supervise residents and/or medical students during their rotations in Pain Medicine, in addition to providing exposure to the experience of day-to-day pain unit management;

• **documentation**, providing application of proper procedures relevant to a variety of forms and communications encountered for reimbursement, referral, disability, and legal purposes; and

• **research**, providing opportunity for pain-related research of a basic and/or clinical nature, culminating in publication and/or presentation in a scientific forum; and also providing exposure to or an understanding of the principles of pain research involving animals.

**Pain Medicine Processing, Examination, and Late Fees**

Please refer to the [inside cover of this booklet](#).

**Pain Medicine Subspecialty Examination**

The American Board of Anesthesiology (ABA) administers the computer-based Pain Medicine Subspecialty Examination. Applicants who have been accepted for examination will receive information from the ABA, not the ABPMR, regarding the registration process and locations of the Pearson professional testing centers.

The Pain Medicine Subspecialty Examination is administered as a computerized exam developed by the ABA Pain Medicine Examination Subcommittee. The supervised comprehensive objective examination covers the prevention, diagnosis, treatment, and management of persons with painful disorders, as well as knowledge of the basic sciences related to pain medicine.

Test items address, but are not limited to, chronic pain, acute pain, cancer pain, anesthesia, psychiatry, neurology, physical medicine and rehabilitation, neurosurgery, pediatrics, ethics, and decision-making. The examination items are classified according to the exam outline available on the [ABPMR website](#) and linked in the appendix of this booklet.

The ABA will notify candidates of the process and deadlines for arranging examination dates at specific locations two months in advance of the examination date. In addition to the registration letter received from the ABA, two forms of state- or government-issued identification (non-expired, including a photo and a signature) will be required of candidates presenting for the examination. No notes, textbooks, other reference materials, scratch paper, or electronic devices may be taken into the examination room.

**Pain Medicine Certificate**

Upon approval of the application and the candidate’s successful completion of the examination, the ABPMR will grant a subspecialty certificate in Pain Medicine stating that the candidate has met the requirements for
certification. The certificate is a 10-year, time-limited certificate for which Maintenance of Certification (MOC) will be necessary. Certificates are mailed approximately three months after mailing notification of results.

**Maintenance of Certification in Pain Medicine**

The original certificate is a 10-year, time-limited certificate. To participate in the Pain Medicine MOC program, certificants must:

- maintain primary certification, and
- have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored Pain Medicine Subspecialty Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the Pain Medicine MOC cycle.

If a certificant’s subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in Pain Medicine).

**In the event a certificant’s primary certificate lapses, is revoked, suspended, or expired, the ABPMR will revoke subspecialty certification as well.** Please refer to the ABPMR's *Maintenance of Certification Booklet of Information*.

**PEDIATRIC REHABILITATION MEDICINE**

**Introduction**

Pediatric Rehabilitation Medicine (PRM) is the subspecialty that utilizes an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial, cognitive, and vocational limitations or conditions, with an understanding of the life course of disability.

**Purpose of Subspecialty Certification in PRM**

Rehabilitation management of children with physical impairments is a challenging service requiring the integration and identification of functional capabilities and selection of the best rehabilitation intervention strategies, with an understanding of growth, development, and the continuum of care.

The ABPMR offers subspecialty certification in PRM as a distinct clinical entity in order to enhance the quality of care available to individuals with
pediatric rehabilitation needs and their families through training a cadre of highly expert clinicians, teachers, and investigators to:

- provide a high level of care for patients and families with congenital and childhood-onset disabilities requiring physiatric services, in hospital and outpatient settings, over the continuum of the enabling-disabling process;
- offer an educational environment in which a concentrated experience in the care of patients and their families with pediatric-onset disabilities requiring rehabilitation services may be gained by medical students, residents, fellows, and others, with the active participation of the pediatric rehabilitation physician staff;
- participate in research for the advancement of the clinical science of PRM, to strengthen the science and field of study; and
- provide staff specialists with PRM skills for coordination and responsibility of activities such as quality assurance, meeting regulatory standards (e.g., CARF), participation in pediatric rehabilitation medicine–related committees, facilities planning, policy making, and standard setting.

PRM is a distinct clinical entity that provides rehabilitation medicine management for children with physical impairments. This requires:

- knowledge of the enabling/disabling process (the interrelationships of pathology, impairment, functional ability, and social participation);
- an understanding of the significant psychosocial, advocacy, and rehabilitation knowledge, skills, and attitudes required in serving this population; and
- an appreciation of pediatric diagnoses, conditions, and disabilities.

Therefore, PRM is not necessarily a disease-based specialty. The influence of growth and development on the determination of medical and rehabilitation goals and interventions separates this entity from general PM&R. The knowledge of new onset, evolving, and lifelong disabilities and the enabling/disabling process gained from general PM&R enhances pediatric physiatrists’ abilities to manage children with disabilities through a lifetime; this knowledge base is not a focus of general pediatric training.

**PRM Subspecialty Requirements**

**ABPMR Certification**—all applicants for subspecialty certification in Pediatric Rehabilitation Medicine must be current ABPMR diplomates in good standing.

**Licensure**—An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.
Training—Applicants must:

• complete two years of an ACGME–accredited PRM fellowship after PM&R residency or a one-year ACGME–accredited fellowship in PRM after PM&R/Pediatrics combined or consecutive residency training;

• be evaluated semi-annually by their program director, using evaluation forms supplied by the ABPMR, which the program director submits directly to the ABPMR; and

• be recommended for admissibility to the PRM Subspecialty Examination by the fellowship program director upon successful completion of the training program in PRM.

The applicant must complete the training program on or before the August 31 that precedes the scheduled examination date, and the training in PRM must occur after the completion of residency. The training curriculum must be compatible with the program requirements in PRM, which are published annually in the AMA's Graduate Medical Education Directory.

Pediatric Rehabilitation Medicine Fellowships
Please refer to the ABPMR website for the current listing of PRM fellowships.

PRM Processing, Examination, and Late Fees
Please refer to the inside cover of this booklet.

PRM Subspecialty Examination
As part of the requirements for subspecialty certification in Pediatric Rehabilitation Medicine offered by the ABPMR, candidates must demonstrate satisfactory performance on a proctored examination conducted by the ABPMR covering the field of PRM. The PRM Subspecialty Examination may be taken after satisfactorily completing the training program requirements outlined in preceding sections of this booklet.

The PRM Subspecialty Examination is administered as a computer-based examination. Two forms of state- or government-issued identification (non-expired, including a photo and a signature) will be required of candidates presenting for the examination. No notes, textbooks, other reference materials, scratch paper, or electronic devices may be taken into the examination room.

The examination consists of 280 multiple-choice questions, divided into morning and afternoon sections of 140 questions each. Each question in the examination is followed by four options, one of which is correct. The candidate determines the one best answer and then marks that answer. Some questions may be accompanied by illustrations that will be displayed on-screen with the question. The examination items are classified according to the exam outline available on the ABPMR website and linked in the appendix of this booklet.
PRM Certificate
Upon approval of the application and the candidate’s successful completion of the examination, the ABPMR will grant a subspecialty certificate in Pediatric Rehabilitation Medicine stating that the candidate has met the requirements for certification. The certificate is a 10-year, time-limited certificate for which Maintenance of Certification will be necessary. Certificates are mailed approximately three months after mailing notice notification of results.

Maintenance of Certification in PRM
The original certificate is a 10-year, time-limited certificate. To maintain certification, certificants must participate in the ABPMR Maintenance of Certification (MOC) program.

To participate in the MOC program, PRM certificants must:

• maintain primary certification through the ABPMR, and
• have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored PRM Subspecialty Examination prior to the certificate expiration date. The examination may be taken in years 7-10 of the MOC cycle.

If a certificant’s subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in PRM).

In the event a certificant’s primary certificate lapses, is revoked, suspended, or expired, the ABPMR will revoke subspecialty certification as well. Please refer to the ABPMR's Maintenance of Certification Booklet of Information.

SPORTS MEDICINE
Introduction
Sports Medicine is a clinical subspecialty that is concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities.

The ABPMR received approval from the ABMS to grant subspecialty certification in Sports Medicine in September 2006. The ABPMR joins the American Board of Family Medicine (ABFM), the American Board of Emergency Medicine (ABEM), the American Board of Internal Medicine
(ABIM), and the American Board of Pediatrics (ABP) as sponsors of subspecialty certification in Sports Medicine.

The ABFM is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Purpose of Subspecialty Certification in Sports Medicine
The ABPMR offers subspecialty certification in Sports Medicine as a distinct clinical entity in order to improve the quality of care of individuals engaged in physical exercise (sports) whether as an individual or a team physician. The subspecialty certification will identify physiatrists who, through education and experience, have acquired a special proficiency in Sports Medicine. Faculty, administrators, and fellows who participate in the ACGME-accredited Sports Medicine fellowships will have a consistent method of evaluating the knowledge and performance of graduates from these programs.

Training Board-certified physiatrists in Sports Medicine will help to meet the demand for teaching in residency training programs and/or continuing medical education in Sports Medicine for physiatrists, as well as enhance Sports Medicine practice within the practice of physical medicine and rehabilitation.

Sports Medicine Subspecialty Requirements

**ABPMR Certification** — all applicants for subspecialty certification in Sports Medicine must be current ABPMR diplomates in good standing.

**Licensure** — An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.

**Training/Practice** — On March 23, 2011, the American Board of Medical Specialties (ABMS) approved the ABPMR request to extend the temporary criteria for the Sports Medicine subspecialty examination through the 2013 exam.

The educational requirements in Sports Medicine can be fulfilled by either:

1. Satisfactory completion of 12 months in an ACGME–accredited Sports Medicine fellowship affiliated with an ACGME–accredited residency program in Family Medicine, Emergency Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation. The training program must occur after completing residency, and must be completed by July 31 of the examination year;

- OR -

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2. Under temporary criteria (available through the 2013 exam)
   - Completion of 12 months of non-accredited Sports Medicine fellowship training in a fellowship program affiliated with an ACGME-accredited PM&R residency training program. The fellowship program must be consistent with the ACGME requirements for primary care Sports Medicine fellowship training.
   - OR -
   - Completion of a minimum of five years practicing Sports Medicine full-time or part time beyond completion of residency training. During that period, more than 20% of the time averaged over five years must have been devoted to sports medicine (must be completed by the July 31 of the examination year)
   - AND -
   - Completion of 30 Continuing Medical Education (CME) credits relevant to Sports Medicine that have been obtained at Sports Medicine courses, national meetings, or closely related offerings (completed within the five-year practice period).

Practice or training requirements must be completed on or before July 31 of the year of the examination for the July/August examination. Those applicants who will complete training after the July 31 deadline, but before November 30 of the exam year, may still apply during the regular application period, but will take the examination in December.

After the 2013 examination, candidates applying for examination in Sports Medicine must complete 12-months of training in an ACGME-accredited Sports Medicine program affiliated with an ACGME-accredited residency program in Family Medicine, Emergency Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation.

**Sports Medicine Fellowships**
Please refer to the ABPMR website for the current listing of Sports Medicine fellowships.

**Sports Medicine Processing, Examination, and Late Fees**
Please refer to the inside cover of this booklet.

**Sports Medicine Subspecialty Examination**
Please refer to the inside cover of this booklet for examination dates and application deadlines. Note that applicants who will complete training after the July 31 deadline for completion of training, but before November 30 of the exam year, may still apply during the regular application period, but will take the examination in December.

The American Board of Family Medicine (ABFM) administers the computer-based Sports Medicine Subspecialty Examination. Applicants who have been accepted for examination will receive information from the
ABFM, not the ABPMR, regarding the registration process and locations of the Pearson Professional testing centers.

The Sports Medicine examination weighted content outline is available on the ABPMR website and linked in the appendix of this booklet. The major categories of the content outline show how much the category contributes to the overall examination. The subcategories describe possible content, but an individual item at the lower levels will not necessarily appear on a given examination.

The ABFM Study Guide is available on the ABFM website.

The Sports Medicine Examination is developed by an Examination Committee consisting of representatives from each sponsoring board.

**Sports Medicine Certificate**

Upon approval of the application and the candidate’s successful completion of the examination, the ABPMR will grant a subspecialty certificate in Sports Medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after mailing notification of results.

The certificate is a 10-year, time-limited certificate for which Maintenance of Certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

**Maintenance of Certification in Sports Medicine**

The original certificate is a 10-year, time-limited certificate. To participate in the Sports Medicine MOC program, certificants must:

- maintain primary certification, and
- have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored Sports Medicine Subspecialty Examination prior to the certificate expiration date. The examination may be taken in year 7-10 of the Sports Medicine MOC cycle. Candidates may choose to take the examination in July/August of either year. In case of failure they will be given the opportunity to retake the examination in December.

If a certificant’s subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in Sports Medicine).
In the event a certificant’s primary certificate lapses, is revoked, suspended, or surrendered, the ABPMR will revoke subspecialty certification as well. Please refer to the ABPMR’s Maintenance of Certification Booklet of Information.

NEUROMUSCULAR MEDICINE

Introduction

Neuromuscular Medicine is a subdiscipline of neurology and physical medicine and rehabilitation that includes abnormalities of the motor neuron, nerve roots, peripheral nerves, neuromuscular junction, and muscle, including disorders that affect adults and children.

In September 2005, the American Board of Medical Specialties (ABMS) approved a joint application by the American Board of Psychiatry and Neurology (ABPN) and the ABPMR to develop subspecialty certification in Neuromuscular Medicine.

The ABPN is responsible for development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Purpose of Subspecialty Certification in Neuromuscular Medicine

The ABPMR offers subspecialty certification in Neuromuscular Medicine as a distinct clinical entity in order to improve clinical care and assessment of patients with neuromuscular disease, including diagnostic evaluation, treatment, management, and counseling.

The subspecialty certification will identify physiatrists who by virtue of specialized education, demonstration of qualifications, and experience are recognized as specialists in Neuromuscular Medicine.

Neuromuscular Medicine Subspecialty Requirements

ABPMR Certification — All applicants for subspecialty certification in Neuromuscular Medicine must be current ABPMR diplomates in good standing.

Licensure — An applicant must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.

Training/Practice — Under temporary criteria, a practice track will be available for the first five years the examination is offered to ABPMR diplomates (2008-2012). Beginning with the 2013 examination, all applicants will be required to complete one full year of training in neuromuscular medicine in an ACGME-accredited program.
The educational requirements in Neuromuscular Medicine can be fulfilled by either:

1. Satisfactory completion of 12 months in an ACGME-accredited fellowship. At least six months must be spent in clinical care of patients with neuromuscular disorders. The remaining six months of the fellowship will be flexible and may be spent studying related fields such as medical genetics, muscle pathology, electrodiagnostic medicine, or research. Physiatrists interested in this subspecialty may satisfy the requirements with six months' training in clinical neuromuscular medicine and six months in an EMG lab. The training program must occur after completing residency and must be completed by the August 31 that precedes the examination date.

- OR -

2. Under temporary criteria (available though the 2012 examination), ABPMR diplomates who consider themselves neuromuscular medicine specialists by virtue of time and effort may take the subspecialty examination by meeting the following criteria: Diplomates must have a minimum of 25% of professional time devoted to neuromuscular medicine for a minimum of two years, or one year of non–ACGME–approved fellowship training in Neuromuscular Medicine.

Practice or training requirements must be completed on or before July 31 of the year of the examination for the September examination.

After the 2012 examination, candidates applying for the examination in Neuromuscular Medicine must complete 12-months of training in an ACGME-accredited neuromuscular program.

**Neuromuscular Medicine Fellowships**

Please refer to the [ACGME website](www.acgme.org) for the current listing of Neuromuscular Medicine fellowships.

**Neuromuscular Medicine Processing, Examination, and Late Fees**

Please refer to the inside cover of this booklet for examination dates and application deadlines.

**Neuromuscular Medicine Subspecialty Examination**

The examination will consist of 200 multiple choice questions administered by computer and will have a duration of four hours. Test items cover, but are not limited to: Clinical presentation, pathophysiology, genetics, diagnostic testing, and all aspects of acute chronic management of disorders of the anterior horn cell, peripheral nerve, neuromuscular junction, and muscle. Examples of some of the more important or common conditions are amyotrophic lateral sclerosis, peripheral neuropathies (e.g., diabetic, inherited, and immune-mediated neuropathies), muscular dystrophies, inflammatory myopathies (e.g., polymyositis), and myasthenia gravis. The candidate is examined at a level beyond the training and knowledge
expected of a general neurologist, child neurologist, or specialist in physical medicine and rehabilitation.

The American Board of Psychiatry and Neurology (ABPN) administers the computer-based Neuromuscular Medicine Examination. Applicants who have been accepted for the examination will receive information from the ABPN, not the ABPMR, regarding the registration process and the locations of the Pearson Professional testing centers.

The Neuromuscular Medicine examination weighted content outline is available on the ABPMR website and linked in the appendix of this booklet.

The Neuromuscular Medicine Examination is developed by an Examination Committee consisting of representatives from each sponsoring board.

Neuromuscular Medicine Certificate
Upon approval of the application and the candidate’s successful completion of the examination, the ABPMR will grant a subspecialty certificate in Neuromuscular Medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after mailing notification of results. The certificate is a 10-year, time-limited certificate for which Maintenance of Certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

Maintenance of Certification in Neuromuscular Medicine
The original certificate is a 10-year, time-limited certificate. To participate in the Neuromuscular Medicine MOC program, certificants must:

- maintain primary certification, and
- have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored Neuromuscular Medicine Subspecialty Examination prior to the certificate expiration date. The examination may be taken in year 7-10 of the Neuromuscular Medicine MOC cycle.

If a certificant’s subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in Neuromuscular Medicine).

In the event a certificant’s primary certificate lapses, is revoked, suspended, or surrendered, the ABPMR will revoke subspecialty
Hospice and Palliative Medicine is concerned with the comprehensive care of patients with life-limiting illness, including the relief of distressing symptoms, and ethical decision making in end-of-life care.

On October 6, 2006, the American Board of Medical Specialties (ABMS) announced the addition of a new subspecialty certification in Hospice and Palliative Medicine. The new certification marks the first time ten ABMS Member Boards have collaborated in offering certification in one specific area.

The ABPMR joins the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), the American Board of Obstetrics and Gynecology (ABOG), the American Board of Pediatrics (ABP), the American Board of Psychiatry and Neurology (ABPN), the American Board of Radiology (ABR), and the American Board Surgery (ABS) as sponsors of the subspecialty certification in Hospice and Palliative Medicine.

A physiatrist who specializes in Hospice and Palliative Medicine, possesses the expertise to prevent and relieve suffering experienced by patients with life-limiting illnesses. The physiatrist works with an interdisciplinary team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both the patient and the family. The demand for specialists in this area continues to increase related to overall longer life expectancy and effective management of acute illness in the general population.

The ABIM is responsible for examination development, administration, scoring, and analysis. The ABPMR will credential and issue the subspecialty certificates for ABPMR diplomates.

Purpose of Subspecialty Certification in Hospice and Palliative Medicine
The field of hospice and palliative medicine is based on expanding the scientific knowledge about symptom control when a cure is not possible. The subspecialty of Hospice and Palliative Medicine has been established in order to recognize excellence among physicians who are specialists in the care of seriously ill and dying patients.

The major competencies of subspecialist-level hospice and palliative medicine fall under the broad patient-centered goals of:

- Relieving suffering and improving the quality of life for patients and families living with life-threatening illness;
• Helping patient and family cope well with loss and engage in effective grieving;

• Comprehensive interdisciplinary team management of the physical, psychosocial, social, and spiritual needs of patients and their families;

• Management and coordination of the array of challenging problems associated with end-of-life care, including the management of the immediately dying patient; and

• Promoting closure and possibility of growth at the end of life.

Hospice and Palliative Medicine Subspecialty Requirements

ABPMR Certification — All applicants for subspecialty certification in Hospice and Palliative Medicine must be current ABPMR diplomates in good standing.

Licensure — Applicants must have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate.

Training/Practice — For the first five years, and the first three examinations (2008, 2010, 2012), that the examination is offered to ABPMR diplomates, temporary criteria will allow diplomates to apply for the examination via practice, current certification by the American Board of Hospice and Palliative Medicine, or by fellowship training conducted with a program affiliated with an ACGME-accredited residency or fellowship program. After the 2012 examination, all applicants will be required to complete one full year of ACGME-accredited training in Hospice and Palliative Medicine.

The educational requirements in Hospice and Palliative Medicine can be fulfilled by either:

1. Satisfactory completion of 12 months in an ACGME-accredited fellowship in Hospice and Palliative Medicine that meets the following criteria:

   • Hospice and Palliative Medicine fellowship training undertaken July 1, 2010, and after must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Hospice and Palliative Medicine fellowship training taken prior to July 1, 2010, must be conducted within a program affiliated with an ACGME-accredited residency or fellowship program.

   • Training experience must be consistent with guidelines established by the ACGME, or, until formal guidelines are developed by the ACGME, by the guidelines of the Palliative Medicine Review Committee (PMRC) which is closely modeled after ACGME’s Residency Review Committees.
• Documentation will be required from the training program director that the fellow’s clinical competence as a hospice and palliative medicine consultant is satisfactory.

• The training program must occur after completing residency and must be completed by August 31 that precedes the examination date.

- OR -

2. For the first five years, and the first three examinations (2008, 2010, 2012), ABPMR Diplomates who have not had formal training in a Hospice and Palliative Medicine fellowship may be admitted to the examination if they demonstrate at least 800 hours of clinical involvement during the last five years of subspecialty level practice of hospice and palliative medicine including:

• at least two years and 100 hours of participation with a hospice or palliative care team*, and

• active care of at least 50 terminally ill patients (25 for pediatrics).

- OR -

3. Prior certification by the American Board of Hospice and Palliative Medicine (with certificate expiring December 31, 2007, or beyond) and evidence of clinical activity in hospice and palliative medicine in the two years preceding the application.

* To qualify, interdisciplinary hospice or palliative care teams must have all the following characteristics: (a) provide active clinical care, (b) hold regular meetings, (c) have regular membership of a physician, nurse, and at least one other professional from a psychosocial discipline, and (d) operate in a context in which a substantial number of the team’s patients are near the end of life. It is expected that multidisciplinary team members will be appropriately trained and ultimately certified in Hospice and Palliative Medicine.

Hospice and Palliative Medicine Fellowships
Please refer to the ACGME website (www.acgme.org) for the current listing of Hospice and Palliative Medicine fellowships.

Hospice and Palliative Medicine Processing, Examination, and Late Fees
Please refer to the inside cover of this booklet for examination dates and application deadlines.

Hospice and Palliative Medicine Subspecialty Examination
The Hospice and Palliative Medicine Certification Examination will be a comprehensive one-day computer based examination. The examination will consist of 240 multiple choice questions divided into four sections of 60 questions each. The candidate will have up to two hours to complete each section. The test day may last up to 10 hours and will include a tutorial, a lunch break, and two optional breaks.
The examination will assess the candidate’s knowledge and clinical judgment in aspect of hospice and palliative medicine required to perform at a high level of competence. The Hospice and Palliative Medicine Study Guide is available on the ABIM website.

The ABIM Hospice and Palliative Medicine examination blueprint is available on the ABPMR website and linked in the appendix of this booklet.

The Hospice and Palliative Medicine Examination is developed by an Examination Committee consisting of representatives from each sponsoring board.

**Hospice and Palliative Medicine Subspecialty Certificate**

Upon approval of the application and the candidate’s successful completion of the examination, the ABPMR will grant a subspecialty certificate in Hospice and Palliative Medicine stating that the candidate has met the requirements for certification. Certificates are mailed approximately three months after mailing notification of results. The certificate is a 10-year, time-limited certificate for which Maintenance of Certification (MOC) will be necessary. The certificate expires on December 31 of the tenth year of the cycle.

**Maintenance of Certification in Hospice and Palliative Medicine**

The original certificate is a 10-year, time-limited certificate. To participate in the Hospice and Palliative Medicine MOC program, certificants must:

- maintain primary certification, and
- have a current, valid, and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories or Canada. Evidence of unrestricted licensure in the state or states in which the physician practices will be required prior to issuance of the certificate (refer to the ABPMR Policy regarding licensure).

MOC includes achieving a passing score on a computer-based, proctored Hospice and Palliative Medicine Subspecialty Examination prior to the certificate expiration date. The examination may be taken in year 7-10 of the Hospice and Palliative Medicine MOC cycle.

If a certificant’s subspecialty certificate expires, the physician has a maximum of three years to pass the subspecialty MOC examination, meet the licensure requirement and become recertified. After the three-year period, the physician must meet the application requirements in effect at the time of application (i.e. complete an ACGME-accredited fellowship in Hospice and Palliative Medicine).

In the event a certificant’s primary certificate lapses, is revoked, suspended, or surrendered, the ABPMR will revoke subspecialty certification as well. Please refer to the ABPMR’s Maintenance of Certification Booklet of Information.
Published Listing of Certified Diplomates

The names of diplomates of the ABPMR appear in The Official ABMS Directory of Board Certified Medical Specialists published by Elsevier Science, St. Louis, MO, and other authorized ABMS publications. A listing of newly certified ABPMR diplomates appears annually in the ABPMR Diplomate News.

Reporting Changes in Information

Once certified, diplomates are asked to notify the ABPMR office of any changes in address, place of employment, telephone or fax number, or personal name. Such information must be submitted in writing by fax, e-mail, mail, or through the "Physician Home Page" on the ABPMR website. For name changes, a copy of the official documentation is required.

Diplomates are responsible for notifying the Board office regarding any changes in licensure status.

Board Policies

MINIMUM STANDARDS FOR FULL AND UNRESTRICTED LICENSE

1. Policy regarding licensure. To be eligible for certification or recertification in any specialty or subspecialty and to maintain certification, a physician must maintain a full and unrestricted license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada; that the physician should maintain such license in all states in which the physician currently practices and in which the physician has ever held a license; and that each license the physician holds must be current, full and unrestricted.

2. Exceptions to policy. The ABPMR may allow a physician to be certified, recertified or maintain certification even though the physician’s license has been voluntarily surrendered or has lapsed in one or more jurisdictions provided that the physician was not practicing in the jurisdiction at the time the license was surrendered or allowed to lapse, and the license was not surrendered or allowed to lapse to avoid sanctions by the jurisdiction’s licensing authority. The ABPMR may also allow a physician to be certified, recertified or maintain certification even though the physician’s license to practice medicine has been restricted, suspended or revoked in one or more states provided that the physician establishes all of the following:
a. The physician has a full, unrestricted license to practice medicine in all states in which the physician currently practices medicine; and

b. The medical licensing authorities in the states in which the diplomate is currently practicing have been fully apprised of any restrictions or adverse actions concerning the diplomate’s medical license in all other states in which the diplomate’s license is restricted, suspended or revoked and the reasons therefore and have concluded, after learning of the restrictions or other adverse action, that the physician’s license should not be restricted, suspended or revoked; or

c. Additional circumstances exist which, in the judgment of the Board, justify allowing the physician to be certified, recertified or maintain his or her board certification while subject to licensure restriction or probation to further a licensure board goal of physician rehabilitation, provided that the certifying Board judges that the physician can practice at the standard of a certified physician within the limitations established by the relevant state licensure board.

3. Institutional licensure. The ABPMR may allow a physician to become certified while holding an “institutional” license while the physician is undergoing subspecialty training, provided the physician receives a full, unrestricted license, upon the completion or discontinuation of the subspecialty training program and provided that the physician’s certificate will be suspended or revoked if a full unrestricted license has not been obtained upon completion or discontinuation of the subspecialty training program. Required follow up procedures include the following:

a. The ABPMR must obtain a statement from the subspecialty training program concerning the anticipated completion date of the subspecialty training program.

b. The physician must report to the ABPMR upon discontinuation or completion of the subspecialty training program.

c. The physician must provide proof of full licensure on or before the date on which the training program will be complete or, if the physician discontinues the training program, within sixty (60) days following the last day of the physician’s full participation in the training program.

d. The ABPMR will revoke or suspend the certification of any physician who has not provided proof of full licensure within sixty (60) days of the anticipated completion of the training program or within sixty (60) days of receiving notice that a physician has discontinued a training program, unless prior to the expiration of the sixty (60) day period, the physician provides proof that the physician is still in an approved training program and is covered by an institutional license in that program.

4. Foreign Licensure. If a physician is practicing full time in a country other than the United States, its territories, or Canada, the ABPMR may
allow the physician to maintain primary or subspecialty certification even though the physician does not have a full and unrestricted license in at least one jurisdiction in the United States, its territories, or Canada, provided that the following requirements are met:

a. The physician must comply with all legal and regulatory requirements governing the practice of medicine.

b. The physician’s license to practice medicine in a state or territory of the United States or Canada must not be suspended or revoked and not lapsed or surrendered in one or more jurisdictions to avoid sanctions by the jurisdiction’s licensing authority; and

c. The ABPMR will take whatever other steps it considers necessary to ensure that the physician is complying with appropriate standards of professionalism.

POLICY RELATED TO CLINICAL ACTIVITY STATUS

1. Clinically active status is defined as any amount of direct and/or consultative patient care that has been provided in the preceding 24 months.

2. Clinically inactive status is defined as no direct and/or consultative patient care that has been provided in the past 24 months.

3. It should be the responsibility of the individual diplomate to inform the ABPMR of changes in clinical activity status that relate to any/all certificates held by that diplomate. The public will be informed that this information is self-reported. In addition, the ABPMR will routinely, on a regular basis, query certificate holders about their clinical activity status. If information regarding clinical activity status cannot be determined, this will be so stated in public reporting.

4. With respect to reentry, those physicians who have been clinically inactive who wish to reacquire active certification status, must meet the reentry criteria established by the ABPMR.

5. With respect to public reporting, the ABPMR may, as an alternative to using the terms clinically active and clinically inactive, indicate whether the diplomate is (or is not) currently engaged in patient care activities.

CLINICAL ACTIVITY RE-ENTRY POLICY

In order to indicate a physician’s participation in patient care activities, the ABMS has defined terms associated with a physician’s clinical activity status. Following the recommendations of the ABMS Maintenance of Certification Task Force, a designation of “clinically active” refers to any amount of direct and/or consultative patient care that a physician has provided in the preceding 24 months. “Clinically inactive” describes a physician who has provided no direct and/or consultative patient care in the past 24 months. Clinical activity status is self-reported by the diplomate to the appropriate
certifying board(s) and Member Boards are responsible for transmitting this data to ABMS for the purpose of making the information available to the public.

Diplomates who have been clinically-inactive, defined as having provided no direct and/or consultative patient care in the past 24 months, and intend to become clinically-active, must notify the American Board of Physical Medicine and Rehabilitation (ABPMR) in writing. The notification involves the completion of an online form, which includes:

- Statement of intent to resume clinically active status
- Date of notification
- Date for resuming active status
- Name and address where practice is being resumed
- Description of activities or responsibilities that will be associated with the clinically active status change

Self-reported clinically active/inactive information is publicly available and is submitted by the ABPMR to the American Board of Medical Specialties (ABMS).

**ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

The ABPMR supports the Americans with Disabilities Act (ADA) and makes reasonable accommodations in examination procedures for individuals with documented disabilities. Applicants with disabilities may request modifications in the administration of the examination. The ABPMR will grant such requests unless the modifications would place undue burden on the ABPMR or would fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Applicants considering the need for modifications are urged to obtain a copy of *Procedures for Requesting Accommodations under the ADA*. This publication, available from the ABPMR, outlines the documentation required of applicants with disabilities who request examination modifications.

All required documentation must be submitted to the ABPMR office by the date specified in the application materials. Applicants anticipating the need for accommodations should contact the Board office well in advance of the date specified in the application materials in order to allow sufficient time to submit any required documentation.

The ABPMR does not discriminate among applicants on the basis of age, sex, race, religion, national origin, disability, or marital status.

**EXAMINATION IRREGULARITY POLICY, NONDISCLOSURE POLICY, AND COOPERATION AGREEMENT**
ABPMR Examination Irregularity Policy
All American Board of Physical Medicine and Rehabilitation (ABPMR) certification exams, including the content and wording of exam questions, constitute confidential ABPMR information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABPMR written, computer-based, or oral examination questions, content, or materials, either before the examination, on-site, or after an exam administration is strictly forbidden. Use of ABPMR examination materials for the purpose of examination preparation or training is also strictly forbidden.

Violation of the ABPMR Examination Irregularity Policy, Nondisclosure Policy and Cooperation Agreement, or the giving or receiving of aid in any ABPMR examination, or engaging in other conduct that subverts or attempts to subvert the examination or the ABPMR certification process is sufficient cause for the ABPMR to:

- Bar an individual from the examination and/or future examinations,
- Terminate participation in the examination,
- Withhold and/or invalidate the results of the examination,
- Withhold a certificate,
- Revoke a certificate, or
- Take other appropriate action.

The ABPMR reserves the right to take whatever measures are necessary to protect the integrity of its examinations.

ABPMR Nondisclosure Policy
All ABPMR examinations are confidential and protected by copyright law. The examinations are made available to you, the examinee, solely for the purpose of becoming certified or maintaining certification in the specialty or subspecialties of physical medicine and rehabilitation. Candidates are expressly prohibited from disclosing, publishing, reproducing, or transmitting any ABPMR examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Acknowledgement/Cooperation Agreement
All examination candidates will be asked to sign an acknowledgement/cooperation agreement agreeing to cooperate with any ABPMR investigation of potential examination irregularities.

UNETHICAL OR IRREGULAR BEHAVIOR
Applicants for an examination must certify that the information provided in the application is true and accurate, and must also agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the exam. Examples of unethical or irregular behavior include, but are not limited to, situations where:
1. any misrepresentation is discovered in the candidate’s application, in any other information submitted to the Board, or in the identity of a person applying to take or taking the examination;

2. any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the ABPMR in order to obtain a right, privilege or benefit not usually granted by the ABPMR to similarly situated candidates;

3. any irregular behavior during the examination such as copying answers, sharing information, using notes, or otherwise giving or receiving aid is discovered by observation, statistical analysis of computer-based testing results, or violation of the ABPMR Examination Irregularity Policy, Nondisclosure Policy, and Cooperation Agreement; or

4. the on-site proctor of the computer-based examination or the oral examiner deems any portion of the candidate’s absence from the designated examination room for whatever reason and any duration as unexcused or otherwise impermissible.

If the ABPMR determines that unethical or irregular behavior has occurred prior to, during, or after the examination, the ABPMR may permanently bar the involved person(s) from all future examinations, invalidate the results of or refuse to score prior examinations taken by the person(s), revoke the certificate of the person(s), and/or take other appropriate action. If sanctions are imposed pursuant to Board policy, the ABPMR may notify legitimately interested third parties of its action. The person in question shall be given written notice of the charges and an opportunity to respond in accordance with rules and regulations of the ABPMR.

In the event of such a determination, the ABPMR will make every effort to withhold the scores of only those candidates directly implicated in the irregularity. In some instances, the evidence of irregularity, though sufficiently strong enough to cast doubt on the validity of scores, may not enable the Board to identify the specific candidates involved in the irregularity. In such circumstances, the Board may withhold the scores of candidates not directly implicated in the irregularity and, if necessary, may require those candidates to take an additional examination at a later date to ensure the validity of all scores.

All examinations administered by the ABPMR are copyrighted as the sole property of the Board and must not be reproduced or retained in any manner. Any collection of administered test items, in whole or in part, is a federal offense and also may subject the candidate to the sanctions listed above. No notes, computer disks, textbooks, other reference materials, scratch paper, or electronic devices may be taken into either the computer-based or oral certification examinations.

MISREPRESENTATION
Misrepresentation or alleged misrepresentation of a person as a diplomate of the American Board of Physical Medicine and Rehabilitation, or as having obtained a status of admissibility to take the certification examination, will be investigated and acted upon by the ABPMR. The Board will seek verifiable evidence of such misrepresentation from the individual in question and other sources. Once sufficient evidence for reasonable verification of such misrepresentation has been obtained, the Board will notify the individual and each related licensing agency of the evidence it has been able to obtain. Such misrepresentation may include, but is not limited to, inclusion of an uncertified physician’s name in a listing of other certified physicians, whether in newspapers, telephone yellow pages, or other means of soliciting patients, with the implication that all so listed are certified in PM&R.

SUBSTANCE ABUSE
If a history of substance abuse exists, candidates must provide documentation that they can safely and effectively perform the duties and responsibilities of a Board diplomate. The Board treats this information as confidential. Such documentation may consist of:

1. evidence of a successful completion of a supervised treatment program;
2. evidence of a documented period of abstinence; or
3. evidence of current participation in a supervised rehabilitation program combined with evidence that the candidate is no longer engaged in the abuse of drugs and/or alcohol.

REVOCATION OF CERTIFICATION
Any certificate issued by the Board remains the property of the Board. Any certificate issued by the Board shall be subject to revocation at any time if the Board determines, in its sole judgment, that the diplomate holding the certificate was in some respect not properly qualified to receive or retain it. The Board may, at its discretion, revoke a certificate for due cause, including, but not limited to, the following:

1. The diplomate or certificant made any material misstatement or omission to the Board;
2. The diplomate or certificant did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued, whether or not the Board knew of such a deficiency;
3. The diplomate or certificant engaged in unethical or irregular behavior in connection with an examination of the ABPMR, whether or not such practice had an effect on the performance of the candidate on that examination.
4. Examples of unethical or irregular behavior may include, but are not limited to, copying answers from or knowingly giving answers to
another individual, using notes during an examination, or copying or distributing examination questions.

5. The diplomate or certificant misrepresented his or her status with regard to Board certification, including any misstatement of fact about being Board certified in any specialty or subspecialty;

6. The diplomate or certificant engaged in conduct that violated the moral or ethical standards of medical practice accepted by organized medicine in the locality where the diplomate is practicing, resulting in a revocation, suspension, qualification or other limitation of his or her license to practice medicine, or the expulsion, suspension, disqualification or other limitation from membership in a local, regional, national or other organization of his or her professional peers; or

7. The diplomate’s or certificant’s license to practice medicine has been revoked, suspended, qualified, or limited in any jurisdiction.

If the Board determines to revoke any certificate for any reason, the person affected thereby shall be given written notice of the reasons for the proposed revocation.

Upon revocation of certification, the holder shall return the ABPMR certificate and other evidence of certification to the Board, and his or her name shall be removed from the list of certified physiatrists.

**APPEAL OF DECISIONS**

An appeal process is available to individuals who disagree with the ABPMR’s decisions regarding their admissibility to the examinations, request for special accommodations, accuracy of scoring procedures, or revocation of certification. A copy of the *ABPMR Appeal Policy and Procedure* is available from the ABPMR office.

**CERTIFICATE REINSTATEMENT**

Should the circumstances that justified revocation of the certificate be corrected, the Board may, at its discretion, reinstate the certificate. This decision would be made after appropriate review of the individual’s licensure and performance, using the same standards and requirements applied to the applicants for certification.

**BOARD PREPARATION**

The ABPMR does not endorse or recommend any tests or other teaching aids identified as “Board preparation” material. Furthermore, the Board does not have any affiliation with or responsibility for programs identifying themselves as “Board Review Courses.” An examination outline will be
provided to applicants with the admissibility notifications.
Board History and Organization

In 1936, the late Dr Louis B Wilson, then President of the Advisory Board of Medical Specialties, first proposed that “it was about time for the establishment of a certifying Board in the special field of physical medicine.” With impetus from World War II, there was progressive recognition of the concepts and needs for more specialized and effective PM&R services, and for educational and training opportunities both in military and civilian medical facilities.

In 1940, there were only five accredited residencies; the number increased rapidly during the 1940’s. From 1936 until the Board was finally established, there was a progressive program for the development of an acceptable plan for organization of an American Board of Physical Medicine. On January 27, 1947, a plan of organization was submitted to the Advisory Board of Medical Specialties and was approved.

The 11 original members of the American Board of Physical Medicine were:

- representing the Society of Physical Therapy Physicians (now the American Academy of Physical Medicine and Rehabilitation): Dr Kristian G Hansson, New York City NY; Dr Richard Kovacs, New York City NY; Dr Walter J Zeiter, Cleveland OH
- representing the American Medical Association: Dr John S Coulter, Chicago IL; Dr Frank H Krusen, Rochester MN; Dr Arthur L Watkins, Boston MA
- representing the American Congress of Physical Medicine (now the American Congress of Rehabilitation Medicine): Dr O Leonard Huddleston, Los Angeles CA; Dr Benjamin A Strickland Jr, Washington DC; Dr William H Schmidt, Philadelphia PA
- representing the Section of Physical Medicine of the Southern Medical Association: Dr Robert L Bennett, Warm Springs GA; Dr Frank H Ewerhardt, St Louis MO

The Board was incorporated in the State of Illinois, February 27, 1947. The first meeting was held in Atlantic City NJ on June 6, 1947. The officers of the Board elected at this meeting were Dr Frank H Krusen, Chairman; Dr Benjamin A Strickland Jr, Vice Chairman; Dr Robert L Bennett, Secretary-Treasurer. The American Board of Physical Medicine was organized under the auspices of the Advisory Board for Medical Specialties as an affiliated Board functioning under the direction of the Committee on Standards and Examinations of the Advisory Board for Medical Specialties.

After two years it became an independent Board with full representation on the Advisory Board for Medical Specialties, and was approved by the Council on Medical Education and Hospitals (now known as the Council
on Medical Education) of the American Medical Association. The American Board of Physical Medicine held its first examinations in September 1947. In June 1949, the American Board of Physical Medicine became the American Board of Physical Medicine and Rehabilitation with the approval of the Advisory Board for Medical Specialties (now known as the American Board of Medical Specialties).

For a time, nominees on the Board were from the Southern Medical Association, but this practice was discontinued in September 1949. Thus, four members were from a list of nominees submitted by the American Academy of Physical Medicine and Rehabilitation, four were from the American Congress of Rehabilitation Medicine, and three were from the Section on Physical Medicine and Rehabilitation of the American Medical Association. Beginning in 1961, the Executive Director was designated a member-at-large, nominated by the Board.

In 1974, the American Congress of Rehabilitation Medicine discontinued submitting nominees to the Board; the Association of Academic Physiatrists (AAP) was requested to submit nominees for two positions; thus, the Board consisted of 11 members. In 1993 the American Board of Physical Medicine and Rehabilitation increased the number of its Directors to 13; the current total of 14 was established in 1996. Directors are now nominated by the AAPM&R, the AAP, and the ABPMR. The Board’s Illinois incorporation was dissolved in 1979, and Minnesota incorporation was initiated according to the provisions of the Minnesota Nonprofit Corporation Act.

The 50th Anniversary of the founding the ABPMR was commemorated at the 1997 Annual Meeting, held in Rochester MN. At this event the hard-bound publication, *The First 50 Years: The American Board of Physical Medicine and Rehabilitation*, was unveiled. Copies are available for purchase for $35.00 through the Board office. The Board’s 50th Anniversary was also acknowledged through a special supplement to the *Archives of Physical Medicine and Rehabilitation* (Volume 78, No. 5, Suppl. 2, May 1997).
In Appreciation

CHAIR OF THE BOARD

Frank Krusen MD 1947-1949
Walter Zeiter MD 1949-1953
Robert Bennett MD 1953-1963
Frederic Kottke MD 1963-1969
George Koepke MD 1969-1976
Glenn Gulickson MD 1976-1981
John Ditunno MD 1981-1984
B Stanley Cohen MD 1984-1988
John L Melvin MD 1988-1993
Joel A DeLisa MD 1993-1998
Nicolas E Walsh MD 1998-2005
Margaret A Turk MD 2005-2007
Dennis J Matthews MD 2007-2010
Teresa L Massagli MD 2010-

FORMER DIRECTORS OF THE BOARD

Robert L Bennett MD 1947-1963
John S Coulter MD 1947-1949
Frank H Krusen MD 1947-1949
Frank H Ewerhardt MD 1947-1948
Kristian G Hansson MD 1947-1960
O Leonard Huddleston MD 1947-1960
Richard I Kovacs MD 1947-1950
William H Schmidt MD 1947-1964
Benjamin A Strickland Jr MD 1947-1950
Arthur L Watkins MD 1947-1958
Walter J Zeiter MD 1947-1955
Earl C Elkins MD 1949-1977
ABC Knudson MD 1949-1966
William Bierman MD 1950-1956
Donald A Covallt MD 1951-1962
Walter M Solomon MD 1951-1954
Frederic J Kottke MD PhD 1955-1969
H Worley Kendell MD 1956-1965
Donald L Rose MD 1956-1967
Arthur S Abramson MD 1957-1968
Thomas F Hines MD 1959-1964
Justus F Lehmann MD 1960-1972
Edward W Lowman MD 1962-1972

Joseph G Benton MD 1965-1976
Edward M Krusen Jr MD 1965-1976
George H Koepke MD 1965-1976
Alfred Ebel MD 1966-1978
Jerome W Gersten MD 1966-1977
Edward E Gordon MD 1968-1970
Glenn Gulickson Jr MD PhD 1969-1981
Thomas C Hohmann MD 1969-1974
Leonard D Policoff MD 1970-1980
John F Ditunno Jr MD 1972-1984
Arthur A Rodriguez MD 1972-1980
Murray M Freed MD 1974-1987
B Stanley Cohen MD 1976-1988
Victor Cummings MD 1976-1988
Arthur E Grant MD 1976-1988
Gordon M Martin MD 1977-1992
Donald H See MD 1981-1987
John WB Redford MD 1977-1989
Catherine N Hinterbuchner MD 1978-1990
Barbara J DeLateur MD 1981-1993
John L Melvin MD 1981-1993
Joachim L Opitz MD 1992-1995
Phala A Helm MD 1984-1996
James R Swenson MD 1989-1997
Robert P Christopher MD 1987-1999
Malcolm C McPhee MD 1979-1997
Joel A DeLisa MD MS 1988-2000
Bruce M Gans MD 1988-2000
F Patrick Maloney MD 1988-2000
Joseph Honet MD 1990-2002
Daniel Dumitru MD 2000-2002
Murray E Brandstater MBBS PhD 1992-2004
Nicolas E Walsh MD 1993-2006
Margaret C Hammond MD 1993-2006
Gerald Felsenthal MD 1993-2006
Steven F Noll MD 1996-2008
Margaret A Turk MD 1996-2008
Jay V Subbarao MD MS 1997-2009
David D Kilmer MD 2005-2009

EMERITUS DIRECTOR(S) OF THE BOARD

Joel A DeLisa MD MS 2000-2002
2004-2010
Barry S Smith MD 2011 - present
Deceased indicated by italics
THE EARL C ELKINS MD SCHOLARSHIP AWARD

Given by the American Board of Physical Medicine and Rehabilitation, the Earl C Elkins MD Scholarship Award recognizes the highest achievement annually on Part I of the ABPMR certification examination. The Award honors Earl C Elkins MD, pioneer physiatrist, who served as Executive official and Secretary of the ABPMR for 25 years from 1952 to 1977. Dr Elkins was dedicated to high standards in clinical practice and in education of residents and other physicians.

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Meilahn, J
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Appendix

EXAMINATION OUTLINES

• Part I Examination Outline
• Part II Examination Outline
• Maintenance of Certification Examination Outline

SUBSPECIALTY EXAMINATION OUTLINES

• Hospice and Palliative Medicine Examination Outline
• Neuromuscular Medicine Examination Outline
• Pain Medicine Examination Outline
• Pediatric Rehabilitation Medicine Examination Outline
• Spinal Cord Injury Medicine Examination Outline
• Sports Medicine Examination Outline
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