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MAINTENANCE OF
CERTIFICATION (MOC®)
EXAMINATION APPLICATION FOR:

AEROSPACE MEDICINE
OCCUPATIONAL MEDICINE
PUBLIC HEALTH AND
GENERAL PREVENTIVE MEDICINE

INSTRUCTIONS FOR COMPLETING THE APPLICATION

DEADLINES

Applications are due three (3) months prior to the MOC[®] examination.

COMPLETING THE APPLICATION

1. The Board stresses careful and complete preparation of the application. Incomplete applications may result in an additional fee or possible disqualification.
2. Applications must be TYPEWRITTEN or printed with a computer/printer.
3. Return all numbered pages of the application along with supporting documentation.
4. The Board cannot accept faxed applications.
5. You must use the application form for the current year.

REQUIRED DOCUMENTATION TO BE SUBMITTED TO ABPM

1. Completed application.
 2. MOC[®] registration fee (if not previously paid) and examination fee.
 3. Photocopy of all current medical license renewal(s) showing expiration date(s).
 4. Documentation of completion of 100* hours of ABPM-approved continuing medical education (if not previously submitted).
 5. Documentation of Part IV (not required for 2005 exam).
- * See page 4 for CME phase-in schedule

APPLICATION AND EXAMINATION FEES

Non-refundable MOC [®] Registration fee (<i>if not previously paid</i>)	\$200*
Additional fee may be required for an incomplete application after the due date	\$60*
MOC [®] Examination fee	\$1,620*

FEE PAYMENT

Personal checks are accepted for fees, the ABPM does not accept credit cards. There is a \$25.00 charge for bank-returned checks. Only U.S. dollars may be used; no foreign currencies are acceptable. Make check/money order payable to: The American Board of Preventive Medicine.

* All fees are reviewed annually and subject to change at the direction of the Board.

CHECKLIST OF DOCUMENTATION

1. Application [] included
2. Registration fee (if not previously paid) and examination fee [] included
3. Photocopy of all current medical license renewal(s) showing expiration date(s) [] included
[] to be submitted
4. Documentation of completion of 100* hours of ABPM-approved CME [] included/previously submitted
[] to be submitted
5. Documentation of Part IV (not required for 2005 exam) [] included/previously submitted
[] to be submitted

* See page 4 for CME phase-in schedule

Send completed application, fees, and all documentation to the Board office at the address on the cover.

SIGNATURES AND ACKNOWLEDGEMENTS

I hereby apply for maintenance of certification (MOC[®]) through the ABPM in the specialty area of Preventive Medicine and at the location and date checked below (check one in each column):

SPECIALTY AREA

- ‘ Aerospace Medicine
- ‘ Occupational Medicine
- ‘ Public Health and General Preventive Medicine

EXAM DATE and LOCATION

- ‘ Feb. 15, 2005 – Preventive Medicine 2005, Washington, DC
- ‘ April 30, 2005 – ACOEM - AOHC, Washington, DC
- ‘ May 8, 2005 – AsMA Meeting, Kansas City, MO

In making this application and in consideration of its acceptance by the ABPM, I hereby agree to accept and be bound by the terms and conditions governing MOC[®] as a diplomate of the ABPM as set forth in the Articles of Incorporation, Bylaws, and Policies and Procedures of the ABPM, as they now exist and as they may be amended from time to time in the future.

In further consideration and as a condition of my acceptance by ABPM for MOC[®], I hereby further agree:

1. To indemnify and hold harmless the ABPM and each of its members, trustees, officers, agents, employees and examiners, individually and collectively, from and against any claim or liability arising out of any act or omission related to or arising out of (a) the processing of this application, (b) the examination or the grading of it, or (c) the granting or failure to grant recertification or diplomate status;
2. That any certificate of diplomate status issued to me shall be and shall remain the property of the ABPM and that I shall promptly return the certificate to the ABPM in the event my status as a diplomate is terminated, either voluntarily or by action of ABPM;
3. That the registration fee which accompanies this application for examination shall not be refunded and that the examination fee shall not be refunded within the period of fourteen (14) days before my examination is scheduled unless the ABPM determines, in its absolute discretion, that circumstances beyond my reasonable control preclude my taking the examination;
4. That I am obligated to inform the ABPM immediately of any change in my status as described in this application occurring after its submission, and I understand that my failure to so inform the Board is grounds for my disqualification as a candidate for examination or as a diplomate, if I am recertified;
5. That my name, along with names of all physicians recertified as diplomates of the American Board of Preventive Medicine, will be published in *The Official ABMS Directory of Board Certified Medical Specialists*, and will be posted on the ABMS web site (www.abms.org) and the ABPM web site (www.abprevmed.org). I understand that this information is available to the public. I further understand that in the event I become recertified by the ABPM, I will be contacted concerning the form and content of my listing and any special limitations I might identify;
6. That I have been provided with a copy of the ABPM Cheating Policy and agree to refrain from any activities that are prohibited in the Cheating Policy.

I CERTIFY that all statements and representations made as part of the application are true and accurate and I FULLY ACKNOWLEDGE AND ACCEPT the foregoing terms and conditions of my application for admission to the examination.

SIGNATURE

DATE

In further consideration of my acceptance for MOC[®] by the ABPM, I hereby authorize the ABPM to request information from any of the persons or organizations to which I have referred in this application and to take such further action as it deems necessary, in its absolute discretion, to verify that I possess the training, experience, and medical licensure required to be admitted for the examination.

SIGNATURE

DATE

GENERAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

NAME, INCLUDING DEGREES IF DESIRED, EXACTLY AS IT SHOULD APPEAR ON THE CERTIFICATE

Soc. Sec. #: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ E-Mail: _____

Work Address: _____

Work Phone: _____ Fax: _____

Correspondence should be mailed to: Home or Work

ABPM BOARD CERTIFICATION

<input type="checkbox"/> Aerospace Medicine	Date of Certification _____	Certification # _____
<input type="checkbox"/> Occupational Medicine	Date of Certification _____	Certification # _____
<input type="checkbox"/> Public Health and General Preventive Medicine	Date of Certification _____	Certification # _____
<input type="checkbox"/> Undersea and Hyperbaric Medicine	Date of Certification _____	Certification # _____
<input type="checkbox"/> Medical Toxicology	Date of Certification _____	Certification # _____

PART ONE: PROFESSIONAL STANDING

MEDICAL LICENSE

Requirement:

Diplomates must hold current, valid, and unrestricted license from each State in which diplomates is licensed. License(s) must be valid at all times during the ten-year cycle.

Have you ever had a medical license revoked, suspended, restricted, or under disciplinary action?

YES, Please Explain _____ NO

Instruction:

Send photocopy, from each state you hold a license, of the current license registration showing expiration dates.

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

All current licenses must be listed. All such licenses must be unrestricted. Use additional sheet if needed.

PART TWO: LIFELONG LEARNING AND SELF-ASSESSMENT

CONTINUING MEDICAL EDUCATION

Requirement:

Completion of 100 hours* of ABPM-approved continuing medical education (CME) including completion of 300 items* of self-assessment covering the educational content of the ABPM-approved CME.

* Diplomates who obtained their initial certification between 1998 and 2002 may complete a reduced number of CME hours and self-assessment items for Part Two according to the following schedule:

Certification Year	Expiration Year	Hours of CME	Self-Assessment Items
1998	2008	50	150
1999	2009	60	180
2000	2010	70	210
2001	2011	80	240
2002	2012	90	270
2003 & beyond	2013 & beyond	100	300

Instruction:

Register each course/module through the ABPM website www.abprevmed.org. Make certain that the sponsoring organization has verified completion of each course/module through the ABPM website.

PART THREE: COGNITIVE EXPERTISE

EXAMINATION

Requirement:

Diplomate must take and receive a passing score on a 100 multiple-choice item secure, closed book, proctored examination. Exam covers content outline of the specialty area or subspecialty of the diplomate's choice.

Diplomates may take the examination any time after they have been certified for seven years, but must complete this requirement before their certification expires. Diplomates may take the exam up to three times to pass.

Instruction:

Examinations will be offered annually in conjunction with the specialty societies' annual meetings. Neither registration for nor attendance at the scientific meeting is required for sitting the examination.

PART FOUR: EVALUATION OF PERFORMANCE IN PRACTICE

PRACTICE PERFORMANCE

Requirement:

To be determined. No requirement for exams taken during 2005

Instruction:

To be determined. No requirement for exams taken during 2005

THE AMERICAN BOARD OF PREVENTIVE MEDICINE, INC

POLICY ON CHEATING

1. GENERAL CONSIDERATIONS

The American Board of Preventive Medicine (ABPM) expects that all candidates will refrain from cheating, the appearance of cheating, or enabling another candidate to cheat. All examinations will be openly and visibly proctored. ABPM procedures, as described in the Chief Proctor's manual, for observing and documenting possible cheating behaviors will be followed. The examination facility will be arranged in a manner that minimizes the opportunity to cheat. (Revised January 1999)

2. RESPONSIBILITY

Any candidate observing cheating behavior must bring it to the attention of a proctor.

3. COUNSELING AND CONDITIONS OF TERMINATION

Any candidate who is behaving in any way that suggests inappropriate behavior and potential cheating shall be counseled and the fact and nature of counsel shall be recorded. If inappropriate behavior continues, the process for removal from the examination (below) will be followed. (revised January 1999)

4. REMOVAL FROM EXAMINATION

Any candidate who cheats may be removed from the examination after:

- (a) a proctor has notified the chief proctor of the cheating,
- (b) the chief proctor has verified the cheating process,
- (c) the proctors have documented, in detail, location, time, and type of cheating observed,
- (d) A written diagram identifying the adjacent individuals seated in a full circle around the person(s) involved has been documented. (revised January 1999)

For reasons of privacy and protection from disruption, the Board reserves the prerogative not to remove a cheating individual from the examination or relocate the individual, also reserving the right subsequently to invalidate the examination of that candidate or of those candidates judged to be involved. (revised January 1999)

5. VALIDATION

If necessary, cross validation of examination answers and scores will be performed to assess possible correlation of an individual's answers and scores with those of other examinees that might support the observation of probable cheating behavior. (revised January 1999)

6. ACTIONS

Upon confirmation of observed cheating behavior, the examinee will be disqualified. The disqualified examinee will be so notified and the respective score(s) dropped from aggregate scoring. Readmission for examination will be considered after a period of three years contingent upon Board review of credentials using criteria for admission applicable at the time of review, including current letters of reference. (revised January 1999)