



# *Booklet of Information*

A Guide to Board Certification in Pediatrics

## **January 2024**

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The American Board of Pediatrics (ABP) reserves the right to change fees, examination dates, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. It is the applicant's responsibility to be aware of and meet all deadlines.

Throughout this document, the term “candidate” will be synonymous with “applicant.” Hereafter, accreditation will refer to accreditation by Accreditation Council for Graduate Medical Education (ACGME) or The Royal College of Physicians and Surgeons of Canada (RCPSC).

## ABP VISION, MISSION, VALUES, AND GOALS

The vision, mission, values, and guiding principles of the ABP inform all of our work.

### Vision

Advancing the health of all children

### Mission

Certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

### Values

- **Belonging:** Valuing diverse peoples, perspectives and experiences
- **Collaboration:** Working with others to achieve meaningful outcomes
- **Consistency:** Making impartial decisions
- **Excellence:** Continually improving to do our best work
- **Integrity:** Maintaining the highest ethical standards and behaviors

### Goals

- Continuously improve our assessment and certification processes
- Ensure that each experience with the ABP is respectful and professional
- Leverage our unique role as a certifying body to foster learning, improvement, and excellence in pediatric care
- Engage with partners to improve child health and equity

## 2024-2025 CERTIFYING EXAMINATIONS SCHEDULE AT A GLANCE

### General Pediatrics Initial Certifying Examination Dates and Fees Subspecialty Initial Certifying Examination Dates and Fees

CERTIFYING EXAMINATIONS	REGISTRATION PERIOD (ends at 8 p.m. ET on final day of registration window)	EXAMINATION DATES
General Pediatrics	Regular Registration: Jan. 16, 2024–April 1, 2024  Late Registration: April 2, 2024–May 20, 2024	Oct. 15, 2024 Oct. 16, 2024 Oct. 17, 2024  <i>Candidates will take the exam on a single day in the three-day exam window.</i>
Child Abuse Pediatrics Adolescent Medicine Pediatric Nephrology Neonatal–Perinatal Medicine	Regular Registration: CLOSED  Late Registration: CLOSED	March 27, 2024 April 2, 2024 April 3, 2024 April 4, 2024
Sports Medicine	Regular Registration: Feb. 5, 2024–April 1, 2024  Late Registration: April 2, 2024–April 30, 2024	July 9–13, 2024
Medical Toxicology	Regular Registration: Feb. 5, 2024–April 1, 2024  Late Registration: April 2, 2024–April 30, 2024	Oct. 10, 2024
Sleep Medicine		Oct. 10, 2024
Hospice and Palliative Medicine		Nov. 6, 2024
Pediatric Cardiology		Nov. 6, 2024
Pediatric Pulmonology		Nov. 7, 2024
Pediatric Critical Care Medicine		Nov. 14, 2024
Pediatric Hospital Medicine		Nov. 19–20, 2024
Pediatric Transplant Hepatology		Nov. 21, 2024
Pediatric Hematology-Oncology Pediatric Emergency Medicine Pediatric Rheumatology Developmental-Behavioral Pediatrics  Sports Medicine	TBD	Spring 2025     Summer 2025
Pediatric Infectious Diseases Pediatric Endocrinology Pediatric Gastroenterology Hospice and Palliative Medicine Sleep Medicine	TBD	Fall 2025



**IMPORTANT:** Computer technical difficulties, operator error, or difficulties arising from username or password problems (e.g., forgotten password or inability to log on to the ABP application system due to an inconsistency with the spelling of names) must be resolved and the application completed and submitted before the 8 p.m. Eastern Time deadline. Please be aware that it can take up to 48 hours (excluding weekends) to resolve certain technical difficulties. The ABP makes every effort to assist with these issues promptly; however, applicants are responsible for verifying their ability to apply well before the deadline. No exceptions will be allowed for applicants who miss the application deadline.

## CERTIFYING EXAMINATIONS FEES AT A GLANCE

### General Pediatrics Initial Certifying Examination Dates and Fees Subspecialty Initial Certifying Examination Dates and Fees

All applicants must pay the total application fee by using a VISA, MasterCard, or American Express credit card. If you are using a debit card, please confirm that the transaction limit established by your bank is sufficient to cover the fee. All fees are payable in U.S. dollars.

*The ABP reserves the right to make changes in its fees at any time and will make every effort to give advance notice when such changes are made. Current fees for specific exams are noted and updated in the applicable examination sections of the ABP website (see links at top of page).*

	2024 GENERAL PEDIATRICS	2024 SUBSPECIALTIES
Examination Fee	\$1,738.00	\$2,179.00
Processing Fee	\$550.00	\$750.00
<b>Total Registration Fee</b>	<b>\$2,288.00</b>	<b>\$2,929.00</b>
Late Registration Fee	\$345.00	\$345.00
<b>Total Late Registration Fee</b>	<b>\$2,633.00</b>	<b>\$3,274.00</b>

*Certifying examination fees are the same for both new registrants and re-registrants.*

**New Applicant:** A new applicant for any initial certifying exam is an individual who has never applied for that specific certifying examination, or whose application was previously disapproved for that examination.

**Re-Registrant:** A re-registrant for any initial certifying exam is an individual whose application was accepted for that specific examination, but the individual did not take or pass the examination.

### Disapprovals (General Pediatrics and Subspecialties)

If an application is disapproved for the certifying exam, only the examination fee will be refunded to the original credit card that was used for payment. Neither the processing fee nor the late fee is refundable. If applicants whose applications were disapproved wish to pursue certification in the future, they will be required to complete a new application and submit the current total registration fee.

### Veterans Administration (VA) Benefits

The VA offers a benefit in which qualified individuals may be reimbursed for the cost of initial certification. See the [VA website](#) for details of this benefit. All necessary forms and information must be obtained through the [VA website](#).

### Examination Application

Those who wish to take an ABP certifying exam must log in to their [ABP Portfolio](#) to submit an application during the specified registration periods. Payment must be made at the time an application is submitted. If applicants experience technical difficulty submitting the payment, they must contact the ABP before the registration deadline.

Applicants must refer to the online ABP Portfolio to monitor the status of their application. The ABP Portfolio will display items missing from the application (if applicable), acceptance letters, test appointments, and the results of the exam. Although reminders of missing material will be sent by email, it is the applicant's responsibility to frequently review their ABP Portfolio to ensure the required material is received by the ABP by the published deadlines and to notify the ABP of email and mailing address changes. **Application status will remain "pending" until the ABP completes the credentialing process to determine if the applicant has met all admission requirements.**

We encourage applicants to read the ABP's [Privacy Policy](#) to understand how their application and exam data might be used.

## 2024 GENERAL PEDIATRICS CERTIFYING EXAMINATION REQUIREMENTS

**Applicants requesting admission to a certifying exam must meet the following examination admission requirements for certification in general pediatrics.**

### Graduation from Medical School

Applicants must be a graduate of a medical school that has been accredited by the Liaison Committee on Medical Education (LCME) in the United States, by the American Osteopathic Association (AOA) in the United States, or by the RCPSC in Canada.

Applicants who are graduates of medical schools outside the United States or Canada that cannot be accredited by the LCME, AOA, or RCPSC, but are listed by the World Health Organization, may apply for the exam if they have a standard certificate either from the Educational Commission for Foreign Medical Graduates (ECFMG) or the Medical Council of Canada. A copy of the ECFMG certificate must be submitted to the ABP after the submission of the application.

Graduates of a medical school not accredited by LCME, AOA, or RCPSC also must submit to the ABP a photocopy of the medical school diploma, with translation if necessary, showing the medical degree and the date it was awarded. A certificate showing that the applicant has passed a final exam is not acceptable.

### Licensure Requirements

Applicants requesting admission to a certifying exam must have a valid (current), unrestricted allopathic and/or osteopathic medical license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada. **The ABP does not accept medical licenses from countries outside of the United States or Canada to meet the licensure requirement for any initial certifying exam. If licenses are held in more than one jurisdiction, all licenses held by a physician must meet this requirement.**

Temporary and training licenses are not acceptable to meet the licensure requirement.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the exam may be denied. Please refer to the [ABP's Licensure Policy](#) for additional information.

### Training Requirements

Applicants must successfully complete three years of general pediatric training, or the training required in [Special Training Situations for Residents](#) to take the general pediatrics initial certifying exam. All pediatric training must take place in programs accredited by the ACGME or in programs in Canada accredited by the RCPSC. Please read [Special Training Situations for Residents](#) to learn about training areas that require more than three years of accredited training.

The ABP recognizes and defines the three levels of general pediatrics residency (R-1 through R-3) as follows:

- **R-1:** The first postgraduate year in general comprehensive pediatric training in an accredited program.
- **R-2:** The second postgraduate year, following R-1, in general comprehensive pediatric training in an accredited program, but with increased responsibility for patient care and for the supervision of junior house staff and medical students.
- **R-3:** The third postgraduate year, following R-2, in general comprehensive pediatric training in an accredited program, but with increasing responsibility for patient care and supervision of junior house staff and medical students.

Effective January 2025, applicants who trained in a Canadian program accredited by the RCPSC must have **successfully completed the full duration** of training in the program to meet the training requirements to take the General Pediatrics Certifying Exam.

Training curricula must be compatible with the program requirements on the [ACGME website](#). Trainees are expected to assume progressive responsibility for the care of patients and satisfactorily complete at least 12 months at each training level. Refer to the section below titled [Absences from Training](#) for the ABP's vacation and leave policy. Supervisory experience must be an integral part of the total three-year program. All applicants are advised to consult the ABP before undertaking any variations in training.

Applicants must satisfactorily complete the standard length of training before the first day of the month in which the exam is administered. An applicant whose contracted training period does not expire before the first day of the month of the exam will not be eligible for that exam, even if all formal training has been completed earlier and the remaining time is used only for leave.

The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of applicants as a practitioner of pediatrics. Please refer to the section titled [Final Evaluation and Verification of Training](#) for details.

Training completed in ACGME-I programs does not count as credit towards ABP certification. Please refer to the [Waiver of Accredited Training — Procedures Regarding Individuals with Nonaccredited Training](#) section of this document for more information if training is completed outside the United States or Canada.

### Accreditation of Training Programs

The ABP does not accredit training programs. The ABP approves applicants for admission to its certifying examinations. Program requirements for residency education in pediatrics and other information may be found on the [ACGME website](#).

### Credit for Osteopathic Pediatric Training and Eligibility for ABP Certification

In January 2022, the ABP revised its policy for osteopathic general pediatrics residency programs that achieved ACGME accreditation between 2015 and 2020. See the full [Osteopathic Pediatric Training and Eligibility policy](#) on our website.

## SPECIAL TRAINING SITUATIONS FOR RESIDENTS

### Credit for Previous Training

A physician transferring to pediatric residency training from another accredited residency (e.g., family medicine, internal medicine, transitional year) must correspond with the ABP to determine whether partial credit may be awarded for this training. Credit is applied to the R-1 year of training. Requests for credit must be submitted either by the candidate or the pediatric residency program director **before** the candidate enters pediatric residency training. Training completed more than 24 months prior to the request requires additional review and may not be credited.



## Credit for Previous General Pediatrics Residency Training After an Interruption

Trainees who experience an interruption of greater than 24 continuous months in any training pathway leading to general pediatrics certification must petition the ABP before re-entering training to determine whether credit may be awarded for the prior training. The request for credit must be submitted by the candidate or the program director before the candidate re-enters training to determine the requirements that must be met for general pediatrics certification.

## Credit for Nonaccredited Training Experiences

No more than a total of six months of the required three years of residency training may be taken outside of an accredited pediatrics residency program. These elective experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident's performance.

The ABP has developed guidelines for training in global health. Please refer to the [Global Health in Pediatric Education: An Implementation Guide for Program Directors](#).

Formal graduate or postgraduate school courses that do not carry the essential ingredient of responsibility for patient care cannot fulfill the ABP's training requirement in general pediatrics.

## Military Service

Military service, unless as a pediatric resident in a military training program that is accredited by the ACGME, cannot be substituted for training requirements.

## Waiver of Accredited Training — Procedures Regarding Individuals with Nonaccredited Training

The ABP has established requirements for physicians who have had at least three years of general comprehensive pediatric training in programs not accredited by the ACGME or RCPSC (i.e., international training or training in accredited osteopathic programs in the United States) who wish to apply for a waiver of training. The interested physician, department chair, or program director **must** write to the ABP **before** training begins to receive approval.

The individual must provide documentation of the successful completion of at least three years of general pediatric residency training that includes the actual beginning and ending dates of the training and is signed by the residency program director. The individual must also provide a copy of their medical school diploma and ECFMG certificate. [Suggested training for those who receive a waiver of training](#) under this procedure is available on the ABP website.

After review and confirmation by the ABP of this information, one year of accredited training could be waived by the ABP. The director of the residency program that the individual enters will decide whether the one year of waived training will be accepted by the program. Individuals should investigate the licensure requirements in the state in which they wish to seek permanent licensure to ensure they meet the requirements if they choose to shorten pediatric training completed in the United States.

If a waiver is granted, 24 months of general pediatrics training must be completed in a program accredited by the ACGME or RCPSC. As of 2016, the individual must enter training at the R-1 level, but at the discretion of the program director, may be advanced to the R-2 level based upon the program director's assessment of competence, with input from the Clinical Competency Committee (CCC) and the use of an assessment framework (e.g., the pediatric milestones and/or EPAs). A full year at the R-3 level must be completed. The training must be completed in general pediatrics; subspecialty training may not be substituted.

## SPECIAL TRAINING PATHWAYS FOR RESIDENTS

### Training in Pediatrics–Neurology

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least two years of accredited training in general comprehensive pediatrics, in addition to the necessary training to meet the requirements for neurology certification with special qualifications in child neurology, fulfills the training requirements of both the ABP and the ABPN.

In order to ensure that trainees receive comprehensive training in general pediatrics and acquire the knowledge and skills to function as a competent pediatrician, the ABP requires [specific training content](#) as described on the ABP website to be satisfactorily completed within the two years of training in general pediatrics. The program director must verify the resident's clinical competence in pediatrics at the end of the R-2 year. An applicant may not take the ABP certifying exam of the ABP until all training in both general pediatrics and neurology has been successfully completed.

### Training in Pediatrics–Neurodevelopmental Disabilities

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least two years of accredited training in general comprehensive pediatrics, in addition to the necessary training to meet the requirements for neurology certification with special qualifications in child neurology and in neurodevelopmental disabilities, fulfills the training requirements of both the ABP and the ABPN.

In order to ensure that trainees receive comprehensive training in general pediatrics and acquire the knowledge and skills to function as a competent pediatrician, the ABP requires [specific training content](#) as described on the ABP website to be satisfactorily completed within the two years of training in general pediatrics. The program director must verify the resident's clinical competence in pediatrics at the end of the R-2 year. Candidates for this pathway may apply for general pediatrics certification during the fifth year of training if all training to date has been satisfactorily completed.

### Accelerated Research Pathway

The Accelerated Research Pathway (ARP) is designed to accommodate and encourage candidates who are committed to an academic career as physician–scientists with a strong research emphasis in a pediatric subspecialty. Candidates entering the ARP may begin subspecialty training after completion of two years of general comprehensive pediatric training. The curriculum for the R-1 and R-2 years of general pediatrics training should include a broad exposure to the specialty and must include 22 months of clinical experience, 20 months of which are *specified*. The [specific requirements](#) can be found on the ABP website.

Although it may be advantageous for both general pediatrics and subspecialty training to occur in the same institution, this is not a requirement of the pathway.

Subspecialty training must be at least four years in duration and in a discipline for which the ABP requires scholarly activity. Individuals interested in entering allergy–immunology training should review the section about the Accelerated Research Pathway in Allergy–Immunology (ARP-A-I) below and contact the ABP for details on how to apply.

The duration of clinical training will be dependent on the pediatric subspecialty. A minimum of one year of clinical training is required. Trainees will be required to meet the same standards for scholarly achievement as defined for those in the standard three-year subspecialty fellowship training programs.

Candidates for this pathway should be identified early, preferably prior to the start of the R-1 year, but no later than nine months into the R-1 year. This is necessary so that the second year of training can be adapted in such a way that specified curricular requirements in general pediatrics will be met. Prospective approval is required for

those seeking entry for the ARP-A-I, but is not required for those completing a subspecialty certification offered by the ABP. For the latter, the program director must notify the ABP through Residency Tracking function in the ABP Program Portal by May of the R-1 year.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months) and an additional year (11 months of training consisting of at least six months of clinical experience) in the subspecialty fellowship. Verification of clinical competence and training will be required from both the general pediatrics program director and the subspecialty training program director.

Eligibility to take the subspecialty certifying exam will require completion of a total of six years of training (two years of general pediatrics and four years of subspecialty training). The subspecialty program director will be required to verify training dates as well as clinical and research competence.

### Accelerated Research Pathway in Allergy–Immunology (ARP-A-I)

Individuals interested in completing the ARP who wish to complete training in allergy–immunology may petition for approval to complete the requirements for the Accelerated Research Pathway in Allergy–Immunology. The program directors and candidate will be required to seek prospective approval by the ABP and the American Board of Allergy and Immunology (ABAI). A plan for the training must be submitted to both boards by May of the R-1 year. The boards will approve individuals and not training programs. The pathway consists of two years of general pediatrics training, with [specific requirements in general pediatrics](#) that can be found on the ABP website, and four years of training in allergy–immunology.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months) and 11 months of training consisting of at least six months of clinical training in allergy–immunology. Verification of clinical competence and training will be required from both the general pediatrics program director and the allergy–immunology training program director.

### Integrated Research Pathway

The Integrated Research Pathway (IRP) was designed to accommodate MD/PhD graduates who would benefit by having the ability to continue ongoing research during their pediatric residency. During the three years of general pediatrics residency, a maximum of 11 months may be spent in research, with at least five months in the R-3 year and no more than one month in the R-1 year. Individuals must apply for this pathway during the first nine months of the R-1 year. The curricular components of the minimum of 22 months of core clinical pediatric residency must be fulfilled.

A supervisory/review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience before continuing in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing [pathway goals](#), which can be found on the ABP website.

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete 36 months in the IRP. The pediatric program director must verify that the resident has completed the prescribed training, verify clinical competence, and recommend the individual for the exam. An additional year of pediatric clinical experience must be completed successfully to be eligible to apply for the certifying exam in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship related to the care of children and approved by the ABP. The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying exam may be taken if the three-year IRP and the additional one year of training, consisting of at least six clinical months of training, have been completed.

## Special Situations

The ABP recognizes that situations may arise that are not explained by the preceding information. The physician should contact the ABP for further information.

## COMBINED PROGRAMS

### Medicine–Pediatrics Program

A special agreement exists with the American Board of Internal Medicine (ABIM) whereby an applicant may fulfill the training requirements of both the ABP and the ABIM by completing two years of accredited training in general comprehensive pediatrics and two years of accredited training in general comprehensive internal medicine in an integrated program accredited by ACGME. Program requirements are available on the [ACGME website](#). An applicant may not take the certifying exam of the ABP until all four years of training have been successfully completed.

### Pediatrics–Anesthesiology Program

A special agreement exists with the American Board of Anesthesiology (ABA) whereby an applicant may fulfill the training requirements of both the ABP and the ABA by completing joint training in five years. Guidelines for combined training are available for residency programs interested in offering this training. Programs must be approved by both ABP and ABA before trainees begin training. Trainees should complete all five years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABA.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

### Pediatrics–Emergency Medicine Program

A special agreement exists with the American Board of Emergency Medicine (ABEM) whereby an applicant may fulfill the training requirements of both the ABP and the ABEM by completing joint training in five years. Guidelines for combined training are available for residency programs interested in offering this training. Programs must be approved by both ABP and ABEM before trainees begin training. Trainees should complete all five years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABEM.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

### Pediatrics–Medical Genetics Program

A special agreement exists with the American Board of Medical Genetics and Genomics (ABMGG) whereby an applicant may fulfill the training requirements of both the ABP and the ABMGG by completing joint training in four years. Guidelines for combined training are available for residency programs interested in offering this training. Programs must be approved by both ABP and ABMGG before trainees begin training. Trainees should complete all four years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABMGG.

An applicant may not take the certifying exam of the ABP until all four years of training have been successfully completed.

### Pediatrics–Physical Medicine and Rehabilitation Program

A special agreement exists with the American Board of Physical Medicine and Rehabilitation (ABPMR) whereby a physician interested in pediatric rehabilitation can qualify for admission to the certifying exams of both the ABP

and the ABPMR. The integrated residency training can be completed in five years in programs accredited by the Review Committees for Pediatrics and Physical Medicine and Rehabilitation.

Guidelines for this combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or by visiting the [ABP website](#). The proposed training in programs must be submitted to both the ABP and the ABPMR for approval before a candidate can be accepted into the joint training program. All training should be completed at one academic institution; any deviation must be approved prospectively by both the ABP and the ABPMR.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

**Pediatrics–Psychiatry/Child and Adolescent Psychiatry Program**

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant may fulfill the training requirements for certification in pediatrics, psychiatry, and child and adolescent psychiatry by completing joint training in five years. Training includes 24 months of general comprehensive pediatrics, 18 months of child and adolescent psychiatry and 18 months of adult psychiatry. [Guidelines for this combined training](#) have been approved by the ABP and the ABPN and are available by contacting either board or by visiting the ABP website.

Physicians pursuing training in these programs may take the certifying exam of the ABP in the fall of the fifth year of training, provided that all pediatric training (except continuity clinics) is completed by the date of the exam. Credit for training via this route may be obtained only by training in one of the programs reviewed by both boards. Further information concerning these combined training programs may be obtained by contacting the ABP or the ABPN.

**2024 GENERAL PEDIATRICS CERTIFYING EXAMINATION**

**Important Dates and Times**

DUE DATE	IMPORTANT INFORMATION
<b>Regular Registration:</b> Jan. 16, 2024, to April 1, 2024 (8 p.m. Eastern Time)	Confirmation of the receipt of the application and payment will be sent by email to the email address provided in the online application and is posted to the applicant’s online ABP Portfolio located on the ABP website.
<b>Late Registration:</b> April 2, 2024, to May 20, 2024 (8 p.m. Eastern Time)	Access to the ABP Portfolio requires the same username and password used when the applicant applied. Candidates are reminded that the username and password should remain secure, and that all candidate activity will be accessed using the ABP Portfolio.  If an applicant does not receive this email within 48 hours of submission of the online application, the ABP should be contacted immediately.  Confirmation of the receipt of documents is best provided through the Checklist Items section of the ABP Portfolio. It is the applicant's responsibility to check the portfolio and ensure that the required material is received by the ABP by the published deadlines to complete the application. Candidates must check their ABP Portfolio for confirmation of their test appointment at a Prometric testing center.

DUE DATE	IMPORTANT INFORMATION
<b>Withdrawal Deadline:</b> Oct. 3, 2024	<p>An applicant who wishes to withdraw from the exam must submit a signed notification of withdrawal that must be received by the ABP by the deadline.</p> <p>The refundable exam fee will be credited to the original credit card that was used for payment.</p> <p>The processing fee and, if applicable, late fee are not refundable.</p> <p>Withdrawals received after the deadline will forfeit all fees paid.</p> <p>If the applicant has a scheduled examination date with Prometric, the ABP will cancel the appointment.</p>
<b>Medical License Deadline:</b> Oct. 3, 2024	<p>Applicants must ensure a copy of a valid (current), unrestricted license to practice medicine in the United States or Canada is submitted to the ABP using the <a href="mailto:gpcert@abpeds.org">gpcert@abpeds.org</a> email address.</p> <p>Applicants who do not meet the licensure deadline will be disapproved for the certifying exam and will receive a refund of the examination fee credited to the original credit card that was used for payment.</p> <p>The processing fee and, if applicable, late fee are not refundable.</p>
<b>ECFMG Documentation Deadline:</b> June 28, 2024	Applicants who are first-time registrants and who graduated from a medical school outside the United States or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution).
<b>Acceptance Letter</b>	A letter indicating the acceptance of the application will be posted for all qualified candidates by July 31, 2024.
<b>Training Deadline:</b> Sept. 30, 2024	An applicant must satisfactorily complete the standard length of training before the first day of the month in which the exam is administered. An applicant whose contracted training period does not expire before the first day of the month of the exam will not be eligible for that exam, even if all formal training has been completed earlier and the remaining time is used only for leave.

## Exam Format

The certifying exam is given once a year in the fall. It is administered on a single day in a three-day period at Prometric testing centers located throughout the United States, Canada, and abroad.

The exam consists of four sections, with optional scheduled breaks between each section. The exam is seven hours in length. Additional exam appointment time is necessary for registration, review of an exam tutorial, and optional scheduled breaks. Information about [what candidates can expect on exam day](#) can be found on the ABP website.

The exam consists of single best answer, multiple-choice questions. Candidates are urged to visit the [ABP website](#) to review the information, including the exam schedule in the [Prometric Testing Center Regulations](#) document and the [ABP Online Tutorial](#) for important policies regarding the exam administration.



## 2024–2025 SUBSPECIALTY CERTIFYING EXAMINATION

Candidates for subspecialty certification must have achieved initial certification in general pediatrics and continue to maintain current general pediatrics certification in order to take a subspecialty exam or, in some circumstances, current certification in another subspecialty\*. No exceptions to this policy will be granted. The [requirements for Maintenance of Certification \(MOC\)](#) can be found on the ABP website. All candidates are urged to ensure that the requirements for MOC will be met in sufficient time to allow acceptance to the subspecialty certifying exam.

Individuals registered for a general pediatrics certifying exam may apply for a pediatric subspecialty certifying exam pending notification of results. [Contact the ABP](#) for details.

No credit toward subspecialty qualification will be granted for elective time spent in the subspecialty during the years of general pediatric training or for the chief resident year.

[Training requirements differ by subspecialty](#). Visit the eligibility criteria on the [ABP website](#) for details. Program directors are required to verify completion of training and clinical and professional competence. For core ABP disciplines that require two years (pediatric hospital medicine) and three years of fellowship training, scholarly activity also is required. Applicants must satisfactorily complete all subspecialty training before the first day of the month in which the exam is administered. Applicants and/or their program director must consult the ABP before undertaking any variations in training.

Fellows who experience an interruption in fellowship training for greater than 12 continuous months and who wish to re-enter training must petition the ABP to determine whether credit may be awarded for prior training. The request for credit must be submitted by the candidate or the fellowship program director **before** the candidate re-enters fellowship training.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

A copy of the license for an initial application or re-registration must be submitted by the published deadline. If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the exam may be denied. It is the applicant's responsibility to ensure that required material is received by the ABP by the published deadlines. Temporary or training licenses are not acceptable.

**The ABP does not accept medical licenses from countries outside of the United States or Canada to meet the licensure requirement for any initial certifying exam.**

\*Current certification in another subspecialty applies to pediatric transplant hepatology, hospice and palliative medicine, and sleep medicine. Visit the ABP website to obtain the [eligibility criteria for each subspecialty](#) offered by the ABP.

### Important Dates and Times

#### Regular Registration Dates, Late Registration Dates, and Withdrawal Deadlines

Most subspecialty certifying exams are administered every other year. Hospice and Palliative Medicine, Sports Medicine, Sleep Medicine exams are administered annually.

Due to the extensive number of subspecialty exams, the [current dates of the exams, fees, and other information](#) may be found on the ABP website.

Confirmation of the receipt of the application and payment will be sent by email to the email address provided in the online application. *If an applicant does not receive this email within 48 hours of submission of the online application, the ABP should be contacted immediately.*

Confirmation also is posted on the online [ABP Portfolio](#) located on the ABP website. Access to the ABP Portfolio

requires the same username and password used when the applicant applied.

Candidates are reminded that the username and password should remain secure, and that all candidate activity will be accessed using the ABP Portfolio. Confirmation of the receipt of documents is best provided through the Checklist Items Section of the online portfolio. It is the applicant's responsibility to check the portfolio and ensure that the required material is received by the ABP by the published deadlines to complete the application. Candidates must check their portfolio for confirmation of their test appointment at a Prometric testing center.

DUE DATE	IMPORTANT INFORMATION
<b>Withdrawal Deadline:</b> See <a href="http://www.abp.org">www.abp.org</a> for published date	<p>An applicant who wishes to withdraw from the exam must submit a signed notification of withdrawal that must be received by the ABP by the deadline.</p> <p>The refundable exam fee will be credited to the original credit card that was used for payment.</p> <p>The processing fee and, if applicable, late fee are not refundable.</p> <p>Withdrawals received after the deadline will forfeit all fees paid.</p> <p>If the applicant has a scheduled examination date with Prometric, the ABP will cancel the appointment.</p>
<b>Medical License Deadline</b>	<p>Applicants must have a valid (current) unrestricted license to practice medicine in one of the states, districts, or territories of the United States or a province of Canada. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.</p> <p>Applicants who do not meet the licensure deadline will be disapproved for the certifying exam and will receive a refund of the examination fee credited to the original credit card that was used for payment.</p> <p>The processing fee and, if applicable, late fee are not refundable.</p> <p><b>The deadline date is included in the Application Confirmation Email in the ABP Portfolio.</b></p> <p>If an applicant has any action pending, regarding the right to have an unrestricted license to practice medicine, admission to the exam may be denied.</p>
<b>Acceptance Letter</b>	<p>Depending on exam date, a letter indicating the acceptance of the application will be posted for all qualified candidates. Candidates must check their portfolio for confirmation of their test appointment at a Prometric testing center.</p>

## Exam Format

Subspecialty exams administered by the ABP are 4.5 hours of actual testing time, consisting of single-best-answer, multiple-choice questions. A [content outline for each subspecialty](#) is available on the ABP website. Candidates are urged to visit the ABP website to review the information, including the exam schedule in the [Prometric Testing Center Regulations](#) document and the [ABP Online Tutorial](#) for essential policies regarding the exam administration.

Subspecialty exams administered by other ABMS boards may have slightly different policies regarding the administration of the exam.



## CERTIFICATION IN THE PEDIATRIC SUBSPECIALTIES

ACGME currently reviews and accredits pediatric subspecialty programs in most of the certified subspecialties. A list of accredited programs may be found at [www.acgme.org](http://www.acgme.org).

### Subspecialty Certificates

The ABP administers certifying exams in the pediatric subspecialties listed below:

Adolescent Medicine*	Emergency Medicine**	Infectious Diseases
Cardiology	Endocrinology	Neonatal–Perinatal Medicine
Child Abuse Pediatrics	Gastroenterology	Nephrology
Critical Care Medicine	Hematology–Oncology	Pulmonology
Developmental-Behavioral Pediatrics	Hospital Medicine	Rheumatology

\* Adolescent Medicine is jointly offered at this time through the ABP, the American Board of Internal Medicine (ABIM), and the American Board of Family Medicine (ABFM).

\*\* Pediatric Emergency Medicine is jointly offered through the ABP and the American Board of Emergency Medicine (ABEM).

### Subspecialty Fast-Tracking

A subspecialty fellow who is believed to have demonstrated accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD in a discipline relevant to the subspecialty or career path of the fellow or sustained research achievement relevant to the subspecialty or career path of the fellow. The subspecialty program director may petition the subboard to waive the requirement for scholarly activity and to reduce the length of subspecialty training by as much as one year. This petition must be made either before the beginning of training or during the first year of training.

A candidate for this pathway must have satisfactorily completed three core years of general pediatrics or approved combined pediatrics and other specialty training in an accredited program in the United States or Canada. This pathway is also available to candidates who have satisfactorily completed at least three years of nonaccredited general pediatrics training (e.g., abroad) and qualified for a waiver of one year of general pediatrics training through the ABP's [Waiver of Accredited Training](#) procedure. An individual who enters subspecialty training via the Accelerated Research Pathway is ineligible for subspecialty fast-tracking.

A subspecialty fellow who receives a waiver by the subboard must complete at least two years of training in the subspecialty, with at least one year of broad-based clinical training. In order for an individual to be eligible for subspecialty certification, all requirements for general pediatrics certification must be fulfilled.

### Training Leading to Dual Pediatric Subspecialty Certification

#### Sequential Training

If an individual has completed three years of training in one subspecialty and the program director has verified both clinical competence and satisfactory completion of scholarly activity, the trainee can become eligible to take an exam in a second subspecialty after two years of additional training, of which at least one year must be broad-based clinical training. The requirement for scholarly activity in the second subspecialty is waived. This sequential training option does not require preapproval by the ABP; however, the program director has discretion to require a third year of fellowship if needed to be clinically competent. Individuals approved for subspecialty fast-tracking by the ABP in the first subspecialty are also eligible for this pathway.

## Dual Training

An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a four- to five-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. [Guidelines for dual subspecialty training](#) may be obtained from the ABP or can be found on the ABP website. Training must be completed in both subspecialties before an applicant may take either subspecialty exam.

## Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine-pediatrics training should contact the ABIM and the ABP regarding opportunities for combined training (i.e., training in both the adult and pediatric subspecialties). Both boards must prospectively approve combined training. All combined training must be completed before an applicant may take a subspecialty exam. [Guidelines](#) can be found on the ABP website.

## SUBSPECIALTY EXAMINATIONS ADMINISTERED BY OTHER ABMS BOARDS

Certain subspecialty certifications are co-sponsored by multiple ABMS boards, and the exam is administered by another ABMS board. Physicians must submit an application to the board through which they hold primary certification and should contact their primary board for its eligibility criteria, registration dates, and fees, as these differ among boards.

The length of accredited training differs by subspecialty, and scholarly activity is not required by the ABP. The [eligibility criteria](#) for each of these subspecialty certifying exams are available on the ABP website.

### Hospice and Palliative Medicine

A certificate in hospice and palliative medicine is offered by the ABP and multiple other ABMS Boards. The exam is **administered annually** by the ABIM. Applicants are required to create an account via the ABIM Physician Portal to manage their appointment at the computer-based testing center.

### Medical Toxicology

A certificate in medical toxicology is offered by the ABP, the ABEM, and the American Board of Preventive Medicine. The exam is **administered every two years** by the ABEM.

### Pediatric Transplant Hepatology

A certificate in pediatric transplant hepatology is offered by the ABP, and the exam is **administered every two years** by the ABIM. Applicants are required to create an account via the ABIM Physician Portal to manage their appointment at the computer-based testing center.

### Sleep Medicine

A certificate in sleep medicine is offered by the ABP, the ABIM, the American Board of Otolaryngology, ABPN, ABA, and ABFM. The exam is **administered annually** by the ABIM. Applicants are required to create an account via the ABIM Physician Portal to manage their appointment at the computer-based testing center.

### Sports Medicine

A certificate in sports medicine is offered by the ABP, the ABFM, the ABEM, and the ABIM. The exam is **administered annually** by the ABFM.

## TRACKING AND EVALUATION FOR RESIDENTS AND FELLOWS

The ABP's tracking and evaluation of trainee competency is a continuum that begins during training and concludes with the certifying exam following formal training. The ABP believes that the program director(s) and faculty play significant roles in the certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying exam. The program director is able to provide a meaningful overview of the resident's or fellow's professional competence, especially in skills such as patient care and procedural skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

Tracking and evaluation are key components of the certifying process of the ABP. The program director is required to indicate annually whether each resident's or fellow's performance is satisfactory, marginal, or unsatisfactory in overall clinical competence; and whether the evaluation in professionalism is satisfactory or unsatisfactory.

There must be 12 successful months of training at each level, and the years of credit must be sequential so that a complete year at one level is completed before starting the next level of training.

## COMPETENCE RATINGS

The table below summarizes the ratings that can be given to residents and fellows during their training period.

PROGRAM RATINGS OF TRAINEE COMPETENCE		
	Residency years: non-final years Fellowship years: non- final years	Final year of residency Final year of fellowship
<b>OVERALL CLINICAL COMPETENCE*</b>		
Satisfactory	Full credit	Full credit
Marginal	Full credit for one marginal year. Repeat the latter year if both years are marginal.	Not applicable
Unsatisfactory	No credit/repeat year	No credit/repeat year
<b>PROFESSIONALISM</b>		
Satisfactory	Full credit	Full credit
Unsatisfactory	Repeat year or, at the ABP's discretion, a period of observation will be required.	Repeat year or, at the ABP's discretion, a period of observation will be required.
*Includes patient care and procedural skills, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.		

## CLINICAL COMPETENCY RATINGS

### Satisfactory Clinical Competence (Residents and Fellows)

A rating of satisfactory in Clinical Competence receives a full year of credit.

### Marginal Clinical Competence

A marginal rating implies that more time and information are needed to determine whether the performance is satisfactory or unsatisfactory.

## Residents

Residents with marginal performance in the non-final year of training may be rated as:

- *Marginal with Advancement to the Next Level* or
- *Marginal with Extension at the Same Level*.

**Please note the descriptions in the table below are for residents only and may not be used in the final year of training.**

RATING	DESCRIPTION
<b>Marginal with Advancement to Next Level</b>	<p>This evaluation takes place at the end of the academic year.</p> <ul style="list-style-type: none"><li>• The trainee will be awarded a full 12 months of training credit for the current R level.</li><li>• The trainee will advance to the next R level.</li><li>• Remediation may occur while the trainee is training at the next R level.</li><li>• Trainees may receive credit for the training year if they receive a marginal rating in clinical competence; however, if the following year of training is also marginal, no credit is allowed for the latter year.</li></ul>
<b>Marginal with Extension at Same Level</b>	<p>This evaluation means more time is needed to make a valid assessment while the trainee continues to train at the same level. If the resident must repeat failed rotations, there must be an extension of training beyond the usual three years even if the resident is successful on the repeat rotation.</p> <p>At the end of the extended period of training, the ABP will request an evaluation of the full year of training. The ABP will not recognize credit at the next level of training until the extended level of training is completed and evaluated.</p> <p><i>For example, if a resident at the end of R-2 level receives a Marginal with Extension and completes six additional months satisfactorily, the resident will be credited with 12 months, even though the duration of training was 18 months.</i></p> <p>At the end of the extension, the rating will become either <i>Satisfactory</i>, <i>Marginal with Advancement to the Next Level</i>, or <i>Unsatisfactory</i> with no credit.</p> <ul style="list-style-type: none"><li>• No partial credit for the level will be recorded, as this is an interim evaluation.</li><li>• The total time in training must be extended beyond the usual duration of training because of the extension.</li><li>• The program director will be asked to provide the anticipated completion date of the extension of training.</li><li>• The program director, with input from the Clinical Competency Committee (CCC), will re-evaluate this trainee's clinical performance at the end of this extended period.</li></ul>

## Fellows

Fellows whose performance is marginal should be rated as marginal as the options described above are not applicable to fellowship training. Fellows may receive credit for the training year if they receive a marginal rating in clinical competence. However, if the following year of training is also marginal, no credit is allowed for the latter year. Additional information might be requested by the ABP when a marginal evaluation for a fellow is reported.

## Resident and Fellow Transfers

If a resident or fellow transfers after receiving a marginal evaluation with partial credit and then receives an unsatisfactory evaluation at the same training level in the new program, no credit for the year of training will be granted.

## Unsatisfactory Clinical Competence (Residents and Fellows)

An unsatisfactory evaluation in clinical competence for a year of training means:

- The trainee will receive no credit for this evaluation period.
- The trainee must repeat the year in the same program or another program.
- The ABP expects that the program director will communicate with the trainee to inform the individual of the unsatisfactory evaluation.

## PROFESSIONALISM RATINGS (RESIDENTS AND FELLOWS)

### Satisfactory Professionalism

Ratings for professionalism, which include moral/ethical behavior, must be either satisfactory or unsatisfactory.

### Unsatisfactory Professionalism

If an unsatisfactory professionalism evaluation is given, the resident or fellow must repeat the year of training or, at the recommendation by the program director, complete a period of observation. If an unsatisfactory professionalism evaluation is given during the final level of training, a rigorous plan for remediation must be submitted by the program director to the ABP through the ABP Program Portal for review and approval **before a period of observation may be implemented**.

No credit will be awarded for a final year of training unless the program director provides evidence as to why a period of observation rather than a repeat year of training should be completed.

The tracking system also identifies residents and fellows who transfer from one program to another or to a new specialty and assures that the new program director recognizes those residents and fellows who need remediation. Summary evaluations are available through the [ABP Program Portal](#) to the new training program if a resident or fellow transfers.

## FINAL EVALUATION AND VERIFICATION OF TRAINING

Program directors of general pediatrics residencies and pediatric fellowships must complete a final evaluation for residents or fellows who are in their last year of training. The ABP requires the program director to verify the dates and completion of training and to attest: *"I certify the evaluations are an accurate reflection of this physician's competence as a pediatrician (or as a subspecialist) upon completion of residency training or fellowship."*

It is imperative that residents and fellows receive a satisfactory rating in each of the components of clinical competence during the final year of required training. If a trainee's clinical performance is marginal at the end of the final year of training, it must be reported as unsatisfactory, and it is expected that the year be repeated unless the program director requests approval from the ABP to conduct a reduced, targeted period of remediation. It is the resident's or fellow's responsibility to arrange for any additional training required.

Possession of certificates of satisfactory completion of training will not automatically admit the person to the ABP's certification process. Most training certificates attest to the achievement of a minimal level of competence or to the fulfillment of an employment contract. Program directors are urged not to issue certificates of successful completion of training when the resident is deemed not to have met the standards.

To be compliant with the Program Requirements for Residency Education in Pediatrics and the Program Requirements for Subspecialties of Pediatrics established by ACGME, the program director and the faculty must develop evaluation procedures for assessment of resident and fellow performance.

Therefore, the program director's final evaluation submitted to the ABP will take precedence over the certificate

from the hospital. The ABP must have the program director's assurance that an applicant meets the standards expected of a certified pediatrician.

## PHYSICIAN COMPETENCIES

In completing the required final evaluation(s), a program director should keep in mind the definition of a qualified applicant as determined by the ABP. An applicant shall demonstrate the following competencies as they pertain to infants, children, and adolescents:

### Patient Care and Procedural Skills

- Gathering essential and accurate information; performing a complete history and physical exam; and ordering appropriate diagnostic studies.
- Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one's limits of knowledge and expertise and when to obtain appropriate consultation.
- Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

### Medical Knowledge

- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.

### Interpersonal and Communication Skills

- Demonstrating interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and professional associates.

### Professionalism

- Demonstrating a commitment to carry out professional responsibilities, adherence to ethical principles, and being sensitive to diversity.

### Practice-Based Learning and Improvement

- Investigating and evaluating patient care practices, appraising, and assimilating scientific evidence, and using that evidence to improve patient management; demonstrating a willingness to learn from errors.

### Systems-Based Practice

- Practicing quality health care that is cost-effective and advocating for patients within the health care system.

An applicant who receives an unsatisfactory evaluation in any one of the competencies listed above will be disapproved for the certifying exam and will be required to complete satisfactorily an additional year of training in an accredited training program in the United States or Canada before reapplying to the ABP. Residents must complete one additional year of general pediatrics at the R-3 level. Fellows must satisfactorily complete one additional year of clinical fellowship. It is the trainee's responsibility to arrange for any additional training. The director of the program where the additional training occurs must complete a separate evaluation.

At the program director's recommendation and at the ABP's discretion, a period of observation may be required in lieu of additional training for an applicant who receives an unsatisfactory evaluation in professionalism only. If an

unsatisfactory professionalism evaluation is given during the final level of training, a rigorous plan for remediation must be submitted for review and approval by the ABP **before a period of observation may be implemented.**

## ABSENCES FROM TRAINING — PARENTAL/MEDICAL/CAREGIVER LEAVE

The duration of accredited training as required by the ACGME or RCPSC varies by pathway.

For general pediatrics categorical residency and most core pediatric fellowship training, it is 36 months. All pathways allow for **one month** of absence each year for time away from training which can be used for vacation, illness, or family leave.

Consistent with our long-standing policy, individuals in three-year core training programs are allowed up to a total of eight weeks of **additional** parental, medical, or caregiver leave **once over their training period.**

Similarly, effective July 1, 2021, individuals in nonstandard and combined pathways will be allowed up to a total of six weeks of additional parental, medical, or caregiver leave once over their training period. The additional leave time is over the entire duration of the training and is not allocated annually, and it applies to trainees who graduate in 2022 or later. For complete details, including specific information about individual training pathways, please visit the [Absences from Training Policy](#).

The total amount of leave time offered to the trainee is at the discretion of the institution. Programs have the flexibility to grant longer periods of leave time, but training must be extended to make up for any absences greater than what is allowed by the policy for vacation, parental, medical, or caregiver leave for a given residency or fellowship pathway.

To qualify for the additional absence from training, outside of the standard one month per year, all of the following requirements must be met for an individual trainee:

- The absence is due to parental, medical, or caregiver leave;
- The trainee is deemed competent by the Program Director and Clinical Competency Committee;
- All training requirements must be met except for elective training or research time as determined by the pathway; and
- The scholarly activity requirement must be met if the trainee is a fellow.

The ABP encourages trainees to take yearly vacations and strongly discourages "banking" vacation from year to year as it can negatively affect trainees' health and well-being. The ABP views educational leave, which includes attendance at training-related seminars, as bona fide educational experiences, and it need not be counted as time away from training. All trainees must have satisfactory performance in all core domains of competence to complete their training. In addition, trainees must complete all required experiences as outlined by the training pathway.

The ABP recognizes that leave policies vary from institution to institution and expects the program director to apply local requirements within these guidelines to ensure trainees have completed the requisite training period. This policy applies to ABP eligibility requirements for initial certification and does not supersede institutional or program policies and applicable laws.

The revised ABP policy was effective July 2021 and applies to trainees who graduate in 2022 or later. All waivers granted to trainees must be reported by the program to the ABP through the ABP Program Portal.

## APPEALS PROCESS

Applicants who wish to appeal evaluations or final recommendations must proceed through their institutions due-process mechanisms. The ABP is not able to re-examine the facts and circumstances of an individual's performance.



The ABP reserves the right to withhold permission for applicants to take its exams and/or certification in the event of circumstances demonstrating that an applicant is not capable of performing the role of physician and advocate for infants, children, and adolescents. In such instances, the applicant will be notified. The applicant will be informed if the circumstances entitle the applicant to an appeal of the decision to the Credentials Committee of the ABP or the Credentials Committee of the appropriate subboard.

## EXAM INTEGRITY AND SCORING

The ABP's exams are copyrighted and administered in secure locations, including computer testing centers, by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the ABP any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, taking notes, or bringing any electronic devices (e.g., cameras, scanners, cell phones, and the like) into the exam, failing to comply with time limits or instructions, or talking or other disruptive behavior.

Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's exam.

Unauthorized possession, reproduction, recording, discussion, reconstruction of content from memory, or disclosure of any materials, including, but not limited to, exam questions or answers before, during, or after an exam or other certification activities, is a violation of the ABP's [Honor Code: Professionalism, Moral, and Ethical Principles](#) and federal copyright law. Failure to comply may result in the invalidation of exam results, exclusion from future exams, revocation of certification, or any other sanction deemed appropriate by the ABP and its legal counsel.

The accuracy of exam scores is of utmost importance, and the ABP will not release any exam results until all steps in the quality control process have been satisfactorily completed. Each candidate's exam score is reported to their program director. The names of certified pediatricians, but not their scores, will be sent to the American Board of Medical Specialties (ABMS) for publication and to appropriate organizations and directories such as the American Academy of Pediatrics (AAP). Candidates are required to be aware of the ABP's [Computer-Based Administration Policy](#) and the [Exam Day: What to Expect](#) frequently asked questions regarding specific computer testing center policies. Candidates who believe their exam performance was negatively impacted by a testing irregularity must directly notify the ABP in writing by email within three (3) business days of their testing date with a detailed explanation of the situation. The ABP will review all material at its disposal. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying exams.

## CERTIFICATES

The certificate awarded for passing a certifying exam of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (e.g., MD, DO, MBBS, MBChB, MBBCh). Degrees awarded either before or after graduation from medical school will not be included on the certificate. Newly certified pediatricians are mailed their certificates approximately four months after the results are released. A board-certified pediatrician may request a reprint of a certificate by following the instructions on the ABP website.

## IN-TRAINING EXAMINATIONS

The General Pediatrics In-Training Examination (ITE) is available to residents. The Subspecialty In-Training Examination (SITE) is available to fellows. All in-training examinations are proctored at the training institution. The results of the ITE and the SITE provide valuable information for residents, fellows, and program directors.



## CONTINUING CERTIFICATION

When pediatric board certification was established in 1933, a single certificate was awarded when written and oral exams were successfully completed, and no further contact with the ABP was expected. These certificates were referred to as "permanent," or non-time-limited, certificates. In the mid-1980s, increasingly rapid changes in medical knowledge resulted in certifying boards moving to time-limited certification. By May 1988, all certificates awarded by the ABP were time-limited. The ABP's Maintenance of Certification (MOC) program, sometimes referred to as continuing certification, allows ABP-certified pediatricians to maintain certification in general pediatrics and the pediatric subspecialties by completing specific activities.

For more information about MOC/continuing certification, please review the ABP's [Continuing Certification Policy](#). Individuals wishing to review requirements and available activities should log in to their online [ABP Portfolio](#) on the ABP website.

## POLICIES

The ABP has a number of policies that guide volunteers and staff involved in the credentialing and certifying of pediatricians. These policies help ensure that we live up to the [ABP's values](#) of belonging, collaboration, consistency, excellence, and integrity.

The policies listed below specifically apply to initial certification. Please read them carefully. Additional policies can be found on the [ABP website](#).

- [Absences from Training](#)  
<https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf>
- [Appellate Review Procedure \(Appeals\)](#)  
<https://www.abp.org/sites/abp/files/policy-appellate-review-procedure-appeals.pdf>
- [Applicants for Initial Certification Who are Unable to Appear for a Scheduled Examination](#)  
<https://www.abp.org/sites/abp/files/policy-applicants-for-initial-certification-unable-to-appear-for-a-scheduled-examination.pdf>
- [Applicants with Disabilities](#)  
<https://www.abp.org/sites/abp/files/policy-applicants-with-disabilities.pdf>
- [Competence with Information Technology](#)  
<https://www.abp.org/sites/abp/files/policy-competence-with-information-technology.pdf>
- [Computer-Based Administration Policy](#)  
<https://www.abp.org/sites/abp/files/policy-computer-based-administration-policy.pdf>
- [Credit for Previous Training After an Interruption](#)  
<https://www.abp.org/sites/public/files/pdf/policy-credit-for-previous-training-after-an-interruption.pdf>
- [Disciplinary Policy](#)  
<https://www.abp.org/sites/abp/files/policy-disciplinary-policy.pdf>
- [Honor Code: Professionalism, Moral, and Ethical Principles](#)  
<https://www.abp.org/sites/abp/files/policy-honor-code-professionalism-moral-and-ethical-principles.pdf>
- [Licensure Policy](#)  
<https://www.abp.org/sites/abp/files/policy-licensure-policy.pdf>
- [Misrepresenting Board Status](#)  
<https://www.abp.org/sites/abp/files/policy-misrepresenting-board-status.pdf>
- [Osteopathic Pediatric Training and Eligibility for ABP Certification](#)  
<https://www.abp.org/sites/abp/files/policy-osteopathic-pediatric-training-and-eligibility-for-abp-certification.pdf>
- [Potential Breach of Test Integrity](#)  
<https://www.abp.org/sites/abp/files/policy-potential-breach-of-test-integrity.pdf>
- [Privacy Policy](#)  
<https://www.abp.org/sites/public/files/policy-privacy-policy.pdf>
- [Revocation Procedure](#)  
<https://www.abp.org/sites/abp/files/policy-revocation-procedure.pdf>
- [Stating Certification Status](#)  
<https://www.abp.org/sites/abp/files/policy-stating-certification-status.pdf>
- [Time-Limited Eligibility for Initial Certification Examinations](#)  
<https://www.abp.org/sites/abp/files/policy-time-limited-eligibility-for-initial-certification-examinations.pdf>