



January 2019

Booklet of Information

A Guide to Board Certification in Pediatrics

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2019 EXAMINATIONS SCHEDULE AT A GLANCE

(Examinations administered at computer testing centers)

The fees for certification in general pediatrics and the pediatric subspecialties are payable only in United States (US) dollars. The payment is required 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. The American Board of Pediatrics (ABP) reserves the right to make changes in its fees, 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 to meet all deadlines. All applications must be submitted online.

General Pediatrics

Candidates will take the examination on a single day in the 3-day examination period.

Certification Examination October 16–18, 2019

REGISTRATION DATES

All Applicants:

Regular Registration January 15, 2019–April 2, 2019

Late Registration April 3, 2019–May 15, 2019

Subspecialties

Pediatric Rheumatology April 4, 2019

Pediatric Emergency Medicine April 9, 2019

Developmental-Behavioral Pediatrics April 10, 2019

Pediatric Hematology-Oncology April 11, 2019

Sports Medicine July 15–20, 2019

Pediatric Infectious Diseases November 5, 2019

Sleep Medicine November 6, 2019

Pediatric Endocrinology November 7, 2019

Pediatric Hospital Medicine November 12–13, 2019

Pediatric Gastroenterology November 14, 2019

Adolescent Medicine, Child Abuse Pediatrics,
Neonatal-Perinatal Medicine and Pediatric Nephrology Spring 2020

(Dates for spring examinations will be posted to the ABP website once they are available.)



IMPORTANT: Computer technical difficulties, operator error or difficulties arising from username or password problems (eg, 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 3 pm Eastern Standard or Eastern Daylight 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 exception will be allowed for applicants who miss the application deadline.

ABP MISSION, VALUES, VISION AND GUIDING PRINCIPLES

Mission

The American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood.

The ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP's quest for excellence is evidenced in its rigorous evaluation process and in new initiatives undertaken that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics.

Values

- Accountability to the public
- Fairness and excellent service
- Communication and transparency
- Continuous quality improvement

Vision

The "North Star" for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults (hereafter, "children").

Guiding Principles

- The ABP is primarily accountable to the children and families that we serve.
- The ABP is also accountable to the public, including insurers, consumer groups, payers, and credentialers.
- To promote professional self-regulation and empower pediatricians to continually improve child health outcomes, the ABP has a responsibility to diplomates to utilize assessments that are fair, valid, reliable, and contribute to their lifelong professional development.
- The ABP acknowledges the importance of the varied professional roles that pediatricians play in improving the health care of children and strives to align assessments with professional activities.
- The ABP sets standards for key elements of accredited training based on health needs of populations served, recognizing the value added by the interdependence of the relationship between certification and accreditation.
- The ABP balances assessment strategies to embrace both assessment "of" and "for" learning across the professional life of the diplomate.
- The ABP is committed to the assessment of all core competencies.
- The leadership of ABP invites open dialog and communication with the public, our diplomates, other organizations, and stakeholders.
- The ABP's strong belief in improvement leads us to continually evaluate and improve our policies, programs, and processes.
- The ABP priorities focus on work that our organization is uniquely positioned to do.
- The ABP joins forces with other organizations and parent groups that align with our mission, each bringing its unique perspective but harmonizing our voices to advocate for enhanced quality in pediatric care.



**Interested in
Volunteering?**

VOLUNTEER NOW

"I consider it a unique privilege to be given the opportunity to have a say in the training of pediatricians and in ensuring that we all are delivering high-quality care to our children. It is a lot of hard work, but the sacrifice is worth it."

RASHEED GBADEGESIN, MD, MBBS PROFESSOR OF PEDIATRICS AND MEDICINE DUKE UNIVERSITY AND DUKE CHILDREN'S HOSPITAL

GENERAL EXAMINATION ADMISSION REQUIREMENTS

An applicant¹ requesting admission to a certifying examination must meet the following general requirements:

Graduation from Medical School

The applicant 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 Royal College of Physicians and Surgeons of Canada (RCPSC)² in Canada or by the American Osteopathic Association (AOA) in the United States. An applicant who is a graduate of a medical school outside the United States or Canada that cannot be accredited by the LCME, RCPSC or AOA, but is listed by the World Health Organization may apply for the examination if he or she has 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 submission of the application.

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

Training Requirements

Applicants must complete 3 years of pediatric training in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or in programs in Canada accredited by the RCPSC. The ABP recognizes and defines these three levels of pediatric training (PL-1 through PL-3) as follows:

PL-1: The first postgraduate year in general comprehensive pediatric training in an accredited program.

PL-2: The second postgraduate year, following PL-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.

PL-3: The third postgraduate year, following PL-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.

The training curriculum must be compatible with the program requirements, which are available on the ACGME [website](#). The trainee is 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 “Absences from Residency Training” for the 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.

The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics. Please refer to the section titled “Verification of Training by Pediatric Program Directors” for details.

Training completed in ACGME-I programs is not creditable toward ABP certification. Please refer to the section: Waiver of Accredited Training- Policy Regarding Individuals with Nonaccredited Training for more information if training is completed outside the US or Canada.

Accreditation of Training Programs

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

Osteopathic Pediatric Training and Eligibility for ABP Certification

The ABP requires that applicants for certification in general pediatrics complete three years of training in programs accredited by ACGME or in programs in Canada accredited by the Royal College of Physicians and Surgeons of Canada. In light of the agreement between ACGME, the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine for a single accreditation system announced in February 2014, the ABP will accept applications from individuals who have completed osteopathic pediatric residency training only if the training has been accredited by ACGME for the entire duration of required training. Training completed while the osteopathic training program either has not applied for accreditation by ACGME or has applied and has the status of pre-accreditation cannot be used to fulfill the requirements for certification by the ABP.

1) Throughout the document the term candidate will be synonymous with applicant.

2) Hereafter, accreditation will refer to accreditation by ACGME or RCPSC.

Licensure Requirements (Refer to the “ABP Licensure Policy”)

Applicants requesting admission to a certifying examination 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. **If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.** Temporary and training licenses are not acceptable to meet the licensure requirement.

Beginning with the 2019 examinations, the ABP will no longer accept medical licenses from countries outside of the United States or Canada to meet the licensure requirement for any initial certifying examination.

Please refer to the section titled **2019 General Pediatrics Certifying Examination Registration Dates and Fees** for licensure deadlines.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the examination may be denied. Please refer to “ABP Licensure Policy” for additional information.

SPECIAL TRAINING SITUATIONS

Credit for Previous Training

A physician transferring to pediatric residency training from another accredited residency (eg, 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 PL-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.

Waiver of Accredited Training – Policy Regarding Individuals with Nonaccredited Training

The ABP has established requirements for a physician who has had at least three years of general comprehensive pediatric training in programs not accredited by the ACGME or RCPSC (ie, international training or training in accredited osteopathic programs in the United States) who wishes 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 that is signed by the residency program director. The individual must also provide a copy of his or her medical school diploma and ECFMG certificate. Suggested training for those who receive a waiver of training under this policy is available on the ABP [website](#). Upon review and confirmation by the ABP of this information, the individual **may** have one year of accredited training waived. 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 PL-1 level, but at the discretion of the program director may be advanced to the PL-2 level based upon the program director’s assessments of competence. A full year at the PL-3 level must be completed. (The training must be completed in general pediatrics; subspecialty training may not be substituted.)

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.

Absences from Residency Training

In order to meet the training requirements to apply for certification by the ABP, an individual must train in an accredited program, and the program director must certify that the individual has met the training requirements.

The duration of general pediatrics training is 36 months. Satisfactory completion of 33 months of clinical training is required. One month of absence is allowed each year for time away from training which includes, vacation, sick, or family leave. Training must be extended to make up any absences greater than three months during the three years of residency. However, the program director has the discretion to submit a petition to the ABP requesting a waiver of two months of elective training only in the following circumstance: the trainee had a medical or family leave, is deemed competent by the Clinical Competency Committee, and has met all training requirements, except elective training. The request for a waiver must be submitted no earlier than the final three months of training. ABP encourages trainees to take yearly vacation, and strongly discourages “banking” vacation from year to year as it negatively affects trainees’ health and well-being. 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 period of training. ABP views educational leave, which includes attendance at training-related seminars

as bona fide educational experiences and it need not be counted as part time away from training. Residents in combined training or special training pathways are not eligible for a waiver of pediatric training.

Credit for Previous General Pediatrics Residency Training after an Interruption

Residents who experience an interruption in general pediatrics training, medicine-pediatrics or other combined training for greater than 24 continuous months and who wish to re-enter residency 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 residency program director **before** the candidate re-enters residency training.

Nonaccredited Training Experience

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.

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.

Veterans Administration (VA) GI Bill Benefit

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](#).

SPECIAL TRAINING PATHWAYS

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 content** to be contained within the two years of training in general pediatrics. The specific training requirements are available on the ABP website. The resident must receive satisfactory evaluations at the end of the PL-2 year to be able to apply for certification in pediatrics. An applicant may not take the ABP certifying examination 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 content** to be contained within the two years of training in general pediatrics. The specific training requirements are available on our [website](#). The resident must receive satisfactory evaluations at the end of the PL-2 year to be able to apply for certification in pediatrics. Candidates for this pathway may apply for general pediatrics certification during the fifth year of training.

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 PL-1 and PL-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 our 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 policy for 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. It is understood that 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 PL-1 year, but no later than nine months into the PL-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 by means of the tracking roster in May of the PL-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 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 examination 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 the 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 Immunology (ABAI). A plan for the training must be submitted to both Boards by May of the PL-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 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 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 pediatric residency, a maximum of 11 months may be spent in research, with at least five months in the PL-3 year and no more than one month in the PL-1 year. Individuals must apply for this pathway either before entering an accredited pediatric residency program or during the first nine months of the PL-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.

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 examination. An additional 12 months of pediatric clinical experience must be completed successfully to be eligible to apply for the certifying examination 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 examination may not be taken until the three-year IRP and the additional one year of clinical 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. An applicant may not take the certifying examination of the ABP until all four years of training have been successfully completed.

Combined internal medicine-pediatrics training must be undertaken in combined internal medicine–pediatrics training programs accredited by the ACGME. Program Requirements are available on the ACGME [website](#).

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. All five years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABA.

Guidelines for combined training have been approved by both the ABP and the ABA and are available by contacting either board or by visiting the ABP [website](#). The training must also be approved prospectively by both the ABP and the ABA. An applicant may not take the ABP certifying examination 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. All five years should be completed in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABEM.

Guidelines for combined training have been approved by both the ABP and the ABEM and are available by contacting either board or by visiting the ABP [website](#). The training in programs must also be approved prospectively by both the ABP and the ABEM. An applicant may not take the ABP certifying examination 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 by contacting either board or by visiting our [website](#). The training in programs must also be approved prospectively by both the ABP and the ABMGG. All training should be completed 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 examination 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 examinations 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 combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or by visiting our [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 for the 2019 certifying examination given by the ABP may take the exam in the fall of the fifth year of training, provided that 30 months of required pediatric residency training have been successfully completed. Beginning in 2020, all combined training must be completed before the applicant may take the general pediatrics certifying examination.

Pediatrics–Psychiatry/Child & 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 combined training have been approved by the ABP and the ABPN and are available by contacting either board or by visiting our [website](#).

Physicians pursuing training in these programs may take the certifying examination 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 examination. 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 ABPN.

TRACKING AND EVALUATION FOR RESIDENTS AND FELLOWS

The ABP regards the evaluation of trainee competency as a continuum that begins during training and concludes with the certifying examination 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 examination. 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.

The ABP tracking and evaluation program is part 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. A marginal rating implies that more time and information are needed to determine whether the performance is satisfactory or unsatisfactory.

Unsatisfactory Clinical Competence

An unsatisfactory evaluation in clinical competence for a year of training results in no credit for that training year. The resident must repeat the year in the same program or another program.

Marginal Clinical Competence

A resident or fellow whose performance is at a marginal level at the end of a year (i.e., the level of training) may be rated as marginal. General pediatrics residents with marginal performance at the end of the level of training may be rated as Marginal with Advancement to the Next Level or Marginal with Extension at the Same Level. Please note the definitions below for residents:

- ✓ **Marginal with Advancement to Next Level:** Marginal evaluation **at the end of the academic year** with advancement to the next level means the resident has earned 12 months of training credit and moves to the next level. Remediation may occur while the resident is training at the next training level.
- ✓ **Marginal with Extension at Same Level:** This evaluation means more time is needed to make a valid assessment while the **trainee continues to train at the same level**. The program director will be asked to provide the anticipated completion date of the extended level of training. In many cases, an extension is necessary because the resident must repeat failed rotations. In those cases, even if the resident is successful on the completed rotation, there must be an extension of training beyond the usual three years. No partial credit for the level is recorded, as this is an interim evaluation. At the end of the extended period of training, the ABP requests 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. For example, if a resident at the end of level 2 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. If the evaluation is satisfactory, the resident will receive full credit (12 months). It is also possible that the evaluation at the end of the extension will remain marginal with advancement to the next level or become unsatisfactory with no credit.

Fellows whose performance is marginal should be rated as marginal as the options described above are not applicable to fellowship training. Information will be sought by the ABP when a marginal evaluation for a fellow is reported.

A resident or fellow may receive credit for the training year if he or she receives a marginal rating in clinical competence; however, if the following year of training is also marginal, no credit is allowed for the latter year.

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, no credit for the year of training will be granted.

Residents in combined medicine-pediatrics training will receive a separate evaluation in each specialty and the number of months of credit in each specialty is collected. If either clinical evaluation is marginal or unsatisfactory, the yearly evaluation will be recorded as marginal or unsatisfactory.

The table below illustrates the consequences of receiving an unsatisfactory or marginal evaluation in clinical competence at the end of each level of training. Residents and fellows must receive a satisfactory rating in each of the components of clinical competence during the final year of required training. It is the resident’s or fellow’s responsibility to arrange for any additional training required.

PROGRAM RATINGS OF CLINICAL COMPETENCE		
	PL-1 and PL-2 Fellowship years 1-2	PL-3/Final year of fellowship
OVERALL CLINICAL COMPETENCE*		
Satisfactory	Full credit	Full credit
Marginal	Full credit for 1 marginal year. Repeat the latter year if both years are marginal.	Not applicable
Unsatisfactory	No credit/repeat year	No credit/repeat year
PROFESSIONALISM		
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.		

Ratings for professionalism, which include moral/ethical behavior, must be either satisfactory or unsatisfactory. If an unsatisfactory evaluation is given for professionalism, the resident or fellow must repeat the year of training or, at the discretion of the ABP and recommendation by the program director, complete a period of observation. A resident or fellow who receives an unsatisfactory evaluation for professionalism receives no credit for that 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. A transfer form must be completed by the program director and submitted to the ABP. Summary evaluations will be sent to the new training program if a resident or fellow transfers.

Verification of Training by Pediatric Program Directors

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.”

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 those standards. Therefore, the program director’s final evaluations 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 examination; 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 will be disapproved for the certifying examination 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 an additional year of general pediatrics at the PL-3 level. Fellows must satisfactorily complete an additional year of clinical fellowship. 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. A rigorous plan for remediation must be submitted for review and approval by the ABP before a period of observation may be implemented.

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

In-Training Examinations

The In-Training Examination (ITE) is available to residents. The Subspecialty In-Training Examination (SITE) is available to fellows in subspecialty programs. The results of the ITE and the SITE can provide valuable information for residents, fellows and program directors.

Appeals Process

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

INFORMATION FOR ALL CERTIFYING EXAMINATIONS

1. An applicant must satisfactorily complete the standard length of training before the first day of the month in which the examination is administered. An applicant whose contracted training period does not expire before the first day of the month of the examination will not be eligible for that examination, even if all formal training has been completed earlier and the remaining time is used only for leave.
2. Applications for all certifying examinations are available only via the ABP [website](#). Applicants may apply during the specified registration periods only. Application payment can only be made using a VISA, MasterCard or American Express credit card. If a debit card is used, the applicant should inquire if the transaction limit established by their bank is sufficient to cover the fee. If an applicant experiences a technical difficulty, he or she must contact the ABP the same or next business day.
3. Applicants must refer to the online portfolio to monitor the status of their application. A receipt of payment is available to print from the portfolio. The portfolio will display items missing from the application (if applicable), acceptance letters, test appointments and the results of the examination. Although reminders of missing material will be sent by email, it is the applicant's responsibility to frequently review their 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.
4. Applicants for general pediatrics certification who graduated from a medical school outside the US or Canada must ensure that a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution) are received by the ABP by the published deadline.
5. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying examinations.
6. The ABP reserves the right to withhold permission for applicants to take its examinations 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.
7. The accuracy of examination scores is assured through multiple quality control procedures prior to release.
8. Each candidate's examination score will be reported to his or her program director.
9. Periodically, the ABP conducts research utilizing data it has compiled; the candidate's anonymity is guaranteed in all such cases. The ABP's privacy policy may be found on our [website](#).
10. Newly certified diplomates are mailed their certificates approximately four months after the results are released.
11. A diplomate may request a reprint of a certificate by submitting a signed letter requesting a duplicate certificate.
12. 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).
13. The certificate awarded for passing a certifying examination of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (eg, MD, DO, MBBS, MBChB, MBBCh). Degrees awarded either before or after graduation from medical school will not be included on the certificate.
14. Candidates are required to be aware of the "Policies Regarding the Computer-Based Administration for Initial Certification Exams" and the "Exam Day: What to Expect" document regarding specific computer testing center policies.
15. While it is very unlikely that an error occurred during the transfer and processing of examination results, candidates may request to have an examination rescored or verified for a fee of \$250. During score verification, psychometric staff at the ABP will use a completely separate method of reviewing and recalculating the candidate's results, and then compare the recalculated score to the initial score results. Score verification requests must be made in writing and should include name, ABP ID, and a \$250 check or money order payable to the American Board of Pediatrics. All requests must be made *within one month* of when results are made available. Please note that the ABP does not encourage score verification requests, as there are multiple quality control procedures throughout the scoring process to ensure the accurate reporting of examination results.
16. The ABP's examinations 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, bringing any electronic devices (eg, cameras, scanners, cell phones and the like) into the examination, 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 examination.
17. Unauthorized possession, reproduction, recording, discussion, reconstruction of content from memory or disclosure of any materials, including, but not limited to, examination questions or answers before, during or after an examination 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 examination results, exclusion from future examinations, revocation of certification or any other sanction deemed appropriate by the ABP and its legal counsel.

18. The ABP reserves the right to make changes in its fees, policies and procedures at any time and will make every effort to give advance notice when such changes are made.
19. Candidates who believe their examination performance was negatively impacted by a testing irregularity must directly notify the ABP in writing by email or postal mail 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.

2019 GENERAL PEDIATRICS CERTIFYING EXAMINATION REGISTRATION DATES AND FEES

All applicants must pay 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 Applicants

Regular Registration.....	January 15, 2019–April 2, 2019
Late Registration.....	April 3, 2019–May 15, 2019

An application submitted online by April 2, 2019, before the 3 pm Eastern Daylight Time deadline, must be accompanied by the registration fee of \$2265. A nonrefundable fee of \$345 is required for applications submitted April 3, 2019, through May 15, 2019, before the 3 pm Eastern Daylight Time deadline; thus, the late registration fee is \$2610. Applications cannot be submitted after May 15, 2019, 3 pm Eastern Daylight Time.

Applicants must ensure that the ABP receives a copy of a valid (current), unrestricted license to practice medicine in the US or Canada by October 1, 2019. Applicants who do not meet the licensure deadline will be disapproved for the certifying exam, and will receive a refund of the \$1715 examination fee. The processing and evaluation fee and, if applicable, late fee are not refundable.

REGISTRATION FEES

Withdrawal Deadline: October 1, 2019

Processing and Evaluation	\$550.00
Examination	\$1715.00
Total Registration Fees	\$2265.00
Late Registration Fee	\$345.00
Total Late Registration Fees	\$2610.00



IMPORTANT: Computer technical difficulties, operator error or difficulties arising from username or password problems (eg, 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 3 pm Eastern Standard or Eastern Daylight 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.

2019 GENERAL PEDIATRICS CERTIFYING EXAMINATION

The certifying examination is given once a year in the fall. The 2019 Certifying Examination in General Pediatrics will be administered on a single day in a three-day period, October 16–18, 2019, at Prometric testing centers located throughout the US, Canada and abroad. The examination consists of four sessions, with optional scheduled breaks between each section. The examination is seven hours in length; additional examination appointment time is necessary for registration, review of an examination tutorial and optional scheduled breaks. Important information regarding what candidates can expect on examination day can be found on the ABP [website](#).

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

Applications are available online via the ABP [website](#). Applicants must meet the training requirements of the ABP and must receive satisfactory evaluations in all areas of competence by their program director(s). Please refer to the section titled Physician Competencies. In addition, the licensure requirement must be met and a copy of the license submitted to the ABP. It is the applicant’s responsibility to be aware of and to meet all deadlines. Applicants may apply only during the registration period.

Applications submitted by the deadline will be processed and evaluated, and the ABP will request program directors of general pediatrics training programs to verify successful completion of training. 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. A confirmation of

the receipt of the application is emailed and is posted on the online portfolio located on the ABP [website](#). Access to the online portfolio requires the same username and password used when the applicant submitted an application.

Candidates are reminded that the username and password should remain secure and that all candidate activity will be accessed using the online 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. A letter indicating the acceptance of the application will be posted for all qualified candidates by August 2, 2019. Candidates must check their portfolio for confirmation of their test appointment at a Prometric testing center.

Diploma, ECFMG, Licensure and Withdrawal Deadlines

Applicants who are first-time registrants and who graduated from a medical school outside the US or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution), by July 1, 2019.

Applicants must ensure that the ABP receives a copy of a valid (current), unrestricted license to practice medicine in the US or Canada by October 1, 2019. Please refer to the section titled **Admission Requirements for General Pediatrics**.

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

An applicant may withdraw from the examination and receive a refund of the examination fee (\$1715) if a signed notification of withdrawal is received by the ABP by October 1, 2019.

An applicant for the examination who does not meet the October 1, 2019, licensure deadline will be disapproved, and a refund of the examination fee will be issued. The processing and evaluation fee and, if applicable, the late fee are not refundable. An applicant who wishes to withdraw from the examination must submit a signed notification of withdrawal that must be received by the ABP by the deadline of October 1, 2019.

If an application is disapproved for the certifying examination, the examination fee will be refunded. Neither the processing and evaluating fee nor the late fee is refundable.

CERTIFICATION IN THE PEDIATRIC SUBSPECIALTIES

ACGME currently reviews and accredits pediatric subspecialty programs in most of the certified subspecialties. A list of accredited programs is published in the **Graduate Medical Education Directory** or may be found at www.acgme.org.

Subspecialty Certificates

Subspecialty Examinations Administered by the ABP

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

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

* Adolescent Medicine is jointly offered through the ABP, the American Board of Internal Medicine and the American Board of Family Medicine.

** Pediatric Emergency Medicine is jointly offered through the ABP and the American Board of Emergency Medicine.

Subspecialty Examinations Administered by Other ABMS Boards

Certain subspecialty certifications are co-sponsored by multiple ABMS boards and the examination 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. Length of accredited training differs by subspecialty and scholarly activity is not required by the ABP.

Hospice and Palliative Medicine

A certificate in hospice and palliative medicine is offered by the ABP and multiple other ABMS Boards. The examination is administered by The American Board of Internal Medicine.

Medical Toxicology

A certificate in medical toxicology is offered by the ABP, American Board of Emergency Medicine (ABEM), the American Board of Preventive Medicine. The examination is administered by ABEM.

Pediatric Transplant Hepatology

A certificate in pediatric transplant hepatology is offered by the ABP and the examination is administered by the American Board of Internal Medicine.

Sleep Medicine

A certificate in sleep medicine is offered by the ABP, ABIM, the American Board of Otolaryngology, the American Board of Psychiatry and Neurology. The examination is administered by ABIM.

Sports Medicine

A certificate in sports medicine is offered by the ABP, the American Board of Family Medicine (ABFM), the American Board of Emergency Medicine, the American Board of Internal Medicine. The examination is administered by ABFM.

The Eligibility Criteria for each subspecialty certifying examination are available on the ABP [website](#).

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 US or Canada. This pathway is also available to candidates who have satisfactorily completed at least three years of nonaccredited general pediatrics training (eg, abroad) and qualified for a waiver of one year of general pediatrics training through the ***Policy Regarding Individuals with Nonaccredited Training***. 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

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, he or she can become eligible to take an examination 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. Individuals approved for subspecialty fast-tracking in the first subspecialty are also eligible for this pathway.

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 examination.

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 (ie, training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards. All combined training must be completed before an applicant may take a subspecialty examination. Guidelines can be found on the ABP [website](#).

Subspecialty Examination Admission Requirements

A candidate 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 examination or, in some circumstances, current certification in another subspecialty.⁴ 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 examination. Individuals registered for a general pediatrics certifying examination may apply for a pediatric subspecialty certifying examination 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 ABP website for details. The program director(s) is/are required to verify completion of training, clinical competence and, in the case of disciplines that require three years of fellowship training, scholarly activity. An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the examination is administered. An applicant should consult the ABP before undertaking any variations in training.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts or territories of the US 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 examination 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.

Beginning with the 2019 examination, the ABP will no longer accept medical licenses from countries outside of the US or Canada to meet the licensure requirement for any initial certifying examination.

2019 SUBSPECIALTY CERTIFYING EXAMINATIONS

2019–20 SUBSPECIALTY CERTIFYING EXAM DATES & REGISTRATION DATES

Pediatric Rheumatology	April 4, 2019
Pediatric Emergency Medicine	April 9, 2019
Developmental-Behavioral Pediatrics	April 10, 2019
Pediatric Hematology-Oncology	April 11, 2019
All Applicants	
Regular Registration	August 1, 2018–October 1, 2018
Late Registration	October 2–31, 2018
Sports Medicine	July 15–20, 2019
Pediatric Infectious Diseases	November 5, 2019
Sleep Medicine	November 6, 2019
Pediatric Endocrinology	November 7, 2019
Pediatric Hospital Medicine	November 12–13, 2019
Pediatric Gastroenterology	November 14, 2019
All Applicants	
Regular Registration	February 1, 2019–April 1, 2019
Late Registration	April 2–30, 2019
Adolescent Medicine, Child Abuse Pediatrics, Neonatal-Perinatal Medicine, Pediatric Nephrology	Spring 2020

4) This 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.

Subspecialty certifying examinations (except sports medicine) are administered every two years. Dates of the examinations and other information may be found on the ABP [website](#).

Application material for admission to a subspecialty examination is available online for all applicants. Please check the ABP [website](#) for information. Applications are available only during the registration period for that examination.

If an applicant is not accepted to take a certifying examination, the examination fee will be refunded. Neither the processing and evaluation fee nor the late fee is refundable.

A candidate who withdraws from the examination by the published withdrawal deadline will be issued a refund of the examination fee. The processing fee is retained. A candidate who withdraws after the published withdrawal deadline will forfeit all fees paid. If a new applicant whose application is disapproved wishes to pursue certification in the future, he/she will be required to complete a new application and submit the current registration fee.

Subspecialty examinations administered by the ABP are half-day examinations consisting of single best answer, multiple-choice questions. Candidates are urged to visit the ABP [website](#) to review the information including the examination schedule in the “Prometric Testing Center Regulations” document and the ABP Online Tutorial for important policies regarding the examination administration. A content outline for each subspecialty is available on our [website](#). Subspecialty examinations administered by other ABMS boards may have slightly different policies regarding the administration of the examination.

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.

2019 REGISTRATION FEES Spring Administration

Processing and Evaluation Examination	\$ 750.00
Examination	\$ 2150.00
Total Regular Registration Fees	\$ 2900.00
Late Registration Fee	\$ 345.00
Total Late Registration Fees	\$ 3245.00



IMPORTANT: Computer technical difficulties, operator error or difficulties arising from username or password problems (eg, 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 3 pm Eastern Standard or Eastern Daylight 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.

Subspecialty registration dates and fees for 2020 examinations are not available at this time. Refer to the ABP [website](#) in spring 2019 for this information.

MAINTENANCE OF CERTIFICATION (MOC)

About MOC – General Pediatrics and Pediatric Subspecialties

MOC is an ongoing process of lifelong learning, self-assessment and improvement designed to continuously improve a physician’s knowledge and clinical performance. Upon passing the initial certifying examination in General Pediatrics, the new diplomate is automatically enrolled in MOC at no additional fee. The four parts of MOC are:

- | | |
|--|--------|
| ✓ Professional Standing (maintain a valid (current), unrestricted medical license) | Part 1 |
| ✓ Lifelong Learning (Self-Assessment activities) | Part 2 |
| ✓ Cognitive Expertise (periodic assessment of knowledge) | Part 3 |
| ✓ Improvement in Practice (Quality Improvement activities) | Part 4 |

Maintenance of Certification (MOC) requirements allow physicians to participate continuously in lifelong learning and practice assessment and improvement.

For more information about MOC, individual requirements and available activities, individuals should log in to their online portfolio from the ABP [website](#).

POLICIES

Time-Limited Eligibility for Initial Certification Examinations

General Pediatrics

Overview of the Requirement:

Applicants must have completed the training required for initial certification in general pediatrics within the previous seven years (eg, 2012 or later for examinations administered in 2019). If the required training was not successfully completed within the previous seven years, the applicant must complete an additional period of supervised practice in a training program accredited by the ACGME in the US, or the RCPSC in Canada in order to apply for certification. The purpose of the requirement is to provide the ABP with an independent assessment of the individual's contemporary competence to practice pediatrics without supervision. Such verification of contemporary competence is required before the ABP will allow an additional seven-year window of eligibility to sit for the certifying examination.

Details of the Requirement:

New applicants and re-registrants for the general pediatrics certifying examination who have completed residency training prior to the seven-year eligibility window must satisfactorily complete a minimum of six months of supervised general pediatrics practice in the environment of an accredited training program that offers a breadth of general pediatrics experience. This practice must be supervised such that the program director and faculty of the accredited program can assess the individual's contemporary competence to practice pediatrics unsupervised. The program director of the accredited general pediatrics residency must submit the specifics of the planned experiences to the ABP for approval prior to initiation and then verify the individual's competence at the conclusion of the supervised practice. The ABP allows flexibility in the design of the clinical experiences, but they must include inpatient experience, newborn care, emergency care, recognition and stabilization of the ill child, and outpatient experience. Details of these requirements are outlined in an accompanying document, ***Plan for Supervised Practice and Assessment of Competence in General Pediatrics in the Accredited Training Program***.

Following the satisfactory completion of the period of supervised practice, the candidate will have seven years to become certified. If unsuccessful in becoming certified during the additional seven years of eligibility, the applicant must enter an accredited general pediatrics residency program and complete three years of training in order to regain eligibility. When applying or re-applying for certification, the applicant must meet the requirements for acceptance in effect at that time.

Pediatric Subspecialties

Overview of the Requirement:

Applicants must have completed the training required for initial certification in the pediatric subspecialties within the previous seven years (eg, 2012 or later for examinations administered in 2019) with one exception noted below.* If the required training was not successfully completed within the previous seven years, the applicant must complete an additional period of supervised practice in a training program accredited by the ACGME in the US, or the RCPSC in Canada in order to apply for certification. The purpose of the requirement is to provide the ABP with an independent assessment of the individual's contemporary competence to practice the pediatric subspecialty without supervision. Such verification of contemporary competence is required before the ABP will allow an additional seven-year window of eligibility to sit for the certifying examination.

Details of the Requirement:

New applicants and re-registrants for subspecialty certification who have completed fellowship (or were approved on the basis of practice) prior to the seven-year time limit must satisfactorily complete a minimum of six months of supervised clinical subspecialty practice in the environment of an accredited training program, with the breadth of experiences comparable to the clinical experiences in fellowship. The supervised practice must be in the discipline in which certification is sought. This practice must be supervised such that the program director and faculty of the accredited program can assess the individual's contemporary competence to practice the subspecialty unsupervised. The program director of the accredited fellowship must submit the specifics of the planned experiences to the ABP for approval prior to initiation and then verify the individual's competence at the conclusion of the supervised practice. The ABP allows flexibility in the design of the clinical experiences as long they allow comprehensive assessment in all aspects of the subspecialty discipline needed for unsupervised practice. Details of these requirements are outlined in an accompanying document, ***Plan for Supervised Practice and Assessment of Competence in a Subspecialty in the Accredited Training Program***.

Following the satisfactory completion of the period of supervised practice, the candidate will have seven years to become certified. If unsuccessful in becoming certified during the additional seven years of eligibility, the applicant must enter an accredited subspecialty fellowship program and complete two years of training in order to regain eligibility. The requirement

for scholarly activity is waived. When applying or re-applying for certification, the applicant must meet the requirements for acceptance in effect at that time.

Exception:

**The following provision may apply to individuals who completed subspecialty training in the US or Canada before completing the accredited general pediatrics training required for certification by the ABP. Most of these individuals will have completed nonaccredited pediatrics training overseas or osteopathic pediatric training in the US. The provision is as follows:*

Individuals who, solely because of their sequence of training, will not have an opportunity to take a subspecialty examination before their subspecialty eligibility has expired will be permitted one opportunity to take a subspecialty examination, provided that no more than 10 years have elapsed since their subspecialty training was completed and the individual is currently certified in general pediatrics.

IMPORTANT:

Pediatric subspecialty examinations are offered every other year. Therefore, please note the pediatric subspecialty examination may not be offered in the year acceptance expires.

Suggested guidelines for those who need to meet the requirements for this policy are available on the ABP [website](#).

Expiration of Board Certificates

If a certificate has an end date, the certificate will expire on December 31 of the year of expiration.

Test Accommodations

An applicant who wishes to request test accommodations to take an examination due to a disability is urged to notify the ABP in writing of the need for accommodations as early as possible during the application period even if they have received accommodations on a prior examination. Guidelines and application forms are available on our [website](#) or upon request. The questionnaire and supporting documentation must be received by the examination registration deadline.

ABP Licensure Policy

Certification and maintenance of certification is contingent upon medical licensure and in compliance with all applicable Board policies, rules and codes. Physicians must hold a valid, unrestricted allopathic and/or osteopathic medical license in at least one jurisdiction in the United States, its territories, or Canada. If more than one license is held in these jurisdictions, all licenses must meet the requirement of being unrestricted. Should any medical license become restricted at any time, the Board may undertake proceedings consistent with due process to declare the individual ineligible to apply for any ABP certification, revoke any previously issued certificate(s) and/or take other actions against the physician. Physicians are responsible for immediately notifying the ABP of any restriction placed on any medical license held. Upon successful reinstatement or remedy of the encumbered medical license(s), and upon the ABP being notified of such by the physician, and subsequent verification by the ABP of general eligibility to apply for and hold an ABP certificate, certification may be attained pursuant to the ABP's Reinstatement Policy found within the ABP's Disciplinary Policy.

A physicians' license may be deemed "restricted" for purposes of this policy if, as a result of action by a State or other legally constituted Medical Board (hereafter "State Medical Board"), the physician:

1. has had his/her license revoked or surrendered his/her license in lieu of revocation or as part of a settlement of a disciplinary action;
2. has had his/her license suspended or placed on probation;
3. has had special conditions or requirements placed on his/her license (such as, but not limited to, supervision, chaperoning during the examination of patients, additional training beyond that required of all physicians for the maintenance of licensure), and regardless of whether or not such conditions or requirements are imposed by order of the State Medical Board or are the result of a voluntary agreement and/or stipulation between the physician and the State Medical Board.

At the sole discretion of the ABP, the ABP may review instances of licensure actions to determine whether such actions constitute a restriction in violation of this policy.

Beginning in 2019, applicants for the initial general pediatrics certifying examination or an initial pediatric subspecialty certifying examination must provide proof of a current, unrestricted medical license in the US or Canada. The option to fulfill the licensure

requirement using a non-US or non-Canadian license will no longer exist for applicants for the 2019 initial certifying examinations or any initial certifying examination thereafter.

Diplomates practicing exclusively abroad, i.e., who are not practicing in the US or Canada, and who do not continue to hold a US or Canadian license after initial certification, must provide proof of licensure in the country in which they practice in order to meet requirements for the Professional Standing and Licensure component of Maintenance of Certification.

Applicants for Initial Certification Who are Unable to Appear for a Scheduled Examination

Applicants for a certifying examination who are unable to appear for the examination due to the following circumstances may petition the ABP for an alternative test date. Alternative test dates must be scheduled no later than six weeks following the test date originally scheduled by the ABP.

Qualifying Events:

- Complicated pregnancy, temporary physical disability or sudden onset of physical disability
- Pregnancy with due date within six weeks before the test date and two weeks after the test date
- Birth or adoption of child within six weeks before the test date and two weeks after the test date
- Serious medical condition of candidate or *immediate family member during the exam week
- Death of *immediate family member within the week before the test date
- Military Deployment

Candidates must provide documentation of the circumstances that prevent them from appearing at their scheduled appointment. Candidates are urged to submit petitions to the ABP as soon as possible, but no later than three business days following the test date. Documentation of medical disabilities, medical emergencies, qualifying pregnancy or birth of child must be provided by the treating physician. Decisions as to whether a qualifying event results in a rescheduled exam are at the sole discretion of the ABP. If the alternative test date is missed, the ABP will not consider a second alternative date.

Alternatively, candidates may elect to delay the examination until the next scheduled administration and receive a refund of the examination fee. However, the time-limited eligibility to achieve certification will not be extended.

**Immediate family member: spouse/partner, child, stepchild, parent, stepparent, sibling or parent-in-law*

ABP Privacy Policy

In the course of the in-training, certification and maintenance of certification processes, the American Board of Pediatrics, Inc. (ABP) must collect, utilize, and in some cases share with third parties various forms of personal and professional information and to explain the ABP's policies and practices regarding the privacy of such information. The ABP has adopted a Privacy Policy applicable to the collection, use, and disclosure of such personal and professional information. Trainees and Program Directors are encouraged to review the ABP's full privacy policy as posted on the ABP [website](#).

Honor Code: Professionalism, Moral and Ethical Principles

The American Board of Pediatrics (ABP) expects residents and fellows in training, candidates for certification, and its diplomates to adhere to and maintain certain fundamental professionalism, moral and ethical principles. As specified by The Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties, residents, fellows, candidates and diplomates must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.

1. Violation or Misuse of any of the ABP's Intellectual Property Rights

The materials developed by the ABP for its in-training, certification, and maintenance of certification examinations, including MOCA-Peds, are copyrighted and the sole property of the ABP and may not be reproduced, recorded, published, transmitted, misused, stolen or distributed – in part or in whole – in any way, without the ABP's permission. **Reproduction of copyrighted material, in whole or in part, may be a federal offense.** Irrespective of copyright, any attempt to reproduce, record, publish, transmit, misuse, steal or distribute ABP in-training, certification or maintenance of certification examinations, including MOCA-Peds, in whole or part, undermines the fairness of the certification process and may be considered unethical, unprofessional, and dishonorable, and will constitute grounds for the ABP to impose disciplinary sanctions pursuant to the ABP's Disciplinary Policy and/or take any other action deemed appropriate by the ABP and its legal counsel.

2. **Misrepresenting Board Status**

Falsely representing one's Board status undermines the integrity of the ABP's mission. The ABP will consider any individual claiming to be certified by the ABP in any specialty or subspecialty when the record cannot support the claim to be unethical, unprofessional, and dishonorable, and will constitute grounds for the ABP to impose disciplinary sanctions pursuant to the ABP's Disciplinary Policy and/or take any other action deemed appropriate by the ABP and its legal counsel.

Likewise, falsely presenting oneself as "Board Eligible" or making any representation of board eligibility after eligibility has expired will be considered unethical, unprofessional, and dishonorable, and will constitute grounds for the ABP to impose disciplinary sanctions pursuant to the ABP's Disciplinary Policy and/or take any other action deemed appropriate by the ABP and its legal counsel.

3. **Grounds for ABP Finding Unethical, Unprofessional and/or Dishonorable Conduct**

Residents, fellows, candidates and diplomates must understand that unethical, unprofessional and/or dishonorable behavior including, but not limited to, the listing below may be sufficient cause for the ABP to impose disciplinary sanctions pursuant to the ABP's Disciplinary Policy and/or to take other appropriate action as deemed appropriate by the ABP and its legal counsel:

- (a) Violation or misuse of any of the ABP's Intellectual Property Rights;
- (b) Misrepresenting board status;
- (c) Falsification of or assistance in the falsification of an ABP application in part or in whole;
- (d) Misrepresentation or the assistance of misrepresentation in any ABP application;
- (e) Submission of any falsified documents to the ABP, including falsification of data for maintenance of certification;
- (f) Use of any falsified ABP documents or the submission and/or transmission of such documents to other persons or entities;
- (g) Giving or receiving of prohibited and/or inappropriate aid in any certification or maintenance of certification examinations and other certification activities, including MOCA-Peds as evidenced either by observation or information or by statistical analysis;
- (h) Engaging in irregular or inappropriate behavior during the administration of any examination including MOCA-Peds, as evidenced either by observation or information or by statistical analysis.
- (i) Unauthorized possession, reproduction, recording, discussion, reconstruction of content from memory, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after an examination or other certification activities;
- (j) Offering of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABP in return for any right, privilege, or benefit which is not usually granted by the ABP to other similarly situated candidates or persons.
- (k) Violation of the ABP's Licensure Policy; and/or
- (l) The finding, determination or stipulation of unethical, unprofessional and/or dishonorable conduct, whether final or not, by any entity or individual with authority over, control of, jurisdiction over, or regulation of an individual (e.g., state or federal prosecutors, state medical board, professional association, peer review boards or other health care governing bodies with the power to grant or restrict medical privileges), regardless of whether or not such finding is imposed by formal order, voluntary agreement and/or stipulation.

Misrepresenting Board Status

Individuals Posing as Being Certified by the ABP

The following steps will be taken if the ABP becomes aware of an individual claiming to be certified by the ABP in any specialty or subspecialty when the record cannot support the claim:

1. Obtain evidence from the individual(s) and/or entity(-ies) to whom the individual claimed to be certified.
2. Credentials Committee will review the materials cited in #1 above. If the Credentials Committee determines the individual has, either directly or indirectly, falsely claimed to be certified the individual may be subject to the ABP's Disciplinary Policy at the Credentials Committee's discretion.
3. The individual will be informed by letter (return receipt requested) and, if appropriate, given the opportunity for an appeal as described in the ABP's Appellate Review Procedure.
4. The State Licensing Board may be notified of any actions taken against individuals once the individual is informed. In certain instances, the Credentials Committee may choose to notify the other relevant organizations such as credentialing bodies, hospitals, and managed care organizations of any action taken against an individual.
5. Other circumstances will be handled on an individual basis, including the option of directing the ABP lawyer to make a demand against the individual and/or assert a legal claim.

Board Status: Time Limited Eligibility, “Board Eligible”

The ABP’s Time-Limited Eligibility for Initial Certification Examinations policy establishes a seven–year limit to the time that can elapse between a pediatrician’s completion of training and achievement of certification. Once the seven–year period of eligibility ends, an applicant for certification must complete an additional period of supervised practice in order to regain eligibility to apply for certification.

Following expiration of the seven–year time limit period, a candidate must cease and desist from making any representation of board eligibility. Any violation of this rule is considered a breach of ethical standards of medical practice. A candidate’s eligibility for board certification does not equate with acceptance for an examination. Acceptance to take an examination requires the review of an individual’s credentials by the ABP, which does not occur until a formal application is submitted. Upon receipt of a signed release form provided by the ABP, information will be provided regarding the individual’s certification history and whether an individual’s application to take the general and/or subspecialty certification examination was accepted and when the acceptance expires.

If an individual has not yet applied for the examination, the ABP will be unable to verify satisfactory completion of training and suggests individuals seek this verification from the general pediatrics or subspecialty fellowship training program they completed.

If an inquiry is made to the ABP regarding the status of an individual, the response will be only whether the individual is or is not certified. Upon receipt of a signed release form, provided by the ABP, information will be released regarding the individual’s certification history and whether an individual’s application to take a general or subspecialty certifying exam was accepted and when the acceptance expires.

Disciplinary Policy

Sanctions

A. Revocation of Certificates:

All certificates issued by the ABP are subject to the provisions of the articles of incorporation and the bylaws of the ABP. Each certificate is subject to possible revocation in the event that:

1. the issuance of such certificate or its receipt and/or possession by the physician so certified shall have been contrary to or in violation of any of the provisions of the ABP’s articles of incorporation or bylaws; or
2. the physician so certified shall not have been eligible to receive or possess such certificate, irrespective of whether the facts constituting him or her so ineligible were known to any or all of the members of the ABP at the time of the issuance of such certificate; or
3. the physician so certified shall have been found to be in violation of the ABP’s Honor Code: Professionalism, Moral and Ethical Principles policy.

If the ABP obtains probable cause to believe that a certificate should be revoked for any of the reasons set forth above, it may institute proceedings for revocation pursuant to the ABP’s Revocation Procedure, which may be obtained by writing to the ABP. The steps to be taken to appeal this determination are outlined in the Appellate Review Procedure of the ABP, which may be obtained by writing to the ABP.

B. Ineligibility:

Any finding of a violation of the ABP’s Honor Code: Professionalism, Moral & Ethical Standards policy may constitute grounds for the ABP to deny admission to an examination, to withhold scores or certificates, require an individual to retake an entire activity or portions thereof, disqualify the individual from future examinations and/or other certification activities, invalidate and/or nullify current certification activities, mandate remedial actions, or take any other action deemed appropriate by the ABP and its legal counsel.

The steps to be taken to appeal this determination are outlined in the Appellate Review Procedure of the ABP, which may be obtained by writing to the ABP.

Reinstatement

A. Becoming Certified Again Following Revocation or Surrender of Certification

1. A physician may petition the ABP to regain status as a diplomate whenever he or she is eligible again for certification.
2. Once a certificate issued by the ABP has been revoked or surrendered, that certificate ceases to exist. Former diplomates desiring to become certified again must complete all then-current requirements for maintenance of certification and meet any other requirements deemed appropriate by the ABP.
3. The ABP may allow the physician to enter the certification process by administrative action or the ABP may refer the matter to the ABP’s Credentials Committee for a recommendation.

B. Becoming Eligible Again Following the Imposition of Any Ineligibility Sanction

For any ineligibility sanction of five (5) years or more, an individual may petition the ABP to reconsider the sanction once every five (5) years. Such petitions will be handled pursuant to the applicable Appellate Review Procedure of the ABP, which may be obtained by writing to the ABP.

Policy Regarding Potential Breach of Test Integrity

All ABP examinations are administered in testing centers by test administrators who are responsible for maintaining the integrity and security of the certification process. All candidates taking an ABP examination will be monitored. Test administrators are required to report to ABP any irregular, improper or disruptive behavior by a candidate and have the authority to discontinue a candidate's testing and eject a candidate from a testing center. Irregular, improper or disruptive behavior is any behavior that undermines, disrupts or threatens the integrity or validity of the examination administration, whether it occurs before, during or after an examination. Examples of irregular or improper behavior include, but in no way is limited to, giving or obtaining information or aid, looking at the test material of others, excessive use or misuse of unscheduled breaks, bringing unauthorized items (eg, watches, cell phones) into the examination room, failing to comply with time limits or instructions or other improper behaviors.

In addition to reports provided by the test administrators, the ABP utilizes data forensic techniques to identify data patterns that indicate potential test irregularities. Any irregular or improper behavior that is observed, made apparent by data forensics or discovered by other means will constitute grounds for invalidation of a candidate's examination.

Depending on the potential breach and evidence reviewed, the ABP may exercise the following options:

- a. Invalidate the examination results without refund.
- b. Provide an opportunity to retest under conditions that ensure the validity of scores. New testing dates will be scheduled within two (2) weeks of notification of the potential breach. Candidates electing not to reschedule must notify the ABP within one (1) week of the notification of the potential breach to cancel their registration. Candidates electing not to reschedule will have their examination invalidated and will receive a refund of the examination fee. The processing and evaluation fee is not refundable. Candidates who wish to take the examination during the next regularly scheduled testing window will need to register as a re-registrant.
- c. Pursue any other appropriate disciplinary, legal and/or reporting actions, such as, but not limited to, denying admission to the ABP's certification and/or maintenance of certification programs, revoking existing certificates, bringing legal action against the individual and/or reporting incidents to third parties such as state licensing boards.

The ABP is not liable for any expenses or associated losses incurred as a result of the investigation, invalidation and retesting efforts for such cases identified. Any subsequent appeal of a decision resulting from the application of this policy will be handled according to the established appeal process of the ABP.

Policy Regarding the Computer-Based Administration for Initial Certification Examinations

Late Arrivals or Missed Examinations

Candidates are strongly encouraged to arrive at the test center at least 30 minutes before their scheduled examination time. Candidates who arrive after the scheduled start time of their test appointment are at risk of losing their reserved seat. No refunds will be provided for candidates who are unable to test because of late arrival or a missed appointment. No rescheduling will be permitted outside the published testing date(s). In the unlikely event that candidates are able to reschedule during the published testing dates, there will be a \$250 rescheduling fee.

Test Center Closure

In rare circumstances, test centers may be unable to open because of unexpected events, including but not limited to, technical difficulties, severe weather (eg, tornado, earthquake), local emergencies, or a power outage at the test center. If a test center is unable to open for business, Prometric will make every attempt to contact candidates as quickly as possible. It is important to ensure that the email address and phone numbers submitted during the scheduling process are accurate. Assuming test center availability, candidates will test within two (2) weeks of the initial testing window. Candidates electing not to reschedule must directly notify the ABP by email or postal mail within one (1) week of their initial test date to receive a refund of the registration fee. However, the time-limited eligibility to achieve certification will not be extended.

Issues at Test Site Impacting Start Time of Examination

If technical difficulties or other potential issues at the test site delay the start time of an examination, this information will be communicated to candidates upon arrival at the test center. Candidates will be notified of the estimated wait time and will be updated periodically on the status of the appointment start time.

- ✓ Candidates are required to wait at least 60 minutes past the scheduled start time of their examination before electing to reschedule.
- ✓ If candidates opt to leave before the 60-minute waiting period, they will forfeit all fees with no opportunity to reschedule.
- ✓ If the test administrator is unable to start an examination after 60 minutes, candidates have the following three options:
 1. Reschedule
Candidates choosing to reschedule must contact the ABP by email or postal mail within three (3) business days of the initial testing date. Assuming test center availability, candidates will test within two (2) weeks of the initial testing window.
 2. Cancel Registration
Candidates electing not to reschedule must directly notify the ABP within one (1) business week of their initial testing date to receive a refund of the registration fee. The time-limited eligibility to achieve certification will not be extended.
 3. Continue To Wait
Candidates are welcome to wait if the test center can still accommodate the test appointment. However, if the test center is unable to accommodate the full testing appointment, candidates will need to either reschedule (option 1) or cancel their registration (option 2).

Interruptions During Testing

If the examination is interrupted because of a testing environment issue, Prometric will attempt to restart the examination as soon as possible. In the event of a technical issue, the examination software is designed to resume from the point of interruption with the same amount of test time remaining. In rare circumstances, Prometric may need additional time to troubleshoot and resolve an issue before testing can resume.

- ✓ Candidates are required to wait at least 60 minutes before leaving the test center.
- ✓ If candidates opt to leave before the 60-minute waiting period expires, the examination will be considered complete and scored.
- ✓ If the test administrator is unable to restart an examination after 60 minutes, candidates have the following three options:
 1. Reschedule
Candidates choosing to reschedule must contact the ABP by email or postal mail within three (3) business days of the initial testing date. Assuming test center availability, candidates will test within two (2) weeks of the initial testing window. Candidates must retake all incomplete sections of their previously administered examination. Any partially completed section will be deleted and must be retaken in its entirety.
 2. Invalidate Examination
Candidates electing not to reschedule must directly notify the ABP within three (3) business days of their initial testing date to invalidate their initial examination. These candidates will receive a refund of the registration fee. However, the time-limited eligibility to achieve certification will not be extended.
 3. Continue to Wait
Candidates are welcome to wait if the test center can still accommodate the test appointment. However, if the test center is unable to accommodate the full testing appointment, candidates will need to either reschedule (option 1) or invalidate their examination (option 2).

Testing Irregularities/Complaints

Although Prometric strives to maintain an optimal testing environment, candidates who experience a testing irregularity because of environmental factors or technical issues should communicate the issue to the test center administrator as soon as possible. The test administrator will attempt to resolve the irregularity.

- Unless the irregularity prevents the examination from being delivered, candidates are expected to continue testing.
- Candidates who believe their examination performance was negatively impacted by a testing irregularity must directly notify the ABP in writing by email or postal mail 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.
- An opportunity to retest will be offered should the ABP in its sole discretion determine that the incident or irregularity could have impacted a candidate's performance. The dates of the retest period will be established by the ABP and will be set as close to the original examination date as possible.
- Candidates approved for a retest who elect not to retest during the period of time defined by the ABP will forfeit their opportunity to do so. These candidates will have the option to have the initial examination invalidated. The invalidation of the examination will result in a refund of the registration fee. However, the time-limited eligibility to achieve certification will not be extended.

Irregularities reported after three (3) business days from the completion of the examination date will not be investigated for a retest opportunity or considered valid reasons for invalidating an examination.

Unscheduled Breaks During Testing

Candidates will be provided with scheduled break periods at predetermined times during their examination session. However, the Candidates will be provided with scheduled break periods at predetermined times during their examination session. However, the ABP recognizes that candidates may also need to take an unscheduled break from testing while the examination clock continues to run. Extended absences, multiple breaks, excessive cumulative time away from testing, accessing of locker, accessing of study material, usage of electronic devices, or any other non-standard behavior that may be perceived as an impropriety will be documented for security purposes and communicated to the ABP.

Pursuant to the Honor Code: Professionalism, Moral and Ethical Principles, communication regarding examination material is prohibited at all times, including both scheduled and unscheduled breaks.

ABP Right to Invalidate an Examination Due to Administration Issue

A complete examination, based on the full set of competencies defined as critical to be measured, must be provided to all candidates. Should an event result in the administration of an examination that the ABP considers incomplete, the examination will be invalidated, and the candidate will be offered the option to retest at no additional cost. Any retesting will need to be done within the time period defined by the ABP. In some situations, the ABP may determine that only a specific section needs to be retaken rather than the entire examination. If a candidate elects not to retest, the candidate will be refunded the registration fee. However, the time-limited eligibility to achieve certification will not be extended.

Failure to Comply with Test Administrator Instructions and Protocols

All candidates are expected to adhere to test administrator instructions and test center rules at all times. This includes compliance with check-in procedures and exhibiting proper decorum in all areas of the test center. Candidates failing to comply may be subject to dismissal from the test center and/or invalidation of their examination. Candidates with an invalidated examination will forfeit all fees paid and the time-limited eligibility to achieve certification will not be extended.

Competence with Information Technology

The following competency is required of 1) candidates for initial board certification in general pediatrics and/or a pediatric subspecialty and 2) diplomates of the ABP, ie, board-certified general pediatricians and pediatric subspecialists:

Consistent with the ABMS/ACGME general competencies, the ABP expects its candidates and diplomates to use information technology (including the use of personal computers, the Internet and email) to support patient care decisions and patient education, better manage medical information, maintain certification and support their continuing medical education efforts.

Revocation Procedure

The policy of the American Board of Pediatrics (ABP) is to insure that it considers all diplomates for whom the ABP takes action to revoke a certificate on a consistent and non-discriminatory basis and affords them with due process. Accordingly, the ABP has adopted the following procedures for the revocation of a diplomate's certificate in general pediatrics or in a pediatric subspecialty.

Probable Cause Determination

1. The ABP's Disciplinary Policy sets forth the circumstances for which the ABP may revoke a diplomate's certificate.
2. If the ABP obtains information from any source relating to the possible occurrence of one of these events, the ABP may request additional information from state licensing boards, institutions, or any other appropriate entities or individuals relating to the possible event.
3. Based upon the information in the ABP's possession, the ABP's President or his/her designee will make an initial determination as to whether or not there is probable cause to believe that one of the events for revocation of the diplomate's certificate has occurred.

Revocation Determination

Upon an initial determination that there is probable cause for revocation, the ABP will notify the diplomate that revocation procedures are commencing and that the diplomate may appeal the determination by filing a written notice of appeal pursuant to the ABP's Appellate Review Procedure. The ABP's notification will be sent via certified mail, return receipt requested, and will be marked confidential. If the ABP is informed that its notification did not reach the diplomate, the ABP will make a reasonable attempt to determine the address of the diplomate and will resend the information.

If the ABP has not received a written notice of appeal within the time period defined by the ABP's Appellate Review Procedure or if the ABP's determination to revoke a diplomate's certificate is upheld following an appeal, then the ABP will notify the diplomate that the ABP's revocation determination is final and the ABP will update its records to reflect that the diplomate is not certified. The ABP will notify the American Board of Medical Specialties (ABMS) that the diplomate is no longer certified by the ABP and will request the ABMS to update its records to reflect the revocation of certification. The ABP may also notify any other medical specialty board who may have issued a certificate to the diplomate or any other appropriate organization or individual that the diplomate is no longer certified.

Appellate Review Procedure

The American Board of Pediatrics (ABP) will, on a consistent and non-discriminatory basis, afford reasonable due process for all diplomates and candidates receiving certain negative determinations and/or certain ABP disciplinary actions. Accordingly, the ABP has adopted the following rules and procedures for appeals.

A. Right to Appeal

An individual has a right to appeal the following determinations by the ABP:

1. A determination that a candidate is ineligible to take an examination due to the ABP's determination that the candidate is in possession of a restricted medical license.
2. A determination that a candidate who has submitted a completed application for certification in a pediatric subspecialty is ineligible to take the examination due to the ABP's determination that i) evidence of and/or the quality of the applicant's Scholarly Activity/Research or Meaningful Accomplishment in Research is inadequate or ii) the practice experience is inadequate for admission via a Practice Pathway.
3. A determination that the individual has failed an examination, limited to appeals of instances of a compromise in the administration of the examination due to environmental or technical issues. An appeal from a failed examination will not reverse a failing grade or alter a score. Rather, a successful appeal may result in an invalidation of a score or result, and the candidate being rescheduled to sit for examination at the next available examination administration. In order to be able to institute an appeal under this subsection A(3), the individual must have sent a notice of the alleged compromise in the administration of the examination due to environmental or technical issues, in writing, to the ABP within 72 hours from the completion of the examination at which the compromise allegedly occurred.
4. A sanction imposed pursuant to the ABP's Disciplinary Policy.

In addition to the above, the ABP may, at its sole discretion, grant an appeal of other determinations on a case-by-case basis.

In order for an individual to invoke any right of appeal, an individual must not be party to any legal or administrative proceeding at any time throughout the appellate process that is based in full or in part on substantially similar facts and/or circumstances which relate to the intended appeal.

B. Appellate Fees and Costs

1. Appeal Fee: As published. The fee may be returned at the discretion of the ABP.
2. Diplomate and/or candidate costs and expenses in bringing or pursuing an appeal are the sole responsibility of the individual, including travel expenses, postage/delivery costs, copying costs, legal fees or expenses and any and all other costs and expenses. The ABP is not responsible or obligated for the payment or reimbursement of any expense or cost incurred by any individual bringing or pursuing an appeal.

C. Appeals Procedures for Appeals Based on A1–A3 Above

1. Notice of Right to Appeal. In conveying to an individual, a negative determination pursuant to A1-A3 above, the ABP will state the individual's right to appeal under these procedures, a copy of these Appellate Review Procedures, the Appeal Fee (if any) and the time limit of fourteen (14) days for the individual to submit to the ABP a "Notice of Appeal" and the full Appeal Fee. With respect to Appeals pursuant to A3, however, an appeal will not be allowed to proceed if the individual had not sent a notice of the alleged compromise in the administration of the examination due to environmental or technical issues, in writing, to the ABP within 72 hours from the completion of the examination at which the compromise allegedly occurred.
2. Notice of Appeal. To maintain an appeal, Appellant must timely submit to the ABP a written "Notice of Appeal", together with all relevant supporting documentation, and the full Appeal Fee. The Notice of Appeal must specify each and every basis and supporting fact of the appeal. The Notice of Appeal and all supporting documentation must be written (audio and/or video recorded materials are not allowed and will not be reviewed) and must be in a single mailing to the ABP. If the ABP does not timely receive a Notice of Appeal and/or the full Appeal Fee, the Appellant will have forgone his/her right to an appeal and the determination shall be deemed final.

3. Written Appeals Only. No oral hearings or presentations will be granted or allowed.
4. Determination. The ABP's President, or his/her designee(s) (hereinafter "SMT"), is authorized to make final determinations with respect to 1) the timeliness and/or adequacy of the Applicant's submission of his/her Notice of Appeal and/or 2) the substantive merits of the appeal. The Appellant and/or his/her representative shall not have the right to attend any aspect of the determination of appeals under this subsection. In making a final determination, the ABP may consider or reject any materials submitted by the Appellant and/or any other documents, statements, data, information based on relevance, appropriateness, and/or necessity.
5. Notice of Determination. The result of the Appeal shall be sent to the last known address of the Appellant within seven (7) days of the final determination.

D. Appeals Procedures for Appeals Based on A4 Above

1. Notice of Right to Appeal. In conveying to an individual, a negative determination pursuant to A4 above, the ABP will state the individual's right to appeal under these procedures, a copy of these Appellate Review Procedures, the Appeal Fee and the time limit of twenty-eight (28) days for the individual to submit to the ABP a "Notice of Appeal" and the full Appeal Fee.
2. Notice of Appeal. To maintain an appeal, Appellant must timely submit to the ABP a written "Notice of Appeal", together with all relevant supporting documentation, and the full Appeal Fee. The Notice of Appeal must specify each and every basis and supporting fact of the appeal. The Notice of Appeal and all supporting documentation must be written (audio and/or video recorded materials are not allowed and will not be reviewed) and must be in a single mailing to the ABP. If the ABP does not timely receive a Notice of Appeal and/or the full Appeal Fee, the Appellant will have forgone his/her right to an appeal and the determination shall be deemed final.
3. Initial Review.
 - a. SMT shall review each Notice of Appeal under this subsection to determine whether it was submitted in accordance with the procedure set forth herein.
 - b. If SMT finds the Notice of Appeal to be deficient, the ABP shall so advise the Appellant in writing and state the reasons for this finding. At the ABP's discretion, the ABP may allow an Appellant to resubmit an amended Notice of Appeal within a specified period of time, correcting any identified deficiencies in the original Notice of Appeal. Any SMT final decisions concerning the sufficiency of an original or, if applicable, resubmitted Notice of Appeal shall be final and the Appellant may not appeal this decision.
 - c. If SMT finds a Notice of Appeal sufficient, the ABP shall forward the appeal (the "Appeal Certification") to the applicable appellate review Committee (the "Appeal Committee") and shall send written notice to the Appellant that his/her appeal is commencing.
4. Determination of Oral or Written Only Appeal Hearing. For Appeals initiated under A4, SMT is authorized to determine whether the Appeal hearing will be oral or written. This determination will be conveyed in the written notice to the Appellant that his/her appeal is commencing.
5. Notice of Hearing Determinations. Within twenty-one (21) days of receipt of the Appeal Certification and at least forty-five (45) days prior to the tentative scheduling of the Appeal hearing, the ABP shall send the Appellant a written notice of the hearing ("Notice of Hearing") informing Appellant of the following:
 - a. Whether the hearing will be written or oral;
 - b. The relevant issues for consideration on appeal;
 - c. The Appellant's right to submit, in writing and no less than twenty-one (21) days in advance of the Appeal hearing additional relevant documents, statements, data, information or other evidence that he/she wishes the Appeal Committee to consider. Additional submitted materials must be written; audio and/or visual recorded materials are not allowed and will not be reviewed;
 - d. The tentative scheduling of the Appeal hearing;
 - e. If the hearing is oral, the Notice of Hearing shall state the time and place of the hearing. In addition, the Notice of Hearing shall inform Appellant that if the Appellant intends to offer testimony at the hearing, including his/her own testimony, the Appellant must disclose to the ABP no less than twenty-one (21) days in advance of the Appeal hearing the names, contact information and relevant relationship to Appellant or appellate issues of the witnesses and a brief description of their testimony.
6. Procedures for Holding Hearings
 - a. Written Hearings
 - i. Neither the Appellant nor his/her representative(s) shall have the right to attend any portion or aspect of written hearings.
 - ii. The Appeal Committee, in its sole discretion, may consider or reject any materials submitted by the Appellant and/or any other documents, statements, data, information based on relevance, appropriateness, and/or necessity.
 - iii. Written hearings may be conducted by written correspondence or telephone communications among Appeal Committee members.

b. Oral Hearings

- i. No less than twenty-one (21) days in advance of the Appeal hearing the ABP will inform Appellant of any witnesses it intends to call at the hearing, together with a description of the witness and a brief description of their testimony.
- ii. The Appellant and/or his/her representative(s) may, if he/she chooses, be present at oral hearings. The opportunity for the Appellant's representative(s), including legal counsel, to address the Appeal Committee is left to the sole discretion of the Appeal Committee at the time of the hearing.
- iii. The Appeals Committee may, in its sole discretion, consider, reject or limit any evidence submitted by the Appellant, evidence and/or testimony to be presented during the hearing and any other documents, statements, data, information or other evidence based on relevance, appropriateness, and/or necessity. The determination to allow any individual, including the Appellant, to testify at the hearing and/or the limitations on testimony are within the sole discretion of the Appeal Committee and can be made at any time through the end of the hearing. As is reasonably feasible, however, no less than fourteen (14) days in advance of the Appeal hearing, the Appeal Committee will inform Appellant of any testimony it will not accept, taking into consideration whether such intended testimony is duplicative, unnecessary or not materially germane to any issues on Appeal.
- iv. A transcript of oral hearings shall be made.
- v. Oral hearings will close at the discretion of the Appeal Committee, taking into consideration whether the Appellant has had a reasonable opportunity to address the issues on Appeal.

7. Findings

- a. After a written or oral hearing, the Appeal Committee will deliberate and then vote by majority on whether it will affirm, reverse, amend or remand the appealed determination.
- b. The Appeal Committee shall set forth its findings, recommendations and/or any ordered directions in writing and mail to the Appellant within sixty (60) days of the hearing.

E. Policies Applicable to All Appeals

1. Fair and Impartial. All appeals shall be conducted in a fair and impartial manner.
2. No Conflict of Interest. Any individual participating in an appellate review on behalf of the ABP shall be recused if they have any substantive and material conflict of interest with respect to the appeal. If, due to conflict of interests, it is not possible to constitute an Appeal Committee, the appeal shall be referred to the Executive Committee and such a referred appeal shall be conducted pursuant to all applicable policies herein.
3. Chair of Appeal Committee. Each Appeal Committee shall be chaired by the respective Committee Chair, or his/her designee. The designated Chair shall preside over appellate hearings and shall rule on all procedural issues. The designated Chair shall determine the manner in which evidence is presented, the length of testimony, and all other issues relating to running of the appellate hearing.
4. Appeal Committee. Each Appeal Committee shall have a minimum of three voting members and, in addition, the ABP's Chair, President and/or Executive Vice President may serve, ex-officio.
5. Burden on Appellant. The burden is upon the Appellant to present sufficient evidence to the Appeal Committee to prove, by a preponderance of the evidence, that the appealed issue(s) should be overturned.
6. Appellate Referral or Review. At the sole discretion of and based on a majority vote of a voting quorum of any given Appeal Committee, an Appeal Committee may refer an appeal to the Executive Committee or, upon a determination, request that the Executive Committee review some or all of the Appeal Committee determinations. The Executive Committee will determine, in its discretion and based on a majority vote of a voting quorum, whether it will grant or deny the referral of the appeal or request for review.
7. The ABP reserves the right to consult with third parties, including legal counsel and other professional, to assist in the administration and analysis of any appeal.

F. Diplomat Status During Appeal of Revocation Determination

For any appeal from a negative determination affecting the certification status of an ABP diplomate, the diplomate's certificate shall remain current and in good-standing until the appeal is deemed final. If a negative determination, in full or part, is upheld and deemed final on appeal, the change in certificate status will be deemed to be effective as of the date of the first written notification of the negative determination.

G. Finality

Determinations, findings or other decisions are final and binding once the appeals procedure provided by these rules has been exhausted or the time for making an appeal has expired.