

Eligibility for Specialty Board Exams

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Addiction Psychiatry

American Board Certification/LOA:

https://www.abpn.com/wp-content/uploads/2015/01/2017_Addiction_Psychiatry_MOC_IFA.pdf

General Training Requirements

Applicants for certification in addiction psychiatry must be certified by the Board in psychiatry by December 31 of the year prior to the examination.

All training requirements must be met by July 31 of the year of the examination. Training programs approved by the Residency Review Committees and accredited by the ACGME can be found on the ACGME website, www.ACGME.org.

All applicants other than those initially admitted during the “grandfathering period” are required to submit documentation of successful completion of one year of ACGME-accredited fellowship training in addiction psychiatry that did not begin before the time general residency training in psychiatry, including time spent in combined training programs, was completed.

The exposure to addiction psychiatry given to psychiatry residents as part of their basic psychiatry curriculum does not count toward the one year of training.

Full time residency training must be completed in no more than two blocks. If completed in two blocks, the blocks must not be more than five years apart and the shorter block must not be less than six months long. one year subspecialty residency training must be completed in a continuous block not less than one-half time.

Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/401_addiction_psych_2017-07-01.pdf

Int.C. Duration of Education The educational program in addiction psychiatry must be 12 months in length.

Allergy and Immunology

American Board Certification/LOA:

<https://www.abai.org/training.asp>

Absences During Residency - Absences in excess of a total of two months over the 24 month allergy/immunology training program should be made up. If program directors believe that an absence of more than two months is

justified, they should send a letter of explanation to the [ABAI](#) for review and approval by the Ethics and Professionalism Committee as deemed necessary.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/020_allergy_immunology_2017-07-01.pdf

Int.C. The educational program in allergy and immunology must be 24 months in length.

Anesthesiology - Pain Medicine

American Board Certification/LOA:

<http://www.theaba.org/Exams/Pain-Medicine-Certification/Registration-Eligibility>

To register for the Pain Medicine (PM) Examination, diplomates must:

- be certified by the ABA.
- hold an unexpired license to practice medicine or osteopathy in at least one state or jurisdiction of the United States or province of Canada that is permanent, unconditional and unrestricted. Further, every United States and Canadian medical license the registrant holds must be free of restrictions.
- have fulfilled the 12-month ACGME-accredited pain medicine fellowship training.
- attest to their current privileges and clinical activity in pain medicine (practicing PM, on average, at least one day per week during 12 consecutive months over the previous three years.
- be capable of performing independently the entire scope of the pain medicine practice without accommodation or with reasonable accommodation.
- be meeting the Maintenance of Certification in Anesthesiology Program (MOCA) requirements.

<http://www.theaba.org/PDFs/BOI/SUBS-BOI>

2.04 ABSENCE FROM TRAINING

The total of any and all absences during a subspecialty fellowship may not exceed the equivalent of 20 working days (four weeks) per year. Attendance at scientific meetings, not to exceed five working days during the year of training, shall be considered part of the training program. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence.

Training in an anesthesiology subspecialty must not be interrupted by frequent or prolonged periods of absence. When there is an absence for a period in excess of two months, the Credentials Committee of the ABA shall determine the number of months of training subsequent to resumption of the program that are necessary to satisfy the training requirement for admission to the ABA subspecialty examination system.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/530_pain_medicine_2017-07-01.pdf

Int.C. The educational program in pain medicine must be 12 months in length.

Cardiothoracic Surgery

American Board Certification/LOA:

<https://www.abts.org/root/home/certification/requirements.aspx>

Certification by the American Board of Thoracic Surgery may be achieved by completing one of the following four pathways and fulfillment of the other requirements.

Pathway One is the successful completion of a full residency in General Surgery approved by the Accreditation Council for Graduate Medical Education (ACGME), followed by the successful completion of an ACGME-approved Thoracic Surgery residency. Successful completion of a 4/3 General Surgery/Thoracic Surgery Joint Training Program approved by the ACGME fulfills the requirements of Pathway One.

With regards to single accreditation, osteopathic candidates will need to complete at least three years (PGY 3-5) in a general surgery residency program that was fully accredited by the ACGME, followed by the successful completion of an ACGME-approved Thoracic Surgery residency.

Pathway Two is the successful completion of a full 5-year residency in General Surgery, Cardiac Surgery or Vascular Surgery approved by the Royal College of Physicians and Surgeons of Canada, followed by the successful completion of an ACGME-approved Thoracic Surgery residency.

Pathway Three is the successful completion of a six-year integrated Thoracic Surgery residency developed along guidelines established by the TSDA and approved by the ACGME (RRC-TS).

Pathway Four is the successful completion of an ACGME-approved Vascular Surgery residency that can lead to primary certification by the ABS followed by the successful completion of an ACGME-approved Thoracic Surgery residency.

Other Requirements:

1. An ethical standing in the profession and a moral status in the community that are acceptable to the Board.
2. A satisfactory performance on the American Board of Thoracic Surgery examinations.
3. A currently registered full and unrestricted license to practice medicine granted by a state or other United States jurisdiction. The license must be valid at the time of application for admission to examination and maintained until certified by the ABTS. A temporary limited license such as an educational, institutional, or house staff permit is not acceptable to the Board, unless the candidate is currently enrolled in a subspecialty residency approved by the ACGME. Candidates for certification are required to notify the Board if any restrictions are placed on their license during the certification process.
4. For residents who began their Thoracic Surgery residency in July 2003 and after, certification by the American Board of Surgery is optional rather than mandatory.

Candidates must fulfill all residency requirements of the Board in force at the time their applications are received.

Candidates for certification must complete a minimum of 24 months of residency training in thoracic and cardiovascular surgery in a program accredited by the ACGME's Review Committee on Thoracic Surgery (RC-TS). This must include 12 months of continuous senior responsibility. These requirements also pertain to the 6-year integrated residency programs.

Education and adequate operative experience in both general thoracic surgery and cardiovascular surgery are essential parts of any approved thoracic surgery residency program, irrespective of the area of thoracic surgery in which a candidate may choose to practice.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/460_thoracic_surgery_2017-07-01.pdf

Int.C. Education in thoracic surgery must be provided in one of these three formats:

Int.C.1. Independent Program (traditional format): Two years of thoracic surgery education, preceded by a successfully completed surgery, or vascular surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or general surgery, cardiac surgery, thoracic surgery, or vascular surgery residency approved by the Royal College of Physicians and Surgeons of Canada.

Programs wishing to provide a three-year curriculum must document an educational rationale for the program which must be approved in advance by the Review Committee.

Int.C.2. Joint Surgery/Thoracic Surgery Program (the 4+3 program): All seven Thoracic Surgery ©2016 Accreditation Council for Graduate Medical Education (ACGME) Page 2 of 31 years of the program must be completed in the same institution, and all of the years must be accredited by the ACGME. Assuming successful completion of the programs, this format provides the graduate with the ability to apply for certification in both surgery and thoracic surgery.

Int.C.3. Integrated Program: Six years of thoracic surgery education (completed in one institution) following completion of an MD or DO degree from an institution accredited by the Liaison Committee of Medical Education (LCME). Graduates of medical schools from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG).

Int.C.3.a) The integrated curriculum must document six years of clinical thoracic surgery education under the authority and direction of the thoracic surgery program director. The sequencing of the thoracic surgery educational components must be integrated throughout the program in order to provide a cohesive, progressive, and longitudinal educational experience.

Int.C.3.b) A minimum of 24 months and a maximum of 36 months of the program must include education in core surgical education, including pre- and post-operative evaluation and care. The remainder of the curriculum must include education in oncology, transplantation, basic and advanced laparoscopic surgery, surgical critical care and trauma management, thoracic surgery, and adult and congenital cardiac surgery.

Int.C.3.c) The last year of the integrated program must comprise chief resident responsibility on the thoracic surgery service at the primary clinical site or at a participating site.

Cardiovascular Disease

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/policies.aspx#leave>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/cardiovascular-disease.aspx#tpr>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 36*
- Clinical Months Required : 24
- Procedures :
 - Advanced cardiac life support (ACLS), including cardioversion
 - Electrocardiography, including ambulatory monitoring and exercise testing
 - Echocardiography
 - Arterial catheter insertion
 - Right-heart catheterization, including insertion and management of temporary pacemakers
 - Left-heart catheterization and diagnostic coronary angiography

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/141_cardiovascular_disease_2017-07-01.pdf

Int.C. The educational program in cardiovascular disease must be 36 months in length.

Child Adolescent Psych

American Board Certification/LOA:

<https://www.abpn.com/faqs/#faq-88>

May Vacation or Leave Time be Used to Complete Training Earlier?

The ABPN recommends that all programs allow a minimum of four weeks of leave time (including vacation, sick time, maternity/paternity leave, etc.) during training per year. These four weeks should be averaged over the four-

year training period. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/405_child_and_adolescent_psych_2017-07-01.pdf

Int.C. The educational program in child and adolescent psychiatry must be 24 months in length.

Clinical Cardiac Electrophysiology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/clinical-cardiac-electrophysiology.aspx>

Training and Procedural Requirements In or After Academic Year 2017-18

The total months of training required for fellows **beginning their electrophysiology fellowship in or after Academic Year 2017-18**, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 24
- Procedures : Fellows in accredited clinical cardiac electrophysiology fellowship programs will be expected to perform the following procedures:
 - 160 catheter ablation procedures, including:
 - 50 supraventricular tachycardia
 - 30 atrial flutter/macro-reentrant atrial tachycardia procedures
 - 50 atrial fibrillation procedures
 - 30 ventricular tachycardia/premature ventricular contraction ablations
 - 100 cardiac implantable electric device (CIED)-related implantation procedures
 - 30 CIED-related replacement/revision procedures
 - 200 CIED-related interrogation or programming procedures
 - 5 tilt-table tests

Procedures performed during training in cardiovascular disease may be counted toward fulfilling these requirements provided that they are adequately documented and are performed with supervision equivalent to that of a clinical cardiac electrophysiology fellowship.

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/154_clinical_card_electrophys_07012017.pdf

Int.C. The educational program in clinical cardiac electrophysiology must be 12 months in length.

Clinical Neurophysiology

American Board Certification/LOA:

<http://www.abcn.org/files/2017-ABCN-Handbook.pdf>

TRAINING REQUIREMENTS

An applicant who wishes to be examined by the Board must be a physician who has successfully completed residency training in Neurology (including Pediatric Neurology) or a related field such as Neurosurgery, Psychiatry, or a critical care specialty such as Anesthesia or Critical Care, in an ACGME, UCNS or RCPSCaccredited program, and has obtained primary board certification in that area of medical subspecialty.

In addition, an applicant must have completed (or will complete within two months) training for a minimum of 12 months (full time, or full-time-equivalent through extended part-time training), as supervised by a senior clinical neurophysiologist, in a CNP fellowship program. At least 9 months of the 12 month CNP training following successful completion of residency training is required for board eligible status.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/187_clinical_neurophysiology_2017-07-01.pdf

Int.C. The educational program in clinical neurophysiology must be 12 months in length.

Cytopathology

American Board Certification/LOA:

<http://www.abpath.org/index.php/to-become-certified/requirements-for-certification>

SUBSPECIALTY CERTIFICATION ONLY

- Candidates must have current primary or subspecialty certification from the ABP or another ABMS Board. Applicants may apply to take a subspecialty examination, but will not be declared a qualified/eligible candidate and not allowed to sit for the exam until primary certification is achieved.
- Candidates with time-limited certification must be participating in MOC and up to date with all MOC reporting requirements.
- Applicants may not use training to qualify for subspecialty certification if all or part of that training was used to meet the training requirements for primary certification.
- Residents must complete at least 2 years of training in AP/CP, AP, or CP before beginning subspecialty fellowship training, except for Dermatopathology, for which completion of all primary certification training requirements is required prior to the fellowship.
- The period of eligibility for subspecialty certification is 5 years from the completion of subspecialty training or primary certification, whichever is later.
- Applicants whose period of qualification has expired must successfully complete 6 months of additional pathology training in an ACGME-accredited training program in the area(s) in which certification is desired.
- Part-time training for subspecialty certification is acceptable if the part-time training occurs in an approved position in an ACGME-accredited program. The duration of training may not exceed twice that required for qualification.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/307_cytopathology_07012017.pdf

Int.C. The educational program in cytopathology must be 12 months in length.

Endocrinology, Diabetes & Metabolism

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences

exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/endocrinology-diabetes-metabolism.aspx>

Training and Procedural Requirements in or after Academic Year 2016-17

The ABIM Endocrinology, Diabetes, and Metabolism Subspecialty Board has approved additional procedures for ABIM certification in Endocrinology, Diabetes and Metabolism. The requisite procedures for fellows beginning their endocrinology fellowship **in or after Academic Year 2016-17** are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures** :
 - Thyroid aspiration biopsy
 - Thyroid ultrasound
 - Skeletal dual photon absorptiometry interpretation
 - Management of insulin pumps
 - Continuous glucose monitoring

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

**Please note that to be eligible for ABIM Endocrinology, Diabetes, and Metabolism certification, fellows graduating in June 2017 will be evaluated on thyroid aspiration biopsy competency only. Endocrinology fellows graduating in June 2018 and after will be evaluated on the above procedures.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/143_endocrinology_diabetes_metabolism_2017-07-01.pdf

Int.C. The educational program in endocrinology, diabetes and metabolism must be 24 months in length.

Gastroenterology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/gastroenterology.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 36*
- Clinical Months Required : 18
- Procedures :
 - Diagnostic and therapeutic upper and lower endoscopy

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/144_gastroenterology_2017-07-01.pdf

Int.C. The educational program in gastroenterology must be 36 months in length.

Geriatric Medicine

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/geriatric-medicine.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 12*
- Clinical Months Required : 12
- Procedures :
 - No required procedures

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/125-151_geriatric_medicine_2017-07-01.pdf

Int. C. The educational program in geriatric medicine must be 12 months in length.

Hematology & Oncology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/hematology.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures :
 - Bone marrow aspiration and biopsy, including preparation, examination, and interpretation of bone marrow aspirates and touch preparations of bone marrow biopsies.
 - Interpretation of peripheral blood smears, including manual white blood cell and platelet counts.

- Administration of chemotherapeutic agents and biological products through all therapeutic routes.
- Management and care of indwelling venous access catheters; and management of methods of apheresis.

* Requires minimum 1/2 day per week in continuity outpatient clinic.

For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/155_hematology_oncology_2017-07-01.pdf

Int.C. The educational program in hematology and medical oncology must be 36 months in length.

Hematopathology

American Board Certification/LOA:

<http://www.abpath.org/index.php/to-become-certified/requirements-for-certification>

SUBSPECIALTY CERTIFICATION ONLY

- Candidates must have current primary or subspecialty certification from the ABP or another ABMS Board. Applicants may apply to take a subspecialty examination, but will not be declared a qualified/eligible candidate and not allowed to sit for the exam until primary certification is achieved.
- Candidates with time-limited certification must be participating in MOC and up to date with all MOC reporting requirements.
- Applicants may not use training to qualify for subspecialty certification if all or part of that training was used to meet the training requirements for primary certification.
- Residents must complete at least 2 years of training in AP/CP, AP, or CP before beginning subspecialty fellowship training, except for Dermatopathology, for which completion of all primary certification training requirements is required prior to the fellowship.
- The period of eligibility for subspecialty certification is 5 years from the completion of subspecialty training or primary certification, whichever is later.
- Applicants whose period of qualification has expired must successfully complete 6 months of additional pathology training in an ACGME-accredited training program in the area(s) in which certification is desired.
- Part-time training for subspecialty certification is acceptable if the part-time training occurs in an approved position in an ACGME-accredited program. The duration of training may not exceed twice that required for qualification.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/311_hematopathology_07012017.pdf

Int.C. The educational program in hematology must be 12 months in length.

Hospice & Palliative Care

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/hospice-palliative-medicine.aspx>

The training pathway for ABIM candidates requires 12 months of satisfactorily completed clinical hospice and palliative medicine fellowship training* which meets the following criteria:

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

*Hospice and palliative medicine fellowship training which was credited toward the training requirements for admission to another ABIM examination, e.g., the ABIM Geriatric Medicine Certification Examination or the ABIM Medical Oncology Certification Examination, cannot be used to fulfill the training requirements for admission to the Hospice and Palliative Medicine Examination.

Required Months of Training and Procedures

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 12*
- Clinical Months Required : 12
- Procedures :

- No required procedures

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/540_hospice_and_palliative_medicine_2017-07-01.pdf

Int.C. A fellowship program in hospice and palliative medicine must consist of 12 months of education in the subspecialty

Infectious Diseases

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/infectious-disease.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures :
 - No required procedures

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/146_infectious_disease_2017-07-01.pdf

Int.C. The educational program in infectious disease must be 24 months in length.

Interventional Cardiology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/interventional-cardiology.aspx>

The training pathway requires 12 months of satisfactorily completed clinical fellowship training in interventional cardiology, in addition to the required three years of accredited cardiovascular disease training.

Interventional cardiology training taken July 1, 2002, and thereafter must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Interventional cardiology training undertaken prior to July 1, 2002, must be conducted within an accredited cardiovascular disease fellowship program.

Beginning with the November 2000 examination, candidates who have been out of formal training three or more years as of June 30 of the year of examination or were admitted to the examination under the former Practice Pathways must document post-training performance as primary operator of at least 150 therapeutic interventional cardiac procedures in the two years prior to application for examination.

During training in interventional cardiology, the fellow must have performed at least 250 therapeutic interventional cardiac procedures, documented in a case list and attested to by the training program director. In addition, the training program director must judge the clinical skill, judgment and technical expertise of the fellow as satisfactory.

To receive credit for performance of a therapeutic interventional cardiac procedure in the training pathway, a fellow must meet the following criteria:

- Participate in procedural planning, including indications for the procedure and the selection of appropriate procedures or instruments;
- Perform critical technical manipulations of the case (regardless of how many manipulations are performed in any one "case," each case may count as only one procedure);
- Be substantially involved in postprocedural management of the case; and

- Be supervised by the faculty member responsible for the procedure. (Only one fellow can receive credit for each case even if others were present.)

Program directors will be asked to attest to the performance of at least 250 therapeutic interventional cardiac procedures for each candidate who received training in their program.

Required Months of Training and Procedures

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 12*
- Clinical Months Required : 12
- Procedures :
 - A minimum of 250 therapeutic interventional cardiac procedures during accredited interventional cardiology fellowship training. Those out of interventional cardiology training three years or more as of June 30 of the year of exam must document post-training performance as primary operator of 150 therapeutic interventional cardiac procedures in the two years prior to application for exam.

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/152_interventional_cardiology_2017-07-01.pdf

Int.C. The educational program in interventional cardiology must be 12 months in length.

Maternal Fetal Medicine

American Board Certification/LOA:

<https://www.abog.org/bulletins/current/MFM.pdf>

2. Length of Training

The candidate must have been registered with ABOG, and have completed a minimum of 32 of 36 months of training, or will have completed training in an ABOG-accredited fellowship program in Maternal-Fetal Medicine no later than September 30 of the same year the qualifying test is taken. [Note: Candidates who are completing a combined MFM-Genetics fellowship should contact the Board office for information concerning the timing of their certification examinations.]

3. Leaves of Absence

Leaves of absence and vacation may be granted to Fellows by their Program Director in accordance with local policy. The total of leaves of absence, including vacation, must not exceed 8 weeks in each of the first two years, 6 weeks in the third year, or a total of 15 weeks over the entire three years of fellowship. If a fellow's leave exceeds either the yearly maximum or the program maximum, the fellowship must be extended for the duration of time the individual was absent in excess of the maximum. The number of days that equals a "week" is a local issue that is determined by the Program Director, not ABOG. Fellows are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the 36 month training requirement is not permitted.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/230_maternal-fetal_medicine_2017-07-01.pdf

Int.C. The educational program in maternal-fetal medicine must be 36 months in length

Nephrology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/nephrology.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures :
 - Placement of temporary vascular access for hemodialysis and related procedures
 - Acute and chronic hemodialysis
 - Peritoneal dialysis (excluding placement of temporary peritoneal catheters)
 - Continuous renal replacement therapy (CRRT)
 - Percutaneous biopsy of both autologous and transplanted kidneys

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/148_nephrology_2017-07-01.pdf

Int.C. The educational program in nephrology must be 24 months in length.

Neuromuscular Medicine

American Board Certification/LOA:

https://www.abpn.com/wp-content/uploads/2016/07/2017_ABPN_General_Info_Board_Policies.pdf

General Training Requirements

Applicants for certification in neuromuscular medicine must be certified by the Board in neurology or neurology with special qualification in child neurology by December 31 of the year prior to the examination.

All training requirements must be met by July 31 of the year of the examination. Training programs approved by the Residency Review Committees and accredited by the ACGME can be found on the ACGME website, www.ACGME.org.

The exposure to neuromuscular medicine given to neurology/child neurology residents as part of their basic neurology/child neurology curriculum does not count toward the one year of training.

One year of full time equivalent subspecialty residency training must be completed in a continuous block of not less than one-half time.

Training programs may schedule individual leave or vacation time for residents in accordance with the overall institutional policy. Leave or vacation time may not be utilized to reduce the total amount of required residency training or to make up deficiencies in training.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/183-343_neuromuscular_medicine_2017-07-01.pdf

Int.C. The educational program in neuromuscular medicine must be 12 months in length.

Neuroradiology

American Board Certification/LOA:

<https://www.theabr.org/ic-neuro-reg>

Requirements

You must successfully complete one year of fellowship training (after residency) in a neuroradiology program accredited by the ACGME or by the RCPSC (Canada). You must also complete one year of practice or additional approved training, with at least one-third of that year spent in neuroradiology. You will have 10 years after successfully completing the subspecialty training requirements to obtain certification.

- Fellowship position must be accredited.
- Fellowship training must be documented by letter from the program director.
- Practice experience must be verified by letter from the chief of service or department chairman.
- You must provide evidence of a current state medical license with an expiration date.
- **Before** submitting a subspecialty registration, you must have paid any outstanding ABR fees in full.

Leaves of Absence

Leaves of absence and vacation may be granted to fellows at the discretion of the program director in accordance with local rules. Depending on the length of absence granted by your program, the required period of graduate medical education may be extended accordingly. Residency program directors and their institutional GME offices determine the need for extension of residency training. Therefore, it is not up to the ABR to determine graduation dates for individual residents.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/423_neuroradiology_2017-07-01.pdf

Int.C. The program shall offer one year of graduate medical education in neuroradiology.

Orthopaedic Sports Medicine

American Board Certification/LOA:

https://www.abos.org/media/29507/2017_sports_initial_and_recert_sports_only_-_rules_and_procedures_final_9-6-16_.pdf

H. Initial Certification applicants must submit a patient list of sports medicine operative and non-operative procedures during a consecutive 12-month period that falls within the 24 months preceding the application deadline. Sports Medicine procedures, both operative and non-operative, are those that treat injuries or conditions that are related to or interfere with exercise, sports participation, or a physical lifestyle. The patient list

should include all Sports Medicine operative procedures performed during the 12-month collection period and must include a minimum of 115 operative cases. At least 75 of those must involve arthroscopy as a component of the procedure. Ten additional cases should be included that involve patients who were treated non-operatively.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/268_OrthopaedicSportsMedicine_2017-07-01.pdf

Int.C. Graduate medical education programs in the subspecialties of orthopaedic surgery will be accredited to offer 12 months of education.

Pulmonary & Critical Care

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/pulmonary-disease.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures :
 - Airway management including endotracheal intubation
 - Fiberoptic bronchoscopy and accompanying procedures
 - Noninvasive and invasive ventilator management
 - Thoracentesis
 - Arterial puncture
 - Placement of arterial, central venous and pulmonary artery balloon flotation catheters
 - Calibration and operation of hemodynamic recording systems
 - Supervision of the technical aspects of pulmonary function testing
 - Progressive exercise testing
 - Insertion and management of chest tubes

- Moderate sedation
- Proficiency in use of ultrasound to guide central line placement is strongly recommended

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/149_pulmonary_disease_2017-07-01.pdf

Int.C. The educational program in pulmonary disease and critical care medicine must be 36 months in length.

Rheumatology

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/rheumatology.aspx>

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 24*
- Clinical Months Required : 12
- Procedures :
 - Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae and tenosynovial structures
 - Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses.

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/150_rheumatology_2017-07-01.pdf

Int.C. The educational program in rheumatology must be 24 months in length.

Selective Pathology

American Board Certification/LOA:

<http://www.abpath.org/index.php/to-become-certified/requirements-for-certification>

SUBSPECIALTY CERTIFICATION ONLY

- Candidates must have current primary or subspecialty certification from the ABP or another ABMS Board. Applicants may apply to take a subspecialty examination, but will not be declared a qualified/eligible candidate and not allowed to sit for the exam until primary certification is achieved.
- Candidates with time-limited certification must be participating in MOC and up to date with all MOC reporting requirements.
- Applicants may not use training to qualify for subspecialty certification if all or part of that training was used to meet the training requirements for primary certification.
- Residents must complete at least 2 years of training in AP/CP, AP, or CP before beginning subspecialty fellowship training, except for Dermatopathology, for which completion of all primary certification training requirements is required prior to the fellowship.
- The period of eligibility for subspecialty certification is 5 years from the completion of subspecialty training or primary certification, whichever is later.
- Applicants whose period of qualification has expired must successfully complete 6 months of additional pathology training in an ACGME-accredited training program in the area(s) in which certification is desired.
- Part-time training for subspecialty certification is acceptable if the part-time training occurs in an approved position in an ACGME-accredited program. The duration of training may not exceed twice that required for qualification.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/301_selective_pathology_07012017.pdf

Int.C. The educational program in selective pathology-surgical pathology (Track A), selective pathology-focused anatomic pathology (Track B), or selective pathology-focused clinical pathology (Track C), must be 12 months in length.

Sleep Medicine

American Board Certification/LOA:

<http://www.abim.org/certification/policies/general/special-training-policies.aspx>

Leave of Absence and Vacation

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

<http://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/sleep-medicine.aspx>

The Training Pathway for ABIM candidates requires 12 months of satisfactorily completed clinical sleep medicine fellowship training* which meets the following criteria:

- Sleep medicine fellowship training undertaken July 1, 2009, and after must be accredited by ACGME. Sleep medicine fellowship training taken prior to July 1, 2009, must be conducted within an accredited residency or fellowship program.
- Training experience must be consistent with guidelines established by ACGME.
- ABIM will require substantiation by the training program director that the fellow's clinical competence as a sleep medicine consultant is satisfactory. Fellows must obtain satisfactory ratings of their ability to interpret results of the following diagnostic tests: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders.

* Sleep medicine fellowship training which was credited toward the training requirements for admission to another ABIM examination, e.g., the Pulmonary Disease Examination, cannot be used to fulfill the training requirements for admission to the Sleep Medicine Examination through the training pathway.

Required Months of Training and Procedures

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

- Minimum Months of Training : 12*
- Clinical Months Required : 12
- Procedures :
 - The ability to interpret results of polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders.

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/520_sleep_medicine_2017-07-01.pdf

Int.C. The educational program in sleep medicine must be 12 months in length.

Sports Medicine – Family Medicine

American Board Certification/LOA:

<https://www.theabfm.org/cag/sports.aspx>

Certification Requirements

- Family physicians must be certified by the American Board of Family Medicine, be Diplomates in good standing in order to apply and take the examination, and must maintain their primary Family Medicine Certification to maintain Sports Medicine CAQ.
- Diplomates must hold an active, valid, full, and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada and be in continuous compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.
- Diplomates must satisfactorily complete, or will have completed (by July 31 for the July exam and November 30 for the November exam), a minimum of one year in an [ACGME](#)-accredited sports medicine fellowship program associated with an [ACGME](#)-accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, or Pediatrics.
- Diplomates must submit an online application with appropriate application fee.
- Diplomates must achieve a satisfactory score on the half-day computer-based Sports Medicine examination.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/116-127-333-342_sports_medicine_2017-07-01.pdf

Int.B. The educational program in sports medicine must be 12 months in length.

Vascular & Interventional Radiology

American Board Certification/LOA:

<https://www.theabr.org/ic-vir-req>

Requirements

- You must successfully complete one year of fellowship training in a vascular and interventional radiology program accredited by the ACGME or by the RCPS (Canada).
 - Fellowship training must be documented by letter from the program director.
 - Vascular and Interventional Radiology fellowship program must be completed **after completion** of an ACGME-accredited diagnostic radiology residency or a four-year Alternate Pathway.

- You must also complete one year of practice or additional approved training, with at least one-third of that year spent in vascular and interventional radiology.
 - You will have 10 years after successfully completing the subspecialty training requirements to obtain certification.
 - Practice experience must be verified by letter from the chief of service or department chair.
 - Before submitting a subspecialty application, a candidate must have paid any outstanding ABR fees in full.

Leaves of Absence

Leaves of absence and vacation may be granted to fellows at the discretion of the program director in accordance with local rules. Depending on the length of absence granted by your program, the required period of graduate medical education may be extended accordingly. Residency program directors and their institutional GME offices determine the need for extension of residency training. Therefore, it is not up to the ABR to determine graduation dates for individual residents.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/427_vascular_intervent_radiology_2017-07-01.pdf

Int.D. The educational program in vascular and interventional radiology must be 12 months in length.

Vascular Neurology

American Board Certification/LOA:

<https://www.abpn.com/faqs/#faq-88>

May Vacation or Leave Time be Used to Complete Training Earlier?

The ABPN recommends that all programs allow a minimum of four weeks of leave time (including vacation, sick time, maternity/paternity leave, etc.) during training per year. These four weeks should be averaged over the four-year training period. Leave or vacation time may NOT be used to reduce the total amount of required residency training or to make up deficiencies in training.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/188_vascular_neurology_2017-07-01.pdf

Int.C. The educational program in vascular neurology must be 12 months in length.