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Anesthesiology

American Board Certification/LOA:

<http://www.theaba.org/PDFs/BOI/2017-Primary-Certification-Policy-Book>

2.03 ABSENCE FROM TRAINING

The total of any and all absences may not exceed 60 working days (12 weeks) during the CA 1-3 years of training. Attendance at scientific meetings, not to exceed five working days per year, shall be considered a part of the training program. Duration of absence during the clinical base year may conform to the policy of the institution and department in which that portion of the training is served. Absences in excess of those specified will require lengthening of the total training time to the extent of the additional absence. A lengthy interruption in training may have a deleterious effect upon the resident's knowledge or clinical competence. Therefore, when there is an absence for a period in excess of six months, the Credentials Committee of the ABA shall determine the number of months of training the resident will have to complete subsequent to resumption of the residency program to satisfy the training required for admission to the ABA examination system.

2.01 CERTIFICATION REQUIREMENTS

At the time of certification by the ABA, the candidate must:

- A. 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 candidate holds must be free of restrictions. Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses, and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition or notice, **whichever first occurs**. Such information shall include, but not be limited to, the identity of the State Medical Board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. Candidates and diplomates discovered not to have made disclosure may be subject to sanctions on their candidate or diplomate status.

The ABA must receive acceptable evidence of the candidate having satisfied the licensure requirement for certification by Nov. 15 of the Part 2 Examination administration year.

- B. Have fulfilled all the requirements of the continuum of education in anesthesiology.
- C. Have on file with the ABA a Certificate of Clinical Competence with an overall satisfactory rating covering the final six-month period of clinical anesthesia training in each anesthesiology residency program.
- D. Have satisfied all examination requirements of the Board.
- E. Have a professional standing satisfactory to the ABA (see Section 3.06).
- F. Be capable of performing independently the entire scope of anesthesiology practice without accommodation or with reasonable accommodation (see Sections 1.02.A and 1.02.D).

Although admission into the ABA examination system and success with the examinations are important steps in the ABA certification process, they do not by themselves guarantee certification. The Board reserves the right to make the final determination of whether each candidate meets all of the

requirements for certification, including A, E and F above, after successful completion of examinations for certification.

ABA certificates in anesthesiology issued on or after Jan. 1, 2000, are valid for 10 years after the year the candidate passes the examination for certification. ABA certificates are subject to ABA rules and regulations, including its Booklets of Information, all of which may be amended from time to time without further notice.

A person certified by the ABA is designated a diplomate in publications of the American Board of Medical Specialties (ABMS) and the American Society of Anesthesiologists (ASA).

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/040_anesthesiology_2017-07-01.pdf

Int.C. The educational programs in anesthesiology are configured in 36-month and 48-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 36 months of education in clinical anesthesia (CA-1, CA-2, and CA-3 years). (Core)*

Dermatology

American Board Certification/LOA:

<https://www.abderm.org/residents-and-fellows/residency-training/leave-of-absence-guidelines.aspx>

^MANY details available on above website

The following guidelines are designed to assist program directors in their determination of the adequacy of the clinical training of residents and to assure satisfaction of the eligibility requirements for certification by the American Board of Dermatology. Of special concern are those residents on the special investigative/academic track or those residents whose training experience differs from the standard 36 months of fulltime clinical training, as approved for each program by the Residency Review Committee of the ACGME:

- 1.** In general, high priority should be given to completing 36 continuous months of fulltime dermatology training. For most residents, this will consist of full-time clinical training; for residents with a primary commitment to investigative or academic dermatology, this may be a special training track.
- 2.** Any departure from (1), for example time lost for a medical leave of absence, should be documented and fully justified in the resident evaluation forms filed annually by the training program director with the Board.
- 3.** An absence exceeding six weeks in any one academic year or a total of 14 weeks over three years, including vacation, should be approved only under truly exceptional circumstances. In addition, any resident approved to sit for the certifying examination despite such an absence should have completed each year of training in an above average or excellent manner as recorded on the annual residency evaluation forms.

4. Any resident who has been absent more than six weeks in one year or 14 weeks over three years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. Any resident who has been absent more than six weeks in one year or 14 weeks over three years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time. If the program director anticipates that this additional training will be completed in a satisfactory manner before September 1, a letter may be submitted to the Board requesting approval for the resident to sit for the July Certifying Examination. The letter must indicate the training period's anticipated completion date. The resident will not receive exam results or a certificate until the program director completes the annual evaluation at the conclusion of the extended training period.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/080_dermatology_2017-07-01.pdf

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

Emergency Medicine

American Board Certification/LOA:

<https://www.abem.org/public/docs/default-source/policies/4-2-120-em-residency-training-requirements.pdf?sfvrsn=32>

Basic Principles If a four-year EM residency program transitions to a three-year, ACGME-accredited, EM residency program during the period of initial ACGME accreditation, two basic principles apply depending on the resident's level of training at the time of ACGME initial accreditation: 1. A resident must successfully complete at least four years in the same program, or February 2017 ABEM Policy on Emergency Medicine Residency Training Requirements Page 2 of 2 2. A resident must successfully complete at least 24 months under the new ACGME-accredited, three-year format.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/110_emergency_medicine_2017-07-01.pdf

Int.C. Residency programs in emergency medicine are configured in 36-month and 48- month formats, and must include a minimum of 36 months of clinical education

Family Medicine

American Board Certification/LOA:

<https://www.theabfm.org/cert/index.aspx>

<https://www.theabfm.org/cert/absence.aspx>

Candidates seeking certification must meet the eligibility criteria specified by the American Board of Family Medicine (ABFM). All primary exams administered by the ABFM are referred to as the "Family Medicine Certification Examination" regardless of whether a physician is certifying for the first time or continuously certifying after having been previously certified. The examination for residents seeking initial certification is administered in April and November.

For those physicians who started family medicine residency training prior to June 1, 2012, the following must be obtained to become certificated:

1. Successful performance on the Family Medicine Certification Examination
2. The Program Director verifies that the resident has successfully met all of the ACGME program requirements
3. The candidate obtains an active, valid, full, and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada

Continuity of Care The requirements for continuity of care and the Family Medicine Practice (FMP) site experience are defined by the ACGME in its "Program Requirements for Graduate Medical Education in Family Medicine."

A resident is expected to be assigned to one FMP site for all 3 years, but at least throughout the second and third years of training. The total patient visits in the FMP site must be met, and residents must be scheduled to see patients in the FMP site for a minimum of 40 weeks during each year of training.

Vacation, Illness, and Other Short-Term Absences Residents are expected to perform their duties as resident physicians for a minimum period of eleven months each calendar year. Therefore, absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. The ABFM defines one month as 21 working days or 30 calendar days.

Vacation periods may not accumulate from one year to another. Annual vacations must be taken in the year of the service for which the vacation is granted. No two vacation periods may be concurrent (e.g., last month of the G-2 year and first month of the G-3 year in sequence) and a resident does not have the option of reducing the total time required for residency (36 calendar months) by relinquishing vacation time.

The Board recognizes that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board's time restriction.

Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.

Long-Term Absence

Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. Absence from the residency, exclusive of the one month

vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the G-2 and G-3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.

Following a leave of absence of less than three months the resident is expected to return to the program and maintain care of his or her panel of patients for a minimum of two months before any subsequent leave. Leave time must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training. Residents will be permitted to take vacation time immediately prior to or subsequent to a leave of absence.

In cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury, the Program Director is expected to inform the Board promptly by electronic mail of the date of departure and expected return date. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure. All time away from training in excess of the allocated time for vacation and illness, should be recorded in the Resident Training Management (RTM) system.

Leaves of absence in **excess** of 3 months are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.

Waiver of Continuity of Care Requirement for Hardship

While reaffirming the importance of continuity of care in Family Medicine residency training, the Board recognizes that hardships occur in the personal and professional lives of residents. Accordingly, a waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted when a residency training program closes or when there is evidence of the presence of a hardship involving a resident. **A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.**

A request for a waiver of the continuity of care requirement or an extension of the leave of absence policy on the basis of hardship must demonstrate:

- that the absence from continuity of care does not exceed 12 months;
- the nature and extent of the hardship;
- that excused absence time (vacation/sick time) permissible by the ABFM and the program for the academic year has been reasonably exhausted by the resident;
- that a medical condition causing absence from training is within the Americans with Disabilities act (ADA) definition of disability.

For absences from training of less than 12 months, the amount of the 24-month continuity of care requirement completed prior to the absence will be considered a significant factor in the consideration of the request.

When the break in continuity exceeds 12 months, it is highly unlikely that waivers of the continuity of care requirement will be granted.

In communicating with the Board, the program should indicate the criteria it will use, if any, to judge the point at which the resident is expected to reenter. The resident may NOT be readmitted to the program at a level beyond that which was attained at the time of departure, but the resident may reenter the program pending a final decision by the Board on the amount of additional training, if any, to be required of the resident.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf

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

General Surgery

American Board Certification/LOA:

http://www.absurgery.org/default.jsp?certgsqe_training

<http://www.absurgery.org/default.jsp?policygsleave>

Program and Time Requirements

A minimum of 5 years of progressive residency education satisfactorily completed in a general surgery program accredited by the ACGME or RCPSC. (See also [Osteopathic Trainees Policy](#))

The 60 months of training at no more than 3 residency programs. If credit is granted for prior foreign training, it will count as one program. See also [Limit on Number of Programs](#) and [Credit for Foreign Medical Education](#).

At least 48 weeks of full-time clinical activity in each residency year, regardless of the amount of operative experience obtained.

The 48 weeks **may be averaged** over the first 3 years of residency, for a total of 144 weeks required, and over the last 2 years, for a total of 96 weeks required. See our [Leave Policy](#) for further details; all time away from training must be accounted for on application form.

A categorical PGY-3 year completed in an accredited general surgery residency program. Note that completing three years at PGY-1 and -2 levels does not permit promotion to PGY-4; a categorical PGY-3 year must be completed and verified by the ABS' resident roster. The only exception is in cases where 3 years' credit has been granted for prior foreign graduate training.

At least 54 months of clinical surgical experience with increasing levels of responsibility over the 5 years, with no fewer than **42 months** devoted to the content areas of [general surgery](#).

No more than 6 months assigned to non-clinical or non-surgical disciplines during all junior years (PGY 1-3).

No more than 12 months allocated to any one surgical specialty other than general surgery during all junior years (PGY 1-3).

The final two residency years (PGY 4-5) in the same program.

Leave Policy

General Requirements

The ABS requires **48 weeks of full-time clinical activity** in each of the five years of residency, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose.

To provide residency programs with some flexibility, the 48 weeks **may be averaged** over the first three years of residency, for a total of **144 weeks** required in the first three years, and over the last two years, for a total of **96 weeks** required in the last two years. Thus non-clinical time may be reduced in one year to allow for additional non-clinical time in another year.

All time away from clinical activity (i.e., non-clinical time), including vacation and time taken for interviews, visa issues, etc., must be accounted for on the application for certification.

Leave During a Standard Five-Year Residency

Standard Medical Leave

For documented medical conditions, including pregnancy and delivery, that directly affect the individual (i.e., **not** family leave), residents may take an additional two weeks off during the first three years of residency, for a total of **142 weeks** required, and an additional two weeks off during the last two years of residency, for a total of **94 weeks** required. **No approval is needed for this option.**

Other Arrangements

Other arrangements beyond the standard medical leave described above require **prior written approval** from the ABS. Such requests may only be made by the program director and must be sent **by mail or fax on official letterhead to the ABS office (no emails).**

Program directors: No approval is needed for the standard medical leave. When making a request for other arrangements, please include in your letter a complete schedule of the resident's training, with calendar dates, including all leave time.

Six-Year Option

If permitted by the residency program, the five clinical years of residency training may be completed **over six academic years**. All training must be completed at a single program with **advance approval from the ABS**. In this option, an average of 48 weeks of full-time training is required in each clinical year as explained above. The first 12 months of clinical training would be counted as PGY-1, the second 12 months as PGY-2, and so forth. No block of clinical training may be shorter than one month (four weeks).

Under this option, a resident may take **up to 12 months off** during the six-year training period. The resident would first work with his or her program to determine an appropriate leave period or schedule. The program would then request approval for this plan from the ABS; **requests must be sent by mail or fax on official letterhead to the ABS office (no emails).**

Use of the six-year option is solely at the program's discretion, and contingent on advance approval from the ABS. The option may be used for any purpose approved by the residency program, including but not limited to, family issues, visa issues, medical problems, maternity leave, external commitments, volunteerism, pursuit of outside interests, educational opportunities, etc.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_general_surgery_2017-07-01.pdf

Int.C. Duration and Scope of Education The length of a surgery residency program is five clinical years.

Internal Medicine Prelim/Categorical

American Board Certification/LOA:

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

ABIM Board Certification demonstrates that physicians have met rigorous standards through intensive study, self-assessment and evaluation. Additionally, certification encompasses the six general competencies established by the Accreditation Council for Graduate Medical Education (ACGME) and sets the stage for continual professional development through values centered on lifelong learning. In order to be certified, a physician must:

- Complete the requisite predoctoral medical education
- Meet the training requirements
- Meet the licensure requirements and procedural requirements
- Pass a certification examination

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.

Interrupted Full-Time Training

ABIM approval must be obtained before initiating an interrupted training plan. Interrupted full-time training is acceptable, provided that no period of full-time training is less than one month. In any 12-month period, at least six months should be spent in training. During training periods, patient care responsibilities should be maintained in a continuity clinic consistent with ACGME program requirements for the discipline. Part-time training, whether or not continuous, is not acceptable.

ACGME Program Requirements:

None regarding LOA

Interventional Radiology

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/415_interventional_radiology_2017-07-01.pdf

Int.D. Education in interventional radiology must be provided in one of the following formats, and all residents must be notified in writing of the required program Interventional Radiology ©2016 Accreditation Council for Graduate Medical Education (ACGME) Page 2 of 44 length:

Int.D.1. Independent Format: The educational program in the independent format must be two years in length.

Int.D.2. Integrated Format: The educational program in the integrated format must be five years in length.

Neurological Surgery

American Board Certification/LOA:

<http://www.abns.org/Board%20Certification/Training%20Requirements/July%202013.aspx/>

<http://www.abns.org/en/Board%20Certification/Family%20and%20Medical%20Leave.aspx/>

All post-graduate training described must be acquired as a resident in a neurological surgery training program or programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). It must be under the ultimate direction and control of the resident's neurosurgery Program Director.

Eighty-four months of neurosurgical residency training in ACGME accredited programs under the direction of a neurosurgical Program Director. This must consist of:

- 54 months of core clinical neurosurgery, including
 - 12 months as chief resident during the last two years of training (PGY-6 or 7); 21 months must be spent in one program.
 - 3 months of basic neuroscience (e.g., neurology, neuro-otology, neuroradiology, neuropathology) taken in the first 18 months of training.
 - 3 months of critical care relevant to neurosurgery patients taken in the first 18 months of residency.
 - A minimum of six months of structured education in general patient care (e.g.: trauma, general surgery, neurosurgery, orthopedic surgery, otolaryngology, plastic surgery, etc.).
 - 21 months must be spent in one program.

- 30 months of electives, i.e.: neuropathology, neuroradiology, research, and/or more neurosurgery, possibly in areas of special interest such as complex spine surgery, endovascular, or pediatric neurosurgery, and/or clinical and non-clinical neurosciences.

- Outside rotations of 6 to 12 months at an ACGME accredited program may be counted towards the core 54 months of neurosurgery training. The program director must request credit from the ABNS prior to the rotation.

- Credit towards the 30 months of elective time may be requested by a program director for prior educational experiences, such as a PhD degree in a relevant subject, clinical rotations other than fellowships obtained at non-ACGME accredited programs, and neurosurgical training completed outside of the U.S., particularly if the resident is certified in that country. Written requests submitted by the program director to the ABNS must contain a complete description of the experience and justification of the request.
- The Board will evaluate ACGME case log data as a measure of the breadth of resident experience at the completion of residency training.

Statement on Family and Medical Leave

Residency

For residents who desire to take time away from training for legitimate family or medical reasons (e.g., the birth or adoption of a child; extended illness), the Program Director should follow the Human Resources policies of his/her institution and applicable law when determining whether to approve such leave requests, in whole or in part, and whether any time away from training needs to be made up at the back end of the resident's training. It is the Program Director's responsibility to ensure that residents who receive less than 84 months of training nevertheless successfully complete the program, receive the full range of neurosurgical training and are able to practice as safe neurosurgeons following their residency.

If any such leave results in a resident receiving less than 84 total months of training in residency, the following will apply:

1. Under no circumstances may a resident receive less than 54 months of core training (i.e., any reduction from the standard 84 months of training must come from the resident's 30 months of elective time).
2. In connection with the resident's future application for Certification, the resident's Program Director must submit a letter to the ABNS indicating: (a) that the Program Director approved any leave that resulted in less than 84 months of training; and (b) that the Program Director determined that the resident at issue received full training and was able to successfully complete residency in less than 84 months.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/160_NeurologicalSurgery_2017-07-01.pdf

Int.D. The educational program in neurological surgery must be 84 months in length.

Neurology

American Board Certification/LOA:

<https://www.abpn.com/faqs/>

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.

To be Board-certified in psychiatry, neurology or neurology with special qualification in child neurology, a candidate must:

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
2. Hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement. For more information on license restrictions, see the appropriate *Information for Applicants* publication that can be downloaded from this website.
3. Have satisfactorily completed specialized training requirements in psychiatry, neurology or child neurology in programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or approved by the ABPN or certified by the Royal College of Physicians and Surgeons of Canada. This training must adhere to all Board requirements.
4. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.
5. Pass the appropriate specialty certification examination(s).

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/180_neurology_2017-07-01.pdf

Int.B.2. A complete neurology residency requires 48 months of education. Approved residencies in neurology must provide at least 36 months of this education.

Obstetrics and Gynecology

American Board Certification/LOA:

<https://www.abog.org/Bulletins/current/Basic.qualifying.Bulletin.pdf>

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.

Example: A resident takes 3 weeks of leave in each of years 1, 2, and 3, but takes a total of 10 weeks of leave in year 4 (total 19 weeks). The residency program must be extended by 4 weeks because the year 4 limit was exceeded.

In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

Example: A resident takes 8 weeks of leave in years 1, 2, and 3, and 6 weeks of leave in year 4 (total 30 weeks). The residency program must be extended by 10 weeks.

The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training or to “make-up” for time lost due to sickness or other leave.

Residents who have their residency extended to complete the required 48 months, may sit for the basic Qualifying Examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/220_obstetrics_and_gynecology_2017-07-01.pdf

Int.C. The educational program in obstetrics and gynecology must be 48 months in length.

Ophthalmology

American Board Certification/LOA:

<http://abop.org/board-certification/requirements/>

<http://abop.org/faqs/board-certification/#timeoff>

Three to four years* in a residency program: In addition to a PGY-1, all applicants must satisfactorily complete an entire formal graduated residency training program in ophthalmology of at least 36 months duration (PGY-4 or higher) in either the United States accredited by the Accreditation Council for Graduate Medical Education, or at least 48 months duration (PGY-5 or higher) in Canada accredited by the Royal College of Physicians and Surgeons of Canada. No other training, including any form of fellowship, is acceptable.

What if I have taken extended time off/medical leave during my residency training program?

Missed time during a training year must be made up by the resident at the discretion of the Program Chair or Director. In addition to a PGY-1, it is an ABO requirement that all candidates for Board Certification complete an entire ACGME-accredited residency training program in ophthalmology of at least 36 months duration (PGY-4 or higher) in the United States or an RCPSC-accredited program of least 48 months duration (PGY-5 or higher) in Canada.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/240_ophthalmology_2017-07-01.pdf

Int.D. The educational program in ophthalmology must be 36 months in length.

Orthopedic Surgery

American Board Certification/LOA:

https://www.abos.org/media/33625/2017_rules_and_procedures_-_part_i_part_ii.pdf

A. Time requirements

1. Five years (60 months) of accredited post-doctoral residency are required.
2. One year (12 months) must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the PGY-1 (see B.I.) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional four years (48 months) must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency.
3. Each program may provide individual leave and vacation times for the resident in accordance with overall institutional policy. However, one year of credit must include at least 46 weeks of full-time orthopaedic education. Vacation or leave time may not be accumulated to reduce the five-year requirement.
4. Program directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Special Requirements of the RRC for Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the Board on the Record of Residency Assignment form.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/260_OrthopaedicSurgery_2017-07-01.pdf

Int.C. The educational program in orthopaedic surgery must be 60 months in length.

Otolaryngology

American Board Certification/LOA:

<http://www.aboto.org/pc-policies.html>

Leave of Absence

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a circumstance occurs in which a resident's absence exceeds the allotted time outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the necessary training will be achieved, which may require an extension of the residency.

Training Requirements

Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the Graduate Medical Education Directory published by the American Medical Association. Individuals who enter otolaryngology-head and neck surgery training on or after July 1, 2005 must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-approved program(s):

Residency programs must be of five years duration, with at least nine months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.

The first year of otolaryngology-head and neck surgery training should include a minimum of five months of structured education in at least three of the following areas: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, one month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of three months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year must be completed in an ACGME approved program, or rotations specifically approved by the RRC.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/280_otolaryngology_2017-07-01.pdf

Int.C. The educational program in otolaryngology must be 60 months in length.

Pathology

American Board Certification/LOA:

http://www.abpath.org/images/booklets/ABP_BOI_01_05_2017.pdf

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

Each institution sponsoring a pathology training program should develop their own sick, vacation, parental, and other leave policies for the resident. Regardless of institutional policies, the ABP defines:

- a. One (1) year of training to meet ABP certification requirements must be 52 weeks in duration, and the applicant must document an average of 48 weeks per year of full-time pathology training over the course of the training program.
- b. Any training less than 48 weeks must be made up.
- c. Unused vacation and other leave time may not be accumulated to reduce the overall duration of training.
- d. The ABP does not allow part-time training for primary certification. A one year (12 month) fellowship may be completed part-time over two years (24 months)

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/300_pathology_2017-07-01.pdf

Int.C. Education in anatomic and/or clinical pathology must be provided in one of these formats:

- Int.C.1. Anatomic and Clinical Pathology (APCP-4): 48 months of education in anatomic pathology and clinical pathology.
- Int.C.2. Anatomic Pathology (AP-3): 36 months of education in anatomic pathology.
- Int.C.3. Clinical Pathology (CP-3): 36 months of education in clinical pathology.

Pediatrics

American Board Certification/LOA:

<https://www.abp.org/sites/abp/files/pdf/certboi.pdf>

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. Thirty-three months of clinical training are required. One month of absence is allowed each year for leave (eg, vacation, sick, parental leave). Absences greater than 3 months during the 3 years of residency should be made up by additional periods of training. If the program director believes that the candidate is well qualified and has met all the training requirements, the program director may submit a petition to the ABP requesting an exemption to the policy. Residents in combined training or special training pathways may not take more than 1 month of leave per year.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/320_pediatrics_2017-07-01.pdf

Int.C. Duration of Education The educational program in pediatrics must be 36 months in length.

Physical Medicine and Rehabilitation

American Board Certification/LOA:

https://abpmrpublicfs.file.core.windows.net/pdfs/abpmr_cert_boi.pdf?sv=2016-05-31&sr=s&sig=DZ1QQP9IW0QISkIXRYKkvxg%2BObBT5cm4t16PTO6HhCU%3D&se=2017-07-18T18%3A29%3A23Z&sp=r

Absence from Training A resident must not be absent from residency or fellowship training for more than six weeks (30 working days) annually. Regardless of institutional policies regarding absences, any leave time beyond six weeks will need to be made up by arrangement with the program director. "Leave time" is defined as sick leave, vacation, or maternity/paternity leave. A resident may not accumulate leave time or vacation to reduce the overall duration of training.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/340_physical_medicine_rehabilitation_2017-07-01.pdf

Int.C. The educational programs in physical medicine and rehabilitation are configured in 36-month and 48-month formats, and must include a minimum of 36 months of clinical education.

Plastic Surgery

American Board Certification/LOA:

<https://www.abplasticsurgery.org/media/10659/training-requirements-from-boi-16-17.pdf>

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year. The 48 weeks per year may be averaged over the length of the training program to accommodate extended leaves of absence. To accommodate extended leaves of absence near the end of training, the Board will accept 94 weeks of training averaged over the final two years of training in both the Integrated and Independent training pathways. The Board does not define the remaining four weeks per year and therefore those weeks may be used for vacation, meeting attendance or

medical leave as determined by the local institution and/or program. 22 Plastic Surgery Program Directors must contact the Board in writing, for approval of any leave of absence that extends beyond 4 weeks per year and the additional 2 weeks in the final two years of training. Written requests must include details on the total leave of absence expected and the program's plan to make up the deficit.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/360_plastic_surgery_2017-07-01.pdf

Int.C. The Review Committee for Plastic Surgery will accredit independent plastic surgery programs of three years duration and integrated programs of six years duration.

Psychiatry

American Board Certification/LOA:

<https://www.abpn.com/faqs/>

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.

To be Board-certified in psychiatry, neurology or neurology with special qualification in child neurology, a candidate must:

6. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the World Health Organization.
7. Hold an unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If licenses are held in more than one jurisdiction, all licenses held by the physician must meet this requirement. For more information on license restrictions, see the appropriate *Information for Applicants* publication that can be downloaded from this website.
8. Have satisfactorily completed specialized training requirements in psychiatry, neurology or child neurology in programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or approved by the ABPN or certified by the Royal College of Physicians and Surgeons of Canada. This training must adhere to all Board requirements.
9. Submit a completed official application form including all required attachments and the appropriate application and examination fees by the specified deadlines. Only applications submitted on the current application form are accepted. Faxed copies of applications are not accepted.
10. Pass the appropriate specialty certification examination(s).

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400_psychiatry_2017-07-01.pdf

Int.C. The educational program in psychiatry must be 48 months in length.

Radiation Oncology

American Board Certification/LOA:

<https://www.theabr.org/ic-ro-req#leave>

Leaves of absence and vacation may be granted to residents 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/430_radiation_oncology_2017-07-01.pdf

Int.C. The educational program in radiation oncology must be 60 months in length.

Radiology – Diagnostic

American Board Certification/LOA:

<https://www.theabr.org/ic-dr-exam-prerequisites>

Core Exam Prerequisites for Eligibility

To be eligible to take the Core Exam, you must meet the following minimum requirements:

- Have an active application with the ABR.
- Successfully complete 36 months of DR residency training, or 3 years of your DR IMG or DO training plan.
- Be recognized by the ABR as "enrolled, not yet eligible for certification" or "board eligible."
- Be current with all your ABR fees and pay all annual fees before the date of the exam.

Certifying Exam Prerequisites for Eligibility

To be eligible to take the Certifying Exam, you must meet the following minimum requirements:

- Be current with all your ABR fees, and pay all annual fees before the date of the exam.

- Hold an active state or provincial (Canada) medical license;
- Be “board eligible”
- Have an active application with the ABR;
- Successfully complete your DR residency, or DR IMG or DO plan, as well as your clinical year of training (internship);
- Meet the minimum waiting period after training;
 - For the standard DR certification pathway, a 12-month waiting period is required after residency before taking the exam.*
 - For IMGs in the Alternate Pathway or those with ABNM certification, there is no waiting period after training has been successfully completed.*
 - *If you DO NOT take the Core Exam at your first opportunity, and you have not been granted a waiver by the ABR for the requirement to examine at the first opportunity, your first eligibility will be for the first Certifying Exam administered at least 27 months after the date you first took the Core Exam.
 - Pass the Core Examination

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/420_diagnostic_radiology_2017-07-01.pdf

Int.C. Duration and Scope of Education Int.

C.1. Resident education in diagnostic radiology must include five years of clinically oriented graduate medical education, of which four years must be in diagnostic radiology.

Int.C.2. Diagnostic Radiology Residency The residency program is four years of graduate medical education (including vacation and meeting time) in diagnostic radiology. Full time participation by the residents in clinical and didactic activities must occur at all levels of training, including the final year of residency. In the four Diagnostic Radiology ©2016 Accreditation Council for Graduate Medical Education (ACGME) Page 2 of 34 years, the maximum period of training in any one of the nine subspecialty areas shall be 16 months. The nine subspecialty areas of diagnostic radiology are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology (including PET and nuclear cardiology).

Int.C.3. Residents entering diagnostic radiology training on July 1, 2010 or thereafter must be provided appropriate clinical rotations and formal instruction in all subspecialties of diagnostic radiology and in the core subjects pertaining to diagnostic radiology (e.g. medical physics, physiology of contrast media, etc.) before taking the American Board of Radiology (ABR) Core Examination (given after 36 months of diagnostic radiology training at the end of PGY-4). During the final year of diagnostic radiology training (PGY-5), these residents should be allowed, within program resources, to select and participate in rotations, including “general radiology,” that will reflect their desired areas of concentration as they enter practice.

Int.C.4. Participation in on-call activities is essential for the development of radiologists, who are expected to practice independently upon completion of training, and should occur throughout the second, third and final years of diagnostic radiology residency.

Int.C.4.a) Program directors may exercise discretion in granting relief from call responsibilities for short periods before the oral board exam for residents entering diagnostic radiology training before July 1, 2010 and before the “Core” board exam for residents entering diagnostic radiology training on July 1, 2010 or thereafter.

Int.C.5. The education in diagnostic radiology must occur in an environment that encourages the interchange of knowledge and experience among residents in the program and among residents in other major clinical specialties located in those institutions participating in the program.

Urological Surgery

American Board Certification/LOA:

<http://www.abu.org/residency-requirements/>

The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- 48 months in an ACGME- or RCPS(C)- approved urology program spent in clinical urology.
- 3 months of general surgery in an ACGME- or RCPS(C)- approved surgical program.
- 3 months of core surgical training (e.g. intensive care unit, trauma, vascular surgery, cardiac surgery, etc.) in an ACGME- or RCPS(C)- approved surgical program.
- 6 months of other rotations, not including dedicated research time, in an ACGME- or RCPS(C)- approved core surgery program.

Research rotations cannot interfere with the mandated 12 months of general surgery or the 48 months of clinical urology.

Residents must comply with the guidelines in place at the time of enrollment in the program.

All rotations listed above that are not part of the core urology training must have been approved by the candidate's program director. As part of the core urology training, the candidate must have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME-approved program.

ACGME Program Requirements:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/480_urology_2017-07-01.pdf

Int.C. Duration and Scope of Education A minimum of 48 months of clinical urology education is required. Within the final 24 months of urology education, residents must serve at least 12 months as a chief resident.

Int.C.1. The clinical and academic experience as a chief resident should prepare the resident for an independent practice of urology. As such, this chief resident experience should include management of patients with complex urologic disease, advanced procedures, and, with appropriate supervision, a high level of responsibility and independence.