



Office address

111 West Jackson, Suite 1110
Chicago, Illinois 60604

Phone (312) 939-2276 [ABPM] Fax (312) 939-2218

E-Mail: abpm@theabpm.org

Website: www.theabpm.org

MAINTENANCE OF
CERTIFICATION (MOC®)
EXAMINATION APPLICATION FOR:

AEROSPACE MEDICINE

OCCUPATIONAL MEDICINE

PUBLIC HEALTH AND
GENERAL PREVENTIVE MEDICINE

An online paperless application
is available at www.theabpm.org

SIGNATURES AND ACKNOWLEDGEMENTS

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

SPECIALTY AREA

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

EXAM DATE and LOCATION

- Feb 17, 2010 at 1:00 pm – Preventive Medicine 2010, Arlington, VA
- May 1, 2010 at 1:00 pm – ACOEM - AOHC, Orlando, FL
- May 9, 2010 at 1:00 pm – AsMA Annual Meeting, Phoenix, AZ
- Aug 19, 2010 at 10:00 am – ACPM Review Course, Arlington, VA
- Nov 7, 2010 at 1:00 pm – ACOEM Fall Courses, Seattle, WA

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

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

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

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

SIGNATURE

DATE

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

SIGNATURE

DATE

GENERAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

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

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

Home Address: _____

Home Phone: _____ E-Mail: _____

Work Address: _____

Work Phone: _____ Fax: _____

Correspondence should be mailed to: Home or Work

ABPM BOARD CERTIFICATION

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

PART ONE: PROFESSIONAL STANDING

MEDICAL LICENSE

Requirement:

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

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

YES, Please Explain _____ NO

Instruction:

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

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

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

PART TWO: LIFELONG LEARNING AND SELF-ASSESSMENT

CONTINUING MEDICAL EDUCATION

Requirement:

Completion of 100 hours* of ABPM-approved continuing medical education (CME) including completion of 300 items* of self-assessment covering the educational content of the ABPM-approved CME. This requirement **does not** have to be completed before taking the examination, but does need to be completed before recertification can occur and must be completed in the 10-year certification period.

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

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

Note: Self-assessment items are included as part of the ABPM-approved CME

Instruction:

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

PART THREE: COGNITIVE EXPERTISE

EXAMINATION

Requirement:

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

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

Instruction:

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

PART FOUR: EVALUATION OF PERFORMANCE IN PRACTICE

PRACTICE PERFORMANCE

Requirement:

Documentation of completion of Part IV. Completion of Part Four will begin for diplomates who were initially certified in 2001 and beyond.