

2010



OFFICE OF THE BOARD

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THE AMERICAN BOARD OF PREVENTIVE MEDICINE, INC.

Incorporated 1948

OFFICERS

Chair

Clyde B. Schechter, MD, MA
Bronx, New York

Vice Chair, Aerospace Medicine

John S. Crowley, MD, MPH
Fort Rucker, Alabama

Vice Chair, Occupational Medicine

Kurt T. Hegmann, MD, MPH
Salt Lake City, Utah

Vice Chair, Public Health and General Preventive Medicine

Marcel E. Salive, MD, MPH
Baltimore, Maryland

Secretary

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Mason, Ohio

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Joshua Lipsman, MD, JD, MPH
New Rochelle, New York

MEMBERS

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Susan E. Northrup, MD, MPH
Peachtree City, Georgia

Executive Director

James M. Vanderploeg, MD, MPH

Administrator

Kristine D. Pasciak

HISTORY AND MEMBERSHIP

The American Board of Preventive Medicine, Incorporated (ABPM) is a Member Board of the American Board of Medical Specialties. The Board originated from recommendations of a joint committee comprised of representatives from the Section of Preventive and Industrial Medicine and Public Health of the American Medical Association and the Committee on Professional Education of the American Public Health Association. The Board was incorporated under the laws of the State of Delaware on June 29, 1948 as "The American Board of Preventive Medicine and Public Health, Incorporated."

The Board's creation was in accordance with action of the Advisory Board of Medical Specialties (now the American Board of Medical Specialties). In 1949 it was recognized and approved by the Council on Medical Education and Hospitals of the American Medical Association as a Medical Specialty Board authorized to certify properly qualified specialists in Public Health.

In 1952 the name was changed to the American Board of Preventive Medicine, Incorporated. In February 1953 the Advisory Board of Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association authorized certification by the Board of preventive medicine specialists in Aviation Medicine (the name changed to Aerospace Medicine in 1963); in June 1955, preventive medicine specialists in Occupational Medicine; in November 1960, preventive medicine specialists in General Preventive Medicine; and in 1983, Public Health and General Preventive Medicine were combined into one specialty area of certification. In 1989 the American Board of Preventive Medicine was approved to offer a subspecialty certificate in Undersea Medicine (the name was changed to Undersea and Hyperbaric Medicine in 1999) and in 1992 a subspecialty certificate in Medical Toxicology.

The Board is a non-profit corporation, and no member, officer, or trustee may receive any salary or compensation for services. The Board consists of members nominated by organizations listed below:

- Aerospace Medical Association
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- American Medical Association
- Association of Schools of Public Health
- Association of Teachers of Preventive Medicine
- Trustees of the American Board of Preventive Medicine

PURPOSE

The following are major functions of The American Board of Preventive Medicine in accomplishing its purpose:

1. To grant and issue, to qualified physicians who are licensed to practice medicine, certificates of special knowledge in Preventive Medicine and in one of the specialty areas of Aerospace Medicine, Occupational Medicine or Public Health and General Preventive Medicine or in one of the subspecialties of Medical Toxicology or Undersea and Hyperbaric Medicine; and
2. To encourage the study, enhance the standards of practice, and advance the cause of Preventive Medicine.

Certification in Preventive Medicine does not in itself confer legal qualifications, privileges, or license to practice medicine or the specialty of Preventive Medicine. Furthermore, The American Board of Preventive Medicine has never sought special privileges or recognition for physicians it has certified, either in their practice of the specialty or on the staff of hospitals or other institutions. Rather, the Board's primary purposes are to pass judgement on the education, training, and knowledge of broadly competent and responsible practitioners of Preventive Medicine and to extend and support development of the specialty itself.

DEFINITION AND CONTENT OF PREVENTIVE MEDICINE

DEFINITION OF PREVENTIVE MEDICINE

Preventive Medicine is that specialty of medical practice which focuses on the health of individuals and defined populations in order to protect, promote, and maintain health and well-being and prevent disease, disability, and premature death.

CONTENT OF PREVENTIVE MEDICINE

In addition to the knowledge of basic and clinical sciences and the skills common to all physicians, the distinctive components of Preventive Medicine include:

1. Biostatistics and the application of biostatistical principles and methodology;
2. Epidemiology and its application to population-based medicine and research;
3. Health services management and administration, including developing, assessing, and assuring health policies; planning, implementing, directing, budgeting, and evaluating population health and disease management programs; and utilizing legislative and regulatory processes to enhance health;
4. Control and prevention of environmental factors that may adversely affect health;
5. Control and prevention of occupational factors that may adversely affect health and safety;
6. Clinical preventive medicine activities, including measures to promote health and prevent the occurrence, progression, and disabling effects of disease and injury; and

7. Assessment of social, cultural, and behavioral influences on health.

Each applicant for a certificate in Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine must meet certain requirements to be admitted to the certifying examination. Such requirements are determined by the Board.

Approval for admission to the examination can only be established after the review of a complete application by the full Board. No individual member of the Board is authorized to give an opinion on the admissibility of candidates, nor does the Board do preliminary credential reviews.

For the information of applicants, such requirements are summarized below. A worksheet is available to use in comparing the ABPM requirements to an applicant's training and experience.

GENERAL REQUIREMENTS

1. **Medical School:** Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or from a medical school located outside the United States and Canada that is deemed satisfactory to the Board.
2. **Current License(s):** Unrestricted and currently valid license(s) to practice medicine in a State, the District of Columbia, a Territory, Commonwealth, or possession of the United States or in a Province of Canada. No license may be restricted, revoked, or suspended or currently under such notice.
3. **Clinical Year:** A year of supervised postgraduate clinical training provided as part of a graduate medical education program accredited by the ACGME*. Clinical training accredited by the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada is also acceptable. The training must include at least six months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.
4. **Academic Year:** Successful completion of a course of graduate academic study and award of a Master of Public Health or equivalent masters or doctoral postgraduate degree; the course content of which shall include biostatistics, epidemiology, health services management and administration, and environmental health.
5. **Practicum Year:** Residency practicum of not less than one year which is accredited by the ACGME in the specialty area (Aerospace Medicine, Occupational Medicine or Public Health and General Preventive Medicine) for which certification is being sought and which shall have provided supervised experience in the practice of that specialty area of Preventive Medicine and planned instruction, observation, and active participation in a comprehensive organized program.

6. **Current Practice:** The applicant must have been engaged in essentially full-time training for, or practice in, preventive medicine for at least one of the three years preceding application for certification (alternative pathway and special pathway applicants will need to demonstrate two of the five years preceding application for certification in the specialty area for which certification is being sought).

*A statement of the essentials of approved residencies, as well as a listing of accredited residency programs and information regarding The American Board of Preventive Medicine, Inc., may be found in the Directory of Graduate Medical Education Programs, published annually by the American Medical Association. Further information concerning residencies in Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine may be obtained from the Executive Director, Residency Review Committee for Preventive Medicine, Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, IL 60610 or at their web site www.acgme.org.

ALTERNATIVE PATHWAY TO CERTIFICATION

Persons graduating from a school of medicine or school of osteopathic medicine prior to January 1, 1984 who have not formally completed all of the components previously described may be considered for admission to the examination if their training and experience are judged by the Board to provide a suitable alternative for formal training.

The Board will consider granting credit toward satisfying training requirements for such factors as:

1. Completion of three-credit hour, post graduate level academic course work in each of the four core areas: epidemiology, biostatistics, health services management and administration, and environmental health or teaching in one or more of the four courses at the post graduate level and that is acceptable to the Board; and
2. Periods of full-time practice, research, or teaching in the specialty area of Preventive Medicine in which certification is sought. A total of eight years of full-time practice is required if no other specialty certification is held, but may be reduced to six years if certification is held in another specialty recognized by the American Board of Medical Specialties (ABMS). For those with an M.P.H. or equivalent masters or doctoral post graduate degree but no practicum year, a period of four years of full-time practice is required in the specialty area of Preventive Medicine for which certification is being sought, a period that can be reduced to three years if other ABMS specialty certification is held.

Each applicant is considered individually by the Board in accordance with the existing guidelines. A worksheet is available to use in comparing the ABPM requirements to an applicant's training and experience. Practice time needed for the alternative pathway to certification is summarized on this worksheet. Applications must be received by June 1 of each year. Requirements must be completed by August 1 of the year in which the applicant wishes to sit for the examination.

Persons graduating from a school of medicine or school of osteopathic medicine after January 1, 1984 will be admissible to the examination only after completing ACGME-accredited residency training in Preventive Medicine. This alternative pathway to certification is not available for such graduates.

SPECIAL PATHWAY FOR ABPM DIPLOMATES

Diplomates of ABPM who have graduated from medical school after January 1, 1984 may request consideration through a special pathway. In order to qualify for this special pathway, applicants must have completed an ACGME accredited residency in a specialty area of Preventive Medicine, been certified by ABPM in that specialty area, be applying for certification by ABPM in an additional Preventive Medicine specialty area, and have sufficient practice time to meet the requirements. A total of two years of essentially full-time practice is required in the specialty area for which the additional certification is sought. In addition, the applicant must have been engaged in essentially full-time training for, or practice in, the specialty area for which the second certification is being sought for at least two of the last five years.

SUBSPECIALTIES

Medical Toxicology: Every two years ABPM offers subspecialty certification in Medical Toxicology to ABPM diplomates who meet the appropriate requirements for Medical Toxicology. Applications will be available on the ABPM web site or by contacting the Board office in March 2010. Applications for the examination to be offered in 2010 will be accepted with postmark dates through April 15, 2010.

Undersea and Hyperbaric Medicine: ABPM offers subspecialty certification in Undersea and Hyperbaric Medicine in November each year to physicians holding current certification by one of the ABMS Member Boards and who meet the appropriate requirements in Undersea and Hyperbaric Medicine. Those physicians who are certified by the American Board of Emergency Medicine (ABEM) must apply through ABEM. Applications for all other physicians certified by an ABMS Member Board are available on the ABPM web site or by contacting the Board office.

WEB SITE ADDRESS: www.theabpm.org

ABPM has a web site that includes the latest version of our application and other publications. Please refer to the web site for current information about the ABPM.

APPLICATION

Applications can be submitted online at the ABPM website from March 1 to June 1 each year. After the June 1 deadline, applications can be submitted online until 1 week prior to the Board meeting with payment of appropriate late fees.

Applicants requiring special examination accommodations due to a disability should contact the Board office to obtain the Application for Testing Accommodations form. This form is required at the time the examination application is submitted.

EXAMINATION

The examination is a one-day computer-based examination given in the Fall each year over a two week span. It is administered at Pearson VUE Professional Centers across the United States. This multiple choice examination consists of a morning portion covering the core knowledge of Preventive Medicine and the afternoon portion covering either Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine.

The subspecialty examination in Undersea and Hyperbaric Medicine is a half-day computer-based examination given in the Fall each year. The subspecialty examination in Medical Toxicology is administered every other year by the American Board of Emergency Medicine. The next offering will be in 2010.

RE-APPLICATION AND RE-EXAMINATION

An applicant approved for admission to the examination who does not take the examination, or who fails to pass the examination within the three-year approval period, is required to file a new application and pay a new application fee.

Applicants not approved for admission to the examination may request reconsideration of their applications on the basis of new or additional information within two years of the filing date of the original application, with payment of the re-review fee.

Candidates not passing the examination may, upon timely registration and payment of appropriate fee, be admitted to re-examination during their approval period.

Beginning with the 2001 examination, examinees who fail one component of the examination, may retake just the component that was failed at the next offering of the examination. This policy applies only to the next examination offering; if an examinee does not pass the component at the next examination offering, taking both components of the examination will be required on future attempts.

A candidate who has failed the examination on two or more occasions may be required to have additional training, in accordance with recommendations from the full Board, before being admitted to further examination.

MULTIPLE CERTIFICATION

An individual may apply sequentially for admission to examination in more than one specialty area of Preventive Medicine. Applicants may apply in more than one specialty area in a given year. An applicant must fulfill the individual requirements of each specialty area in which application is made and cannot double count the same periods for practice time or currency time.

Diplomates who passed both components of the examination and can fulfill the requirements for a second Specialty Area, may apply to take the examination in the second Specialty Area. Certification in the second Specialty Area will require passing only the Specialty Area examination within seven (7) years of the initial certifying examination. If certification in the second Specialty Area is not achieved within seven years, retaking the Core examination will be required.

CERTIFICATION

Upon satisfactory completion of the examination, a certificate will be issued stating that the applicant has been found to possess special knowledge in the specified specialty area of Preventive Medicine. The certificate will be signed by the officers of the Board and will have the seal of the Board affixed. Each certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless it is revoked.

Any certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of issuance, or that any pertinent fact had been misstated, misrepresented, or concealed; or that any licensure to practice medicine has been suspended or revoked. Note: The issuance of a certificate to a person does not constitute membership on the Board.

TIME-LIMITED CERTIFICATES

By action of the Board in August 1994, ABPM now issues ten-year, time-limited certificates. The first time-limited certificates were issued in 1998 to candidates who passed the certifying examination given in November 1997.

NOTICE OF CERTIFICATION

The examination results, without individual identifiers, are reviewed by the full Board after completion of scoring and examination analysis. Final determination of candidates' certification status is made at that time.

Candidates who have taken the examination may expect to be notified of results by mail approximately two months after taking the examination.

FEES

The members of the Board serve without compensation. Fees are based on the actual expenses incurred in the review of applications; examination development, administration, and scoring; and office administration.

A nonrefundable application fee of \$410* is required if the applicant holds an MPH or equivalent masters or doctoral postgraduate degree and has completed an ACGME accredited residency in the specialty area of Preventive Medicine in which certification is sought.

A nonrefundable application fee of \$705* is required if the applicant is applying through the alternative pathway to certification.

A nonrefundable application fee of \$590* is required if the applicant is applying through the special pathway for ABPM diplomates.

A nonrefundable re-review fee of \$190* is required to reactivate an application within two years of the original review.

The examination fee of \$1950* is due with the application and is non-refundable if registration for the exam is canceled less than 7 days prior to the exam. If your application is not approved, the examination fee will be refunded.

A \$50.00* administrative fee will be deducted from all refunds.

Late Fees

The online application is open from March 1 to June 1 each year. A late fee charge will be assessed to any application submitted after June 1 (see the late fee schedule below). *All fees listed below are in addition to the application and examination fees.*

Date Received	Late Fee
6/2 - 6/15	\$400*
6/16 - 6/30	\$800*
7/1 - 7/15	\$1200*
7/16 - 1 week before Board Meeting	\$1,600*

Subspecialty Fees

Medical Toxicology
Fees TBD.

Undersea and Hyperbaric Medicine

A nonrefundable application fee of \$385* is required for applicants applying through the fellowship pathway.

A nonrefundable application fee of \$555* is required for applicants applying through the practice pathway.

The examination fee of \$1750* is due with the application and is non-refundable if registration for the exam is canceled less than 7 days prior to the exam. If your application is not approved, the examination fee will be refunded.

*All fees are reviewed annually and are subject to change at the direction of the Board. Please contact the Board office for the current fee schedule.

LISTING OF INDIVIDUALS CERTIFIED

A list, current to the date of publication, of persons to whom certificates have been issued by the Board may be found in *The Official ABMS Directory of Board Certified Medical Specialists*, the ABMS web site: www.abms.org, and the ABPM web site: www.theabpm.org

REPORTING OF CHANGES OF ADDRESS

Once certified, physicians should notify the following offices of any changes of address in writing:

1. The American Board of Preventive Medicine, Inc.
Diplomates may update their address using the ABPM web site: www.theabpm.org or by mailing updated address information to the Board office. Address updates by e-mail are not accepted.
2. The Physicians Biographic Records, American Medical Association, 515 North State Street, Chicago, IL 60610, the office that maintains a master file of all physicians in the U.S.
3. The American Board of Medical Specialties, 222 North LaSalle Street, Suite 1500, Chicago, IL 60601, source of the records for *The Official ABMS Directory of Board Certified Medical Specialists*.

IMPORTANT DATES

JUNE 1:

Deadline for completed application forms and fees.

Deadline for receipt of re-review requests and fees.

JULY 15:

Deadline for receipt of **all additional information not included with the June 1 application.**

AUGUST 1:

Deadline for completion of all Alternative pathway and Special pathway requirements to sit for the examination.

Residency pathway requirements need to be completed 15 business days prior to the first day of the examination. In 2010, the deadline is September 13.

AUGUST:

Meeting of the Board to determine admissibility of applicants to the examination.

Letters of notification of admissibility for the examination are sent by mail to candidates after the August Board meeting. Notification is *not* given by telephone.

OCTOBER:

Annual one-day computer-based examination at various sites across the United States. In 2010, the examination will be offered over a two week period from October 4-15.

DECEMBER:

Meeting of the Board to determine the pass/non-pass score for the previous examination.

Results of the certifying examination are mailed to candidates. Notification is *not* given by telephone.

FORMER OFFICERS OF THE BOARD

Chair

Walter L. Bierring, M.D.	1948-1956
Ernest L. Stebbins, M.D.	1956-1961
James H. Sterner, M.D.	1961-1967
John C. Hume, M.D.	1967-1974
Earl T. Carter, M.D.	1974-1977
Duane L. Block, M.D.	1977-1984
Eugene W. Fowinkle, M.D.	1984-1988
Terence R. Collins, M.D.	1988-1991
George K. Anderson, M.D.	1991-1995
Joseph M. Cannella, M.D.	1995-1998
Dorothy S. Lane, MD	1998-2000
Jeffrey R. Davis, MD	2000-2003
P. Glenn Merchant, MD	2003-2007

Vice Chair

Aerospace Medicine

Otis O. Benson, Jr., M.D.	1954-1960
William J. Kennard, M.D.	1960-1968
Merrill H. Goodwin, M.D.	1968-1970
Earl T. Carter, M.D.	1970-1974
Howard R. Unger, M.D.	1974-1978
Stanley R. Mohler, M.D.	1978-1980
George F. Catlett, M.D.	1980-1987
Roy L. DeHart, M.D.	1987-1989
George K. Anderson, M.D.	1989-1991
Michael A. Berry, M.D.	1991-1998
Glenn W. Mitchell, M.D.	1998-2002
P. Glenn Merchant, M.D.	2002-2003

General Preventive Medicine

Rodney R. Beard, M.D.	1961-1965
Thomas D. Dublin, M.D.	1965-1970
William P. Richardson, M.D.	1970-1974
Frank L. Babbott, M.D.	1974-1979
Albert Oberman, M.D.	1979-1983

Occupational Medicine

Robert A. Kehoe, M.D.	1955-1959
James H. Sterner, M.D.	1959-1961
Lemuel C. McGee, M.D.	1961-1970
Harold J. Magnuson, M.D.	1970-1975
Robert F. Eckardt, M.D.	1975-1976
Ernest Mastromatteo, M.D.	1976-1978
Norbert J. Roberts, M.D.	1978-1985
Bertram D. Dinman, M.D.	1985-1986
Lloyd B. Tepper, M.D.	1986-1994
David C. Deubner, M.D.	1995-1997
Robert L. Goldberg, M.D.	1997-2003
William W Greaves, M.D.	2003-2008

Public Health

Felix J. Underwood, M.D.	1954-1956
V.A. Van Volkenburgh, M.D.	1956-1961
Richard F. Boyd, M.D.	1961-1970
Franklyn B. Amos, M.D.	1970-1976
Paul Q. Peterson, M.D.	1976-1983

Public Health and General Preventive Medicine

Albert Oberman, M.D.	1983-1984
Terence R. Collins, M.D.	1984-1988
Hugh H. Tilson, M.D.	1988-1995
Anita Curran-Smith, M.D.	1996-1997
Ruth A. Etzel, M.D.	1998-2001
Judith D. Rubin, M.D.	2001-2002
Michael D Parkinson, M.D.	2002-2004
Miriam H. Alexander, M.D.	2004-2009

Secretary / Treasurer

Ernest L. Stebbins, M.D.	1948-1956
Thomas F. Wayne, M.D.	1956-1963
John C. Hume, M.D.	1963-1967
Harold V. Ellingson, M.D.	1967-1974
Raymond Seltser, M.D.	1974-1977
Herschel E. Griffin, M.D.	1977-1980
Stanley R. Mohler, M.D.	1980-1992
Joseph M. Cannella, M.D.	1992-1995
James M. Vanderploeg, M.D.	1995-1996
James Vanderploeg, M.D. (secretary)	1996-1998
Mark B. Johnson, M.D. (treasurer)	1996-1998
Mark B. Johnson, M.D.	1998-2000
Mark B. Johnson, M.D. (secretary)	1998-2002
Neal D. Kohatsu, M.D. (secretary)	2002-2004
Peter H. Wald, M.D. (treasurer)	2000-2006
Cheryl S. Barbanel, M.D. (secretary)	2004-2007

*THIS FORM SHOULD BE USED BY APPLICANTS
WHO GRADUATED FROM MEDICAL SCHOOL BEFORE
JANUARY 1, 1984 ONLY.*

PRACTICE YEARS	
YOUR CREDENTIALS	TOTAL PRACTICE YEARS NEEDED FOR REQUIREMENTS 4 & 5
› MPH DEGREE › NO PRACTICUM › ABMS BOARD CERTIFICATION	3
› MPH DEGREE › NO PRACTICUM › NO ABMS BOARD CERTIFICATION	4
› NO MPH DEGREE* › PRACTICUM › ABMS BOARD CERTIFICATION	3
› NO MPH DEGREE* › PRACTICUM › NO ABMS BOARD CERTIFICATION	5
› NO MPH DEGREE* › NO PRACTICUM › ABMS BOARD CERTIFICATION	6
› NO MPH DEGREE* › NO PRACTICUM › NO ABMS BOARD CERTIFICATION	8

* WITHOUT THE MPH, THE FOUR CORE COURSES ARE ALSO REQUIRED. SEE REQUIREMENT #4 FOR THE CORE AREAS.

TOTAL PRACTICE YEARS REFERS TO THE AMOUNT OF PRACTICE TIME IN THE SPECIALTY AREA FOR WHICH CERTIFICATION IS BEING SOUGHT. REQUIREMENTS 1, 2, 3, AND 6 MUST ALSO BE FULFILLED.

**THE FOLLOWING
APPLICANT WORKSHEET
HAS BEEN DESIGNED
TO ASSIST YOU IN COMPARING
YOUR TRAINING AND EXPERIENCE
WITH ABPM REQUIREMENTS.**

APPLICANT WORKSHEET

GENERAL REQUIREMENTS	YOUR TRAINING/EXPERIENCE	COMPLETE	
		Yes	No
<p>1. MEDICAL SCHOOL: GRADUATION FROM A MEDICAL SCHOOL IN THE UNITED STATES WHICH AT THE TIME OF THE APPLICANT'S GRADUATION WAS ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION, A SCHOOL OF OSTEOPATHIC MEDICINE APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION, AN ACCREDITED MEDICAL SCHOOL IN CANADA, OR FROM A MEDICAL SCHOOL LOCATED OUTSIDE THE UNITED STATES AND CANADA THAT IS DEEMED SATISFACTORY TO THE BOARD.</p>	DEGREE: SCHOOL: GRADUATION YEAR:	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. CURRENT LICENSE(S): UNRESTRICTED, CURRENTLY VALID LICENSE(S) TO PRACTICE MEDICINE IN A STATE, THE DISTRICT OF COLUMBIA, A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES OR IN A PROVINCE OF CANADA. NO LICENSE MAY BE RESTRICTED, REVOKED, OR SUSPENDED OR CURRENTLY UNDER SUCH NOTICE.</p>	LICENSE (STATE/PROVINCE): ANY LICENSE EVER SUSPENDED, REVOKED, RESTRICTED OR UNDER DISCIPLINARY ACTION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>3. CLINICAL YEAR: A YEAR OF SUPERVISED POSTGRADUATE CLINICAL TRAINING PROVIDED AS PART OF A GRADUATE MEDICAL EDUCATION PROGRAM ACCREDITED BY THE ACGME. CLINICAL TRAINING ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA OR THE COLLEGE OF FAMILY PHYSICIANS OF CANADA IS ALSO ACCEPTABLE. THE TRAINING MUST INCLUDE AT LEAST SIX MONTHS OF DIRECT PATIENT CARE COMPRISING AMBULATORY AND INPATIENT EXPERIENCE.</p>	YEAR COMPLETED: # MONTHS OF DIRECT PATIENT CARE: SPECIALTY: INSTITUTION:	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. ACADEMIC YEAR: SUCCESSFUL COMPLETION OF A COURSE OF GRADUATE ACADEMIC STUDY AND AWARD OF A MASTER OF PUBLIC HEALTH OR EQUIVALENT MASTERS OR DOCTORAL POSTGRADUATE DEGREE; THE COURSE CONTENT OF WHICH SHALL INCLUDE BIOSTATISTICS, EPIDEMIOLOGY, HEALTH SERVICES MANAGEMENT AND ADMINISTRATION, AND ENVIRONMENTAL HEALTH.</p>	_____ DEGREE/YEAR/INSTITUTION BIostatistics EPIDEMIOLOGY ENVIRONMENTAL HEALTH HEALTH SERVICES MANAGEMENT AND ADMINISTRATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5. PRACTICUM YEAR: RESIDENCY PRACTICUM OF NOT LESS THAN ONE YEAR WHICH IS ACCREDITED BY THE ACGME IN THE SPECIALTY AREA FOR WHICH CERTIFICATION IS BEING SOUGHT AND WHICH SHALL HAVE PROVIDED SUPERVISED EXPERIENCE IN THE PRACTICE OF THAT FIELD OF PREVENTIVE MEDICINE AND PLANNED INSTRUCTION, OBSERVATION AND ACTIVE PARTICIPATION IN A COMPREHENSIVE ORGANIZED PROGRAM.</p>	INSTITUTION: YEAR COMPLETED: SPECIALTY AREA:	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. CURRENCY: THE APPLICANT MUST HAVE BEEN ENGAGED IN ESSENTIALLY FULL-TIME TRAINING FOR, OR PRACTICE IN, PREVENTIVE MEDICINE FOR AT LEAST ONE OF THE THREE YEARS PRECEDING APPLICATION FOR CERTIFICATION (ALTERNATIVE PATHWAY AND SPECIAL PATHWAY APPLICANTS WILL NEED TO DEMONSTRATE TWO OF THE FIVE YEARS PRECEDING APPLICATION FOR CERTIFICATION IN THE SPECIALTY AREA FOR WHICH CERTIFICATION IS BEING SOUGHT).</p>	DESCRIPTION & % TIME:	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANTS WHO GRADUATED FROM MEDICAL SCHOOL **AFTER** JANUARY 1, 1984 **MUST** FULFILL REQUIREMENTS 1 THROUGH 6 ABOVE, UNLESS THEY HAVE ALREADY BEEN CERTIFIED BY THE ABPM IN ANOTHER SPECIALTY AREA THROUGH THE RESIDENCY PATHWAY (SEE SECTION ON SPECIAL PATHWAY FOR ABPM DIPLOMATES).

APPLICANTS WHO GRADUATED FROM MEDICAL SCHOOL **BEFORE** JANUARY 1, 1984 MAY BE ABLE TO APPLY PRACTICE TIME, ALONG WITH THE FOUR CORE COURSES, TOWARD REQUIREMENTS 4 AND 5 (SEE NEXT PAGE).