

**AMERICAN BOARD
OF PREVENTIVE MEDICINE®**

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Chicago, Illinois 60604

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**Note: The practice pathway
has been extended through
the 2010 application cycle.**

UNDERSEA AND
HYPERBARIC MEDICINE

APPLICATION PACKET

APPLICATION DEADLINE IS JULY 1

INSTRUCTIONS FOR COMPLETING THE APPLICATION

DEADLINES

- JULY 1 - Deadline for applications and application and examination fees.
Applications received after this date will be held for future review.
- AUGUST 1 - Deadline for receipt of additional information not included with the application.
- AUGUST 1 - Deadline for completion of requirements to sit for the October examination.

COMPLETING THE APPLICATION

1. The Board stresses careful and complete preparation of the application. Applications must be legibly printed or typewritten. Incomplete applications may result in an additional fee or possible disqualification.
2. Return all numbered pages of the application along with supporting documentation. Reference all enclosures by application item number. Additional copies of Section F (page 7) should be submitted as necessary.
3. The Board cannot accept faxed applications.
4. You must use the application form for the current year (2010).

CHECKLIST OF DOCUMENTATION

1. Application **Must be received by July 1**
2. Application and Examination Fees **Must be received by July 1**
3. Photocopy of other ABMS Board certificate (if other than ABPM) [] included
[] to be submitted by August 1
4. Photocopy of certificate of completion of medical school (diploma) [] included
[] to be submitted by August 1
5. Photocopy of all current medical license(s) and license renewal(s) showing expiration date(s) [] included
[] to be submitted by August 1
6. *Fellowship pathway*: Documentation of completion of approved fellowship. (A letter from the director of the program is required). [] included
[] to be submitted by August 1
7. *Practice pathway*: Documentation of completion of approved course work. [] included
[] to be submitted by August 1
8. *Practice pathway*: Documentation of two years practice (at least 25% time) in Undersea and Hyperbaric Medicine
Note: Practice time must have been completed within the five years preceding application to be considered [] included
[] to be submitted by August 1
9. Three current letters of reference from physicians (at least one of which must be certified by one of the ABMS Member Boards) verifying training or content and percent time of Undersea and Hyperbaric Medicine training/practice [] included
[] to be submitted by August 1
10. Curriculum vitae [] included
[] to be submitted by August 1

APPLICATION AND EXAMINATION FEES

NON-REFUNDABLE APPLICATION FEE

Approved fellowship pathway \$385.00*
Practice pathway \$555.00*

NON-REFUNDABLE RE-REVIEW FEE for Applicants not approved who wish to document fulfillment of
outstanding requirements within two years of the original application date \$190.00*

EXAMINATION FEE is due with the application and is non-refundable if registration
for the exam is canceled less than 48 hours prior to the exam. If your application is not approved,
the examination fee will be refunded \$1750.00*

FEE PAYMENT: Fees may be paid by credit card by completing the information below and submitting it with the application to the ABPM Board office. Personal checks and money orders are also accepted for fees. There is a \$25.00 charge for bank-returned checks. Only U.S. dollars may be used; no foreign currencies are acceptable. Make check/money order payable to: The American Board of Preventive Medicine.

* All fees are reviewed annually and subject to change at the direction of the Board.

CREDIT CARD INFORMATION

Name (as it appears on credit card): _____

Billing Address: _____

Select type of credit card:



Credit Card Number:

Security Code: Expiration Date: / Amount \$

Signature: _____ Date: _____

The Security Code is the 3 or 4 digit code found on the back (or front for American Express) of your credit card. All fees are in US dollars.

INSTRUCTIONS AND TEMPLATE FOR LETTERS OF REFERENCE

Three current letters of reference are required from physicians who know of your experience in Undersea and Hyperbaric Medicine. At least one of the physicians must be certified by a medical specialty board under the American Board of Medical Specialties. In addition, at least one letter must have been written by a physician who is familiar with the applicant's professional work activities within five years of the date of application for examination.

Please insure that all physicians from whom you request a letter receive these *Instructions and Template for Letters of Reference*. All letters must address all areas noted below to be considered complete.

Letters should comment on:

1. The length of time you have known the applicant and in what capacity
2. The most recent period of time in which you have had direct contact with the applicant
3. The performance of the applicant, ***including clinical abilities.***
4. The professional conduct and ethics of the applicant
5. The amount of time the applicant spends in practice/training in Undersea and Hyperbaric Medicine
6. Information on where you can be contacted if necessary

A reference letter template can be downloaded from the ABPM web site www.theabpm.org

SIGNATURES AND ACKNOWLEDGEMENTS

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 certification 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 of my acceptance by ABPM for examination, 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 certification 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 application fee which accompanies this application for examination is not refundable;
4. That if my application for examination is accepted, but I do not register for the examination in 2010 my examination fee will be applied to a future examination. If my application is not approved the examination fee will be refunded;
5. 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 certified.
6. That the names of all physicians certified as diplomates of the American Board of Preventive Medicine are published in *The Official ABMS Directory of Board Certified Medical Specialists* which is available to the public. In the event I become a diplomate of the ABPM, I will be consulted concerning the form and content of my listing and any special limitations I might identify.
7. That I have been provided with a copy of the ABPM Cheating Policy and agree to refrain from any activities that are prohibited in the Cheating Policy.

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 examination 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

THE AMERICAN BOARD OF PREVENTIVE MEDICINE, INC

POLICY ON CHEATING

1. GENERAL CONSIDERATIONS

The American Board of Preventive Medicine (ABPM) expects that all candidates will refrain from cheating, the appearance of cheating, or enabling another candidate to cheat. All examinations will be openly and visibly proctored. The testing center facilities will be arranged in a manner that minimizes the opportunity to cheat.

The ABPM also expects that all candidates will refrain from any communication, written or spoken, with other examinees concerning the content of the examination for the entire duration of the examination offering.

2. RESPONSIBILITY

Any candidate observing cheating behavior must bring it to the attention of the testing center proctor.

3. CANDIDATE MONITORING

The testing centers will proctor the examinations through video and direct surveillance and will capture testing events via audio and video recording. Video and audio tapes of testing sessions will be retained at the testing centers for thirty (30) days. At least one certified proctor shall maintain direct line-of-sight monitoring at all times during the examination administration.

4. COUNSELING AND CONDITIONS OF TERMINATION

If the testing center proctor observes or becomes aware of candidate behavior that in any way suggests inappropriate activity or cheating, the proctor shall counsel the candidate and may separate the candidate into a separate testing area. The proctor may allow the candidate to complete the test but will generate a detailed irregularity report immediately upon awareness of the irregularity. The testing center will make available to the Board this report as well as video and/or audio tapes of the activity in question.

5. REMOVAL FROM EXAMINATION

The testing center proctor has the option of removing a candidate from the examination if such candidate does not cooperate with the steps taken to assure examination and site security, candidate verification, and candidate monitoring. For reasons of privacy and protection from disruption, the Board and the testing center reserve the prerogative not to remove a candidate showing irregular behavior from the examination or to relocate the candidate. The Board also reserves the right subsequently to invalidate the examination of the candidate or of those candidates judged to be involved in cheating.

6. ACTIONS

Upon confirmation of observed cheating behavior, the candidate will be disqualified. The disqualified candidate will be so notified and the respective score(s) dropped from aggregate scoring. Readmission for examination will be considered after a period of three years contingent upon Board review of credentials using criteria for admission applicable at the time of review, including current letters of reference.

Select the pathway through which you are applying and enclose the appropriate fee with your completed application.

- \$2135* (\$385 application fee + \$1750 examination fee) - Fellowship Pathway
- \$2305* (\$555 application fee + \$1750 examination fee) - Practice Pathway

LAST NAME FIRST NAME MIDDLE NAME

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

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

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

Fax: _____

E-mail address: _____

Correspondence should be mailed to: Home or Work

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION TO THE ABPM?

- YES, complete information below.
- NO

Date(s) submitted: _____ Specialty area previously applied for: _____

Name under which submitted, if different: _____

*All fees are reviewed annually and subject to change at the direction of the Board.

REQUIREMENTS FOR ADMISSION TO THE EXAMINATION

The Board specifies criteria to meet requirements to sit for the examination in six areas as described in Sections A-H below:

SECTION A. MEDICAL DEGREE

Requirement:

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.

Instruction:

Send photocopy of certificate of completion of medical school (diploma) with this application.

M.D. D.O. Year Graduated: _____

Medical School: _____

Location: _____

SECTION B. MEDICAL LICENSE

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

YES, Please Explain _____ NO

Requirement:

An 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 is required. No license may be restricted, revoked, or suspended or currently under such notice.

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

Instruction:

Send photocopy of all current medical license(s), and license renewal(s) showing expiration dates, with this application.

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

State/Province: _____ License Number: _____

SECTION C. SPECIALTY BOARD CERTIFICATION

Name the American Board of Medical Specialties Member Board by which you are currently certified.

Specialty Board _____ Cert No. and Date _____

Specialty Board _____ Cert No. and Date _____

Please submit copy of your certificate if certification or recertification is from an ABMS Member Board other than ABPM. *Please note: This certification must be current.*

SECTION D. TRAINING IN UNDERSEA AND HYPERBARIC MEDICINE [FELLOWSHIP PATHWAY]

FELLOWSHIP PATHWAY REQUIREMENT: The candidate must have completed a 12 month, full-time fellowship, during which approximately 25% of the fellow's time was spent in actual management of undersea/hyperbaric medicine cases.

Please Note: The U.S. Navy Undersea Medical Officer course **does not** meet this requirement.

List fellowship, hospital, other institution, and years of training.

Hospital or other
institution: _____

Director of Training: _____

Address: _____

Phone number: _____

Dates of training: _____

Include a concise statement describing this training [use additional sheet if necessary]:

**SECTION E. FORMAL COURSE IN UNDERSEA AND HYPERBARIC MEDICINE
[PRACTICE PATHWAY]**

List your course(s) in undersea and hyperbaric medicine.

Sponsoring organization: _____
Director of Training: _____
Address: _____

Phone number: _____
Dates of training: _____

Include a concise statement describing this training [use additional sheet if necessary]:

SECTION F. UNDERSEA AND HYPERBARIC MEDICINE PRACTICE EXPERIENCE [PRACTICE PATHWAY]

PRACTICE PATHWAY REQUIREMENTS: Two years of practice (*at least 25% daily, weekly, or monthly time*) in Undersea and Hyperbaric Medicine. **Note:** Practice time must have been completed in the five years preceding application to be considered.

In addition, the candidate must have completed a basic course in Undersea and Hyperbaric Medicine. This course may have been completed under the sponsorship of a civilian organization or the United States military. If completed under the sponsorship of a civilian organization, the length of the course must have been at least 40 hours followed by formal assessment. Military courses must be of at least two weeks duration.

Include a current curriculum vitae with this application. Photocopy this page for each additional position held.

Dates: from _____ to _____ MO/YR MO/YR	
Job Title/Position: _____ Company/Institution/Organization: _____ Average number of hours per week in total practice: _____ Average number of hours per week in Undersea and Hyperbaric Medicine: Practice: _____ Research: _____ Total (combined Practice + Research): _____	
Present a detailed description of this practice which must include a listing of approximately 100 cases with a breakdown of the number of patients in each of the following treatment indications [use additional sheet if necessary]:	
Number of cases in each: 1. Decompression sickness: _____ 2. Air or gas embolism: _____ 3. Carbon monoxide poisoning & smoke inhalation: _____ 4. Gas gangrene: _____ 5. Crush injury: _____ 6. Enhancement of healing in selected wounds: _____ 7. Necrotizing soft tissue infections: _____ 8. Osteomyelitis: _____ 9. Radiation tissue damage: _____ 10. Skin grafts and flaps (compromised): _____ 11. Thermal burns: _____ 12. Intracranial abscess: _____ 13. Exceptional blood loss: _____	Practice Description: