COMPLEMENTARY PATHWAY APPLICATION
FOR ADMISSION TO THE 2015 CERTIFYING EXAMINATION

AMERICAN BOARD OF PREVENTIVE MEDICINE

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AEROSPACE MEDICINE

OCCUPATIONAL MEDICINE

PUBLIC HEALTH AND GENERAL PREVENTIVE MEDICINE

APPLICATION PACKET

APPLICATION DEADLINE IS JUNE 1 EACH YEAR
LATE FEES ARE APPLIED TO ANY APPLICATION SUBMITTED AFTER JUNE 1

INSTRUCTIONS FOR COMPLETING THE APPLICATION

DEADLINES

JUNE 1: Deadline for applications and application and examination fees.
JULY 15: Deadline for receipt of additional information not included with the June 1 application.
AUGUST 1: Deadline for completion of Alternative 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.

COMPLETING THE APPLICATION

1. The Board stresses careful and complete preparation of the application. 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 Form A (page 12) should be submitted as necessary.
3. The Board cannot accept faxed applications.
4. You must use the application form for the current year.

REQUIRED DOCUMENTATION TO BE SUBMITTED TO ABPM

1. Completed application.
2. Application and examination fees.
3. Photocopy of other ABMS Board certificate (if applicable).
4. Photocopy of certificate of completion of medical school (diploma).
5. Photocopy of all current medical license renewal(s) showing expiration date(s).
6. Photocopy of certificate of completion of clinical years.
7. Official transcript showing completion of three-credit hour postgraduate level academic course work in each of the required core areas (if applicable). Transcripts should be sent directly from the university to the Board address.
8. Documentation of completion of Preventive Medicine residency.
9. Documentation of essentially full-time Preventive Medicine practice/training format least two of the five years preceding application for certification in the specialty area for which certification is being sought.
10. Three letters of reference from physicians verifying content of, and amount of time in, Preventive Medicine practice (at least one letter must be from a physician certified by ABPM in the specialty area for which certification is being sought). *(See Instructions for Letters of Reference, page 2)*
11. Current curriculum vitae.

APPLICATION AND EXAMINATION FEES

NON-REFUNDABLE APPLICATION FEE

Complementary pathway $590.00*

LATE FEES

These fees are in addition to the application and examination fees for any application submitted after June 1.

Applications submitted June 2 through June 15 ....$400*
Applications submitted June 16 through June 30 ... .$800*
Applications submitted July 1 through July 15 ....$1200*
Applications submitted July 15 until 1 week prior to August Board meeting..... ....$1600*

EXAMINATION FEE

The 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 $1950.00*

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.

A $50 administrative fee will be deducted from all refunds.

**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: _____

_____

_____

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.

CHECKLIST OF DOCUMENTATION

1. Application ..... Must be received by June 1
2. Application and Examination Fees ..... Must be received by June 1
3. Photocopy of other ABMS Board certificate (if applicable) ..... [ ] included
   [ ] to be submitted by July 15
4. Section A: Photocopy of certificate of completion of medical school (diploma) ..... [ ] included
   [ ] to be submitted by July 15
5. Section B: Photocopy of all current medical license renewal(s) showing expiration date(s) ..... [ ] included
   [ ] to be submitted by July 15
6. Section C: Photocopy of certificate of completion of clinical years ..... [ ] included
   [ ] to be submitted by July 15
7. Section D: Official transcript documenting three-credit hour postgraduate level academic course work in the five core areas ..... [ ] included
   [ ] to be submitted by July 15
8. Section E: Documentation of completion of Preventive Medicine residency training ..... [ ] included
   [ ] to be submitted by July 15
9. Form A: Chronology of Preventive Medicine Practice
   Description of essentially full-time Preventive Medicine practice/training for at least two of the five years preceding application for certification in the specialty area for which certification is being sought [ ] included
   [ ] to be submitted by July 15
10. Three letters of reference from physicians at least one of whom is certified by ABPM in the specialty area for which certification is being sought. Letters should verify training or content of, and amount of time in, Preventive Medicine practice/training (see Instructions for Letters of Reference, page 2) ..... [ ] included
    [ ] to be submitted by July 15
11. Current curriculum vitae ..... [ ] included
    [ ] to be submitted by July 15
12. Applicants requesting accommodations because of disability must advise the Board in writing at the time of application ..... [ ] included
    [ ] to be submitted by July 15

Please note: If completion date of a requirement is after July 15, send appropriate documentation to the Board office immediately upon completion.

Send completed application, all fees, and documentation to the Board office at the address on the cover.

INSTRUCTIONS AND TEMPLATE FOR LETTERS OF REFERENCE

The Board requires three letters of reference from physicians at least one of whom is certified by ABPM in the specialty area for which certification is being sought. In addition, at least one letter must have been written by someone who is familiar with the applicant=s professional work activities within three years of the date of application for examination.

Please insure that all physicians from whom you request a letter receive these *Instructions for Letters of Reference*. All letters must address all areas noted below to be considered complete. All letters must be on letterhead and signed by the author (e-mail letters are not acceptable).

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 if applicable.
4. The professional conduct and ethics of the applicant.
5. The amount of time the applicant spends in practice/training in Preventive 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/publications.cfm).

SIGNATURES AND ACKNOWLEDGEMENTS

I hereby apply for admission to the examination for certification as a diplomate of the ABPM in the specialty area of Preventive Medicine cited below (check one):

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

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 and as a condition 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 will not be refunded;
4. That if my application for examination is accepted, but I do not register for the examination in 2014, 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 my name, along with names of all physicians certified 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 a diplomate of the ABPM, I will be contacted 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;
8. For residency pathway applicants only: That my examination test results will be provided to my residency program director for use in evaluating the overall performance of the residency program.

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

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.

GENERAL INFORMATION

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

☐ $2540* ($590 application fee + $1950 examination fee) - Complementary Pathway (Applicants must complete page 9 of this application.)

Plus any applicable late fees:

☐ $400* for applications submitted June 2 through June 15
☐ $800* for applications submitted June 16 through June 30
☐ $1200* for applications submitted July 1 through July 15
☐ $1600* for applications submitted July 15 until 1 week prior to August Board meeting

_____

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

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:_____

SPECIALTY BOARD CERTIFICATION

Are you certified by a member board of the American Board of Medical Specialties?

☐ YES, name the Board(s) below ☐ NO

Specialty Board(s)_____ Year(s) Certified:_____
Specialty Board(s)_____ Year(s) Certified:_____
Specialty Board(s)_____ Year(s) Certified:_____

**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-F 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:

Complete information below.

☐ 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.

Instruction:

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

SECTION C. CLINICAL TRAINING

Requirement:

Two years 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 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.

Instruction:

Send photocopy of certificate of completion of clinical years with this application.

Institution:_____

Type of Training:_____

Location:_____ Dates: from_____ to_____
MO/YR MO/YR

Accredited by ACGME: ☐ YES ☐ NO (if no, complete information below)

Accredited by (organization name):_____

LETTERS OF REFERENCE

Requirement:
Three letters of reference are required from physicians who know of your experience in the specialty area for which certification is being sought (Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine). At least one must be certified by The American Board of Preventive Medicine in the specialty area (Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine) in which certification is being sought. **(See Instructions and Template for Letters of Reference, page 2)**

Instruction:
Letters of reference may be submitted either with the application or under separate cover. *Current Trustees of The American Board of Preventive Medicine may not be used as references in this application.*

For the information of the Board members, please cite the name and specialty board certification of each reference physician. The Board office does not solicit letters of reference but does reserve the right to request further information or clarification from these references if required.

REFERENCE (No addresses please) **BOARD CERTIFICATION**

1._____

2._____

3._____

COMPLEMENTARY PATHWAY

SECTION D ACADEMIC REQUIREMENT

*The applicant is responsible for requesting from the registrar of the respective institution that an **official** transcript be sent directly to ABPM. Do not send medical school or undergraduate transcripts.*

Name of Graduate School:_____

Degree Received (if applicable):_____ Date Received_____

Identify by course name and number the required core courses listed on the official transcript submitted to the Board office.

1. Biostatistics:_____ No.:_____
2. Epidemiology:_____ No.:_____
3. Health Services Management and Administration:_____ No.:_____
4. Environmental Health:_____ No.:_____
5. Behavioral Sciences:_____ No.:_____

SECTION E PREVENTIVE MEDICINE TRAINING REQUIREMENT

Completion of 12 months in an ACGME accredited Preventive Medicine residency providing the training requirement in the specialty area for which certification is being sought.

Accredited by the ACGME in/for:

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

Program Name:_____

Address:_____

_____

Residency Director:_____

Date: from_____ to_____ Completion date:_____
MO/YR MO/YR MO/YR

SECTION F CURRENCY REQUIREMENT

Requirement:

Two of the last five years of essentially full-time practice in the specialty area for which certification is being sought (Aerospace Medicine, Occupational Medicine, Public Health and General Preventive Medicine).

Instruction:

Please document dates, hours of preventive medicine practice, and content of practice time on Form A.

FORM A: CHRONOLOGY OF PREVENTIVE MEDICINE PRACTICE

1. List practice time in the specialty area for which certification is being sought (Aerospace Medicine, Occupational Medicine, or Public Health and General Preventive Medicine) since graduation from medical school that you are applying toward meeting requirements.
2. Describe one job title or position per page.
3. If you are citing multiple job titles or positions, ***please photocopy this page for each additional position held.***
4. Stay within the space provided in summarizing the information.

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 the selected Preventive Medicine specialty area:_____

Please describe the Preventive Medicine practice cited above, being sure to carefully document the Preventive Medicine nature/character of your practice activities. If the Preventive Medicine content of the practice is not apparent; e.g. as part of a clinical primary care experience, detailed documentation is required for the experience to be credited.