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MAINTENANCE OF  
CERTIFICATION (MOC®)  
EXAMINATION APPLICATION FOR:

AEROSPACE MEDICINE  
OCCUPATIONAL MEDICINE  
PUBLIC HEALTH AND  
GENERAL PREVENTIVE MEDICINE  
UNDERSEA & HYPERBARIC MEDICINE

# INSTRUCTIONS FOR COMPLETING THE APPLICATION

## DEADLINES

Applications are due 10 days prior to the MOC® examination date, but seats are available on first come, first serve basis.

## 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 completed application along with supporting documentation to [moc@theabpm.org](mailto:moc@theabpm.org) or by fax to 312-939-2218.
3. You must use the application form for the current year.

## REQUIRED DOCUMENTATION TO BE SUBMITTED TO ABPM

1. Completed application.
2. MOC registration fee (if not previously paid) and examination fee.

## APPLICATION AND EXAMINATION FEES

Non-refundable MOC® Registration fee (*if not previously paid*)..... \$200\*  
MOC® Examination fee.. ..... \$1,750\*

### 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. You may also complete this entire process online at [www.theabpm.org](http://www.theabpm.org) 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.

## 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

EXAM DATE and LOCATION

- |  |  |
|--|--|
| <input type="checkbox"/> Aerospace Medicine                        | <input type="checkbox"/> Feb 25, 2016 at 9:00am EST -- Preventive Medicine, Washington, DC       |
| <input type="checkbox"/> Occupational Medicine                     | <input type="checkbox"/> April 10, 2016 at 9:00am CST -- ACOEM - AOHC, Chicago, IL               |
| <input type="checkbox"/> Public Health/General Preventive Medicine | <input type="checkbox"/> April 24, 2016 at 12:00pm EST -- AsMA Annual Meeting, Atlantic City, NJ |
| <input type="checkbox"/> Undersea & Hyperbaric Medicine            | <input type="checkbox"/> June 8, 2016 at 1:00pm PST -- UHMS Annual Meeting, Las Vegas, NV        |
|  | <input type="checkbox"/> Aug 25, 2016 at 10:00 am -- ACPM Review Course, Baltimore, MD           |
|  | <input type="checkbox"/> Oct 23, 2016 (time TBA) -- ACOEM Fall Courses, San Diego, CA            |

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](http://www.abms.org)) and the ABPM web site ([www.theabpm.org](http://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

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: : \_\_\_\_\_ Fax: \_\_\_\_\_

Correspondence should be mailed to:  Home or  Work

ABPM BOARD CERTIFICATION

- Aerospace Medicine Date of Certification \_\_\_\_\_ Certification # \_\_\_\_\_
- Occupational Medicine Date of Certification \_\_\_\_\_ Certification # \_\_\_\_\_
- Public Health/General Preventive Medicine Date of Certification \_\_\_\_\_ Certification # \_\_\_\_\_
- Undersea & Hyperbaric 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

### LIFELONG LEARNING AND SELF-ASSESSMENT (LLSA)

**Requirement:**

A total of 250\*\* hours of Continuing Medical Education (CME) over the 10-year span of certification is required. A minimum of 100 hours of the CME must be ABPM-approved LLSA activities. A complete list of approved LLSA activities is available on the ABPM website at <https://www.theabpm.org/moc/modules.cfm>. A patient safety module must be completed in the first two years of the certification cycle as part of this requirement. Further information will be posted on our website as soon as the module is available.

For those diplomates maintaining certification with another ABMS specialty board, 150 hours of CME can be satisfied by completing the MOC® Part 2 requirements of the other ABMS specialty board, so that only the 100 LLSA credits need to be completed. More information is available on the ABPM website at [https://www.theabpm.org/moc/ABPM\\_MOC\\_Alternate\\_Credit.pdf](https://www.theabpm.org/moc/ABPM_MOC_Alternate_Credit.pdf).

\*\*For those certified prior to 2007, only the 100 ABPM LLSA credit are required.

**Instruction:**

Sponsoring organizations of the LLSA/MOC activities will provide verification directly to ABPM. Additional CME credit hour documentation should be submitted to ABPM by fax (312-939-2276) or email [moc@theabpm.org](mailto:moc@theabpm.org).

## 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 certification. Diplomates may begin taking the examination seven (7) years after receiving their initial certification, and may repeat the examination if necessary to pass it prior to the expiration of their certificate.

**Instruction:**

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

## PART FOUR: IMPROVEMENT IN MEDICAL PRACTICE

### PRACTICE PERFORMANCE

**Requirement:**

Diplomates are required to complete a practice performance assessment. This component utilizes a quality improvement model with opportunities for assessment of practice performance and improvement activities available in clinical practice, teaching, research, and administration. Diplomates may complete the Assessment of Practice Performance through any of the three Preventive Medicine specialty societies. Please contact the appropriate specialty society for more detailed information.

ACOEM: [www.acoem.org/moc.aspx](http://www.acoem.org/moc.aspx)

ACPM: [www.acpm.org/education/moc\\_descr.htm](http://www.acpm.org/education/moc_descr.htm)

AsMA: [www.asams.org/MOC.htm](http://www.asams.org/MOC.htm)

**Instruction:**

Upon completion of Part IV, the specialty society will send documentation to the ABPM. Diplomates do not need to submit documentation to the ABPM.