American Board of Family Medicine

CAQ – Adolescent Medicine Certification/Recertification Candidate Information Booklet

PLEASE READ THIS ENTIRE BOOKLET BEFORE STARTING THE APPLICATION

Schedule for March 2012

Application Registration Period
September 29, 2011 through October 31, 2011 $1,300 fee (no late fee)

Late Registration Period for Application*
November 1, 2011 through December 5, 2011 $1,500 fee (includes $200 late filing fee)

* Late registration fees must be paid in addition to the examination fee

October 31, 2011 Last Day to Submit Online Application without Late Fee ($1,300)

November 30, 2011 All Fellowships Must Be Completed

December 2, 2011 Deadline to Provide ABFM Fellowship Training Completion Letter

December 5, 2011 Final Deadline to Submit the Online Application ($1,500; includes $200 non-refundable late fee)
Last Day to Submit Special Testing (ADA) Documentation

December 12, 2011 Last Day to Clear All Application Deficiencies
Last Day to Make Official Name Change with ABFM for Exam

January 9, 2012 Test Center Selection Deadline

30 Days Prior to Scheduled Exam Deadline to Change Test Date or Test Center without Rescheduling Fee

48 Hours Prior to Scheduled Exam Deadline to Withdraw from Test Center without Cancellation Fee

EXAM DATES
CERTIFICATION: March 26, 2012

RECERTIFICATION: March 1-31, 2012
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INTRODUCTION

Adolescent Medicine encompasses the total health care of adolescents within their families and/or the settings in which they live and interact.

The Certificate of Added Qualifications in Adolescent Medicine, jointly developed by the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP), is designed to recognize excellence among those who have special interest in this field. Although the application requirements may differ slightly between the Boards, content and scoring are identical. The examination will be administered by the American Board of Pediatrics for candidates from all three Boards at the same time in the same testing centers. The standard for passing the examination will be identical for all Boards. **Family physicians must be certified by the American Board of Family Medicine and must be Diplomates in good standing at the time of the examination.**

This information booklet has been prepared by the American Board of Family Medicine for use by its Diplomates who are applying for a Certificate of Added Qualifications in Adolescent Medicine. Initially certifying candidates must have:

- Satisfactory completion of a two-year Adolescent Medicine Fellowship

Both certification and recertification candidates must have the following two components:

- Approval of formal application and accompanying documentation
- Successful performance on a comprehensive, half-day computer-based examination

Participation in certification/recertification is voluntary. Certification in adolescent medicine is not a requirement to provide care to adolescents, and the Board's certificate does not confer privilege to practice.

In consideration of cost, we allow candidates to begin the application and pay the exam fee prior to the initial application filing deadline; however, all remaining requirements and deficiencies must be met by the published deadlines.

Candidates will be notified via email of application approval or of any deficiencies immediately after the application is submitted. Although reminders of deficiencies or any missing materials will be sent by email, it is the candidate’s responsibility to frequently review the Physician Portfolio and submit all required items by the published deadlines. PLEASE REMEMBER TO COMPLETE EACH PAGE OF THE APPLICATION. For certification candidates, applications that remain deficient after December 12, 2011 will be declared ineligible and a refund of $1100.00 will be issued. A new application and full fee will be required for any future certification examination. For recertification candidates, applications that remain deficient after December 12, 2011 will also be declared ineligible; however the exam fee will be carried forward to the next examination period. If a partial refund is preferred, a written request will need to be sent to Erik Tousseau at etousseau@theabfm.org.

If you have further questions about the Adolescent Medicine Examination after you have read this booklet, you may contact the Support Center at (877) 223-7437 or help@theabfm.org.

It is the sole responsibility of an ABFM candidate to be aware of and comply with registration deadlines. In fairness to all candidates, the Board adheres firmly to its published deadlines for registration and late registration for all examinations. Candidates are encouraged to apply early in the registration period to avoid late fees or problems. Issues arising from one’s inability to log on to the ABFM application system (e.g. forgotten ID/Password, computer technical difficulties or operator error) must be resolved and all components of the application completed prior to 11:59 pm Eastern Time on the deadline date. The ABFM staff and Support Center make every effort to assist with these issues promptly; however, candidates are responsible for contacting the ABFM for assistance well in advance of the deadline.
COMPLETING THE APPLICATION

Your Password

The password provided to you for accessing your Physician Portfolio should always be treated as “confidential”. Once you use the password initially provided, we strongly urge you to change it to something known only to you. There is a link in your Physician Portfolio that allows you to change the password. If you allow someone else access to your password they also have access to all secure information pertaining to you on our website. Keep in mind that your exam results will be accessible only on our website by using your ID and Password. You may access your exam results through your Physician Portfolio by clicking “CAQ Examinations” and then selecting “Exam Results.”

Name and E-Mail

Please make sure we have your current email address as this is how we will correspond with you. You can update this information on our website at any time. ABFM policy does not permit staff to make changes to your contact information on your behalf. It is your responsibility to keep all of your contact information up to date in your portfolio.

We will ask you to reply to our email confirmation during the registration process. Doing this verifies that the email currently on file is accurate. If your email changes or the email account becomes inactive and you have not updated with the ABFM, you need to be aware that many email services do not acknowledge to the sender that an email was received or rejected, therefore we would be unaware that our communications were not reaching you in the event of such change.

Once you have confirmed your email address, you will need to go back to your application and complete all remaining pages.

If you have a legal name change, we require a copy of the legal document (marriage, divorce, etc.) faxed to us before we can officially change your name. Keep in mind that your name on record with the ABFM should be the same as the ID which you will present for admittance to the exam. Any discrepancy in your name will potentially delay or prevent your being admitted to the exam. All name issues should be resolved by December 12, 2011. If you need assistance with this, please contact our Support Center.

Personal Information

Enter your primary mailing address in this section. The additional address lines are provided only if your address contains more than one line (e.g. an apartment number, P.O. Box, or building name). Please make sure everything is correct, and remember you may update this information through your Physician Portfolio at any time by clicking the “Update My Contact Information” link. All fields marked with an asterisk (*) are required.

Fee Payment

In order to expedite the processing of your application, you are encouraged to pay the exam fee of $1,300 (which includes a non-refundable $200 application fee) online with your credit card by the deadline of October 31, 2011. When you pay by credit card online and complete all sections of your application and have no deficiencies, you will be approved to pick your test date and location.
The online payment option of the American Board of Family Medicine utilizes Secure Sockets Layer (SSL) technology to encrypt the personal and financial information being sent over the internet. Your browser will display the icon of a locked padlock near the bottom of the window to indicate that SSL encryption is being used. Consequently, you may rest assured that the easy-to-use online payment process is a highly secure payment option.

Should you prefer to submit your credit card number in writing or pay by check, you will be required to print a payment page to complete and send with your payment. Once the ABFM has processed your credit card or check sent by postal mail, you will be able to complete your application and select a test center and date.

Those who pay by credit card should be certain that the daily limit on the card is sufficient to permit charging the full examination fee.

If the credit card is declined or a check is returned by the bank, your fee must be resubmitted for the original amount plus a bounced money fee of $50.00 and must be paid by certified check or money order. Any candidate whose credit card is declined or check is returned will have their testing appointment cancelled, and he/she will not be able to reschedule until all fees have been paid.

No candidate will be allowed to take the examination until all fees are paid and all requirements have been satisfactorily met.

**Refund Policy**

If you are unable to complete the application requirements or have opted not to take the exam and wish to withdraw, please return to your Physician Portfolio, click on “CAQ Examinations” and then select from the “Withdraw” options. This will cancel your participation in the current examination. Candidates requiring a refund will receive it within 2-3 weeks of notification of withdrawing from the exam. Please remember the application processing fee ($200) and any late fees paid are non-refundable. Furthermore, any cancellation or seat fee incurred due to late withdraw will be withheld from the refundable amount of exam fee. Recertification candidates have the option of carrying their fee forward to the following year or may opt to receive a partial refund. However, certification candidates will automatically receive a partial refund of their exam fee in the event of a withdrawal. This is due to the fact that the certification exam is only given in even numbered years.

**Physician Specific Information**

In this section you will indicate if special testing accommodations under the ADA (Americans with Disabilities Act) are needed. Special testing accommodations will be considered only with appropriate documentation. Please refer to that section of the booklet for specific information.

**Requirements**

**Certification**

Family physicians must be certified by the American Board of Family Medicine and must be Diplomates in good standing at the time of the examination. The Diplomate must hold a currently valid, full and unrestricted license to practice medicine in the United States, its territories, or Canada. In addition, all candidates must have demonstrated satisfactory clinical ability in adolescent medicine and acceptable ability in standard diagnostic procedures for adolescent medicine problems.
Initially certifying candidates are required to complete an Adolescent Medicine Fellowship as follows:

**Adolescent Medicine Fellowship Training**
A candidate must have successfully completed, or will have completed by November 30, 2011, a minimum of two years in an Adolescent Medicine Fellowship Program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Adolescent Medicine Fellowship must be subsequent to the Family Medicine residency training and no part of the Family Medicine residency will be permitted as credit toward the Adolescent Fellowship requirement. The entire 24 months of Adolescent Medicine fellowship training must be completed by November 30, 2011 in order to sit for the 2012 examination.

**Documentation Required:** A Verification of Fellowship Training Form which provides the beginning and ending training dates (mo/day/yr) will be provided in the Online Application and must be completed by the fellowship program director to verify satisfactory completion of training. Upon completion of the fellowship, the program director should submit this Final Verification Form to the ABFM. If final verification is not received by December 2, 2011, the candidate will not be allowed to sit for the examination and the application will be considered null and void.

The Final Verification Form questions clinical ability in adolescent medicine and acceptable ability in standard diagnostic procedures for adolescent medicine problems. If the answer to either of these questions is “no”, a letter from the program director should be submitted explaining the reason for the “no” response and addressing any area of deficiency.

**Recertification**
Candidates seeking recertification in Adolescent Medicine must be certified by the American Board of Family Medicine and must be Diplomates in good standing at the time of the examination. The Diplomate must hold a currently valid, full and unrestricted license to practice medicine in the United States, its territories, or Canada. In addition, all candidates must have been previously certified in Adolescent Medicine by examination with the American Board of Family Medicine.

**Demographics**
This section of the application must be completed as accurately as possible. The information will enable us to have more complete data on the scope of practice, geographical distributions, and interests of ABFM candidates.

**Medical License**
All candidates must hold a currently valid, full, unrestricted, and active license to practice medicine in the United States or Canada. Institutional, temporary, and training medical licenses are not acceptable and should not be entered on the application.

All licenses held by a physician, in any state or territory of the United States or province of Canada must be currently valid, full and unrestricted, whether or not the physician practices in the state, territory or province. Candidates shall be required to maintain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time.

Any action by a licensing authority potentially places a physician in jeopardy of losing Diplomate status and/or eligibility for certification or recertification. Should a physician be uncertain about the status of a medical license relative to ABFM policy, a written inquiry should be made to the Board prior to attempting an application. A violation of ABFM policy on licensure can be any action by a
state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician that revokes, restricts or suspends the physician’s medical license. In cases where a physician has changed his/her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend Diplomate status and/or prohibit application for certification. Should a license be revoked, restricted, or suspended following the submission of an application but prior to the examination, the application will be invalidated and the candidate will be prevented from taking the examination. A partial refund of fees will apply. Unrestricted licenses which have become inactive (e.g., expired, nonrenewal) are not a violation of the Board’s policy on licensure, as long as the physician maintains at least one other current, full, valid, and unrestricted medical license in the U.S. or Canada.

Should a license be revoked, restricted, or suspended following the examination but prior to the notification of examination results, the application and certification will be simultaneously invalidated. The full examination fee will also be forfeited.

If and when the physician's revoked, restricted, or suspended license is reinstated in full (with no restrictions) and official written documentation of reinstatement is provided, the ABFM will honor the remainder of the current certificate and the Diplomate will not be required to be re-examined. If the current certificate has expired prior to the reinstatement of the license, the physician shall be ineligible to seek certification for up to one year following the reinstatement of full and unrestricted licensure.

The ABFM will verify the license status of all candidates through the Federation of State Medical Boards. However, it is the responsibility of family physicians to inform the Board in writing immediately following action by a licensing authority. If the candidate fails to notify the Board of any action within 60 days after the effective date, the physician shall be ineligible to seek certification for up to one year following the reinstatement of full and unrestricted licensure.

Applicants should respond “YES” to the question concerning revocation, modification, or restriction of your license, if there have been any actions taken. You will be required to provide specific information regarding the action, which will temporarily delay the processing/approval of your application until the issue has been resolved.

Questions about licensure should be presented to the Board in writing.

**Special Testing Accommodations**

The American Board of Family Medicine (ABFM) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) for individuals with documented disabilities who demonstrate a need for accommodation. In accordance with these Acts, ABFM does not discriminate against individuals with disabilities in providing access to its examination program.

For the purpose of requesting test accommodations, the ADA Amendments Act of 2008 defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating or working.

The purpose of accommodations is to provide equal access to ABFM examinations for all individuals. Accommodations “match up” with the identified functional limitation so that the area of impairment is relieved by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual’s ability to function in some capacity on a regular and continuing basis.
The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADAAA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow ABFM to understand the nature and extent of the applicant’s disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant’s documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABFM examination’s ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABFM.

**General Guidelines for all Disabilities**

The following guidelines are provided to assist the applicant in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities. The examinee must personally initiate a request for accommodations within the on-line application, or for release of information relative to an accommodations request. Documentation submitted in support of a request may be referred by the ABFM to experts in the appropriate area of disability for a fair and impartial professional review. Accommodations requests by a third party (such as an evaluator or a program director) cannot be honored.

- Documentation of disability assists the ABFM in determining reasonable accommodations and/or services, which are provided on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation. The cost of obtaining all documentation is borne by the applicant.

- The documentation submitted should be as comprehensive as possible in order to allow the ABFM to make an informed decision on the accommodation request and to avoid delays in the decision-making process.

- Documentation in support of a request for accommodations should be submitted to the ABFM early enough to allow sufficient time to review the request and implement reasonable accommodations and/or services.

- Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. The individual making the diagnosis must be qualified to do so (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

- Documentation should be typed or printed on official letterhead with the name, title, professional credentials, address, phone number, and signature of the evaluator, as well as the date of the report.

*The documentation must be current.* Because the provision of reasonable accommodations is based on an assessment of the current impact of the applicant’s disability on the testing activity, it is important that the individual provide recent documentation. As the manifestations of a disability may vary over time and in different settings, it is expected that an evaluation will have been conducted within the past three years. Certain conditions such as some physical and psychiatric conditions are subject to change and should be updated for current functioning.
To support a request for test accommodations, please submit a detailed, comprehensive written report from your treating professional describing your disability and its impact on your daily functioning. The report should also explain the need for the requested accommodations relative to your impairment. The report and accompanying documentation should clearly state the following:

- A specific, professionally recognized diagnosis of the disability using diagnostic codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM) or other professionally recognized formulation.

- A description of the functional limitations resulting from the diagnosed disability, including the identification of the major life activity that is limited by the disability, and how that major life activity is impacted.

- A description of the specific diagnostic criteria and names of the diagnostic tests used, including date(s) of evaluation, specific test results and a detailed interpretation of the test results. This description should include the results of diagnostic procedures and tests utilized and should include relevant educational, developmental, and medical history.

- Specific test results using standard scores should be reported to support the diagnosis. Diagnostic methods used should be appropriate to the disability and current professional practices within the field. Any additional informal or non-standardized evaluation procedures should be described in enough detail that other professionals could understand their role and significance in the diagnostic process.

- Copies of records relating to and documenting the candidate’s disability, including a complete educational, developmental, and/or medical history relevant to the disability for which testing accommodations are being requested.

- A recommendation of specific accommodations and/or assistive devices for the ABFM examinations including a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations.

- Identification of the professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

If accommodations have not been requested previously, provide a detailed explanation as to why no accommodations were sought in the past and why accommodations are needed now.

Send your documentation to: Accommodations Coordinator  
American Board of Family Medicine  
1648 McGrathiana Parkway, Ste. 550  
Lexington, KY 40511-1247

All required documentation must be received by the final deadline for submitting an application. The last day to approve requests for special testing accommodations is the final deadline for clearing application deficiencies. After that date, requests that are lacking information or are incomplete for any reason will not be processed and the candidate will be required to take the exam under normal testing conditions or defer to a future examination.

For further information regarding Special Testing Accommodations, specifically disabilities such as learning and cognitive disorders, ADHD, physical disabilities, vision disabilities, and psychiatric disabilities, please refer to the Policy Statement for Americans with Disabilities Act (ADA) Compliance available on our website.
Since administration of the examination is handled by the American Board of Pediatrics, special testing accommodations you may have received for any examination administered by the American Board of Family Medicine may not be available for the Adolescent Medicine examination.

Agreement Page of Application

On this page of the online application, you are asked to attest to having read the Candidate Information Booklet including the full Agreement at the end of the Candidate Information Booklet, and are agreeing to be bound by the conditions therein. You are also confirming that all the information provided in the application is complete and true. Your full name and ABFM ID number will be presented to identify that you are the person signing the agreement. You are asked to electronically sign the agreement by clicking, “Yes I Agree” and by providing the last four digits of your social security number.

Approval of Application and Selection of Exam Date/Location

Once all components of your application are completed and all deficiencies are cleared, we consider you as approved for the exam and the ABFM notifies the American Board of Pediatrics (ABP) of your approval for taking the exam. Since ABP is responsible for the administration of the examination, you will be contacted via email within 2-3 weeks of application approval with test center reservation instructions. You may schedule your examination with Prometric (the testing vendor) for any day that the examination is offered, depending on seat availability.

On the Prometric website you can check availability of seats prior to making your final selection of date/location. You may check for available seats at any time during the application process; however, seats are assigned on a first come, first served basis, therefore availability is constantly changing. To search for available seats, click on the link www.prometric.com/abp, select “start” and select your state then “Search for Seat Availability”.

How to Schedule an Examination:

- You may schedule a day and time to sit for your examination through the Prometric website.
- Visit the ABP section of the Prometric Web site (www.prometric.com/abp).
  - Click the “Start” button.
  - Choose the appropriate Country and State and click the “Next” button.
  - Select the “Schedule an Exam” option on the screen.
  - Follow the remaining prompts to complete scheduling.
- When scheduling, you may be asked for the following information:
  - Testing Program = American Board of Pediatrics
  - Examination = Adolescent Medicine
  - Your program identifier = the letters “ABFM” followed by your ABFM ID number (without any leading zeroes). Example: ABFM ID: 000123 would result in program identifier: ABFM123.

NOTE: Please be certain to click the Commit Registration button in order to finalize your appointment scheduling request. Prometric will issue you a confirmation number when your examination appointment has been successfully scheduled. If you do not receive a confirmation number (which will be listed near the top of the appointment confirmation page), then your appointment has not been scheduled and it will be necessary for you to repeat the scheduling process.
Technical Problems?
United States or Canada: If you experience technical problems using the www.prometric.com/abp web site, please contact the ABFM Support Center. Although we cannot schedule an appointment for you, we may be able to assist you. It may be necessary for us to refer you to the Prometric toll-free number that is reserved for Adolescent Medicine candidates (866-496-9750) to request assistance.

International (outside the US or Canada): If you experience technical problems using the www.prometric.com/abp web site, please contact the ABFM Support Center. Although we cannot schedule an appointment for you, we may be able to assist you. It may be necessary for us to ask you to visit https://www.abp.org/abpwebsite/prometric/procontact.htm to obtain a Prometric telephone number to request assistance.

If you requested and have been approved for special test accommodations during the application process, you must schedule your examination with a Prometric Special Conditions representative by calling toll-free 800-967-1139.

Important Reminders:

A. Prometric and the ABP strongly encourage participants to schedule an examination appointment as soon as notification is received from the ABFM that an application has been approved. Scheduling as soon as possible will provide the greatest flexibility in testing locations, dates, and times.

B. Please visit https://www.abp.org/abpwebsite/prometric/whattoexpect.htm to obtain detailed information regarding what to expect at a Prometric testing center. Here you will find valuable information related to arrival times, identification and admission requirements, and testing procedures.

C. Prometric testing centers are sometimes located within Sylvan Learning Centers. Please keep this in mind when locating your local Prometric testing facilities as the marquee may read “Sylvan Learning Center” rather than “Prometric.” Use the “Locate a Test Center” function at www.prometric.com/abp to be sure of the address and driving directions.

D. Following your examination you will receive instructions requesting that you forward to the ABP a copy of the testing receipt supplied by Prometric.

Please note that you must select a test date and location no later than January 9, 2012.

Exam Test Sites

United States, U.S. Territories and Canada

Prometric provides testing in approximately 400 U.S. locations as well as a few locations in Canada. The full list of locations is always available on their website and is updated for each exam administration to add new locations or delete those no longer being utilized.

For specific locations of available testing centers go to www.prometric.com/abp and click on “Locate a Test Center”.

On exam day, all candidates will be required to sign the logbook, show a valid government-issued identification (bearing a signature and photo) and a fingerprint scan may be required for admittance to the testing area. If the photo identification is not signed, a second form of identification with a signature must also be presented. Those who do not present acceptable identification will not be permitted to take the examination.
International Test Centers

The ABFM and Prometric offer testing at several international locations. Prometric has in place an established network of professional test centers providing the same high level of security, candidate verification and secure exam administration as their U.S. testing locations. To search for available international locations, go to www.prometric.com/abp and click on “Locate a Test Center” and select the country you prefer to see if there is a location there.

Reschedule or Withdraw from the Exam

Reschedule Exam

Candidates who need to reschedule their exam date and/or location for the exam may do so through the Prometric web site in the same manner in which you scheduled your exam. Visit the ABP section of the Prometric web site: www.prometric.com/abp, select the “start” button, choose the appropriate Country and State and click the “Next” button. Select the option of “Reschedule or Cancel an Exam”. You may reschedule an exam appointment at no cost if done at least 30 days or more prior to your scheduled exam date. Rescheduling within 29-5 days prior to your scheduled exam will result in a reschedule fee of $50. Any reschedule within 4 days to 48 hours prior to your scheduled exam will result in a reschedule fee of $99. The deadline to reschedule an exam is 48 hours prior to your scheduled exam appointment. All reschedule fees will be payable to Prometric at the time of reschedule.

Cancelling Exam

If you choose to withdraw from the exam, you must do so on the ABFM website. Do not contact Prometric directly to cancel your exam. In order to prevent a cancellation fee, you must withdraw 48 hours or more prior to your scheduled exam date. Cancelling or withdrawing from the exam within 48 hours of your scheduled exam date will incur a cancellation/seat fee of $150.

Please refer to our refund policy for additional information regarding a refund.

EXAM INFORMATION

Content

The content of the Adolescent Medicine Examination will include, but may not be limited to, Musculoskeletal Diseases; Endocrine and Metabolism; Nutrition and Eating Disorders; Collagen Vascular Diseases; Mental Health; Hematology/Oncology; Cognition; Renal Disease; Reproduction including Sexuality and Sexually Transmitted Diseases; Infectious Diseases; Gastrointestinal Diseases; Dermatology; Substance Abuse; Social/Emotional Development and Family/Chronic Illness; and Disease Prevention as these relate to adolescent patients.

Complete details regarding exam content may be accessed on the ABP website: www.abp.org. From their home page you will go to “Initial Certification” and then “Subspecialty Certification” and then to “Subspecialty Examination Information” and “Subspecialty Content Outlines”.

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Testing Center Policies

Candidate Responsibilities:

Physicians using Prometric Testing Centers must abide by Prometric policies related to security and use of computer equipment and facilities. While at a Prometric Testing Center, candidates must comply with test administrators at all times. Failure to comply with Prometric test administrators or security and computer equipment usage policies may result in expulsion from the testing center and denial of access to American Board of Family Medicine examinations in the future.

Examination Conduct:

Failure to abide by the following rules of conduct may result in disciplinary action by the ABFM.

1. Do not falsify information required for admission to the examination or impersonate another examinee.
2. Do not bring calculators, watches with computer or memory capability, books, papers, cellular telephones, or PDAs (e.g., Palm Pilots) into the examination room.
3. Do not start the examination until directed to do so; terminate the examination immediately upon instruction to do so.
4. Do not disturb or interfere with others taking the examination.
5. Do not leave the testing area during breaks.
6. Do not observe or copy the responses being made by others taking this examination.
7. Do not provide or receive unauthorized information about the content of the examination.

Notify the test center staff immediately if:

- Computer problems exist, such as an error message on the computer screen (DO NOT clear the message) or a test item does not display on the computer screen.
- Additional whiteboard and markers are needed
- Assistance from the test center staff is required for any reason.

Security at Prometric Testing Centers:

Prometric has a number of security measures in place that help protect the identity of test takers.

1. One form of acceptable identification is required to be admitted to the test center. The identification must be current and include a recent photograph and signature. If the photo identification is not signed, a second form of identification with a signature must also be presented. Those who do not present acceptable identification will not be permitted to take the examination. Identification documentation will be captured and validated to determine authenticity. All identity information captured at the testing center is purged from Prometric systems at the close of each business day.

**PLEASE NOTE: Falsifying information required for admission to the examination or impersonating another examinee is strictly prohibited.**
Acceptable forms of identification include:

- A valid (not expired) government-issued driver’s license with your photograph and signature.
- A valid (not expired) government-issued identification card with your photograph and signature (candidates who do not drive may have an identification card issued by the agency that also issues driver licenses)
- A valid (not expired) government-issued passport with your photograph and signature
- A valid (not expired) United States military identification card with your photograph and signature
- A valid (not expired) hospital identification card with your photograph and signature

Unacceptable forms of identification include:

- A Social Security card
- A United States permanent residence card (green card)
- A credit, debit or ATM card

**IMPORTANT:** The name on current identification must exactly match the name listed in ABP/ABFM records. Example: If a physician’s name is listed as Jane Jones in ABP/ABFM records, and the physician’s legal name is Jane Jones Smith, identification must also list the name as Jane Jones (or Jane Jones Smith). If the physician presents identification reflecting the name Jane Smith, she would not be allowed to sit for the examination.

2. No personal items other than a photo I.D. are allowed in the testing room. This includes, but is not limited to, purses, wallets, cell phones, pagers, outer wear, tissues, pens and pencils, sodas and coffee, bottled water, candy, cough drops, and snacks. Storage lockers are provided. All necessary testing materials will be provided. (NOTE: The use of any medical device, such as an asthma inhaler or insulin pump, within the examination room must be pre-approved by the ABFM at least three weeks in advance.)

3. Personal storage lockers are provided. Test takers may access their lockers at any time during the examination. Keys must be returned to test center staff at the conclusion of the examination.

4. Sweaters or other outer wear worn into the testing room must be worn at all times, or placed in the provided locker.

5. Test takers will be asked to sign in and out and verify identity when leaving the testing room. The allotted exam time is not suspended for breaks; refer to the on-screen time to track remaining test time. A scheduled break is available between examination sections. Scheduled break time does not count against your testing time. You may only take your scheduled break after the first section of the examination is complete. Once the section is complete, you will not be able to return to any of the questions in that section. Candidates may decline the scheduled break and continue to the next section of the examination, or only use a portion of the break time allotted. The allotted amount of time for your break will be displayed on your monitor.

After completing the exam, the test center staff will provide two (2) receipts. Remit one copy to the ABP using one of the methods listed on the receipt. **IMPORTANT:** The ABP highly recommends that physicians keep the additional receipt for personal records.
Irregular Behavior on Examinations

The Board’s examinations are copyrighted and administered in secure testing centers by test administrators who are responsible for maintaining the integrity and security of the certification process. Test administrators are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (e.g., beepers, pagers, cell phones, PDAs, etc.) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate’s examination.

How Exams Are Scored

The number of questions answered correctly determines an individual’s score. There is no penalty for guessing; therefore, test takers are encouraged to answer every question on an examination. The minimum passing score for an examination reflects a standard developed by the ABP prior to administration of the examination.

Examination Results

After the exams are given, they will be analyzed and evaluated to ensure the reliability of individual results. We anticipate score reports to be available on our website (www.theabfm.org) in your Physician Portfolio 6-8 weeks from the date of the exam.

Re-Examination

There is no limit to the number of times a qualified candidate may take the examination. An application is valid only for the examination held in a single calendar year. Candidates who are unsuccessful on any examination may apply for re-examination, and full fees are charged for each examination. The recertification exam is given annually; the certification exam is given in even numbered years only.

Period of Certification

Those who are successful on the examination will be awarded an ABFM Certificate of Added Qualifications in Adolescent Medicine. The certificate will bear a date limiting the duration of its validity to ten years. Reassessment will be required for renewal of the certificate.

If for any reason primary certification in Family Medicine is not maintained (e.g., expiration, revocation, etc.), certification in Adolescent Medicine will simultaneously be withdrawn at the time of the loss of the primary certificate. Upon restoration of the Family Medicine certificate, the CAQ in Adolescent Medicine will simultaneously be restored for the remainder of the current certificate.

Revocation

Each certificate issued by the Board of Directors of the American Board of Family Medicine shall be subject to revocation in any of the following circumstances:
General

The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of the American Board of Family Medicine, Inc., or of the Bylaws of the American Board of Family Medicine.

The person so certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting such ineligibility were known to, or could have been ascertained by, the Directors of the Corporation or its representatives.

The person so certified has made a misstatement of fact in the application for such certificate or in any other statement or representation to the Corporation or its representatives.

The person so certified shall at any time have neglected to maintain the degree of competency in the field of Family Medicine established by the Board.

The person so certified has fraudulently altered, copied, or changed a certificate of the American Board of Family Medicine, or has fraudulently presented, or allowed to be presented on behalf of the individual, an altered, copied or changed certificate of the Board. In such cases, the Board reserves the right to revoke, suspend, and/or prohibit subsequent certification of the offending party for a period not to exceed six (6) years from the date of discovery of the offense. In the event the individual appeals or otherwise challenges the suspension, the six (6) year period shall be tolled until the action of the Board is determined to be final and enforceable.

Licensure Status

A Diplomate of the American Board of Family Medicine shall be required to hold a currently valid, full and unrestricted license to practice medicine in the United States or Canada. Furthermore, every license to practice medicine held by a Diplomate in any state or territory of the United States or province of Canada must be currently valid, full and unrestricted, whether or not the Diplomate in effect practices in such state, territory or province. Diplomates shall be required to retain a full and unrestricted medical license in the United States or Canada even if they are out of the country for extended periods of time. Failure to retain a license will result in loss of Diplomate status and will result in the loss of the ability to make application for certification, recertification, or other examinations offered by the Board.

In the event a Diplomate's license to practice in ANY state or territory of the United States or province of Canada is revoked, restricted or suspended, the Diplomate's certificate is simultaneously rescinded at the time of the licensure revocation, restriction or suspension. The physician must advise the American Board of Family Medicine within 60 days and cease immediately identifying himself/herself in any way directly or indirectly as a Diplomate of the American Board of Family Medicine. Candidates for the Adolescent Medicine Examination and Diplomates of the ABFM should be aware that the ABFM receives periodic Disciplinary Action Reports from the American Medical Association of actions by states against medical licenses.

Any adverse action by a state licensing agency, agreement between a licensing agency and a physician, or voluntary action by a physician, that revoke[s], restrict[s] or suspend[s] the physician’s medical license is a violation of ABFM policy. In cases where a physician has changed his/her residence deliberately to avoid prosecution, loss of license, or disciplinary action by a state licensing agency, the Board reserves the right to revoke or suspend Diplomate status and/or prohibit application for certification. Questions about licensure should be presented to the Board in writing.

If and when the physician's revoked, restricted, or suspended license is reinstated in full (with no restrictions) and official written documentation of reinstatement is provided, the ABFM will honor the remainder of the current certificate and the Diplomate will not be required to be reexamined. If the
current certificate has expired prior to the reinstatement of the license, the physician may submit an application for the next available examination. Successful compliance with all application requirements, in effect at that time, will be expected.

At the time the application is submitted for review, each candidate is required to verify that he or she complies with the Board’s policy on licensure. Any candidate’s license that requires additional documentation and correspondence with the licensure board must be resolved by December 12, 2011.

Authority

The Board of Directors of the American Board of Family Medicine shall have sole power and authority to determine whether or not the evidence or information before it is sufficient to constitute grounds for revocation of any certificate issued by this Corporation. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors, upon not less than thirty (30) days written notice by registered mail, and to show cause, at the time and place specified in such notice, why the certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of the certificate. The decision of the Board of Directors in such matters shall be final.

Agreement

Please read the following conditions regarding the administration of the examination. You will need to verify on the application that you have read and understand this agreement. Your application will not be processed without this acknowledgement.

I certify that all the information in this Application is complete and correct to the best of my knowledge and belief. I further certify that every license to practice medicine which I hold in any U.S. state or territory or Canadian province is currently full, valid and unrestricted, unlimited in scope and not temporary. Furthermore, I understand that the examination for which I am applying is voluntary on my part and I voluntarily accept and agree without reservation to the conditions set forth in the Application and this Candidate Information Booklet. I understand that in making this Application I am voluntarily requesting that the Board review and assess my professional standing and that the decision of the Board in making such review and assessment shall be final.

I further understand and agree that the American Board of Family Medicine may withhold or rescind approval of this Application, and in the event I am certified/recertified in Adolescent Medicine, such certification may be revoked and my name deleted from the roll of certificate holders by order of the Board should it determine, in its absolute discretion, that:

1. any of the information in this Application is false or contains material misrepresentations or omissions;
2. my license to practice medicine has been revoked, restricted or suspended in any state or territory of the U.S. or province of Canada;
3. I fail to satisfy the criteria for certification in Added Qualifications in Adolescent Medicine.

I understand that in the event I am certified in Adolescent Medicine, such certification shall be for a limited period of time and shall not be valid beyond the date on my certificate, and further, that should I lose my primary certification as a Diplomate of the American Board of Family Medicine through expiration, revocation, etc., my certification in Added Qualifications in Adolescent Medicine will simultaneously expire. I also understand that should I withdraw from the Adolescent Medicine
Examination for any reason after paying the required fee, the policy set forth in the Candidate Information Booklet for the current Adolescent Medicine Examination shall apply.

If my Application to sit for the Adolescent Medicine Examination is approved, I understand and agree to the following conditions:

1. All the examination questions and all other examination materials are the sole property of the American Board of Family Medicine and the American Board of Pediatrics. Questions or other materials have not been available for review by examinees before taking the examination and they will NOT be available for review by the examinees after taking the examination. No one is permitted to take any of the examination materials from the examination room. No one is permitted to reproduce the test questions in whole or in part, make written notes of the test content, or electronically copy, record and/or transfer test questions or preparatory material. Any notes taken during the exam and removed from the workstation will be considered exam content. No reference materials (texts, articles, or review materials) shall be permitted in the examination area. Following the examination, examinees may not discuss the content of exam questions with anyone.

2. I understand that I am expected to complete all sections of the exam and attempt all questions. Should I neglect to complete any section of the examination; I understand that any questions not answered will be counted as incorrect, I will not receive additional time, nor will I receive a refund of the exam fee or credit toward future fees.

3. I understand that during an examination, (when actively testing and the exam clock is running) I am prohibited from bringing into the testing room anything unauthorized by the Prometric testing staff. Prohibited instructional information or personal items include, but are not limited to reference materials, texts, articles, review materials, written notes, electronic media, devices designed to augment knowledge or recall, a watch or timepiece of any kind, cellular telephone, pager, hand held computer, personal digital assistant (PDA), mini-computer, camera or any writing instrument except the writing instrument provided by Prometric testing staff. Furthermore, I will not be permitted to communicate with other examinees or any individual, except members of the test administration staff. During an active exam, I will not be permitted to leave the testing center except for scheduled breaks. Following the examination, I may not discuss the content of the exam questions with anyone. Further, I will make no effort to observe the answers of other examinees or have anything at my workstation except materials provided by the administrators at the test center. Only the distributed note taking materials provided by the testing center (i.e. note board, paper, writing instruments, etc.) may be used in the exam room. The use of telephones or leaving the testing area during an examination is prohibited except as permitted by the test administrators.

4. I understand that I risk failing the entire examination if I do not follow instructions on the examination itself.

5. The American Board of Family Medicine reserves the right to refuse admission to any examinee after any session of the examination has actually begun.

6. The test administrators at my assigned test center are authorized by me to take all action they deem necessary and proper to administer the test securely, fairly and efficiently.

7. Smoking will not be permitted in the examination room.

8. In addition, should I do anything prohibited by the ABFM/ABP, or should I be in violation of ABFM/ABP policy set forth within this agreement and Candidate Information Booklet, my test scores will be invalidated.

9. I understand that after the exam, I may not discuss the exam with anyone.
10. If after the examination the ABFM receives reports from the test center staff or video/audio surveillance taped during my examination which provides evidence of any violation of policies or accessing prohibited materials described herein or removing notes from the workstation area, I agree to cooperate with the ABFM and acknowledge that the ABFM has the right to invalidate my exam, forfeit the full exam fee and pursue necessary legal action.

I agree that the Board may, at its discretion, release information contained in this Application, my examination results and/or my examination scores to researchers selected by the Board to study the testing and evaluation programs of the Board under appropriate conditions of confidentiality established by the Board. Aside from research purposes, I understand that my individual examination results and scores will be considered by the Board to be confidential, and, unless authorized by me, will not be released to others except pursuant to legal process.

I agree to hold the American Board of Family Medicine, its members, examiners, officers and agents free from any complaints, claims or demands for damage or otherwise by reason of any act of omission or commission that they, or any of them, may take in connection with this Application, the availability of testing centers, exam administration, the grade or grades given with respect to my examinations or the failure of the Board to issue me such certificate.

I hereby understand and agree that in the event I am certified or recertified in Adolescent Medicine, that certification/recertification shall continue only for the life of the certificate and during such time as I maintain my primary certification in Family Medicine and have a valid, full, and unrestricted license to practice medicine. I further understand and agree that in the event my license in any state or in Canada is revoked, restricted or suspended for any reason or any term, I shall within 60 days so advise the American Board of Family Medicine at 1648 McGrathiana Parkway, Ste. 550, Lexington, Kentucky, and cease immediately identifying myself in any way directly or indirectly as a Diplomate of the American Board of Family Medicine. When the official written documentation of reinstatement of license is provided, the ABFM will honor the remainder of the current certificate. If the current certificate has expired prior to the reinstatement of the license, an application for the next examination may be submitted. Compliance with all applications requirements in effect at the time will be mandatory.

It is understood that the decision as to whether my examination qualifies me for a certificate rests solely and exclusively with the American Board of Family Medicine and that its decision is final.

**Arbitration of Disputes**

Any case, controversy or dispute which may arise between the applicant and ABFM in connection with the application process and/or examination shall be settled and resolved by binding arbitration under the then prevailing rules of the American Arbitration Association (“AAA”). The decision of the arbitrators shall be final and binding, and judgment may be entered on the award of the arbitrators and enforced in any court of competent jurisdiction. Notwithstanding the foregoing, ABFM may seek injunctive relief in any court of competent jurisdiction as ABFM determines, in its sole and absolute discretion, to be necessary or appropriate to protect the integrity and/or content of the examination.

**Governing Law**

Any case, controversy or dispute which may arise between the applicant and ABFM in connection with the application process and/or the examination shall be governed in all respects by the laws of the Commonwealth of Kentucky, without regard to the choice of law rules of such jurisdiction. The applicant hereby submits and irrevocably consents to the exclusive jurisdiction and venue of the state and federal courts located in Lexington, Kentucky for purposes of any legal action which may arise in connection with the application process and/or the examination.

By my acknowledgment on the online Application Form, I intend to be legally bound by the foregoing.