



Become ABEM Certified



Benefits

- ABEM-certified physicians provide a higher standard of care*
- Professional pride, acknowledgment from peers
- Assures the public that you are a specialist in providing quality emergency care
- Increased job opportunities and compensation†



Questions? Just ask ABEM!

- application@abem.org
- 517-332-4800
- www.abem.org/becomecertified



* Wilson M, Welch J, Schuur J, O'Laughlin K, Cutler D. Hospital and emergency department factors associated with variations in missed diagnosis and costs for patients age 65 years and older with acute myocardial infarction who present to emergency departments. *Acad Emerg Med* 2014;21:1101-8.

† Lam J. The EMN Salary Survey: Want to Earn More? Get EM Board Certification. *Emergency Medicine News*. 2018;40(6B). June 19, 2018.

† Marco CA, Wahl RP, Counselman FL, Heller BN, Harvey AL, Joldersma KB, Kowalenko T, Coombs AB, Reisdorff EJ. The American Board of Emergency Medicine concert examination: emergency physicians' perceptions of learning and career benefits. *Acad Emerg Med* 2016 Sept;23(9):1082-5.



Policy on Board Eligibility

BACKGROUND

Beginning January 1, 2015, the American Board of Emergency Medicine (ABEM) will recognize the term “board eligible” as described in the following policy.

POLICY

ABEM recognizes physicians as board eligible if they meet ABEM requirements. Physicians may participate in the ABEM certification process by taking ABEM certification examinations, or retaking them if necessary, only if they are board eligible. All physicians who do not meet the ABEM requirements of board eligibility may not describe themselves as “ABEM board eligible.”

Board eligibility starts on the physician’s date of graduation from an Accreditation Council on Graduate Medical Education (ACGME)–, Royal College of Physicians and Surgeons of Canada (RCPSC)–, or Australasian College of Emergency Medicine (ACEM)—accredited Emergency Medicine residency program, or an ABEM-approved combined residency program. For physicians who are in the certification process on the effective date of this policy, board eligibility starts on the policy effective date. Physicians can be designated as board eligible, and can maintain board eligible status, only if their medical licensure complies with the ABEM Policy on Medical Licensure.

The period of board eligibility ends on the date when the physician achieves certification in Emergency Medicine, or December 31 five years after the board eligibility start date, whichever comes first.

If the physician does not achieve certification by the end of the first five-year period of board eligibility, he or she will enter a second five-year period of board eligibility that ends when the physician achieves certification, or five years after the start date of the second five-year period of board eligibility if they meet the following requirements:

- They must have met their LLSA and CME requirements during their first five-year period of board eligibility.
- They must have passed the Qualifying Examination during their first five-year period of board eligibility.
- If they passed the Qualifying Examination prior to 2015, they must have attempted the Oral Certification Examination during their first five-year period of board eligibility.
- Physicians who do not meet these requirements will not be able to enter a second five-year period of board eligibility.

When physicians are not board eligible, they must cease and desist from making any representations of board eligibility. Any violation of this rule is considered a breach of ethical standards of medical practice.

Board eligible physicians who achieve certification can count their CME and LLSA activities completed during the calendar year in which they became certified toward their continuing certification requirements that start that year.

Requirements to Maintain ABEM Board Eligibility in the First Five Years after GraduationPhysicians without Delays in the Certification Process

Physicians who apply for certification during the first certification application period available to them, pass the first Qualifying Examination available to them, and then pass the first Oral Certification Examination available to them have no additional requirements under this policy.

Physicians who Graduate from Emergency Medicine Residency Training in or after 2015 and Delay any Portion of the Certification Process

Delays in the certification process include:

- Not applying for certification in the first available certification application period
- Submitting an application for certification that is not approved as meeting the credential requirements and is therefore closed
- Not taking the first available Qualifying Examination
- Not passing the first available Qualifying Examination`
- Not taking the first available Oral Certification Examination
- Not passing the first available Oral Certification Examination

Board eligible physicians must continuously maintain medical licensure in compliance with the ABEM Policy on Medical Licensure to maintain board eligible status. They must also complete the following requirements starting January 1 of the year after their first delay in the certification process, and must continue meeting these requirements until they achieve certification, or their board eligible status ends, whichever comes first:

- Physicians must complete an average of 25 *AMA PRA Category 1 Credits*TM, or equivalent, per year. This requirement supersedes and replaces the ABEM Policy on Emergency Medicine Certification Application CME Requirements.
- Physicians must complete an average of at least one ABEM LLSA test per year

Physicians must meet current CME and LLSA requirements before they can apply for certification, register for a certification examination, or request placement on an Oral Certification Examination wait list.

Physicians must pass the Qualifying Examination during the first five-year period of board eligibility if they wish to be granted a second period of board eligibility.

Requirements to Maintain ABEM Board Eligibility in the Second Five Years after Graduation

Candidates who met their requirements during their first five years of board eligibility status will renew board eligible status for a second five years. Medical Licensure, LLSA, and CME requirements will continue throughout the second period of board eligibility.

Additional Training Requirements to Regain ABEM Board Eligibility Status

Physicians who lose ABEM board eligible status may become ABEM board re-eligible only by successfully completing ABEM-approved additional training.

Availability of Oral Certification Examination

If a board eligible physician delays an Oral Certification Examination by declining an assignment or by failing the examination, ABEM will guarantee an assignment to one of the examination administrations two years after the year in which the physician declines or fails the examination. If ABEM is unable to honor this guarantee, the candidate's period of board eligibility will be extended. This guarantee does not apply when there are fewer than two years remaining in the physician's final five years of board eligibility.

Effective Date and Phase-in of Policy

This policy took effect January 1, 2015.

All residents who graduate from ACGME- or RCPSC-accredited EM programs or ABEM-approved combined programs in or after 2015 must meet this policy to maintain board eligibility status.

All physicians who graduated from an EM residency program prior to 2015, or who applied for certification via the practice pathway and have an open, approved application as of January 1, 2015, will be recognized as ABEM board eligible for a period of five years starting January 1, 2015. They must meet the following requirements starting January 1, 2015, and ending when they achieve certification or their board eligible status ends, whichever comes first:

- Physicians must complete an average of 25 *AMA PRA Category 1 Credits*TM, or equivalent, per year. This requirement supersedes and replaces the ABEM Policy on Emergency Medicine Certification Application CME Requirements.
- Physicians must complete an average of at least one ABEM LLSA test per year.

Physicians must meet current CME and LLSA requirements before they can apply for certification, register for a certification examination, or request placement on an Oral Certification Examination wait list.

Physicians must pass the Qualifying Examination during the first five-year period of board eligibility to be granted a second period of board eligibility. If they passed the Qualifying Examination prior to January 1, 2015, they must attempt the Oral Certification Examination during their first five years of board eligibility.

At the end of their first five-year period of board eligibility, if they have met all the requirements to maintain board eligible status, they will enter a second period of board eligibility.

PROCEDURES

The Qualifying Exam is administered during one week in the fall each year to preserve exam security and integrity.

Each January, the Oral Certification Examination (OCE) seating schedule is created for both that year's spring and fall exam administrations; it is made up of planned and waitlisted candidates. Seating for each OCE administration is constrained by examiner and staff availability and other factors. If a physician delays an OCE by declining an assignment or failing the exam, they are guaranteed an assignment to one of the examination administrations two years after the year in which the delay occurred. If a physician wishes to take the OCE prior to that guaranteed assignment, they can request to be placed on the examination waitlist. Some physicians cannot take the exam on the date they are assigned and as those seats become available throughout the year, candidates are assigned to those seats from the waitlist. Candidates can add themselves to the waitlist immediately after they fail or decline an exam. Candidates who retake exams after failing have no advantage because each exam is different. There are no limits on OCE retakes during a candidate's period of board eligibility. During the COVID-19 pandemic, the 2020 Oral Exams were not held. In 2021, ABEM will offer seven administrations of the OCE.

Approved applications are considered **open** and remain open until the candidate for certification achieves certification or is no longer ABEM board eligible. A candidate must have an open application to take certification examinations.

Approved certification applications can be **closed** if the physician's final period of board eligibility expires. Physicians cannot take ABEM certification exams if their application is closed.

APPEAL PROCESS

ABEM maintains an appeal process for physicians who do not meet the requirements to maintain ABEM board eligible status.

EXCEPTIONS

ABEM will consider individual exceptions to the Policy on Board Eligibility only in cases where extraordinary circumstances have prevented compliance with the policy, as determined solely by ABEM.



Policy on Emergency Medicine Residency Training Requirements

BACKGROUND

The American Board of Emergency Medicine (ABEM) has adopted a policy regarding training requirements, absences from a residency training program, and breaks in training as they relate to the Board's eligibility criteria for initial certification.

POLICY

It is the policy of ABEM that to apply for certification in Emergency Medicine (EM), physicians must have successfully completed an EM residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians & Surgeons of Canada (RCPSC), or the Australasian College of Emergency Medicine (ACEM). ACGME-International (ACGME-I)-accredited residency training cannot be used to fulfill the residency training requirements for certification. All of the aforementioned eligibility criteria cannot be appealed.

The ACGME accredits EM residency programs of 36 and 48 months in length. The physician must successfully complete all months of training for which the EM residency program is accredited to fulfill the Board's eligibility criteria.

Residents must successfully complete at least 46 weeks of training in each residency level. Vacation time, sick time, leaves of absence, etc., that exceed six weeks in an academic year require an extension of residency training in the program. Leave time cannot be accrued from year to year. If a residency program has a policy in effect for leave time that is less than six weeks, the program may operate under its own policy.

Interruptions in training may not exceed 36 months at any one time in order for the earlier training to be considered toward fulfilling the ABEM's eligibility criteria.

ABEM also recognizes training that has been successfully completed in combined training programs that have been approved by ABEM and another American Board of Medical Specialties Member Board. See the appropriate combined training program guidelines for more information.

When an American Osteopathic Association (AOA)-approved EM residency program receives initial ACGME accreditation, residents who are enrolled in the program on or after the effective initial accreditation date, fulfill the basic principles below, and successfully complete all months of training for which the EM residency program is accredited fulfill ABEM residency training requirements for initial certification.

When an EM residency program was AOA-approved, but did not have enrolled residents as of July 1, 2015, all residents transferring into the newly ACGME-accredited, three-year program must meet the basic principles below, and successfully complete all months of training for which the EM residency program is accredited to fulfill ABEM residency training requirements for initial certification.

Basic Principles

If a four-year EM residency program transitions to a three-year, ACGME-accredited, EM residency program during the period of initial ACGME accreditation, two basic principles apply depending on the resident's level of training at the time of ACGME initial accreditation:

1. A resident must successfully complete at least four years in the same program, or
2. A resident must successfully complete at least 24 months under the new ACGME-accredited, three-year format

Residents enrolled in programs that transition from a four-year format to an ACGME-accredited, three-year format during the period of initial ACGME accreditation must complete training according to the following requirements:

1. If the physician is in the fourth year of training on the program's initial ACGME accreditation effective date, he or she must complete the current level of training (four years of total training).
2. If the physician is in the third year of training on the program's initial ACGME accreditation effective date, he or she must complete training at that level under the new ACGME-accredited three-year format, and must also complete at least 12 additional months of training under the new ACGME-accredited, three-year format in the same program (at least four years of total training).
3. If the physician is in the second year of training on the program's initial ACGME accreditation effective date, he or she must complete training at that level under the new ACGME-accredited, three-year format, and must also complete at least 24 additional months of training under the new ACGME-accredited, three-year format (at least four years of total training).
4. If the physician is in the first year of training on the program's initial ACGME accreditation effective date, he or she must complete training at that level under the new ACGME-accredited, three-year format, and must also complete at least 24 additional months of training under the new ACGME-accredited, three-year format (at least three years of total training).

The principles no longer apply once an EM residency program has received continued ACGME-accreditation (after successful completion of both the initial ACGME accreditation cycle period and a second RRC site visit by the ACGME Residency Review Committee).

In every training scenario, the program director must ensure that the resident has met all of the training requirements of the program. The program director may require training in addition to the minimum amounts specified by ABEM.

PROCEDURES

Physicians who successfully complete an ACGME-, RCPSC-, or ACEM-accredited EM residency training program may submit an initial certification application during any annual application cycle as long as the physician is board eligible. See the Policy on Board Eligibility for details. The Board independently verifies with the residency director(s) that the physician successfully completed the training necessary to fulfill the Board's eligibility criteria. These criteria cannot be appealed.

AOA-approved, advanced standing credit will be accepted toward fulfilling ABEM's residency training requirements for initial certification only if the credit was approved on or prior to the date of the residency program's initial ACGME accreditation.

EXCEPTION

Interruptions in residency training that exceed 36 months due to military deployment under extraordinary circumstances can be reviewed for possible approval on a case-by-case basis.

Exceptions for residents applying for or awarded a Stimulating Access to Research in Residency (StARR) grant can be reviewed for possible approval. Requests for exceptions must be submitted before the resident begins his or her research.

Physicians who began their EM training prior to July 1, 1987, must have successfully completed a minimum of 36 months of post-medical school training, at least 24 months of which were under the control of an ACGME-accredited Emergency Medicine residency program at the postgraduate year (PGY) 2 level and above.