

Board Certification in Diagnostic Radiology

Application for Recertification



The American Board of Physician Specialties (ABPS) is the official certifying body of the American Association of Physician Specialists, Inc. (AAPS).

PLEASE PRINT CLEARLY

SECTION 1: Personal Data (Please mark your preferred mailing address, Home or Office with an X)

NAME OF APPLICANT: _____ D.O. M.D.

HOME ADDRESS: _____

CITY & STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: USA CANADA

OFFICE ADDRESS: _____

(Include Company Name, Full Street Address or P.O. Box Number)

CITY & STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: USA CANADA

EMAIL ADDRESS (required): _____

HOME PHONE: _____ DATE OF BIRTH: _____

OFFICE PHONE: _____ HOME FAX: _____

CELL PHONE (required): _____ OFFICE FAX: _____

Attach 2 Passport Photographs Here

Official passport photos are preferred, but you may submit "passport-style" photos that meet the following guidelines.

All photos must be:

- printed in color, on photo-quality paper
- approximately 2" x 2" in size
- taken against a white or neutral background
- clearly show your face

PAYMENT INFORMATION

All Funds **MUST** be Paid in U.S. Dollars (\$).

Amount: \$ _____ Check # _____ American Express Visa MasterCard

CC Number: _____ Expiration: _____

Name as it appears on Card: _____

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Processed on _____ Fee \$ _____ ID# _____ Order # _____ Auth#/
Check# _____

SECTION 2– License Information

List **all** states and/or provinces in which you have been licensed, including license number. Indicate all **active** licenses and include a copy of each active license identification card with your application. License copies **must** include expiration date.

State/ Province	License #	Active

State/ Province	License #	Active

State/ Province	License #	Active

SECTION 3– Background Data

Provide complete details for any YES response on a separate page and include with this application.	YES	NO
Is there now pending or has there ever been any formal investigation or inquiry by any public entity, board, agency, or official, relating to or connected with any license you now hold, or have ever held, regarding your professional conduct?		
Is there now pending or has there ever been any litigation or inquiry against you involving your practice(s) alleging unprofessional conduct, wrongdoing, negligence, or act of moral turpitude?		
Is there now pending or has there ever been any litigation or inquiry against you involving your relationship with patients alleging unprofessional conduct, wrongdoing, negligence, or act of moral turpitude?		
Has any disciplinary action ever been taken regarding any license which you now hold or have ever held?		
Have you ever had a license to practice medicine in any state or country restricted, suspended, revoked, or denied?		
Have you ever had health, legal, or occupational problems associated with alcohol or drug use?		
Have you ever been hospitalized or treated for a mental or emotional disorder, alcohol, or drug dependency?		
Have you ever been convicted of, pleaded guilty to, or pleaded <i>nolo contendere</i> to a felony offense in any state?		
Have you ever resigned a license to practice medicine in any state or country?		

**American Board of Physician Specialties
Code of Ethics**

As a candidate for recertification by a board of certification affiliated with the American Board of Physician Specialties I pledge myself to:

- Maintain the highest standard of personal conduct
- Promote and encourage the highest level of medical ethics in medicine
- Maintain loyalty to the goals and objectives of the American Association of Physician Specialists, Inc.
- Recognize and discharge my responsibility and that of the medical profession to uphold the laws and regulations relating to the practice of medicine
- Strive for excellence in all aspects of my medical practice
- Use only legal and ethical means in the provision of care to my patients
- Provide patient care impartially; provide no special privilege to any individual patient based on the patient’s race, color, creed, sex, national origin, or disability
- Accept no personal compensation from any party that would influence or require special consideration in the provision of care to any patient
- Maintain the confidentiality of privileged information entrusted or known to me by virtue of my roles as a physician
- Cooperate in every reasonable and proper way with other physicians and work with them in the advancement of quality patient care
- Use every opportunity to improve public understanding of the role of the specialist physician
- Abide by the highest ethical standards in activities designed to attract patients to my practice



SWORN STATEMENT OF APPLICANT

Initial in the designated space after each section, indicating your agreement with the conditions. Provide the information at the end of the form, including your signature, date and notary information.

I, _____, hereby make application for certification to the American Board of Physician Specialties (ABPS), the official certifying body of the American Association of Physician Specialists, Inc. (AAPS). As an integral part of my application, I make the following representations and agree to the following conditions:

1. I certify that all information set forth in my application, including supporting documentation, is accurate and complete. _____ *initials required*
2. I understand that ABPS will open and maintain a file on my certification application and that the contents of the file are the property of ABPS. _____ *initials required*
3. I hereby grant ABPS, their employees and agents, permission to contact each institution, state board of medical examiners, licensing agency, credentialing agency, person, or other entity identified in my application, as well as other persons and entities deemed appropriate by ABPS including a criminal background check (*see separate waiver for details*), to seek independent verification of the information I have provided. I give ABPS permission to contact any and all parties to obtain all information required for and reasonable and necessary follow-up. _____ *initials required*
4. I have read, and agree to abide by the ABPS Code of Ethics. _____ *initials required*
5. I understand that I must notify ABPS in the event that I surrender any medical license that I possess or seek to possess to a state medical licensing board. Failure to provide this written notification may result in the revocation of my board certification. _____ *initials required*
6. I understand that I must notify ABPS in the event that any adverse action has been taken against my medical license on an offense that is reportable to the National Practitioners Data Bank. Failure to provide this written notification may result in the revocation of my board certification. _____ *initials required*
7. I understand that I must meet the requirements for certification in effect at the time my application is received by ABPS. The certification requirements in effect at the time my application is received by ABPS will not change provided my application is completed within one year and I successfully meet the certification requirements. _____ *initials required*
8. If, after a period of one year from my submission of my application, all of the application materials are not deemed complete and ready for Board Review, I understand that my application becomes invalid, thereby requiring me to submit a new application and application fee in order to pursue certification and that I must meet the certification requirements in effect at the time the my new application is received by ABPS. I understand that the board certification requirements may have changed since my initial application. _____ *initials required*
9. Once my application has been approved by the Board of Certification, I understand that my application is valid for:
 - a) a maximum of six consecutive years;
 - b) a maximum of three attempts at the written examination;
 - c) a maximum of three attempts at the oral examination; or
 - d) a maximum of three deferrals per examination.

I understand that exceeding any one of these maximums will result in the invalidation of my application. Once my application is invalid, I understand that, in order to pursue certification, I must submit a new application and meet the certification requirements in effect at the time that my new application is received by ABPS. _____ *initials required*

10. I further understand that rules, regulations, and other organizational documents, including the requirements for maintaining certification and for recertification, may be changed from time to time and that it is my responsibility to remain informed about and in compliance with any such changes. _____ *initials required*
11. I understand that periodic recertification is mandatory by all boards of certification affiliated with ABPS. I also understand that requirements for recertification may change and that it is my responsibility to remain informed about these changes and remain in compliance with the requirements for recertification. _____ *initials required*
12. I understand that the existence of any false information in my application, such as undisclosed revocation or surrender of a medical license or evidence of any proceedings that may result in revocation of a medical license are grounds for disqualifying me from taking any examination permanently and in perpetuity. _____ *initials required*

13. I understand that if incomplete or unverifiable information exists in my application file, such information will disqualify me from taking any examination until such information is verified as true and correct. _____ *initials required*
14. I understand that any certification attained by me is subject to revocation if certification was obtained through false pretenses or fraud. Revocation of certification will be initiated in such situations as, but not limited to: making any statement or providing any information which is false or incomplete; inducing another party to provide false information on my behalf; violating any of the rules, regulations, or requirements governing the conduct of the certification examinations or the certification process; disregarding or violating any of the provisions of the constitution, bylaws, regulations, or requirements of the issuing Board of Certification, or the ABPS, in the process of obtaining or recertifying ABPS Board Certification. _____ *initials required*
15. In the event of such revocation, I agree promptly to return my certificate(s) to ABPS and will not make any representations, verbally or in writing, as to being board certified by ABPS. _____ *initials required*
16. I agree to hold the ABPS, and the members of my Board of Certification specialty, their members, officers, directors, governors, examiners, and their agents, free and harmless from any damage, expense, complaint, or cause of action whatsoever by reason of any action they, or any of them, may reasonably take in connection with:
- (1) my application and the investigation thereof; (2) the examinations;
- (3) the results of the examinations; (4) the certification or recertification process;
- (5) the revocation of any certificate issued to me. _____ *initials required*
17. I understand that I will be responsible to pay to ABPS the following fees, at the rate in effect at the time, as part of the certification process:
- An application fee payable at the time an application for certification is submitted. No application is accepted without the application fee. _____ *initials required*
 - Separate examination fees for any written and/or oral examinations required to complete the certification or recertification process for my specialty. I understand that retaking the examination or excessive rescheduling of an examination may result in additional fees. _____ *initials required*
 - An annual Certification Maintenance Fee (CMF) payable after I become certified. In the first year of my certification, I may pay a prorated CMF fee for that year, depending on my date of completion. I will also meet/remit any and all special assessments. I will meet the annual certification requirements (CME credits and self-assessments) in order for my certification to remain valid. _____ *initials required*
 - Failure to pay the recurring CMF fee within 90 days of its due date may result in a change of my certification status to inactive. _____ *initials required*

I have signed this sworn statement freely and voluntarily, without duress or coercion, intending to be bound by it and intending that ABPS and the Board of Certification to which I am applying will rely on it.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____

Sworn to and subscribed before me this _____ day of _____.

Notary Public: _____ NOTARY SEAL (*Required*)



Background Check Authorization Form

*This form **MUST** be completed and returned with your application*

The information you provide will be treated strictly confidential and will not be used for any other purposes.

As part of the credentialing process for board certification and recertification by ABPS/AAPS, a criminal background report is completed on all applicants. AAPS has contracted with a consumer reporting agency (CRA) which requests information from various federal, state and other agencies and parties that maintain records relating to criminal activities and then prepares criminal background reports. The purpose of such background reports is to evaluate an applicant's background as it pertains to his or her possible application for board certification and recertification.

Criminal background reports obtained pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, and mode of living and criminal history. The reports obtained in this disclosure and authorization will be maintained as confidential. If it is determined that you are not eligible to apply for board certification based on information in the background report, you'll be notified of the determination and furnished with the address of the CRA that can provide the report. Upon your written request and providing of proper identification, the CRA will make a complete and accurate disclosure of the nature and scope of the investigation.

You may obtain copies of any background reports about you from the CRA. You may also request more information about the nature and scope of such reports by a submitting written request to AAPS. To obtain contact information regarding the CRA, or to submit a written request for more information, contact

AAPS/ABPS
Certification Department
5550 West Executive Drive, Suite 400
Tampa, FL 33609

I further understand that AAPS is a Florida-based company, and therefore, agree that the laws of the State of Florida shall apply to this consent and release.

I request, authorize and consent to the release and disclosure of any and all information relating to my background including but not limited to criminal conviction records, current and former employers, military records, educational records, professional and/or personal references.

Signature _____ Date _____

Please clearly print the information below.

Applicant's Name: _____

Medical School : _____ Year of Grad: _____

SSN/SIN: _____ NPI: _____
(Social Security Number/Canadian Social Insurance Number) (National Provider Identifier)

A "Summary of Your Rights under the Fair Credit Reporting Act" is available at <http://www.ftc.gov/os/2004/11/041119factaappf.pdf>.



APBS Examination Issues and Appeals Process

All candidates for certification or recertification have the right to raise complaints or concerns about the administration, construction, or content of any ABPS examination. Each candidate also has the right to appeal the results of an examination, whether written, oral, or simulation. All candidates are required to review and sign a copy of the ABPS Examination Issues and Appeals Process as part of their application. The information presented here is also available for reference at any time on the ABPS website.

Written Examinations

ABPS written examinations are administered by a third-party vendor. Candidates are provided contact information for the vendor's customer service as part of their registration paperwork. Candidates should contact the vendor directly for all issues related to the location of the testing center, scheduled test date or time, rescheduling of examinations, and the online registration process.

Before the Examination

Testing center staff should be informed of any concerns prior to the start of the testing session. Once the testing session has begun, the testing center staff cannot stop or pause the testing time for any reason. It is the responsibility of the candidate to complete the provided computer-based testing tutorial and ensure that they understand the use of the testing system prior to beginning the examination.

During the Examination

Testing center staff should be informed immediately about any disruption to the testing process including excessive noise in the testing room, inappropriate behavior by other test takers, equipment failure, urgent health or medical situations or any other disruption.

Candidates may provide feedback and make comments concerning the content of the examination by using the comment field at the bottom of each question as it is displayed on the screen. All complaints/concerns about the content of the examination must be submitted using the provided comment field. This information is securely transmitted directly to ABPS and is reviewed as part of the scoring process.

After the Examination

Candidates are required to report any issues or disruptions to the testing process to testing center staff before leaving the test site. Candidates are also encouraged to contact ABPS via phone or email so that any testing issues can be addressed in a timely manner.

Oral Examinations and Simulations

ABPS oral and simulations examinations are administered directly by ABPS staff.

Before and After the Examination

ABPS staff are available at the registration table before and after the testing sessions to address any concerns or questions. Comment forms are provided during check out process and candidates are strongly encouraged to use these forms to document all concerns about the administration and content of the examinations.

Candidates are **required** to report any issues or disruptions during the testing session to ABPS staff before leaving the test site. If a candidate is unable to report the issue before leaving the test site, they should contact ABPS staff in writing, through email or letter, as soon as possible after the testing session. Appeals or complaints related to events during examination administration that are reported more than seven (7) days after the testing session or after the release of scores will not be accepted.

During the Examination

In the event of a disruption to the testing session, including power failure, weather or medical emergencies, or excessive noise during the testing session, the examiners will instruct the candidate what actions should be taken and will be responsible for pausing or stopping the testing session if necessary.

Resolution of Candidate Complaints/Administration Issues

ABPS investigates all reported irregularities in test administration. Such investigations may include, but are not limited to, requesting detailed reports from the testing center staff, the testing vendor, and the candidate concerning the events of the administration issue.

If it is determined that a testing irregularity has occurred which negatively impacted a candidate’s ability to demonstrate his or her full competency, ABPS will grant a retest to the candidate. In the event of a retest, the original test session will not be counted as an exam attempt and the retest will be offered at no additional cost to the candidate. Retests will be scheduled as close to the original testing date as possible, to ensure that score release is not delayed.

Scoring Appeals

Official scores are released by mail no later than 60 days from the testing date. Expedited reporting options, including e-mail notification of unofficial scores, may be available for an additional fee as explained in the registration paperwork.

Candidates not passing the examination will be provided with details of their results, which may include details of their performance in each written exam domain or performance on individual oral or simulation cases. Candidates are encouraged to contact ABPS if they need assistance understanding the score information provided.

Candidates have the right to appeal their scores if they believe that a scoring error was made. All scoring appeals must be made within 30 days of the official score release date. Appeals must be in writing and must include specific details about the error in content or scoring the candidate is asking the Board of Certification to review. Appeals lacking supporting information will not be reviewed.

Appeals submitted by mail should be sent to:

**Certification
ABPS
5550 West Executive Drive, Suite 400
Tampa, Florida 33609**

Appeals may also be submitted via email and should be sent to Certification@abpsus.org.

ABPS is not responsible for lost, delayed or misdirected appeal requests and candidates submitting appeals by mail are encouraged to use a delivery confirmation service.

By signing, I am attesting that I have read, understand, and agree to be bound by the terms and deadlines stated above. I understand that failure to follow the required processes and meet the stated deadlines will result in a forfeiture of my rights to request a retest or appeal my scores.

Applicant’s Name: _____

(Please print)

Applicant’s Signature _____ Date _____



Board Certification Information Form

Please list all other Board Certifications you currently hold or have held granted by an ABPS, ABMS, AOABOS, RCPSC, or CFPC board or another certifying body.

Candidates for Recertification: Please be sure to list the ABPS Specialty for which you are applying for recertification, as well as any other board certifications.

Specialty	Certifying Body	Initial Date of Certification	Expiration Date of Certification	Comments

Candidate Signature _____ Date _____



Diagnostic Radiology Recertification Application Checklist

Applicant's Name: _____ Application Date: _____

Application Information:

- Diagnostic Radiology Recertification Application
- Application Fee
- Photos **(2)** of Applicant
- Applicant's Initials on all items of the Sworn Statement, Signature and Date
- Application Notarized
- Applicant's Signed *Background Check Authorization* form
- Applicant's Signed *ABPS Examination Issues and Appeals Process* form
- Applicant's Signed *Board Certification Information* form
- Applicant's Signed *Application Checklist* attesting to completeness of submission

Medical License(s) with Current Expiration Date

Verification of completed CME as outlined in the CME Reminders below **and**

- Completion of 7.5 CME credits of AAPS-Approved Medical Ethics** (*Certificates expiring 2012 or later*) – AAPS-approved Medical Ethics courses include the AAPS-sponsored Medical Ethics course held annually in conjunction with the AAPS Scientific Meeting OR must contain the term “Medical Ethics” in the title or clearly in the syllabus of the course, must be intended for physicians, and cannot be the same course taken multiple times to meet the 7.5 credit requirement. The AAPS-sponsored Medical Ethics course will satisfy 7.5 of the required 16 hours of AAPS-Sponsored CME.
- Completion of 16 hours of AAPS-Sponsored CME** (*For certificates expiring 2016 or later*)

CME REMINDERS:

- **CME Totals Required:** Submit an average of 20 hours per year of Diagnostic Radiology CME. This is a required total of 160 hours for your eight years of certification.
- **Documentation is required for ALL CME.** Your CME can be documented by individual certificates, CME summaries from the granting organization, or CME summaries from a third-party source that has seen the original documentation (such as AOA, an AMA Academy, or your hospital's record department).
- **“In Specialty” CME:** Please indicate the CME you are claiming as “In Specialty”. On the ABPS CME Form, check the “In Spec” column next to each CME activity that is in specialty. If you are submitting rosters, please mark or highlight the in specialty activities.

I hereby acknowledge that I have read the application packet and checklist. I understand that failure to submit all of the items on the checklist by the applicable deadline may delay the Board's acceptance of my application in time to take the test on the date desired.

Applicant Signature _____ Date _____

We highly recommend all of the required documents be returned via certified mail or other traceable means, by the due date listed on the current examination schedule, ATTN: Certification Department, to the address below.

Please retain a copy of all materials submitted. All submitted materials become the property of ABPS and will be retained in your file in perpetuity. Do not send original diplomas, board certification documents, etc. except where specifically instructed to do so; ABPS will **not** return submitted items.



ABPS CME SUMMARY FORM FOR 20____

Please use a separate form for each year.

This summary sheet is designed to help you organize the CME documentation required for recertification. List all CME activities in the form provided below. All ABPS specialties require a minimum number of hours "In Specialty" for recertification. To aid the review of your materials, check the "In Spec" column for all CME activities you are claiming as "In Specialty".

MONTH	CME HOURS	ACTIVIY and/or SPONSORING ORGANZIATION	IN SPEC

CME documentation MUST be attached for all claimed hours. Undocumented hours will not be counted.

Your Name _____

Total Hours Claimed for this Year _____