

**RULES AND REGULATIONS  
OF THE AMERICAN BOARD OF OPHTHALMOLOGY**  
Revised: February 2015

**I. PURPOSE**

A. The principal purposes of the Board are: to determine the eligibility of Candidates who seek certification by the Board; to conduct examinations of eligible Candidates; to issue Certificates to those who meet the Board's requirements and satisfactorily complete its examinations; to provide a Maintenance of Certification (MOC) program to its Diplomates and to issue Certificates to those who meet the MOC requirements.

B. The Rules and Regulations apply to all Candidates and Diplomates.

C. The Board may amend the Rules and Regulations from time to time in such manner as it deems appropriate. All amendments will be effective from and after the date of adoption.

D. Capitalized terms used throughout these Rules and Regulations are defined in Section XVIII.

**II. NATURE OF CERTIFICATE**

A. Until June 30, 1992, the Board issued a Certificate which was not time-limited in its validity. The Certificate stated:

THE AMERICAN BOARD OF OPHTHALMOLOGY hereby certifies that: Dr. (Name) has satisfactorily completed an accepted course of graduate study and clinical work and has successfully passed the examinations in Ophthalmology conducted under the authority of this Board. (Date and Seal) Issued: Date, Day, Year; Signatures of Directors of the Board.

B. A Certificate issued by the Board on or after July 1, 1992 expires ten (10) years following the date of its issuance. During the ten (10) year period, the Diplomate must satisfactorily complete the MOC process directed by the Board to obtain a new Certificate upon

expiration of the then-current Certificate, which will expire ten (10) years thereafter. The current Certificate states:

THE AMERICAN BOARD OF OPHTHALMOLOGY hereby certifies that: Dr. (Name) has satisfactorily completed an accepted course of graduate study and clinical work and has successfully passed the examinations in Ophthalmology conducted under the authority of this Board. Date and Seal; Issued: Date, Day, Year; This Certificate is valid through December 31, Year; Signatures of Directors of the Board.

### **III. REQUIREMENTS FOR CERTIFICATION**

A Candidate for Certification shall comply with each of the requirements hereinafter stated.

#### **A. Professional Training**

1. Each Candidate must have graduated from either (a) an allopathic or osteopathic school of medicine located in the United States or Canada; or (b) a medical school located in a country other than the United States or Canada and the Candidate must submit proof of a certificate from the Educational Commission of Foreign Medical Graduates (ECFMG).

2. A Candidate entering an ophthalmology training program must have undertaken a PGY-1 in a program in the United States accredited by the Accreditation Council of Graduate Medical Education (ACGME) or a program in Canada accredited by the Royal College of Physicians and Surgeons. The PGY-1 must be comprised of training in which the resident has primary responsibility for patient care in fields of internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. At a minimum, six months of PGY-1 must consist of a broad experience in direct patient care. It is a requirement of the Board that the program chair of the initial ophthalmology training program attended by a Candidate ascertain and certify that the Candidate has completed an accredited PGY-1 in the United States or in Canada prior to the start of the ophthalmology residency.

3. A Candidate must satisfactorily complete an entire formal graduate residency training program in ophthalmology (PGY-4 or better), with a minimum duration of

thirty-six (36) months, which is either: conducted in the United States, approved by the Ophthalmology Residency Review Committee, and accredited by the ACGME; or, conducted in Canada and accredited by the Royal College of Physicians and Surgeons. The standards for satisfactory completion of a residency training program shall be established from time to time and implemented by the program chair of that program. Proof of a Candidate's satisfactory completion of an accredited residency training program shall be evidenced by verification to that effect on behalf of the program by the program chair and director which may or may not be the same person. The Candidate's program chair and director are required to verify satisfactory completion of an entire formal graduate ophthalmology residency training program in medical and surgical care of at least thirty-six (36) months' duration. When a resident's training has been gained in more than one residency program, an interim evaluation must be completed by the initial program. Less than six (6) months' service in an accredited program is not acceptable as a part of the required training in ophthalmology. The initial program may not be able to verify all competencies. It is the responsibility of the second (or final) program to obtain the interim evaluation from the initial program or a subsequent program. The second (or final) program, in its satisfactory completion document, must evaluate all competencies, taking into account any deficiencies noted in the interim evaluation by the preceding program(s). The program chair and director's verification form cannot be submitted to the Board until the Candidate has completed the entire residency training program. The program chair and director shall return the verification form to the Board and such form must be uploaded to the ABO Residency Tracking website or postmarked on or before October 1.

4. It is the responsibility of the Candidate to confirm with the assistance of the program chair and director regarding the exact approval status of a residency program. Details of the categories of approval are provided in the ACGME Manual of Structure and Functions, as amended or updated. If a residency program loses approval or is withdrawn during the course of a Candidate's training, the Candidate must complete the remaining required number of months of training in another ACGME accredited program.

5. At all times during the certification process, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or Canadian provinces in which the individual's practice of medicine is regularly conducted, and in

each other place in which the person practices or has practiced medicine and has an unexpired license. A person shall be deemed to meet the foregoing condition if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, has a valid and unrestricted military medical license to, and does, provide medical care and treatment on the military installation solely to members of the United States Armed Services and their dependents.

**B. Applications for Board Certification**

1. A Candidate who wishes to be Certified by the Board shall complete an application then in use by the Board. The application shall be considered complete only when all supporting data required by the application, including all verifications, are also received by the Board's Executive Director. Information regarding how to access the application filing system, including log-in information, can be obtained from the chair or program director of an accredited residency program, from the Board office, and from the Board website.

2. A Candidate who wishes to be considered for a WQE in a particular year must have his/her application submitted (including all supporting data and verifications furnished directly by others) on or after March 1 and on or before October 1 in the year prior to the year the WQE will be administered. If a completed application and all required supporting data are submitted after October 1 in the year prior to the year in which the Candidate would like to take the WQE, the application will not be valid, and the application fee shall be returned (less a \$300 administration fee).

**C. Review and Verification of Applications**

1. Each application timely received by the Board shall be reviewed by or under the supervision of the Executive Director for purposes of determining whether the application is complete. The Executive Director shall notify the Candidate of any deficiencies in the application, but this notice shall not extend the filing deadline prescribed for the application. If an application is not complete, the application shall not be considered or acted upon for any purpose, until it is timely completed.

2. The Executive Director may make or cause to be made inquiries of any and all persons and institutions reasonably believed by the Executive Director to have information bearing upon or relevant to a determination of whether the applicant meets the Board's requirements for examination, including, without limitation, persons and institutions named in the application.

D. Actions and Administrative Details with Respect to an Application

1. If the Executive Director determines that a Candidate who has submitted an application does not meet the Board's requirements for examination, the Candidate will be notified of the reason(s) why the Candidate does not meet the Board's requirements for examination. The notice may include recommendation(s) for the Candidate to take in an attempt to remedy each determined deficiency and require a response by a date certain. A Candidate has the right to appeal the Executive Director's decision in writing. A Candidate's appeal will be reviewed by the Admissions Committee at its next regularly-scheduled meeting, which may jeopardize the ability of the Candidate to sit for that examination if that meeting were to occur after a deadline for an application to be complete. A determination by the Admissions Committee is final and conclusive. A subsequent application submitted by the Candidate will not be considered by the Board for any purpose if it exhibits any of the deficiencies determined by the Admissions Committee with respect to the prior application.

2. Candidates who apply to take the WQE and Oral Examination must certify that the information they provide in their applications is true and accurate. If (i) any misrepresentation is discovered in the application or in any other information submitted to the Board or in the identity of a person applying to take or taking an examination, (ii) any financial or other benefit is offered by a Candidate to any director, officer, employee, proctor, or other agent or representative of the Board in order to obtain a right, privilege or benefit not usually granted by the Board to similarly situated Candidates, or (iii) any irregular behavior before, during or after an examination including, but not limited, to copying questions or answers, sharing information, questions, or answers, using notes, or re-creating all or portions of the examination by memory or otherwise giving or receiving aid is discovered by observation, statistical analysis of answer files/sheets, or otherwise, the Candidate shall be given written

notice of the charges and an opportunity to respond in accordance with the procedures set forth in the Rules and Regulations. If the Board determines that a violation has occurred, the Board may permanently bar the person(s) involved in the violation from all future examinations, invalidate the results of prior examinations taken by the person(s), withhold or revoke the Certificate of the person(s), and/or take other action. If sanctions are imposed pursuant to the Rules and Regulations, the Board may notify interested third parties of its action and may post a summary of the action and the name of the Candidate or Diplomate in its newsletters and/or other publications on its website.

3. If the Board has reasonable grounds to believe that irregular behavior may have compromised the integrity of an examination, the Board will make every reasonable effort to withhold the scores of only those Candidates directly implicated in the irregularity or who may have benefited from the irregularity. Nevertheless, in some instances, the evidence of irregularity, though sufficiently strong to cast doubt on the validity of scores, may not enable the Board to identify the specific Candidate(s) involved in the irregularity. In such circumstances, the Board may withhold the scores of Candidate(s) not directly implicated in the irregularity and, if necessary, may require those Candidates to take an additional examination at a later date to ensure the validity of all scores.

4. The WQE and the Oral Examination are copyrighted by the Board, and the Board will strictly enforce its rights with respect to the examinations. The examination materials (questions and visuals) are the sole property of the Board and shall not be removed from the test area or reproduced in any way. Any reproduction of the examination materials, in whole or in part, is illegal and also may subject the Candidate to sanctions. No Candidate shall be permitted, while taking a WQE or Oral Examination, to record any part or all of the examination on any device of any nature whatsoever. No pager, recorder, camera, PDA, cellular phone, or any device that has the capability to record or transmit pictures, text, or sound may be brought into an examination. Notes, scratch paper, textbooks, calculators, and/or other reference materials are also prohibited. Any attempt to recreate any portion of an examination from memory or otherwise is strictly prohibited.

5. An agreement which a Candidate must sign explaining these requirements will be included in the examination registration process. A sample of the current agreement (which may be changed at any time by the Board without amending the Rules and Regulations is attached as Appendix A).

6. All applications and registration information for the WQE and separately for the Oral Examination shall be accompanied by a fee payable to the Board for the application fee then in effect. No application will be considered to be complete until the fee has been received. A Candidate who cancels or fails to appear for a WQE or Oral Examination for which he/she has been scheduled will not be scheduled for another such test until he/she pays to the Board a new fee in the amount then in effect. The fees shall be established by the Board of Directors on the basis of the actual and anticipated costs of the Board in the examination of applicants and the administration of its business.

#### **IV. EXAMINATION OF CANDIDATES FOR BOARD CERTIFICATION**

A. To become Board Certified, each Candidate must pass a WQE and Oral Examination administered by the Board. The WQE may cover any aspect of ophthalmology, including the following subjects:

1.

- Cataract and Anterior Segment
- Cornea and External Disease
- Glaucoma
- Neuro-Ophthalmology and Orbit
- Oculoplastics and Orbit
- Ophthalmic Pathology and Oncology
- Pediatric Ophthalmology and Strabismus

- Refractive Management and Optics
- Retina and Vitreous
- Uveitis

B. The WQE is given on one day in the spring of each year at nationally-distributed test centers. The Candidate is provided with the information necessary to schedule a test appointment and is responsible for scheduling a test appointment at a test center. The Oral Examination shall cover at least the following disciplines:

1. Optics, Visual Physiology, and Correction of Refractive Errors
2. Neuro-ophthalmology and Orbit
3. Pediatric Ophthalmology and Strabismus
4. External Eye and Adnexa
5. Anterior Segment of the Eye
6. Posterior Segment of the Eye

C. The Board shall conduct Oral Examinations at such times and places as it deems appropriate. Candidates who pass the spring WQE will be assigned to either the fall Oral Examination of that calendar year or the spring Oral Examination of the following calendar year. If a Candidate finds it impossible to be present for an assigned Oral Examination, he/she must postpone taking the Oral Examination until a new assignment date is made by the Board.

D. A Candidate who successfully passes the WQE must take and pass the Oral Examination within the first four (4) opportunities to do so, including the first Oral Examination to which the Candidate is assigned after passing the WQE and the next three (3) subsequent Oral Examinations administered. Candidates that do not successfully complete the Oral Examination

within the first four (4) offered examinations must successfully repeat the WQE before being permitted to take the Oral Examination.

E. The administration and grading of all examinations shall be in the sole discretion of the Board. All examinations shall be administered and graded reasonably and without discrimination in an effort to ensure a fair and unbiased examination for each Candidate. Within a reasonable time after completion of such examinations, the Candidate shall be notified by the Executive Director as to the Candidate's test results. The decision of the Board as to the results of an examination shall be final and conclusive. The results of an examination will be notified via letter to the mailing address provided by the Candidate. To ensure confidentiality, examination results will not be given over the telephone, facsimile, computer, or any other means.

## **V. BOARD ELIGIBILITY TIMEFRAME**

A. All Candidates must successfully complete both the WQE and the Oral Examination within seven (7) years of graduating from a residency program. This rule shall apply to each Candidate for Board Certification as follows:

1. All Candidates for Board Certification who complete residency in 2012 and thereafter must successfully complete the WQE and Oral Examinations within seven (7) years of finishing residency.

2. All Candidates who completed residency at any point prior to January 1, 2012 must successfully complete the WQE and Oral Examinations within seven (7) years of the 2012 implementation of this policy (by December 31, 2018).

B. During this seven (7)-year time period, the Candidate will be referred to as Board Eligible. The Board's seven (7)-year timeframe requirement is in accordance with the standards of the ABMS. Exceptions to the policy may be considered on a case-by-case basis in accordance with ABMS guidelines.

C. Re-Entry for Eligibility

1. Candidates who are unable to obtain Board Certification within the timeframe requirements described in this Section V will complete a re-entry process. The re-entry process will not restore Board Eligibility status. Re-entry will allow the Candidate four (4) additional years to obtain Board Certification by completing the following requirements:

a) As of the date of re-entry application and at all times thereafter, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or a Canadian province in which the Candidate's practice of medicine is regularly conducted, and in each other place in which the person practices or has practiced medicine and has an unexpired license;

b) Three (3) letters attesting to the Candidate's medical skills from Board Certified ophthalmologists must be provided to the Board;

c) Candidates must participate in the Board's Practice Improvement Module (PIM) program which involves self-review of patient charts, comparison results with peer and national ophthalmic standards, feedback, and the ability to target specific individual process/outcome measures for improvement; and

d) Candidates must complete a self-assessment CME within one (1) year of re-entry application as directed by the Board.

2. A Candidate who completes the re-entry process and continues to meet all other requirements for Certification and who successfully passes both the WQE and the Oral Examination within the required time limitations as determined by the Board, in its sole discretion, shall be entitled to receive a Certificate from the Board. Board certification is valid for ten years.

## **VI. PARTICIPATION IN MAINTENANCE OF CERTIFICATION**

A. Diplomates who hold time-limited Certificates must satisfactorily complete an MOC process as directed by the Board to obtain a new Certificate, and such new Certificate shall expire after ten (10) years. MOC is a continuous process designed by practicing ophthalmologists and is completed in four (4) main parts over the course of ten (10) years.

B. The Board changed the MOC process in 2012 to require annual participation. During the transition to annual MOC, the MOC components and the required timeframes are different for Diplomates depending upon the expiration of their current Certificate:

1. Non Time-Limited Certificate Holders

Diplomates who hold non time-limited Certificates issued before 1992 are eligible to apply for MOC. There are two MOC pathways offered to non time-limited certificate holders.

Fast Track: In addition to completing all MOC requirements, non time-limited Certificate holders who are voluntarily participating in MOC and Candidates for MOC must submit a total of two hundred and fifty (250) CME by the December 31 expiration of their three-year Fast Track MOC enrollment application. CMEs obtained in the ten (10) year period prior to submitting an MOC enrollment application will be accepted by the Board. A non time-limited Certificate holder can retain their non time-limited Certificate regardless of the status of completion of MOC activities.

Annual MOC: Non time-limited diplomates may apply to enter the annual MOC Track 2 program at Year 1. Diplomates must comply with all annual requirements of the MOC program. As long as diplomates are meeting these requirements, they will be reported on the ABO website as “Participating in MOC.”

2. Previously Certified Diplomates

a) Candidates whose Board certification has lapsed, been revoked, or been otherwise sanctioned must complete an MOC process detailed by the Board in order to obtain a new Certificate and, upon successful completion of these steps, the Certificate shall be valid for a period of ten (10) years.

b) If a Certificate expires on or prior to 12/31/2020, diplomates already in the midst of an MOC cycle continue to follow their designated MOC timeframe. This includes completion of the four (4) parts of MOC in designated years over the ten (10)-year period a Diplomate has the Certificate. The four (4) parts are:

(1) Part I: Professionalism & Professional Standing:

(a) As of the date of re-entry application and at all times thereafter, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or a Canadian province in which the Candidate's practice of medicine is regularly conducted, and in each other place in which the person practices or has practiced medicine and has an unexpired license. A person shall be deemed to meet the foregoing condition if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, has a valid and unrestricted military medical license to, and does, provide medical care and treatment on the military installation solely to members of the United States Armed Services and their dependents.

(b) For time-limited Certificate holders, if a physician is practicing full time in a country other than the United States or its territories, or Canada, the Board in its sole discretion may allow the physician to maintain certification even though the physician does not have a full and unrestricted license in at least one jurisdiction in the United States or its territories, or Canada, provided that each of the following requirements are met: the physician has complied with all legal and regulatory requirements governing the practice of medicine in the country in which the physician is practicing medicine and maintains any necessary licensure for practice in that country; the physician's license to practice medicine in a state or territory of the United States or Canada has not been suspended or revoked and has not lapsed or been surrendered in one or more jurisdictions to avoid sanctions by the jurisdiction's licensing authority; and, the physician has demonstrated to the satisfaction of the Board that he or she is complying with appropriate standards of professionalism.

(2) Part II: Lifelong Learning & Self-Assessment:

(a) Submission of two hundred-fifty (250) CME over ten (10) years.

(b) Two (2) Self-Assessment PORTs (1 core, 1 self-selected) completed in years designated on the MOC status page.

(3) Part III: Assessment of Knowledge, Judgment & Skills: One (1) DOCK MOC Examination completed as designated on the MOC status page. The second half of the entire fee for the ten (10)-year certification shall be paid at time of registration for DOCK.

(4) Part IV: Improvement in Medical Practice: One (1) Practice Assessment completed as designated on the MOC status page. The first half of the entire fee for the ten (10)-year certification shall be paid at time of registration for a Practice Assessment.

c) If a Certificate expires on or after 12/31/2021, diplomates participate in MOC on an annual, calendar-year basis. The four (4) parts are:

(1) Part I: Professionalism & Professional Standing: As of the date of re-entry application and at all times thereafter, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or a Canadian province in which the Candidate's practice of medicine is regularly conducted, and in each other place in which the person practices or has practiced medicine and has an unexpired license. A person shall be deemed to meet the foregoing condition if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, has a valid and unrestricted military medical license to, and does, provide medical care and treatment on the military installation solely to members of the United States Armed Services and their dependents.

(2) Part II: Lifelong Learning & Self-Assessment. Diplomates must complete Part A and Part B.

(a) Part A: Each calendar year, submission of twenty-five (25) category 1 CME which shall include eight (8) Self-Assessment CME. One (1) patient safety activity must be completed prior to the end of the third cycle year. At least eighty (80) percent of the Category 1 CME credits must be relevant to the practice of ophthalmology; the remainder of the CME credit hours can be in general medicine. CME information can be submitted via the CME tracking tool available on the Board's website. The Board reviews all CME submitted in support of MOC. If a Diplomate wishes CME to be counted towards a particular MOC calendar year requirement, that CME must be submitted at least two (2) weeks in advance of the

December 31 annual requirements deadline in order to ensure the submission is complete and error-free. CME submissions received in support of an annual MOC requirement or in support of completion of the MOC process after December 31 will not be counted towards the previous year even if the credits were earned during the previous year. It is the Diplomate's responsibility to submit CME in a complete and timely manner. The failure to do so can affect Diplomate's status in MOC. The timeline for MOC requirements is in Appendix C. The Board provides three (3) pathways to assist Diplomates in fulfilling the self-assessment component of CME requirements.

- i) A menu of qualifying activities available online;
- ii) Waivers for completing certain Board MOC activities;

iii) Submission of activities outside the standard SACME for consideration by the Board. In order to be eligible for SACME credits, an activity must meet each of the following three criteria:

- a) The activity must have a learning objective that is relevant to the physician's ophthalmic treatment of patients;
- b) The activity must provide Category 1 Credit obtained through an ACCME-accredited CME provider; and
- c) The activity must have a self-assessment component.

(b) Part B: PORTs are a series of 50-item, online self-review tests in Core Ophthalmic Knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and ten (10) PEAs. A Diplomate must complete two (2) Self-Assessment PORTs (1 core and 1 self-selected) during the ten year validity of his/her current certificate:

- i) Diplomates participating in MOC will have access to three (3) PORTs: one (1) in core, one (1) in a PEA of the Diplomate's choice, and a third (3<sup>rd</sup>) of either category. Diplomates can purchase additional PORTs for fees determined each calendar year. Diplomates receive instant feedback on responses and overall performance. A Diplomate must

achieve an annually determined percent correct to pass each PORT. All PORTs must be purchased at the then-current fee determined by the Board.

ii) The PORT is administered online and is available twenty-four (24) hours a day, seven (7) days a week during a schedule determined by the Board. A Diplomate can have only one (1) PORT open at a time. A Candidate has thirty (30) days to complete a PORT once it is started. During the thirty (30)-day timeframe, users can access and re-access the PORT at any time. If a Diplomate fails to complete the PORT by the end of the thirty (30)-day time limit, the PORT window will automatically close. Any PORT with a minimum predetermined number of questions answered will be scored (the number of questions required is determined by the annually established pass rate).

iii) PORTs are administered during a calendar year. Any PORT(s) that a Diplomate registers for in a particular year must be completed by December 31 of that same year. For example, if a Diplomate registers for a PORT on December 15, 2015, that PORT must be completed by December 31, 2015. Any Diplomate who does not complete a PORT(s) by December 31 of the year he/she registered for it will forfeit the PORT(s).

(3) Part III: Assessment of Knowledge, Judgment & Skills:

(a) One (1) DOCK Examination in years 6-10.

(b) The DOCK examination is a secure, proctored, 150-item computer-based examination designed to reflect individual practice and to evaluate clinically relevant knowledge important to the delivery of quality eye care. DOCK is administered at test centers for a period of one (1) month each year in September. DOCK is comprised of three (3) fifty (50) item modules: one (1) in Core Ophthalmic Knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and two (2) in PEAs of a Diplomate's choice. Diplomates can opt to select two modules from one PEA or one module from two different PEAs.

(c) The DOCK examination is administered in an approximately four (4)-hour testing period, which includes a tutorial. Diplomates will be required to achieve an overall passing grade based on the combined grades of all three (3) modules.

(4) Part IV: Improvement in Medical Practice:

(a) One (1) Practice Assessment in years 1-5.

(b) One (1) Practice Assessment in years 6-10.

(c) The evaluation of practice performance requires Diplomates to complete the PIM program. The purpose of the evaluation of practice performance is to improve patient care through a continuous cycle in which Diplomates review the care of their patients; compare the care with practice standards; identify areas for improvement; develop and implement a plan for improvement; and, evaluate the impact of the improvement on their care of patients. Self-review of patient charts via PIMs is meant to assess the quality of practice through verification of the documentation of appropriate measurements, diagnosis, management, treatment, identification of gaps and areas of potential improvement, implementation of an improvement strategy, re-abstraction, and reflection and assessment on this strategy.

(d) The PIMs are administered online and are available twenty-four (24) hours a day, seven (7) days a week through the Board website. To complete the PIMs, a Diplomate must select one (1) to three (3) modules and select a total of thirty (30) patient records that correspond to the modules' criteria.

(e) PIMs require up to 395 days complete. It is the Diplomate's responsibility to review the PIMs criteria and begin modules with enough time for completion. PIMs not completed during the required timeframe will be subject to audit and may be rejected. PIMs can be completed over the calendar year, however, if PIM completion is necessary to meet a specific MOC timeline requirement or to complete recertification prior to the expiration of a Certificate, that PIM must be completed by December 31.

(f) PIMs not completed within the specific time for the Diplomate are subject to a \$300 late fee. Once a Diplomate pays for the PIM, they can access that PIM or a new PIM every calendar year at no extra charge.

## **VII. ACCESSING MOC**

A. Diplomates access all MOC activities via the Board website. To access the Board website, Diplomates are provided with a Board-designated username and password. Diplomates are required to register and pay by credit card for MOC components and examinations and complete some MOC components online, or pay an annual fee that includes all required MOC components. Registration for each MOC component requires users to update current contact information, provide information on current medical license(s), and agree to the MOC Application and Agreement.

B. Application and Agreement and provide an electronic signature. The MOC Agreement is attached as Appendix B.

C. Registration for the PIMs and PORT is available on-demand mid-February – December 31 of each year.

D. Registration for the September DOCK examination is available annually mid-February – June 1 immediately preceding the DOCK examination. If a Diplomate pays a late fee, the deadline for submitting the completed registration may be extended from June 1 to August 1. Approved Diplomates will be sent instructions for scheduling an appointment at a test center. Late applications will be accepted until August 1 with a \$300 late fee.

## **VIII. FEES**

The Board is committed to keeping the costs and administrative burdens of the MOC process modest. The Board estimates the cost of MOC to be several hundred dollars annually over the life of a ten (10)-year Certificate. Fees, including late fees, are established annually based upon the contract agreements with testing vendors and the overall costs of administering the MOC process. The Board cannot reduce or waive fees for individual Diplomates. Fees must be paid as part of the registration for each component, unless a Diplomate is on a Board-approved annual payment plan. The Board understands that its Diplomates are busy practitioners and the Board makes every effort to communicate important dates and deadlines via direct mail, annual newsletters, and its website.

A. Annual Fee: Diplomates who were certified in 2011 and later and Diplomates recertifying in 2012 and beyond will participate in MOC on an annual calendar year basis, and pay an annual fee. The annual fee will cover the cost for all required MOC components.

B. Pay Per Component Fees: Diplomates already in the midst of an MOC cycle (Certificate expiration between 2013 and 2020) pay for each MOC component separately.

## **IX. PUBLIC REPORTING**

### **A. Public Reporting of Certification and MOC Participation**

The Board provides a service on its website that allows the public to search for Board Certified Ophthalmologists and to verify both Board Certification and current Participation in MOC. The information details the physician's certification history with the Board. The search function uses the city and state provided by each physician. The information displayed is as follows:

1. Name: Last, First, Middle

2. Location: City, State, Zip Code

3. MOC Participation: current participation is represented as a star mark and the statement, "Participating in MOC." If a Diplomate is not current in their MOC requirements, the star mark and text are not displayed. If a Diplomate is not required to participate in MOC, the star mark and text are not displayed.

4. Certification Status

a) Certified - This physician holds a non time-limited Certificate. Non time-limited Certificates awarded prior to 1992 do not require renewal. The Board encourages all Diplomates to voluntarily renew Board Certification.

b) Certified - The physician holds a time-limited Certificate issued in 1993 or thereafter. Certification by the American Board of Ophthalmology is time-limited for a

period of ten (10) years and is renewed through successful completion of the Maintenance of Certification (MOC) process.

c) Participating in MOC - This physician is participating in Maintenance of Certification. Participation in MOC means that a Diplomate must complete all activities that are required for their MOC calendar year, as applicable, and be up-to-date with all requirements in their current MOC cycle. A Diplomate who fails to meet his or her requirements for a calendar year will not be displayed as participating in MOC.

Maintenance of Certification (MOC) is a process adopted by all 24 ABMS member boards. It embodies the principles of lifelong learning and continuous improvement for the benefit of the public and the profession and aims to:

(1) establish and maintain high standards for patient care in ophthalmology;

(2) provide physicians with the means to continually assess and improve their ability to meet these standards;

(3) ensure that physicians are being assessed by reliable and valid measures to continually improve patient care.

e) Not Certified – This physician is not Board certified.

5. Certification History: this shows the history of dates of the certification and recertification.

#### B. Public Reporting of Certification Issues

If the Board revokes or suspends a Diplomate's Certificate, places the Diplomate on probation, or imposes conditions upon the Diplomate's Certificate, the Board may also require the Diplomate to surrender his/her Certificate and copies thereof to the Board immediately upon notice of the determination. The Board may notify the ABMS and any other interested party of any adverse action taken by the Board, and it may post a summary of the

action on its website and/or publish a summary in its newsletter, and it may publish a complete copy of the decision itself.

## **X. CLINICALLY INACTIVE STATUS**

A. The Board is committed to supporting Diplomates in meeting MOC requirements. The Board recognizes that some Board Certified individuals leave the practice of ophthalmology for various reasons and in some cases wish to retain and are eligible to retain their Board Certification. Diplomates who have become clinically inactive and are therefore unable to complete the Part IV: Practice Performance Assessment requirement of MOC may continue to remain Board Certified by completing each of the other MOC activities during the required timeframes of the MOC cycle. Diplomates who are approved for this designation, as described below, will be designated as “Board Certified – Clinically Inactive.” This designation will be printed on the Diplomate’s Board Certificate and will be publicly reported to the ABMS and will be noted as such on the Board’s “Verify a Physician” webpage.

B. The Board defines “clinically inactive” as having insufficient patient contact to be able to complete the Part IV: Practice Performance Assessment requirement of MOC. The clinically inactive pathway is available to Diplomates who wish to maintain Board Certification but do not intend to practice clinical ophthalmology in any manner. The clinically inactive option is not available to Diplomates who have voluntarily or involuntarily suspended or intend to suspend their clinical practice with the intention to return to clinical practice at a later date.

Clinically inactive status may include, but is not limited to those individuals who:

1. Retired
2. Sustained an illness or injury that prevents them from clinical practice
3. Changed job responsibilities from clinical practice to academic, administrative, or other non-clinical practice

C. Clinically inactive Diplomates who wish to maintain their ten (10) year time-limited Certificate will be required to complete all other requirements for MOC Part I (Professional Standing), Part II (Lifelong Learning and Self-Assessment), and Part III (Cognitive

Expertise) in the same manner and in the same timeframe as required for clinically active Diplomates.

D. Diplomates who wish to pursue the clinically inactive designation should email a request to: [moc@abop.org](mailto:moc@abop.org). Requests should include the reason for clinical inactivity, an attestation to clinically inactive status, and a statement indicating the desire to continue to maintain Board Certification. Requests will be evaluated and determinations made on an individual basis. It is the responsibility of the Diplomate to provide sufficient information for a determination to be made. The Diplomate will be apprised of the outcome of the review.

E. Clinically inactive status does not apply to Diplomates who practice ophthalmology but are unable to complete the Part IV: Practice Performance Assessment requirement of MOC for reasons including, but not limited to, leaves of absence, or a temporary interruption of current practice for illness or disability. Diplomates who practice ophthalmology but are unable to complete the Part IV: Practice Performance Assessment requirement of MOC for various reasons should contact the Board for guidance as soon as they become aware of the possibility of the inability to complete the Part IV MOC requirement within the timeframes established by the Board.

F. Clinically inactive status is determined by the Board on a case-by-case basis. Prior to considering each situation, the Board will assist a Diplomate in completing the Part IV MOC requirement within the required timeframe. In the event that a Diplomate designated by the Board as clinically inactive returns to clinical activity in any capacity, the Diplomate must report this to the Board in writing immediately. Requests to modify a Diplomate's clinically inactive status will be evaluated by the Board and determinations made on an individual basis. The Diplomate will be apprised of the outcome of the review.

## **XI. CANDIDATE AND DIPLOMATE STANDARDS**

A. License: As of the date of application and at all times throughout certification, the individual must hold a valid and unrestricted license(s) to practice medicine in (i) the United States or its territories; or, (ii) a Canadian province. An individual's license(s) in each jurisdiction should be unrestricted regardless of whether the individual regularly practices in that

jurisdiction. A Candidate or Diplomate may possess a medical license from more than one Licensing Entity. Any restriction on an individual's license, administrative or otherwise, will be reviewed by ABO.

B. An individual satisfies the licensing requirement in Section XI-A if and for so long as the individual (i) is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, (ii) has a valid and unrestricted military medical license, and (iii) provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

C. A Candidate or Diplomate must provide written notice to the ABO Executive Director of any final action taken by a Licensing Entity within sixty (60) days of receiving notice from the Licensing Entity of such action. A Candidate or Diplomate must provide written notice to the ABO Executive Director when the final action by a Licensing Entity expires or is otherwise no longer in effect. As part of any written notice to the ABO Executive Director, a Candidate or Diplomate must include a copy of all correspondence and documentation (i) received from the Licensing Entity and (ii) sent by or on behalf of the Candidate or Diplomate to the Licensing Entity relating to the event(s) which resulted in the Licensing Entity taking a final action.

D. Each Licensing Entity may use different terminology to describe a final action affecting a Candidate or Diplomate's medical license. The terms a Licensing Entity may use with respect to a final action may include, but are not limited to: revocation; surrender; suspension; reprimand; disciplinary action; administrative matter; practice improvement; probation; restricted license; letter of concern; special conditions or requirements; or, a no action letter. A final action taken by a Licensing Entity may be indefinite in duration or have a defined period of applicability or result in the conclusion that the Licensing Entity is not taking any action with respect to the Candidate or Diplomate's medical license. If a Licensing Entity characterizes its decision as a final action, it is not relevant for purposes of the ABO's decision-making that a Candidate or Diplomate may wish to consider an appeal in any forum with respect to a final action taken by a Licensing Entity.

E. A final action also includes resignation, suspension or return of a medical license in anticipation of or to prevent a Licensing Entity from taking a final action or from the threat of taking an action against a physician's medical license.

F. A physician who has voluntarily entered into a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a Licensing Entity will not be considered, for purposes of this policy, to have a restriction on his/her license provided the physician maintains compliance with the rehabilitation program and all terms or conditions established by the Licensing Entity.

G. A Candidate or Diplomate's failure to provide timely, accurate, and complete written notice and information to ABO may be independent grounds for discipline. A Candidate or Diplomate is required to respond in a timely, accurate, and complete manner to any correspondence from ABO. The failure to respond in a timely, accurate, and complete matter may be independent grounds for discipline. With respect to a Candidate who is nonresponsive or does not provide accurate and complete information, the Board reserves the right to permanently or temporarily suspend consideration of the Candidate's application materials, including but not limited to allowing an individual to sit for an examination. With respect to a Diplomate who is nonresponsive or does not provide accurate and complete information, the Board reserves the right to take disciplinary action up to and including revocation of the Diplomate's Certificate.

## **XII. LICENSING ENTITY FINAL ACTIONS RESULTING IN RESTRICTIONS**

A. The description of an action taken by a Licensing Entity may not correspond to the terminology used in Section XI-D describing final actions. ABO takes an expansive view of what may be considered a final action given the lack of consistency of terminology used by each Licensing Entity. ABO considers any of these final actions below a restriction on a physician's medical license regardless of whether (i) a Licensing Entity unilaterally imposes these requirement(s); or (ii) the outcome is part of an agreement entered into between the physician and a Licensing Entity; or (iii) any other action takes place which leads to the same outcome with respect to the physician's medical license:

- a Licensing Entity revokes a Diplomate or Candidate's license;

- a Diplomate or Candidate resigns, suspends or returns a license in anticipation of or to prevent a Licensing Entity from taking a final action or from the threat of it taking an action against a Diplomate or Candidate's medical license;
- a Licensing Entity suspends a Diplomate or Candidate's license;
- a Licensing Entity places a Diplomate or Candidate's license on probation; or
- a Licensing Entity places conditions or requirements on a Diplomate or Candidate's license (including, but not limited to, supervision, chaperoning during the examination of patients, documentation standards and or review, additional training beyond that required of all physicians for the maintenance of licensure, limitations placed on usual scope of practice) regardless of whether or not such conditions or requirements are imposed by order of the Licensing Entity or are the result of a voluntary agreement or arrangement between the physician and the Licensing Entity.

### **XIII. DIPLOMATE OR CANDIDATE TRANSGRESSIONS**

A. In addition to a restriction on a Diplomate or Candidate's license as described in Section XII, ABO will consider taking action against a Candidate or Diplomate if any of the following occur, each of which is considered a transgression:

- the individual violates any ABO rule, regulation or policy;
- the individual's actions or inactions affect the process for initial Certification or Maintenance of Certification (including but not limited to, Written Qualifying Examination, Oral Examination and Maintenance of Certification Examinations and programs) or the terms and conditions set forth in the application or agreement to take an examination(s);
- the individual makes a misstatement or omission of a material fact in an application or in any other information submitted to ABO;
- the individual presents or distributes, or aides or assists another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of ABO to evidence that a Diplomate or Candidate any other person(s) is currently or was previously certified by ABO, when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a Diplomate or Candidate or any other person(s) is currently or was previously certified by ABO, when that is not the case;
- issuance of a Certificate contrary to or in violation of any ABO rule, regulation or policy;
- ineligibility of the individual to whom the Certificate was issued to receive the Certificate;
- engaging in conduct that disrupts an examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor or staff or ABO Director; or

- failure to cooperate in any investigation, hearing or appeal conducted by ABO, even if the Diplomat or Candidate is not the subject of the investigation.

B. In addition to the transgressions listed above, ABO will consider taking action against a Candidate or Diplomat if any of the following occur, each of which is also considered a transgression:

- the individual is convicted of a misdemeanor or felony;
- the individual enters a guilty, nolo contendere plea, deferred adjudication status or any other type of action or resolution as part of a criminal justice system;
- the individual is issued a letter of concern or reprimand or a similar concept by a Licensing Entity; or
- the individual demonstrates questionable judgment, poor judgment, unethical behavior, or immoral personal or professional behavior, regardless of whether such conduct affects the individual's status with a Licensing Entity.

#### **XIV. ABO RESPONSE TO A DIPLOMATE OR CANDIDATE'S RESTRICTION OR TRANSGRESSION**

A. ABO may gather information as it sees fit and is available.

B. ABO staff may decide that no further action is warranted and ABO may send a letter to a Diplomat or Candidate notifying it of ABO's decision based upon the information ABO has received.

C. ABO may send a letter to a Diplomat or Candidate requesting information with respect to the Restriction or Transgression.

D. If a motion is made and seconded and approved by majority vote of those Hearing Committee members present when the vote is taken (excluding any person with a conflict of

interest as described below in Section XVI-D) such action shall be considered the act of the Hearing Committee. Notice of an action by the Hearing Committee will be sent to the Diplomate or Candidate.

E. If the ABO Hearing Committee approves a motion that is anything other than a “no action” recommendation, ABO will invite the Diplomate or Candidate to provide any additional information not previously submitted and inform the Diplomate or Candidate of the date on which the ABO Board of Directors is expected to consider the Hearing Committee recommendation.

F. A member of the Hearing Committee will not vote on a matter before the Board of Directors with respect to a Diplomate or Candidate unless the Hearing Committee member (i) did not vote on the matter with respect to the Diplomate or Candidate at the Hearing Committee and (ii) there is no conflict of interest as described below in Section XVI-D. If a motion is made and seconded and approved by majority vote of those Board of Directors present when the vote is taken (excluding any person with a conflict of interest as described below in Section XVI-D,) such action shall be considered the act of the Board of Directors.

G. An action by the Board of Directors may include but is not limited to:

1. The Diplomate’s Certificate may be revoked or suspended, or the expiration date of the Certificate may be advanced;
2. the Diplomate may be publicly or privately reprimanded, be placed on probation, or have appropriate conditions imposed upon his/her Certificate, or may be required to participate in MOC, even if such Diplomate was not previously subject to MOC. The Diplomate may also be required to complete some or all MOC components on an expedited basis;
3. issuance of a Certificate to the Candidate may be withheld or delayed;
4. results of prior examinations of the Candidate may be invalidated;

5. the Candidate may be temporarily barred from any one or more future examinations, for such period of time, and upon such terms and conditions, as the Board may determine;
6. the Candidate may be permanently barred from all future examinations;
7. the Candidate or Diplomate may be required to reimburse the Board for its costs and legal fees in connection with the investigation, the hearing and any appeal; or
8. any other sanction deemed appropriate by the Board.

H. ABO will notify the Diplomate or Candidate of the action of the Board of Directors. The letter will provide the Diplomate or Candidate with the ability to appeal, by written notice received by a date certain, a decision by the Board of Directors. If an appeal request is not received, the action of the Board of Directors shall be considered final, and ABO may take such actions as described in Section XVI.

## **XV. DIPLOMATE OR CANDIDATE APPEAL PROCESS**

A. Upon notice from ABO regarding a decision by the Board of Directors, a Diplomate or Candidate may request an informal discussion with the Hearing Committee and ABO staff. The Hearing Committee will determine the time and place for the discussion.

B. As described in Section XIV-H, a Diplomate or Candidate may appeal the decision of the Board of Directors. The exclusive forum for an appeal shall be the Hearing Committee. The Hearing Committee will determine the time and place of the appeal. The Diplomate or Candidate has the right to appear before the Hearing Committee and may be accompanied by an attorney.

C. The Hearing Committee may gather information as it sees fit and is available with respect to an appeal. The Diplomate or Candidate has the right to submit additional information to the Hearing Committee within any timeframe or documentation limits imposed by the Hearing Committee.

D. The Chair of the Hearing Committee, or a person designated by the Chair of the Hearing Committee, will call the meeting to order and summarize the ground or grounds which are believed to establish a basis for imposing the discipline approved by the ABO Board of Directors. The Diplomate or Candidate, and the individual's counsel, may present oral information to the Hearing Committee. The Diplomate or Candidate may be asked and is expected to respond to questions by members of the Hearing Committee or ABO or its counsel. The Chair of the Hearing Committee will determine when the appeal hearing is complete and excuse the Diplomate or Candidate and the individual's counsel from the meeting.

E. The Hearing Committee will vote, when determined by the Chair of the Hearing Committee, whether to affirm the decision of the ABO Board of Directors. If a motion is made and seconded and approved by majority vote of those Hearing Committee members present when the vote is taken (excluding any person with a conflict of interest as described below in Section XVI-D, affirming the decision of the ABO Board of Directors, such action shall be considered the act of the Hearing Committee and no further action is required by the ABO Board of Directors. If a motion is made and seconded and approved by majority vote of those Hearing Committee members present when the vote is taken (excluding any person with a conflict of interest as described below in Section XVI-D, that does not affirm the decision of the ABO Board of Directors, the Hearing Committee will make a recommendation in the form of a motion which will then be presented to the ABO Board of Directors for consideration. A Diplomate or Candidate will have the ability to appeal this decision by the ABO Board of Directors as described in this Section XV.

F. The appeal proceedings may be recorded or transcribed upon the terms and conditions and in the manner determined by the Hearing Committee. The Chair of the Hearing Committee, or a person designated by the Chair of the Hearing

## **XVI. GENERAL RULES OF PROCEDURE**

A. Matters considered by ABO, the Board of Directors, the Hearing Committee or any representative of the ABO shall not be bound by technical rules of evidence. Any of these parties may receive and consider any evidence it deems appropriate and relevant.

B. Any written notice provided to a Diplomate or Candidate will be provided to the address on file with ABO. It is the responsibility of the Diplomate or Candidate to ensure a current address is on file with ABO.

C. A Diplomate or Candidate will fully indemnify and hold harmless any party that provides information to ABO upon ABO's request.

D. ABO maintains a conflict of interest policy that applies to ABO, its Board of Directors and staff. The conflict of interest policy may be amended by ABO at any time and such policy, as amended, will govern the actions of ABO, its Board of Directors and staff.

E. If the Board of Directors revokes or suspends a Diplomate's Certificate, places the Diplomate on probation, or imposes conditions upon the Diplomate's Certificate, the Board of Directors may require the Diplomate to surrender his/her Certificate and copies thereof to ABO immediately upon notice of the determination.

F. ABO reserves the right to notify the American Board of Medical Specialties and any other interested party of any action taken by the Board of Directors. ABO may post a summary of the action on its web site and/or publish a summary in its newsletter, or otherwise disclose the decision as it sees fit.

## **XVII. COMPLIANCE AND AWARENESS**

A. Candidates must comply fully with all Rules and Regulations of ABO which are in effect when the application is submitted to ABO.

B. Diplomates must comply with all Rules and Regulations of the ABO, as amended from time to time, for as long as they remain certified by the ABO.

## **XVIII. DEFINITIONS**

A. "Board Certified" or "Certified" refers to a physician who has taken and passed the WQE and Oral Examination and otherwise complies with the Rules and Regulations.

B. “Board Eligible” refers to a Candidate who is within the seven (7) year timeframe to become Board Certified.

C. “Candidates” refers to (i) individuals who are not Board Certified and who may be in the process of applying for Board Certification; (ii) reapplying for Board Certification after expiration or revocation of their Certificate; (iii) or, participating in Board Certification.

D. “Certificate” refers to a Certificate given to a Candidate who has satisfactorily completed an accepted course of graduate study and clinical work and has successfully passed the examinations in Ophthalmology conducted under the authority of ABO.

E. “Diplomates” refers to individuals who are Board Certified, including individuals who are Board Certified and participating in MOC..

F. “Executive Director” refers to the chief executive officer of the American Board of Ophthalmology.

G. “Licensing Entity” refers to (i) each state or territory in the United States or (ii) a Canadian province.

H. “MOC” refers to Maintenance of Certification.

I. “SACME” refers to Self-Assessment Continuing Medical Education.

J. “WQE” refers to Written Qualifying Examination

February 2015

## **APPENDIX A**

### **Application Agreement for Certification**

I hereby apply to the American Board of Ophthalmology (ABO) for the issuance of a certificate of qualification as a specialist in ophthalmology and for examinations relative to that certificate, all in accordance with and subject to the Rules and Regulations of the ABO. A complete copy of the Rules and Regulations can be obtained through a request to the ABO office, and I understand that they are summarized in the current brochure issued by the ABO. By signing this Application and Agreement and filing it with the ABO, I understand and agree that the ABO may confirm the information contained herein and may request from third parties confidential information relating to my medical training and background. I further agree to be legally bound by and to abide by all of the terms and conditions of this Application and Agreement and the Rules and Regulations of the ABO. I agree that upon the issuance to me of a certificate of qualification, I shall become bound by the Bylaws of the ABO and shall remain bound by the Rules and Regulations of the ABO as they may be amended from time to time.

I hereby certify that the information given in this Application and Agreement is true and accurate to the best of my knowledge, that any photographs submitted are recent photographs of me and that I have read and accept the terms and conditions of this examination set forth in the current brochure. I understand and agree that eligibility for the written and oral examinations is determined by the Committee on Admissions, and that the written qualifying examination will be supervised by proctors and the oral examination by examiners who are responsible to the ABO and are empowered by the ABO to ensure that the examination is conducted ethically and in accordance with the Rules and Regulations of the ABO. I understand and agree that (i) any misrepresentation in this Application and Agreement or in any other document or other information I submit to the ABO (including the verification of my identity when I submit this Application and Agreement and when I take the examinations), or (ii) any offer of financial benefit to a director, officer, employee, proctor, or other agent or representative of the ABO in order to obtain a right, privilege or benefit not usually granted by the ABO to similarly situated candidates, or (iii) any irregular behavior before, during or after the examination such as copying answers, sharing information, using notes, or otherwise giving or obtaining any unauthorized information or aid, evidenced by observation, statistical analysis of answer sheets, or otherwise, on any portion of the written or oral examinations will be reported to the ABO and will constitute grounds for the ABO to bar me permanently from all future examinations, to terminate my participation in the examinations, to invalidate the results of my examinations and any prior examinations, to withhold my scores or certificate, to revoke my certificate, and/or to take any other appropriate action, including legal action. I also understand and agree that the ABO may withhold my scores and may require me to retake one or more portions of the written and/or oral examinations if the ABO is presented with evidence demonstrating to the ABO, in its sole discretion, that the security of those portions of the examination may have been compromised, notwithstanding the absence of any evidence of my personal involvement in the compromising activities. I recognize that the examination questions of the written qualifying examination and the materials and questions utilized in the

oral examination are copyrighted as the sole property of the ABO and must not be removed from the test area or reproduced in any way and that reproduction of copyrighted material, in whole or in part, is a federal offense and also may subject me to the sanctions listed above. I understand and agree that the decision as to whether my grades and other performances on the ABO's examinations qualify me for a certificate of qualification rests solely and exclusively in the ABO, and that its decision is final.

I hereby waive and release and shall indemnify and hold harmless the ABO and persons in their capacities as the ABO's directors, members, officers, committee members, employees, and agents from, against and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorney's fees) alleged to have arisen from, out of, with respect to or in connection with any action which they, or any of them, take or fail to take as a result of or in connection with this application, any examination conducted by the ABO which I apply to take or take, the grade or grades given me on the examination and, if applicable, the failure of the ABO to issue me a certificate of qualification or the ABO's revocation of any certificate of qualification previously issued to me.

To help analyze the effectiveness of my training program, and to satisfy requirements of the ACGME and the RRC, I hereby authorize the ABO to release, in confidence, to the director of the program in which I have trained, and to the chair of the department of which the program is a part, the results of my performance on the examinations conducted by the ABO.

#### COPYRIGHT NOTICE AND AGREEMENT

All ABO certification and maintenance of certification examinations, including the content and wording of examination questions, constitute confidential ABO information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABO written, computer-based or oral examination questions, content, props, or other materials ("Examination Materials"), either before the examination, on-site, or after an examination administration, in whole or in part, by any means, including but not limited to reconstruction from memory, is strictly forbidden. Use of ABO Examination Materials, including that which may have been reconstructed from memory, for the purpose of examination preparation or training is also strictly forbidden.

I agree not to reproduce Examination Materials in whole or in part in any way, including but not limited to reconstruction from memory.

#### NON-DISCLOSURE POLICY

As noted above, all ABO examinations and Examination Materials are confidential and are protected by copyright law. The Examination Materials are made available to examinees solely for the purpose of becoming certified or maintaining certification in the specialty of ophthalmology. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting any ABO examination or Examination Materials, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

## EXAM IRREGULARITY POLICY

I further understand that any violation of the Exam Irregularity Policy and/or the Non-Disclosure Policy and/or the Acknowledgement/Cooperation Agreement, or the giving or receiving of aid in connection with any ABO examination, or engaging in any other conduct that subverts or attempts to subvert the integrity of the examination or the ABO certification and maintenance of certification process is sufficient cause for the ABO to:

- Bar me from the examination and/or future examinations;
- Terminate my participation in the examination;
- Withhold and/or invalidate the results of my examination;
- Withhold my certificate;
- Revoke my certificate;
- Require me to pay the costs of the ABO's investigation; and/or
- Take other appropriate action against me, including legal action.
- The ABO reserves the right to take whatever measures are necessary to protect the integrity of its examinations.

## ACKNOWLEDGEMENT/COOPERATION AGREEMENT

In the event the ABO investigates a potential examination irregularity, I agree to cooperate fully with the ABO and to provide all relevant information in my possession to the ABO. I understand and agree that the failure to cooperate fully with the ABO will subject me to the disciplinary sanctions set forth above.

I have read the policies and this Application and Agreement carefully and I understand, agree to, and accept the obligations that the policies and the Application and Agreement impose on me.

I declare a dedication to provide ophthalmic services with compassion, respect for human dignity, and integrity.

By submitting this Application and Agreement electronically, I agree that this electronic form shall have the same legally binding effect as an original paper version would have.

I agree to the terms and conditions as stated above.

## **APPENDIX B**

### **Application Agreement for Maintenance of Certification**

I hereby apply to the American Board of Ophthalmology (ABO) for the issuance of a certificate of qualification as a specialist in ophthalmology and for examinations relative to that certificate, all in accordance with and subject to the Rules and Regulations of the ABO. A complete copy of the Rules and Regulations can be obtained through a request to the ABO office, and I understand that they are summarized in the current brochure issued by the ABO. By signing this Application and Agreement and filing it with the ABO, I understand and agree that the ABO may confirm the information contained herein and may request from third parties confidential information relating to my medical training and background. I further agree to be legally bound by and to abide by all of the terms and conditions of this Application and Agreement and the Rules and Regulations of the ABO. I agree that upon the issuance to me of a certificate of qualification, I shall become bound by the Bylaws of the ABO and shall remain bound by the Rules and Regulations of the ABO as they may be amended from time to time.

I hereby certify that the information given in this Application and Agreement is true and accurate to the best of my knowledge, and that I have read and accept the terms and conditions of the maintenance of certification examinations set forth in the current brochure.

I understand and agree that eligibility for the office record review (ORR), practice improvement module(s) (PIM), periodic ophthalmic review tests (PORTs) and demonstration of ophthalmic cognitive knowledge (DOCK) examination is determined by the Committee on Admissions, and that the ORR and PORT components are self-administered and the DOCK examination will be supervised by proctors who are responsible to the ABO and are empowered by the ABO to ensure that the examination is conducted ethically and in accordance with the Rules and Regulations of the ABO. I understand and agree that (i) any misrepresentation in this Application and Agreement or in any other document or other information I submit to the ABO (including the verification of my identity when I submit this Application and Agreement and when I take the examinations), or (ii) any offer of financial benefit to a director, officer, employee, proctor, or other agent or representative of the ABO in order to obtain a right, privilege or benefit not usually granted by the ABO to similarly situated candidates, or (iii) any irregular behavior before, during or after the examination such as copying answers, sharing information, preparing notes from the exam, or otherwise giving or obtaining any unauthorized information or aid, evidenced by observation, statistical analysis of answers, or otherwise, on any portion of the MOC examinations will be reported to the ABO and will constitute grounds for the ABO to bar me permanently from all future examinations, to terminate my participation in the examinations, to invalidate the results of my examinations and any prior examinations, to withhold my scores or certificate, to revoke my certificate, and/or to take any other appropriate action, including legal action. I also understand and agree that the ABO may withhold my scores and may require me to retake one or more portions of the MOC examinations if the ABO is presented with evidence demonstrating to the ABO, in its sole discretion, that the security of those portions of the examination may have been compromised, notwithstanding the absence of any evidence of my personal involvement in the compromising

activities. I recognize that the examination questions of the DOCK and the materials and questions utilized in the ORR, PIMs and PORTs are copyrighted as the sole property of the ABO and must not be removed from the test area or reproduced in any way and that reproduction of copyrighted material, in whole or in part, is a federal offense and also may subject me to the sanctions listed above. I understand and agree that the decision as to whether my grades and other performances on the ABO's examinations qualify me for a certificate of qualification rests solely and exclusively in the ABO, and that its decision is final.

I hereby waive and release and shall indemnify and hold harmless the ABO and persons in their capacities as the ABO's directors, members, officers, committee members, employees, and agents from, against and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys fees) alleged to have arisen from, out of, with respect to or in connection with any action which they, or any of them, take or fail to take as a result of or in connection with this application, any examination conducted by the ABO which I apply to take or take, the grade or grades given me on the examination and, if applicable, the failure of the ABO to issue me a certificate of qualification or the ABO's revocation of any certificate of qualification previously issued to me.

#### **COPYRIGHT NOTICE AND AGREEMENT**

All ABO certification and maintenance of certification examinations, including the content and wording of examination questions, constitute confidential ABO information protected by copyright law. Any unauthorized receipt, possession, or transmission of ABO written, computer-based or oral examination questions, content, props, or other materials ("Examination Materials"), either before the examination, on-site, or after an examination administration, in whole or in part, by any means, including but not limited to reconstruction from memory, is strictly forbidden. Use of ABO Examination Materials, including that which may have been reconstructed from memory, for the purpose of examination preparation or training is also strictly forbidden.

I agree not to reproduce Examination Materials in whole or in part in any way, including but not limited to reconstruction from memory.

#### **NON-DISCLOSURE POLICY**

As noted above, all ABO examinations and Examination Materials are confidential and are protected by copyright law. The Examination Materials are made available to examinees solely for the purpose of becoming certified or maintaining certification in the specialty of ophthalmology. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting any ABO examination or Examination Materials, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

#### **EXAM IRREGULARITY POLICY**

I further understand that any violation of the Exam Irregularity Policy and/or the Non-Disclosure Policy and/or the Acknowledgement/Cooperation Agreement, or the giving or receiving of aid in connection with any ABO examination, or engaging in any other conduct that

subverts or attempts to subvert the integrity of the examination or the ABO certification and maintenance of certification process is sufficient cause for the ABO to:

- Bar me from the examination and/or future examinations;
- Terminate my participation in the examination;
- Withhold and/or invalidate the results of my examination;
- Withhold my certificate;
- Revoke my certificate;
- Require me to pay the costs of the ABO's investigation; and/or
- Take other appropriate action against me, including legal action.
- The ABO reserves the right to take whatever measures are necessary to protect the integrity of its examinations.

#### **ACKNOWLEDGEMENT/COOPERATION AGREEMENT**

In the event the ABO investigates a potential examination irregularity; I agree to cooperate fully with the ABO and to provide all relevant information in my possession to the ABO. I understand and agree that the failure to cooperate fully with the ABO will subject me to the disciplinary sanctions set forth above.

*I have read the policies and this Application and Agreement carefully and I understand, agree to, and accept the obligations that the policies and the Application and Agreement impose on me.*

*I declare a dedication to provide ophthalmic services with compassion, respect for human dignity, and integrity.*

*By submitting this Application and Agreement electronically, I agree that this electronic form shall have the same legally binding effect as an original paper version would have.*

## **APPENDIX C**

### **Maintenance of Certification Timeframe Requirements**

Diplomates who hold time-limited Certificates must satisfactorily complete an MOC process as directed by the Board to obtain a new Certificate, and such new Certificate shall expire after ten (10) years. MOC is a continuous process designed by practicing ophthalmologists and is completed in four (4) main parts over the course of ten (10) years.

The Board changed the MOC process in 2012 to require annual participation. During the transition to annual MOC, the MOC components and the required timeframes are different for Diplomates depending upon the expiration of their current Certificate:

#### **1. If a Certificate expires on or prior to 12/31/2020:**

Diplomates already in the midst of an MOC cycle continue to follow their designated MOC timeframe. This includes completion of the four (4) parts of MOC in designated years over the ten (10)-year period a Diplomat has the Certificate. The four (4) parts are:

- Part I: Professionalism & Professional Standing: As of the date of re-entry application and at all times thereafter, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or a Canadian province in which the Candidate's practice of medicine is regularly conducted, and in each other place in which the person practices or has practiced medicine and has an unexpired license. A person shall be deemed to meet the foregoing condition if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, has a valid and unrestricted military medical license to, and does, provide medical care and treatment on the military installation solely to members of the United States Armed Services and their dependents
- For time limited Certificate holders, if a physician is practicing full time in a country other than the United States or its territories, or Canada, the Board in its sole discretion may allow the physician to maintain certification even though the physician does not have a full and unrestricted license in at least one jurisdiction in the United States or its territories, or Canada, provided that each of the following requirements are met: the physician has complied with all legal and regulatory requirements governing the practice of medicine in the country in which the physician is practicing medicine and maintains any necessary licensure for practice in that country; the physician's license to practice medicine in a state or territory of the United States or Canada has not been suspended or revoked and has not lapsed or been surrendered in one or more jurisdictions to avoid sanctions by the jurisdiction's licensing authority; and, the physician has demonstrated to the satisfaction of the

Board that he or she is complying with appropriate standards of professionalism.

- Part II: Lifelong Learning & Self-Assessment:
  - Submission of two hundred and fifty (250) CME over ten (10) years.
  - Two (2) Self-Assessment PORTs (1 core, 1 self-selected) completed in years designated on the MOC status page.
- Part III: Assessment of Knowledge, Judgment & Skills:
  - One (1) DOCK MOC Examination completed as designated on the MOC status page. The second half of the entire fee for the ten (10)-year certification shall be paid at time of registration for DOCK MOC.
- Part IV: Improvement in Medical Practice:
  - One (1) Practice Assessment completed as designated on the MOC status page. The first half of the entire fee for the ten (10)-year certification shall be paid at time of registration for a Practice Assessment.

## **2. If a Certificate expires on or after 1/1/2021:**

Diplomates participate in MOC on an annual, calendar-year basis. The four (4) parts are:

- Part I: Professionalism & Professional Standing: As of the date of re-entry application and at all times thereafter, the Candidate must hold a valid and unrestricted license(s) to practice medicine in the United States or its territories, or a Canadian province in which the Candidate's practice of medicine is regularly conducted, and in each other place in which the person practices or has practiced medicine and has an unexpired license. A person shall be deemed to meet the foregoing condition if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States Armed Services, has a valid and unrestricted military medical license to, and does, provide medical care and treatment on the military installation solely to members of the United States Armed Services and their dependents.
- Part II: Lifelong Learning & Self-Assessment. Diplomates must complete Part A and Part B.

- The Board provides three (3) pathways to assist Diplomates in fulfilling the self-assessment component of CME requirements.
  1. A menu of qualifying activities available online;
  2. Waivers for completing certain Board MOC activities;
  3. Submission of activities outside the standard SACME for consideration by the Board. In order to be eligible for SACME credits, an activity must meet each of the following three criteria:
    - The activity must have a learning objective that is relevant to the physician's ophthalmic treatment of patients;
    - The activity must provide Category 1 Credit obtained through an ACCME-accredited CME provider; and
    - The activity must have a self-assessment component.
  
- Part A: Each calendar year, submission of twenty-five (25) category 1 CME which shall include eight (8) Self-Assessment CME. One (1) activity must qualify as a patient safety activity before the end of cycle Year 3. At least eighty (80) percent of the Category 1 CME credits must be relevant to the practice of ophthalmology; the remainder of the CME credit hours can be in general medicine. CME information can be submitted via the CME tracking tool available on the Board's web site. The Board reviews all CME submitted in support of MOC. If a Diplomate wishes CME to be counted towards a particular MOC calendar year requirement, that CME must be submitted at least two (2) weeks in advance of the December 31 annual requirements deadline in order to ensure the submission is complete and error-free. CME submissions received in support of an annual MOC requirement or in support of completion of the MOC process after December 31 will not be counted towards the previous year even if the credits were earned during the previous year. It is the Diplomate's responsibility to submit CME in a complete and timely manner. The failure to do so can affect Diplomate's status in MOC. Part B: PORTs are a series of 50-item, online self-review tests in Core Ophthalmic Knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and ten (10) PEAs. Non time-limited

Certificate holders who are voluntarily participating in MOC and Diplomates participating in MOC can complete the PORT at any time during the three (3)-year validity of their MOC application.

- A Diplomat must complete two (2) Self-Assessment PORTs (1 core and 1 self-selected). Even though two (2) PORTs are required, the annual MOC fee pays for three (3) PORT modules. Each additional PORT beyond the three (3) is \$100.
  - Diplomates participating in MOC will have access to three (3) PORTs: one (1) in core, one (1) in a PEA of the Diplomat's choice, and a third (3<sup>rd</sup>) of either category. Diplomates can purchase additional PORTs for fees determined each calendar year. Diplomates receive instant feedback on responses and overall performance. A Diplomat must achieve an 80 percent correct to pass each PORT. All PORTs must be purchased at the then-current fee determined by the Board.
  - The PORT is administered online and is available twenty-four (24) hours a day, seven (7) days a week during a schedule determined by the Board. A Diplomat can have only one (1) PORT open at a time. A Candidate has thirty (30) days to complete a PORT once it is started. During the thirty (30)-day timeframe, users can access and re-access the PORT at any time. If a Diplomat fails to complete the PORT by the end of the thirty (30)-day time limit, the PORT window will automatically close. Any PORT with a minimum predetermined number of questions answered will be scored (the number of questions required is determined by the annually established pass rate).
  - PORTs are administered during a calendar year. Any PORT(s) that a Diplomat registers for in a particular year must be completed by December 31 of that same year. For example, if a Diplomat registers for a PORT on December 15, 2015, that PORT must be completed by December 31, 2015. Any Diplomat who does not complete a PORT(s) by December 31 of the year he/she registered for it will forfeit the PORT(s).
- Part III: Assessment of Knowledge, Judgment & Skills:
    - One (1) DOCK MOC Examination in years 6-10.
    - The DOCK examination is a secure, proctored, 150-item computer-based examination designed to reflect individual practice and to evaluate clinically relevant knowledge important

to the delivery of quality eye care. DOCK is administered at test centers for a period of one (1) month each year in September. DOCK is comprised of three (3) fifty (50) item modules: one (1) in Core Ophthalmic Knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and two (2) in PEAs of a Diplomate's choice. Diplomates can opt to select two modules from one PEA or one module from two different PEAs.

- The DOCK examination is administered in an approximately four (4) hour testing period, which includes a tutorial. Diplomates will be required to achieve an overall passing grade based on the combined grades of all three (3) modules.
- Part IV: Improvement in Medical Practice:
  - One (1) Practice Assessment in years 1-5.
  - One (1) Practice Assessment in years 6-10.
  - The evaluation of practice performance requires Diplomates to complete the PIMs. The purpose of the evaluation of practice performance is to improve patient care through a continuous cycle in which Diplomates review the care of their patients; compare the care with practice standards; identify areas for improvement; develop and implement a plan for improvement; and, evaluate the impact of the improvement on their care of patients. Self-review of patient charts via PIMs is meant to assess the quality of practice through verification of the documentation of appropriate measurements, diagnosis, management, treatment, identification of gaps and areas of potential improvement, implementation of an improvement strategy, re-abstraction, and reflection and assessment on this strategy.
  - The PIMs are administered online and are available twenty-four (24) hours a day, seven (7) days a week through the Board web site. To complete the PIMs, a Diplomate must select one (1) to three (3) modules and select a total of thirty (30) patient records that correspond to the modules' criteria.
  - PIMs require up to 395 days to complete. It is the Diplomate's responsibility to review the PIMs criteria and begin modules with enough time for completion. PIMs can be completed over the calendar year, however, if PIM completion is necessary to meet a specific MOC timeline requirement or to complete recertification

prior to the expiration of a Certificate, that PIM must be completed by December 31.

- PIMs not completed within the specific time for the Diplomate are subject to a \$300 late fee. Once a Diplomate pays for the PIM, they can access that PIM or a new PIM every calendar year at no extra charge.

## **APPENDIX D**

### **Policy and Procedures for Testing Accommodation for Exam Takers with Disabilities**

The American Board of Ophthalmology (ABO) supports the principles of and complies with its obligations under Title III of the Americans with Disabilities Act (ADA), as amended, and the implementing regulations of the U.S. Department of Justice, including those at 28 CFR §36.309, to ensure non-discrimination in ABO examinations. Under these requirements the ABO must offer its examinations in a place and manner accessible to persons with disabilities and to make reasonable accommodations in examination procedures for persons with disabilities. Candidates with disabilities may request modifications in the administration of the examination, appropriate auxiliary aids, alternative accessible arrangements or other reasonable accommodations. The ABO will provide these accommodations unless they would place undue burden on the ABO or fundamentally alter the measurement of the knowledge and skills the examination is intended to assess. This document outlines the process for requesting examination accommodations.

#### ***ADA Requirements***

The ADA provides protection for persons with disabilities. Under the ADA persons with disabilities may be entitled to accommodations if they have a (i) a physical or mental impairment that (ii) substantially limits one or more major life activities within the meaning of the ADA. The ABO recognizes that under the ADA Amendments Act a broader class of now qualifies as persons with disabilities who may need accommodations in testing.

The ABO is required to take steps in selecting and administering its examinations so as to best ensure that when the examination is administered to an individual with a disability that impairs sensory, manual or speaking skills, the examination results accurately reflect the individual's aptitude or achievement level, or whatever other factors the examination purports to measure, rather than reflecting the individual's impaired sensory, manual or speaking skills.

The ABO is obligated to: (i) ensure that its examinations are administered in facilities that are accessible to individuals with disabilities, or alternative arrangements are made; (ii) provide auxiliary aids and services for persons with impaired sensory, manual or speaking skills; and (iii) make other modifications or accommodations in the examination (e.g. changes in the length of time permitted for completion of the examination, or adaptation of the manner in which the examination is given).

There are several limits to these obligations. The ABO is only obligated to make accommodations to otherwise qualified candidates with disabilities who, because of a substantially limiting impairment, cannot take an examination under standard conditions. ABO is *not* obligated to make any modification or provide any accommodations that would fundamentally alter the measurement of the skills or knowledge the examination is intended to test, or would jeopardize exam security. ABO is also not obligated to make any

modification, provide any auxiliary aid or service or provide other accommodations that would impose an undue burden on ABO.

### ***Deadline for Requests***

Candidates with disabilities who believe they may need accommodations in the place or manner in which examinations are administered should submit the request to the Board office. The request should identify the nature and extent of the disability and the accommodations that the applicant is requesting. Candidates must include in their requests any accommodations that may be needed for both the written examination and the oral examination, because of the limited time between the results of the written examination and the next scheduled oral examination. The Candidate should include appropriate documentation. (See guidelines below). All requests and any supporting documentation or questions should be sent to the attention of the Administrator; ABO, 111 Presidential Blvd. Ste. 241 Bala Cynwyd, PA 19004. All subsequent communications or supplemental information should be sent to the Administrator unless the Administrator directs otherwise.

Requests and supporting documentation can be submitted with the Candidate's application up to one year in advance of the exam the Candidate wishes to take, but must be received by the ABO no later than four (4) months prior to the exam the Candidate wishes to take. A Candidate anticipating the need for accommodations should contact the ABO office in advance of this deadline to allow sufficient time for producing or recovering any required documentation that may not be readily available, or supplying additional documentation. It is not unusual for the ABO to contact the Candidate or those providing supporting documentation to obtain additional information. The ABO reserves the right to not consider supporting documentation that is not received by the deadline, and will reject any reports, testing, etc. that are created after this deadline.

### ***ABO Review of Documentation; Decisions; Appeals***

The ABO will do an initial review and will notify the candidate within four (4) weeks after receipt of the request whether the request is granted. If the ABO does not find appropriate and sufficient evidence on which to base a decision to grant a requested accommodation, the ABO will advise the Candidate what is deemed insufficient and what additional information the ABO requires. Candidates will be notified of the deadline by which they must submit any supplemental documentation, which is typically no more than eight (8) weeks prior to the desired exam date. If additional documentation is submitted, the Candidate will be promptly notified of ABO's decision, including the nature of any accommodations that will be provided and the deadline for appeals of an adverse decision. Any Candidate whose request for accommodations is denied may submit a letter of appeal. The ABO Admissions Committee or its designees will review the relevant materials and make a final decision.

The ABO reserves the right, at its own expense, to have the Candidate's documentation

reviewed by an expert of its choosing. Such an expert may perform an independent assessment of the Candidate's needs based upon the documentation submitted. Candidates may be asked to give permission for the ABO or its outside professional to consult with the professionals who conducted assessments or provided reports. The ABO reserves the right in unusual situations to request that a Candidate be examined by a medical provider, at the ABO's expense.

### ***Guidelines for Documentation***

The ABO requires candidates to provide only the documentation that is reasonable and necessary to establish that the Candidate (i) has a physical or mental impairment that substantially limits one or more major life activities; and (ii) how any such impairment limits the Candidate's ability to take ABO examinations under standard conditions and what accommodations are needed.

The nature and extent of documentation that is necessary will depend on the nature of the disability and the specific modification or aid requested. Certain requests, such as those involving accessibility of testing facilities for persons with mobility impairments or auxiliary aids or services for persons with hearing or speech impairments, may involve less documentation than requests for modifications in the administration of the test for persons with cognitive impairments.

Examples of appropriate documentation substantiating the need for desired testing accommodations may include, but are not limited to:

- The nature of the disability giving rise to the need for accommodation along with recommended accommodations and for why each requested accommodation is needed. A description of the functional limitations due to the disability would be useful in evaluating the request.
- A report written by a professional appropriately qualified to evaluate the disability and related need for accommodation. Such a report must appear on the professional's letterhead (including address and telephone number) with his or her credentials stated in the letterhead or title. The report must include the name of the candidate and the date of testing, and must be signed by the professional writing the report.
- A history of any previous settings in which accommodations have been granted (e.g., OKAP, MCAT, USMLE, etc.). Candidates may also submit documentation of past modifications, accommodations, or auxiliary aids or services received in similar testing situations, as well as such modifications, accommodations, or related aids and services provided in response to an Individualized Education Program (IEP) provided under the Individuals with Disabilities Education Act, a plan describing services provided pursuant to section 504 of the Rehabilitation Act of 1973 or the ADA, or accommodations provided in any other special education program.

- Any reports or assessments submitted in support of a request should include the date and location; copies of evaluation reports with scores or ratings for each standard instrument or assessment methods used; and a full description of any nonstandard instruments and assessment methods used.
- Other examples of relevant information that may support a Candidate's request would be the results of psycho-educational or other professional evaluations; a Candidate's history of diagnosis; or observations by educators.
- The ABO recognizes that some Candidates may not have received a diagnosis of a condition until later in life. In such situations the ABO will consider bona fide, reasonably supported reasons for the late diagnosis, as well as academic or other objective evidence related to the asserted disability and need for accommodations.

The ABO will consider all information provided, but some information carries particular weight. The ABO will give considerable weight to documentation of past modifications, accommodations or auxiliary aids or services received in similar testing situations or by other standardized testing agencies, as well as such modifications, accommodations or related aids and services provided pursuant to the IDEA, ADA or the Rehabilitation Act. The ABO will also carefully consider evaluations from qualified professionals who, based upon their personal treatment or observations (and not just a review of records) have determined in their clinical judgment, and in accordance with generally accepted diagnostic criteria, that the Candidate has a disability and needs the requested test accommodations in order to demonstrate the applicant's ability and achievement level.