

AMERICAN BOARD OF OPHTHALMOLOGY

**BOARD ♦ CERTIFICATION
GUIDELINES**

2011

The seal of the American Board of Ophthalmology is integrated into the number '0' of the year '2011'. The seal is circular and features a central figure holding a staff with a snake, surrounded by the text 'THE AMERICAN BOARD OF OPHTHALMOLOGY' and the year '1916'.

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AMERICAN BOARD OF MEDICAL SPECIALTIES

The American Board of Ophthalmology is a founding member of the American Board of Medical Specialties (ABMS). The ABMS was established in 1933 to serve in an advisory capacity to the American Specialty Boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. All ABMS Member Boards are listed below:

- American Board of Allergy & Immunology
- American Board of Anesthesiology
- American Board of Colon & Rectal Surgery
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics
- American Board of Neurological Surgery
- American Board of Nuclear Medicine
- American Board of Obstetrics & Gynecology
- American Board of Ophthalmology
- American Board of Orthopaedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine & Rehabilitation
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry & Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery
- American Board of Urology

NOTICE:

In order to receive important information about the certification process by the American Board of Ophthalmology, you must keep your contact information up-to-date. Please notify the ABO immediately of any address or email address changes.

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an ophthalmologist. **The ABO does not assume responsibility for notifying a candidate of changing requirements or the impending loss of his/her eligibility to take an examination.** Changes to certification requirements and other important notices are posted on the ABO's website, abop.org.

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BACKGROUND

2011 ABO Leadership

Executive Director

John G. Clarkson, M.D., Miami, FL

Board Chair

James C. Orcutt, M.D., Ph.D., Seattle, WA

Board Vice-Chair

Wallace L.M. Alward, M.D., Iowa City, IA

Directors

Anthony C. Arnold, M.D., Los Angeles, CA

Keith H. Baratz, M.D., Rochester, MN

H. Culver Boldt, M.D., Iowa City, IA

J. Douglas Cameron, M.D., Washington, D.C.

Sophia M. Chung, M.D., St. Louis, MO

Claude L. Cowan, M.D., Washington, DC

Philip L. Custer, M.D., St. Louis, MO

Janet L. Davis, M.D., Miami, FL

Kenneth M. Goins, M.D., Iowa City, IA

Nancy A. Hamming, M.D., Lake Forest, IL

Dale K. Heuer, M.D., Milwaukee, WI

Paul P. Lee, M.D., J.D., Durham, NC

Marilyn B. Mets, M.D., Chicago, IL

R. Michael Siatkowski, M.D., Oklahoma City, OK

John E. Sutphin, Jr., M.D., Prairie Village, KS

David J. Wilson, M.D., Portland, OR

Public Directors

Matthew E. Fitzgerald, Dr.P.H., Easton, MD

Christine W. McEntee, Washington, DC

Emeritus Directors

The American Board of Ophthalmology salutes its founding fathers and recognizes the efforts of all individuals who, by serving on our Board of Directors, have graciously donated their personal time and professional expertise to the development and maintenance of high standards in the practice of ophthalmology.

Wendell Reber, M.D.*	1915
Alexander Duane, M.D.*	1915 - 1917
Frank C. Todd, M.D.*	1915 - 1918
Myles Standish, M.D.*	1915 - 1922
Edward Jackson, M.D.*	1915 - 1925
William H. Wilder, M.D.*	1915 - 1935
Edward C. Ellett, M.D.*	1915 - 1947
Hiram Woods, M.D.*	1915 - 1925
Walter B. Lancaster, M.D.*	1915 - 1943
William Campbell Posey, M.D.*	1917 - 1919
John E. Weeks, M.D.*	1917 - 1923
John R. Newcomb, M.D.*	1919 - 1922
Walter R. Parker, M.D.*	1920 - 1933
A.E. Bulson, Jr., M.D.*	1921 - 1923
Allen Greenwood, M.D.*	1921 - 1942
Lee Masten Francis, M.D.*	1922 - 1926
William Zentmayer, M.D.*	1922 - 1929
Frederick C. Tooke, M.D.*	1924 - 1929
F. Phinizy Calhoun, Sr., M.D.*	1924 - 1933
James M. Patton, M.D.*	1926 - 1930
John M. Wheeler, M.D.*	1926 - 1931
William H. Crisp, M.D.*	1928 - 1938
Luther C. Peter, M.D.*	1930 - 1936
John Green, Jr., M.D.*	1930 - 1944
S. Judd Beach, M.D.*	1930 - 1949
Joseph L. McCool, M.D.*	1932 - 1935
Thomas D. Allen, M.D.*	1934 - 1935
John N. Evans, M.D.*	1934 - 1937
Conrad Berens, M.D.*	1934 - 1947
Everett L. Goar, M.D.*	1934 - 1948
Clifford Walker, M.D.*	1936 - 1939
William L. Benedict, M.D.*	1936 - 1944
Cecil S. O'Brien, M.D.*	1937 - 1950
Daniel B. Kirby, M.D.*	1938 - 1945
Georgiana D. Theobald, M.D.*	1938 - 1949

Grady Clay, M.D.*	1939 - 1942
Frederick C. Cordes, M.D.*	1941 - 1951
Theodore L. Terry, M.D.*	1943 - 1947
Algernon B. Reese, M.D.*	1943 - 1950
M. Hayward Post, M.D.*	1944 - 1951
Robert J. Masters, M.D.*	1945 - 1952
John H. Dunnington, M.D.*	1946 - 1953
Derrick Vail, M.D.*	1946 - 1953
Phillips Thygeson, M.D.*	1947 - 1952
Edwin B. Dunphy, M.D.*	1947 - 1954
Walter S. Atkinson, M.D.*	1949 - 1956
Brittain F. Payne, M.D.*	1949 - 1956
Francis H. Adler, M.D.*	1950 - 1957
James H. Allen, M.D.*	1951 - 1958
F. Bruce Fralick, M.D.*	1951 - 1958
Gordon M. Bruce, M.D.*	1952 - 1959
Paul A. Chandler, M.D.*	1952 - 1959
Michael J. Hogan, M.D.*	1952 - 1959
Alson E. Braley, M.D.*	1953 - 1960
John S. McGavic, M.D.*	1954 - 1961
Kenneth C. Swan, M.D.*	1954 - 1961
Merrill J. King, M.D.*	1955 - 1962
Harold H. Joy, M.D.*	1957 - 1964
C. Wilbur Rucker, M.D.*	1957 - 1968
Arthur Gerard DeVoe, M.D.*	1958 - 1977
W. Banks Anderson, Sr., M.D.*	1959 - 1962
Harold G. Scheie, M.D.*	1959 - 1966
A. Edward Maumenee, M.D.*	1960 - 1976
Fred M. Wilson, M.D.*	1960 - 1976
Robert N. Shaffer, M.D.*	1960 - 1979
F. Phinzy Calhoun, Jr., M.D.*	1961 - 1977
Leonard Christensen, M.D.*	1962 - 1974
Frank W. Newell, M.D.*	1962 - 1974
John W. Henderson, M.D.*	1963 - 1975
John M. McLean, M.D.*	1965 - 1968
David O. Harrington, M.D.*	1965 - 1977
Irving H. Leopold, M.D.*	1966 - 1979
Bernard Becker, M.D.	1967 - 1974
Joseph A.C. Wadsworth, M.D.*	1967 - 1979
Frederick C. Blodi, M.D.*	1968 - 1980
Robert W. Hollenhorst, M.D.*	1968 - 1980
William F. Hughes, M.D.*	1968 - 1980
David Shoch, M.D.*	1969 - 1980
Edward W.D. Norton, M.D.*	1969 - 1981

Goodwin M. Breinin, M.D.	1970 - 1981
Robert P. Burns, M.D.*	1970 - 1982
DuPont Guerry, III, M.D.*	1971 - 1983
Bradley R. Straatsma, M.D.	1973 - 1980
William H. Spencer, M.D.	1974 - 1981
David Paton, M.D.	1975 - 1982
Bruce E. Spivey, M.D.	1975 - 1982
J. Donald M. Gass, M.D.*	1976 - 1983
Thomas P. Kearns, M.D.	1976 - 1983
G. Richard O'Connor, M.D.*	1976 - 1983
Melvin L. Rubin, M.D.	1977 - 1984
Dan B. Jones, M.D.	1978 - 1985
Robert B. Welch, M.D.	1978 - 1985
Marshall M. Parks, M.D.*	1979 - 1986
Thomas D. Duane, M.D.*	1981 - 1984
Paul R. Lichter, M.D.	1981 - 1988
Froncie A. Gutman, M.D.	1982 - 1989
Robert E. Kalina, M.D.	1982 - 1989
Robert R. Waller, M.D.	1982 - 1989
Frederick T. Fraunfelder, M.D.	1983 - 1990
Thomas H. Pettit, M.D.*	1983 - 1990
Stephen J. Ryan, M.D.	1983 - 1990
George W. Weinstein, M.D.*	1983 - 1990
Robert D. Reinecke, M.D.	1984 - 1987
Ronald M. Burde, M.D.	1984 - 1991
George Edw. Garcia, M.D.	1984 - 1991
Robert C. Drews, M.D.	1985 - 1992
William Tasman, M.D.	1985 - 1992
W. Banks Anderson, Jr., M.D.	1986 - 1993
J. Brooks Crawford, M.D.	1986 - 1993
John T. Flynn, M.D.	1987 - 1995
Malcolm N. Luxenberg, M.D.	1987 - 1995
Douglas R. Anderson, M.D.	1988 - 1995
B. Thomas Hutchinson, M.D.	1988 - 1996
Denis M. O'Day, M.D.	1989 - 1995
H. Stanley Thompson, M.D.	1989 - 1996
John L. Keltner, M.D.	1990 - 1997
Dennis M. Robertson, M.D.	1990 - 1997
George R. Beauchamp, M.D.	1991 - 1998
Ronald E. Smith, M.D.	1991 - 1998
Morton E. Smith, M.D.	1992 - 1999
Robert L. Stamper, M.D.	1992 - 1999
William E. Benson, M.D.	1993 - 2000
Fred M. Wilson II, M.D.	1993 - 2000

Allan E. Kolker, M.D.	1994 - 1997
John G. Clarkson, M.D.	1994 - 2001
Lee R. Duffner, M.D.	1995 - 2002
William T. Shults, M.D.	1995 - 2002
Richard L. Abbott, M.D.	1996 - 2003
M. Bruce Shields, M.D.	1996 - 2003
Susan H. Day, M.D.	1997 - 2004
Charles P. Wilkinson, M.D.	1997 - 2004
Daniel M. Albert, M.D.	1998 - 2005
William F. Mieler, M.D.	1998 - 2005
Richard P. Mills, M.D.	1998 - 2005
George B. Bartley, M.D.	1999 - 2006
Donald S. Minckler, M.D.	1999 - 2006
Edward G. Buckley, M.D.	2000 - 2007
Mark J. Mannis, M.D.	2000 - 2007
David W. Parke, II, M.D.	2005 - 2007
Gregory L. Skuta, M.D.	2001 - 2008
James S. Tiedeman, M.D.	2001 - 2008
Donald N. Schwartz, M.D.	2005 - 2008
Martha J. Farber, M.D.	2002 - 2009
David T. Tse, M.D.	2002 - 2009
Ivan R. Schwab, M.D.	2003 - 2010
Martin Wand, M.D.	2003 - 2010
David M. Meisler, M.D.	2006 - 2010
Public Director Emeritus	
Theodore R. Marmor, Ph.D.	2001 - 2002
Suzanne T. Anderson, MBA	2003 - 2010
Secretary-Treasurer/Executive Director	
Frank C. Todd, M.D.*	1916 - 1917
William H. Wilder, M.D.*	1918 - 1935
John Green, Jr., M.D.*	1937 - 1943
S. Judd Beach, M.D.*	1944 - 1948
Edwin B. Dunphy, M.D.*	1948 - 1954
Merrill J. King, M.D.*	1955 - 1965
Francis H. Adler, M.D.*	1965 - 1979
Robert N. Shaffer, M.D.*	1980 - 1985
William H. Spencer, M.D.	1986 - 1995
Denis M. O'Day, M.D.	1996 - 2006

* = Deceased

Board History

Early in the 20th century, the question of adequate training and testing of the qualifications of specialists was raised by a number of leaders in American ophthalmology. These discussions culminated in 1914 with the formation of a joint committee of the American Academy of Ophthalmology and Otolaryngology, the American Ophthalmological Society, and the Section on Ophthalmology of the American Medical Association to consider ophthalmic education. The report of this committee in 1915 led to the establishment of the American Board for Ophthalmic Examinations on May 8, 1916.

Following the annual Academy meeting in Memphis, the Board examined eleven candidates on December 13 and 14, 1916, at the University of Tennessee Medical School. The Board was incorporated May 3, 1917. The name was changed from the American Board for Ophthalmic Examinations to the American Board of Ophthalmology in 1933. This was the first American Specialty Board to be established, with the American Board of Otolaryngology following in 1924 and the American Board of Obstetrics and Gynecology in 1930.

The early history of the American Board of Ophthalmology (hereinafter referred to as “the ABO”) has been described in *History of the American Board of Ophthalmology, 1916-1991* (Shaffer, Robert N., 1991).

The Directors of the ABO are chosen for a four-year term, with possible reappointment for an additional four-year term. General qualifications include prior service as an examiner, a reputation for integrity, and recognized skills in ophthalmic topics appropriate to the needs of the

Board. The Board strives to recruit Directors from as broad a geographic and ethnic distribution as possible, from both academic and private practice venues. The Diplomates of the ABO are listed in The Official ABMS Directory of Board Certified Medical Specialists, published by Elsevier Inc. in cooperation with ABMS. This is the authorized publication of the 24 recognized specialty Boards that certify physicians in medical and surgical specialties. Up to January 1, 2011, the ABO had conducted 217 examinations and issued its certificate to 27,101 ophthalmologists.

OVERVIEW

Mission Statement

The mission of the American Board of Ophthalmology is to serve the public by improving the quality of ophthalmic practice through a process of certification and maintenance of certification that fosters excellence and encourages continual learning.

Purpose

The intent of the certification process of the ABO is to provide assurance to the public and to the medical profession that a certified physician has successfully completed an accredited course of education in ophthalmology and an evaluation including written and oral examinations. The evaluation is designed to assess the knowledge, experience and skills requisite to the delivery of high standards of patient care in ophthalmology.

Governing Rules and Regulations

The ABO's Rules and Regulations, which are subject to change from time to time without notice, contain specific provisions concerning eligibility for the examinations administered by the ABO; an admission appeals process, which is available under certain circumstances; the

application process; the examination processes (initial and maintenance of certification); a description of the circumstances under which candidates will be required to reactivate an existing application, submit a new application, or repeat an examination; a list of occurrences that could lead the ABO to revoke a certificate previously issued by it to a diplomate or to place the diplomate on probation; and other matters relating to the ABO's examination and certification/maintenance of certification processes.

Many, but not all, of those provisions are summarized or described in this brochure. In the event of any inconsistency between the ABO's Rules and Regulations and this brochure, or any omission from this brochure of any provision of the Rules and Regulations, the Rules and Regulations shall govern. Copies of the Rules and Regulations are available upon request from the ABO's Executive Office.

CERTIFICATION

A candidate who successfully passes both the Written Qualifying and Oral Examinations within the required time limitations as described in this brochure, as determined by the ABO in its sole discretion, shall be entitled to receive a certificate without further consideration of his/her qualifications by the ABO. Physicians who have received the certificate are **DIPLOMATES** of the ABO.

Duration of Certification

Certificates issued in 1992 and thereafter are valid for a period of ten (10) years and expire December 31 of the tenth year. Thereafter, a diplomate is required to satisfactorily participate in the Maintenance of Certification process in order to extend the validity of his/her certificate.

Diplomates who hold a non time-limited certificate are also encouraged to participate in the Maintenance of Certification process.

Maintenance of Certification

The intent of the Maintenance of Certification (MOC) process of the ABO is to provide assurance to the public and to the medical profession that certified physicians continue educational activities, keep current in information and skills, and practice in a contemporary and safe manner. The evaluation is designed to assess the knowledge, experience and skills requisite to the delivery of high standards of patient care in ophthalmology.

The ABO publishes a separate MOC brochure that can be obtained on the ABO website, abop.org.

CERTIFICATION REQUIREMENTS

The ABO's requirements, as published in this brochure, provide the requirements for certification, and any potential candidate should be able to determine his/her status after studying these requirements. Individual officers or Directors of the ABO cannot and will not make such determinations. All evaluations of an applicant's status will be made by the Committee on Admissions in accordance with the Rules and Regulations of the ABO, after submission of an application for examination and payment of the registration fee, which must accompany the application.

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an ophthalmologist. The ABO does not assume responsibility for

notifying a candidate of changing requirements or the impending loss of his/her eligibility to take an examination. Current requirements are posted on the ABO website, abop.org.

Educational Requirements

- All applicants must have graduated from an allopathic or osteopathic medical school.
- All applicants, graduates of both allopathic and osteopathic medical schools, entering ophthalmology training programs must have completed a post-graduate clinical year (PGY-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada.
- The PGY-1 must be comprised of training in which the resident has primary responsibility for patient care in fields such as internal medicine, neurology, pediatrics, surgery, family practice, or emergency medicine. As a minimum, six months of this year must consist of a broad experience in direct patient care. It is a requirement of the ABO that the Program Chair ascertain that an individual has completed an accredited PGY-1 in the United States or in Canada prior to the start of the ophthalmology residency.
- In addition to a PGY-1, all applicants must have satisfactorily completed an entire formal graduated residency training program in ophthalmology of at least 36 months duration (PGY-4 or higher) in either the United States, accredited by the ACGME, or in Canada, accredited by the Royal College of Physicians and Surgeons of Canada. No other training, *including any form of fellowship*, is acceptable.

- The applicant's Chair is required to verify satisfactory completion of an entire formal graduated 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 first program's chair. The first program may not be able to verify all competencies. It is the responsibility of the second program to obtain the interim evaluation from the first program. The second 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 Chair's verification form(s) cannot be submitted to the ABO until the applicant has completed the entire residency training program. If a program is disapproved or withdrawn during the course of a resident's training, he/she must complete the remaining required number of months of training in another accredited program.
- Only those candidates who have completed their PGY-1 and entire ophthalmology training program, PGY-4 or higher, by August 1 are eligible to apply for the Written Qualifying Examination given in the spring of the following year.

Licensure Requirements

Graduates of United States and Canadian Medical Schools

As of the date of application and at all times throughout certification, the candidate must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories or 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 candidate must notify the ABO of any action taken by a State Medical Licensing Board within sixty (60) days of such action. The definitions of restricted licensure and the exceptions to these definitions are described in the ABO's Rules and Regulations.**

Accordingly, the ABO has the authority and shall undertake proceedings, consistent with due process, to deny a candidate entrance to the examination process if he/she does not maintain a valid and unrestricted medical license. Once revoked, the candidate status of the physician shall be reinstated only after the restriction on the license has been removed or expires and then only on such terms as the ABO deems appropriate, considering, among other things, the period of time the physician has not been able to engage in the unrestricted practice of medicine. Such candidate shall be disqualified from obtaining certification until such restriction has been removed or expires.

Individuals in the Military

Individuals in the military will meet the valid and unrestricted licensing condition if they are on full-time active duty as a physician at a military installation in any branch of the United States Armed Services and submit a valid and unrestricted military medical license.

Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents. Information concerning the ABO's Rules and Regulations with respect to definitions of an

invalid or restricted license is available upon request from the ABO's Executive Office.

International Medical Graduates

A candidate may have graduated from a medical school of a country other than the United States or Canada. Graduates of international medical schools must have a valid and unrestricted license to practice medicine (as defined above and in the Rules and Regulations of the ABO) and a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

ACCESSING BOARD CERTIFICATION ACTIVITIES

Candidates will apply for Board certification (Written and Oral examinations) via the ABO website (abop.org). The application shall be considered complete only when all supporting data required by the application, including the satisfactory completion of residency verification form and a copy of the candidate's current registration to practice medicine, are also filed with the Executive Director.

The ABO website serves as the main point of contact for all ABO activities and allows users to:

- Apply, register and pay for the Written Qualifying and Oral examinations;
- Update contact information; and
- Receive email confirmations of registration and payment, as well as important information updates.

Username and Password

To access the interactive features of the ABO website, candidates must login using an ABO-designated username and password.

**Attention First-Time Candidates
for Initial Certification**

In March 2011, your ABO-designated username and password will be sent to your ophthalmology residency program for delivery to you. You may also obtain your username and password by using the online password retrieval function on the ABO website, abop.org. Usernames and passwords will not be given over the telephone or fax.

Email

The ABO uses email to communicate in a timely and efficient manner with candidates for Board certification. However, because email systems are different, communication via email can be interrupted by security settings and spam-blocking features. The cause of blocked mail can be dependent on the organization, internet service provider (ISP), email program, security programs, and spam-blocking tools. The ABO encourages all users to place the ABO on a “safe sender” list in order to enable receipt of ABO email correspondence. Due to the vast number of different email programs available, the ABO does not have specific instructions for each; however, the ABO does suggest the following two methods:

1. Contact the ISP and ask that the email from the ABO be accepted; or

2. View options of the security setting and spam-blocking tools on your email program to determine if you can “whitelist” the ABO yourself. For example, the Microsoft Outlook Email Program will allow you to add a specific email address or a specific email domain (@abop.org) to a Safe Senders List. (To do this

in Microsoft Outlook: highlight the email; click on Actions on toolbar; click on Junk Email; click on Add Sender to Safe Senders List or Add Senders Domain (@abop.org) to Safe Senders List).

WRITTEN QUALIFYING EXAMINATION

The Written Qualifying Examination (WQE), which consists of 250 multiple-choice questions, is the first step in the Board certification process. The WQE is a computer-based exam administered on one day at nationally-distributed test centers in the early spring of each year. The exam is administered in an approximately five-hour testing period, which includes a tutorial, break time, and an optional survey. The actual test-taking time is four hours and thirty minutes.

The purpose of the WQE is to evaluate the breadth and depth of the basic science and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology. Candidates who successfully complete the WQE will be further evaluated in an oral examination.

Aspects of the Candidate's Ability That Are Tested

- Recall of Information
- Understanding and Application of Basic Knowledge
- Relation of Pathogenesis to Disease Process
- Evaluation of Clinical Data
- Utilization of Diagnostic and Therapeutic Procedures
- Anticipation and Recognition of Complications
- Ethics of Ophthalmic Practice

Topics Covered Include

1. Cornea and External Disease / The Lens and Cataract
2. Eyelids, Lacrimal System and Orbit
3. Glaucoma
4. Neuro-ophthalmology
5. Ophthalmic Pathology
6. Optics and Refraction
7. Pediatric Ophthalmology and Strabismus
8. Retina, Vitreous and Uvea

Applying for the Written Qualifying Examination

All applications for the March 27, 2012 WQE must be submitted online via the ABO website by August 1, 2011.

Candidates apply for Board certification (written and oral examinations) via the ABO website. If a candidate wishes to be considered for a WQE to be conducted in a particular year, his/her online application and all supporting data must be submitted between March and August 1 (except for the Chair's verification form, which must be postmarked on or before August 1) of the calendar year immediately preceding the calendar year in which the WQE is to be conducted. If a candidate pays a late fee, the deadline for submitting the completed application may be extended from August 1 to October 1.

No other exceptions to, or extensions of, these requirements will be made for any reason. The dates of future examinations can be found on the ABO website (abop.org) and on the back cover of this brochure under "Time of Application and Scheduled Examinations."

Application Pledge and Agreement

The online application contains a pledge that explains the prohibitions regarding improper

conduct before, during and after examinations. Candidates must certify that the information they provide in their application is true and accurate.

The candidate in question 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 of the ABO if:

- (1) any misrepresentation is discovered in the application, in any other information submitted to the ABO or in the identity of a person applying to take or taking the examinations,
- (2) any financial or other benefit is offered by a candidate to any 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
- (3) any irregular behavior before, during or after an examination (including, but not limited to copying questions or answers, sharing information, using notes, or otherwise giving or receiving aid) is discovered by observation, statistical analysis, or otherwise.

If the ABO determines that a violation has occurred, the ABO 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), or take other appropriate action. If sanctions are imposed pursuant to the Rules and Regulations of the ABO, the ABO may notify legitimately interested third parties of its action and may post a summary of the action and the name of the candidate in its newsletter and/or on its website.

When the ABO has reasonable grounds to believe that irregular behavior may have compromised the integrity of an examination, the ABO will make every effort to withhold the scores of only those candidates directly implicated in 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 ABO to identify the specific candidates involved in the irregularity. In such circumstances the ABO may withhold the scores of candidates 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.

The examination materials (questions and visuals) asked in the Written Qualifying and Oral examinations are copyrighted as the sole property of the ABO and must not be removed by the candidate from the test area or reproduced in any way. Any reproduction, in whole or in part, of the Written or Oral Examination materials is a federal offense and also may subject the candidate to the sanctions listed above. No notes, textbooks, other reference materials, scratch paper, recording or electronic transmitting devices may be taken into either the Written or the Oral examinations. Any attempt to recreate any portion of the examination from memory or otherwise is strictly prohibited.

Written Qualifying Examination Fees

- Application and registration: **\$1650**
- Late application and registration (after August 1 to October 1): **\$1950**
- Repeat registration fee: **\$1650**
- Late repeat registration fee (after August 1 to October 1): **\$1950**

The ABO accepts only Visa and MasterCard as payment for all ABO fees. No application will be considered to be complete until the fee and all required supporting data, including a copy of a candidate's current registration to practice medicine, have been received by the Executive Director.

Upcoming WQE Dates and Deadlines

March 27, 2012 WQE: Application deadline is August 1, 2011. Eligible candidates must apply and pay online via the ABO website. The application filing period begins in March 2011.

Mailing Procedures

If all required supporting data are not timely postmarked, the application will not be valid, and the application fee shall be returned. It is best not to mail application supporting materials just before the postmark deadline because mail is sometimes postmarked a day or two after mailing.

Caution: If there is a discrepancy between a metered postmark and an official U.S. Postal Service postmark, the latter will be considered official. The ABO advises applicants to send all materials which must be received in the ABO office by a specific deadline by registered mail or a traceable courier service.

Prometric Center Locations

The administration of the 2011 WQE will be handled by ACT. For more information about ACT testing centers, please visit act.org.

Beginning in 2012, Prometric will serve as the provider for the ABO's computer-based testing services for academic assessment, professional licensure and certification. The 2012 WQE will be given at Prometric Center locations. These test centers provide the resources necessary for

secure administration of the WQE, including video and audio recording and the use of palm vein scanning to record the identity of the examinees. The availability of nationally-distributed centers should enable candidates to take the WQE in a location close to their home or practice. For more information about Prometric, visit prometric.com.

Scheduling a Test Appointment

The WQE is a computer-based exam administered at hundreds of test center locations, thus requiring less travel, time and cost for candidates for Board certification.

Candidates registered for the 2012 WQE will receive information about scheduling exams at Prometric Center locations by internet or phone, a process that typically takes five minutes or less. Candidates typically begin scheduling in late January, but will not be able to schedule or change a site 48 hours prior to the exam. All candidates will receive immediate confirmation of their appointment by email from Prometric.

Because personalized information necessary to schedule a test appointment is sent via email, it is important that you add the ABO to your safe senders list. The earlier you schedule your appointment, the more likely you are to receive your preferred test location.

ORAL EXAMINATION

Candidates who successfully complete the WQE, and continue to meet all requirements for certification, will be sent specific instructions for registering for the Oral examination. The Oral examination is designed to simulate how candidates care for patients in a clinical setting.

Candidates are assessed with regard to their ability to incorporate the cognitive knowledge demonstrated in the written examination with judgment on caring for a patient.

Oral Examination Schedule

The ABO holds two Oral examinations a year for candidates who have passed the WQE in the spring. These candidates are assigned either to a group taking the Oral examinations in the fall of that year, or to a group taking the Oral examinations in the spring of the following year.

Candidates who pass the March 27, 2012 WQE will be assigned to either the fall 2012 Oral or the spring 2013 Oral. The ABO reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. Information about the examination procedures and scheduling is sent to all candidates after they have been registered for the Oral.

Oral Examination Format

The Oral examination is a timed examination and requires candidates to “care for” a series of patients. All examinations are given by appointment within a half-day period. The half-day period is divided into six examinations to allow multiple Examiners to assess the candidate’s patient care ability. Examiners are outstanding ophthalmologists in their field who are selected by their peers to assist the Board, without compensation, in the administration of the examination process. The pooled group of Examiners is referred to as a panel. The six major topic areas are:

1. Anterior Segment of the Eye
2. External Eye and Adnexa
3. Neuro-Ophthalmology and Orbit

4. Optics, Visual Physiology and Correction of Refractive Errors
5. Pediatric Ophthalmology and Strabismus;
6. Posterior Segment of the Eye

The Oral examination covers the information described in the following paragraphs. A candidate is presented with a series of props, each of which represents a patient or clinical situation, and is asked to identify how he/she would care for that patient. The Examiner assesses a candidate's ability to demonstrate patient care skills in the following areas:

- **Data Acquisition:** Recognition by the candidate of depicted abnormalities and diseases that affect the eye, ocular adnexa and the visual pathways. Candidates will be asked for historical information and examination data that might be obtained on a patient with a particular condition depicted or described.
- **Diagnosis:** The ability of candidates to synthesize historical and physical evaluation information, along with appropriate laboratory data to arrive at correct diagnoses and differential diagnoses.
- **Treatment:** Candidates will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the conditions depicted or described and be able to discuss the prognosis and/or therapeutic complications for the particular condition.

Scope of Oral Examination

The Oral examination utilizes clinical scenarios representative of developmental, dystrophic, degenerative, inflammatory, infectious, toxic, traumatic, neoplastic, and vascular diseases affecting the eye and its surrounding structure,

including but not limited to the following information:

- Candidates are expected to use their knowledge of the essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, and color vision and the operation of standard optical instruments in the management of clinical problems. In the management of simulated patients, candidates should be able to demonstrate their understanding of the various forms of ametropia; principles and techniques of refraction, principles of lens design; and methods of correction of ametropia including spectacles, contact lenses, intraocular lenses and refractive surgery. Candidates should also be familiar with the methods for prescribing protective lenses, absorptive lenses, and aids for low vision.
- Candidates are expected to apply their understanding of anatomy, embryology, physiology and pathology of the structures comprising the eye, ocular adnexa, and oculomotor and visual pathways to the management of simulated patients with a variety of diseases affecting the eye and ocular adnexae. In data acquisition, formulation of a differential diagnosis and the development of a management plan, candidates should demonstrate the ability to use their knowledge of the conditions and associated systemic diseases affecting these structures in patients of all ages. Candidates should demonstrate how their understanding of the principles and techniques of various diagnostic procedures, include: visual field testing; visually evoked responses; ultrasonography; conventional X-ray imaging; CT scanning; and magnetic

resonance imaging contributing to the management of clinical problems.

Candidates are expected to be familiar with the utility of methods of examination for detection and assessment of ophthalmic disorders. Candidates are expected to be able to formulate a reasonable differential diagnosis for ocular conditions. Candidates should also be able to describe and discuss how they would treat patients with diseases and abnormalities involving these tissues including indications for and complications of surgery.

- Candidates are expected to demonstrate judgment pertaining to other aspects of patient care including: ethics / professionalism (such as informed consent, commercial relationships, delegation of authority, communications to the public, surrogates/autonomy issues, unnecessary surgery); medical error/patient safety; patient regulatory rules; and interaction with other disciplines (such as primary care physicians, pathologists) in discerning appropriate patient care.

Oral Examination Fee

Registration fee: **\$1650**

There is no late filing period for Oral examination candidates.

Candidates who are eligible for an upcoming Oral examination will be mailed instructions for registering via the ABO website (abop.org). The ABO accepts Visa and MasterCard as payment for all ABO fees.

Oral Examination Scoring

The grading process of the Oral examination is an overall pass/fail grade. The ABO requires that each candidate be examined in six

subsections of the Oral examination. A percent correct is calculated for each subsection and these six scores are averaged to arrive at a total score. Failure to achieve the necessary overall passing score requires that an individual repeat the entire six subsections of the Oral examination.

Additional information on grading is specified in the “Rules for Grading” which are sent to all candidates at the time of their Oral examination registration. (See “Governing Rules and Regulations” in this brochure).

TIMEFRAME RULES FOR WQE AND ORAL EXAMINATION

Initial applicants (applying for the WQE for the first time) **and** previously approved candidates – (time-lapsed and/or unsuccessful applicants) – may register for the WQE during the registration period by submitting an application and current registration fee and agreeing to the ABO’s terms and conditions. Once an application and any required supporting data is reviewed and approved by the Admissions Committee, all applicants are so informed and registered for the following year’s WQE.

The WQE registration period is held annually between March and August 1 of the year preceding the WQE.

Cancellation Policy

Should a candidate find it necessary to postpone the WQE, for any reason, one half of the registration fee will apply toward the cost of rescheduling for the following year’s WQE, provided the full registration fee was paid for the canceled exam. There is a late filing period of

August 2 through October 1 with an additional \$300 late filing fee. The late fee does not apply toward a rescheduling fee.

Should a candidate find it necessary to postpone an Oral examination, for any reason, one half of the registration fee will apply toward the cost of rescheduling for the Oral examination, provided the full registration fee was paid for the canceled exam.

Re-application

A candidate shall be required to register for and successfully complete another WQE before being admitted to the Oral examination under the following circumstances:

- 1) if a candidate does not take the Oral examination within twenty-four (24) months after notice has been sent to the candidate that he/she has passed the WQE;
- 2) if a candidate who is eligible to do so fails to repeat the Oral examination within twenty-four (24) months after failing such examination; or
- 3) if the candidate does not pass the entire examination in three attempts.

To register for the WQE, a candidate must file a new application and remit the current fee by the August 1 registration deadline or remit the current fee plus a late fee by the October 1 late registration deadline.

ABO POLICIES

Applicant Disclosure Obligation

At the time a person submits an application to the ABO and at all times thereafter, the person shall have a continuing obligation to disclose promptly to the ABO the existence or

occurrence of any circumstances causing the person to fail to satisfy the foregoing condition of eligibility to apply for and take any examination administered by the ABO.

A person submitting an application to the ABO shall inform the ABO on said application, in a written submission accompanying the person's application, or in a written submission to the ABO, before taking any examination administered by the ABO, as the case may be, if the person's license to practice medicine in the United States, its territories, or Canadian province has previously been surrendered or not renewed upon its expiration or if the person's practice of medicine or license to practice medicine in the United States, its territories, or Canadian province has previously been revoked, restricted, conditioned, suspended, limited, qualified, or subject to the terms of probation.

Disabilities

The ABO complies with the Americans with Disabilities Act (ADA) to mitigate the effects of an ADA-qualifying disability on the testing activity. To accommodate individuals with disabilities, the ABO will make reasonable modifications to its examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the ABO examinations are intended to test. Candidates requesting accommodation for cognitive disabilities should contact the Board for more information regarding documentation requirements.

A candidate for Board certification/maintenance of certification who believes that he or she is disabled within the meaning of the Americans with Disabilities Act, and who requests an examination under nonstandard conditions, shall specify upon application the existence, the

specific nature, and the extent of the disability and the specific modification requested. **The candidate shall also submit with the timely filed application all independent documentary evidence substantiating the individual's disabilities.**

Documentation must include, but is not limited to:

- Name, address, telephone number and qualifications of each expert who provides a report documenting the individual's disabilities.
- Date and locations of all assessments performed and included in the documentation.
- Copies of evaluation reports with scores or ratings for each standard instrument or assessment methods used. The ABO requires that this documentation be no more than three years old.
- A full description of any nonstandard instruments and assessment methods used to determine the disabilities and diagnoses.
- Any diagnoses of the individual's disabilities using standard nomenclature, i.e., International Classification of Diseases (ICD); American Psychiatric Association Diagnostic and Statistical Manual (DSM).
- A description of the individual's functional limitations due to any disabilities.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

The ABO will verify the documentation of the disability and may request to have an individual independently evaluated at its own expense, where necessary, to evaluate an individual's

need for an examination modification. Additional documentation may be required pursuant to the current guidelines of the ABO with respect to the specific disability claimed by the candidate.

Examination Fees

Online applications for the WQE and registration for the Oral examination shall be accompanied by the application fee then in effect. The ABO accepts Visa and Mastercard as payment for all ABO fees.

The fees for examinations shall be established annually by the Board of Directors on the basis of the actual and anticipated costs of the ABO in the examination of candidates and the administration of its business. The Directors of the ABO serve without compensation except for reimbursement of expenses.

Mailing Procedures

It is best not to mail application supporting materials just before the postmark deadline because packets are sometimes postmarked a day or two after mailing. **Caution:** If there is a discrepancy between a metered postmark and an official U.S. Postal Service postmark, the latter will be considered official. The ABO advises applicants to send all materials which must be received in the ABO office by a specific deadline by registered mail or a traceable courier service.

Refund Policy

When a candidate registers for an examination, significant costs are incurred by the ABO. Therefore, to keep costs down for all candidates, fees for examinations are non-refundable, regardless of the reason. However, in case of cancellation, 50 percent of the examination fee will be applied to the subsequent examination, if

taken within the two-year time limit. In addition, all application fees include a \$300 non-refundable administrative fee.

Cancellation of Examination

If the ABO is unable to administer or complete the administration of a Written or Oral examination at the scheduled date, time, and location due to circumstances beyond the ABO's control, the examination may be canceled in the sole discretion of the ABO, and if the examination is cancelled, the ABO is not responsible for any expense an affected candidate may have incurred in connection with the cancelled examination or for any expense the candidate may incur in connection with any substitute examination.

Results of Examination

Within 6-8 weeks after completion of the Written and Oral examinations, the candidate shall be notified by mail by the Executive Director as to the results thereof. The decision of the ABO as to these results shall be final and conclusive. Grades are not subject to appeal. Because such is the case, individual Directors of the ABO or Examiners should not be contacted about specific examination results. **To preserve confidentiality, results of an examination will not be given by telephone, fax or email.**

Disciplinary Sanctions

The ABO shall have the authority to impose disciplinary sanctions upon a candidate or a diplomate for any of the following reasons:

- violation of Rules and Regulations of the ABO relating to the Written Qualifying and Oral Examinations and/or the terms and conditions set forth in the Application and Agreement to take the examinations;

- substantial misstatement or omission of a material fact to the ABO in an application or in any other information submitted to the ABO;
- presenting or distributing, or aiding or assisting 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 the ABO to evidence that a candidate, diplomate, or any other person(s) is currently or was previously certified by the ABO, when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a candidate, diplomate, or any other person(s) is currently or was previously certified by the ABO, when that is not the case;
- any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the ABO;
- issuance of a certificate contrary to or in violation of the Rules and Regulations of the ABO;
- ineligibility of the person to whom the certificate was issued to receive the certificate;
- engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor or staff.

Statements of Eligibility

The ABO does not issue statements of “eligibility” for its examinations. The only information the ABO will divulge is whether a physician is or is not certified or recertified and the corresponding year(s) of certification.

Inquiries to the ABO by outside agencies about the certification status of physicians who have inactive applications or who hold lapsed certificates will be answered by stating that said physician is not Board certified. The ABO charges a \$35 fee for each formal verification of a physician's certification.

MISCELLANEOUS

American Board of Medical Specialties

The American Board of Medical Specialties (ABMS) was established in 1933 to serve in an advisory capacity to the American Specialty Boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The American Board of Ophthalmology is officially recognized by the ABMS and contributes an annual fee in addition to a per capita fee for each new diplomate certified, as do all other medical specialty Boards, to the American Board of Medical Specialties in support of the activities of ABMS.

The American Board of Ophthalmology provides an annual listing of new diplomates for inclusion in the *Official ABMS Directory of Board Certified Medical Specialists*, published by Elsevier Inc. in cooperation with ABMS. This listing is cost free.

AMA Physician Recognition Award

The American Medical Association (AMA) allows for the completion of the board certification or recertification process to be claimed as CME credit as part of its Physician Recognition Award (PRA) program. Please contact the AMA for more information.

CERTIFICATION EXAMINATIONS
TIME OF APPLICATION AND SCHEDULED EXAMINATIONS

WRITTEN		ORAL	
<p>To be considered for the computer-based Written Qualifying Examination scheduled for:</p> <p style="text-align: center;">March 27, 2012</p> <p>Fee: \$1650*</p>	<p>Online applications and reapplications must be submitted via the ABO website, and all supporting information must be postmarked and received in the ABO office by:</p> <p style="text-align: center;">August 1, 2011</p>	<p>To be considered for the Oral examination scheduled for:</p> <p style="text-align: center;">October 12-14, 2012 June 7-9, 2013</p> <p>Fee for each: \$1650*</p>	<p>Registration must be submitted:</p> <p style="text-align: center;">July 15, 2012 February 15, 2013</p>

*Fees apply to new applicants only. Applicants re-taking the exams should contact the ABO office for applicable fees.