TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar and Schedule of Fee</td>
<td>3</td>
</tr>
<tr>
<td>About ABAI</td>
<td>4</td>
</tr>
<tr>
<td>About Certification</td>
<td>5</td>
</tr>
<tr>
<td>About Maintenance of Certification (MOC)</td>
<td>5</td>
</tr>
<tr>
<td>Certification Requirements</td>
<td>6</td>
</tr>
<tr>
<td>MOC Requirements</td>
<td>7</td>
</tr>
<tr>
<td>Reciprocal MOC Credit</td>
<td>8</td>
</tr>
<tr>
<td>Core Competencies of Maintenance of Certification (MOC)</td>
<td>8</td>
</tr>
<tr>
<td>A Four Part Process for Continuing Learning</td>
<td>9</td>
</tr>
<tr>
<td>Policy on Medical Licensure for Diplomates and Candidates</td>
<td>9</td>
</tr>
<tr>
<td>MOC Part II: Self-Assessment</td>
<td>10</td>
</tr>
<tr>
<td>MOC Part III: Cognitive Expertise</td>
<td>11</td>
</tr>
<tr>
<td>MOC Part IV: Practice Assessment /Quality Improvement</td>
<td>12</td>
</tr>
<tr>
<td>Examinations</td>
<td>12</td>
</tr>
<tr>
<td>Secure Examinations: Certification and MOC</td>
<td>12</td>
</tr>
<tr>
<td>Appeal Procedure Regarding Computer-Based Examination (Rescore)</td>
<td>13</td>
</tr>
<tr>
<td>Examination Blueprint</td>
<td>14</td>
</tr>
<tr>
<td>ABAI Item Classification List</td>
<td>15</td>
</tr>
<tr>
<td>Training Programs and Training Program Documentation</td>
<td>20</td>
</tr>
<tr>
<td>Program Director Responsibilities</td>
<td>21</td>
</tr>
<tr>
<td>Board Eligibility</td>
<td>21</td>
</tr>
<tr>
<td>Verification of Certification Status</td>
<td>22</td>
</tr>
<tr>
<td>Revocation or Suspension of Certificate</td>
<td>22</td>
</tr>
<tr>
<td>Appeals Process for Suspended or Revoked Certificates and Restricted Medical License Determination</td>
<td>23</td>
</tr>
<tr>
<td>Explanation of Terms</td>
<td>24</td>
</tr>
<tr>
<td>Board of Directors and Executive Office Staff</td>
<td>25</td>
</tr>
<tr>
<td>Resources</td>
<td>26</td>
</tr>
</tbody>
</table>

The ABAI reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not intended to, nor shall they be construed as creating any legal obligation on ABAI’s part, or as creating any contractual relationship between any candidate and the ABAI.
### ABAI Calendar 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Certification &amp; Recertification</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1</td>
<td>Registration Opens</td>
</tr>
<tr>
<td>April 3</td>
<td>Registration Deadline before late fee applies</td>
</tr>
<tr>
<td>May 1</td>
<td>Registration Late Fees Apply</td>
</tr>
<tr>
<td>May 3</td>
<td>Registration Closed</td>
</tr>
<tr>
<td>August 7</td>
<td>Registration Test Site Opens</td>
</tr>
<tr>
<td>August 3</td>
<td>Cancellation Deadline</td>
</tr>
<tr>
<td>September 1</td>
<td>Application Documentation Due</td>
</tr>
<tr>
<td>October 2</td>
<td>Exam Start Date</td>
</tr>
<tr>
<td>October 6</td>
<td>Exam End Date</td>
</tr>
<tr>
<td>December 1</td>
<td>2017 Exam Results Released</td>
</tr>
</tbody>
</table>

### ABAI Schedule of Fees 2017

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
<th>Refund Reason</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>$2,350.00</td>
<td>Cancellation/Rejection</td>
<td>Certification</td>
<td>$1,550.00</td>
</tr>
<tr>
<td>Maintenance of Certification</td>
<td>$1300.00</td>
<td></td>
<td>Recertification</td>
<td>$500.00</td>
</tr>
<tr>
<td>Late Application (non-)</td>
<td>$500.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rescore</td>
<td>$100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification</td>
<td>$75.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duplicate Certificate</td>
<td>$250.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returned Checks</td>
<td>$100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All dates refer to postmark deadline for mailed material and time stamp deadline of 11:59 PM EST for electronically submitted material.

**Cancellation Policy:** NO refunds will be given after the cancellation deadline.

$800 of the Application Fee is a non-refundable processing fee.

All fees are payable via credit card or check. Credit Card is preferable.

- Payments by Credit Card (MasterCard, Visa, Discover Card and American Express) can be made via the ABAI Web Portal or via phone (215-592-9466).

- Make checks payable to: The American Board of Allergy and Immunology 1835 Market Street Suite 1210 Philadelphia, PA 19103
About ABAI

The ABAI was established in 1971 as a non-profit organization and is one of 24 member boards of the American Board of Medical Specialties (ABMS).

- The ABAI mission is to: Improve the quality of medical care by the development and utilization of professional and educational standards for the initial certification and Maintenance of Certification of physician specialists in allergy & immunology
- Provide assurance to the public that a physician specialist certified in allergy/immunology has successfully completed an approved education program and evaluation process which includes components designed to assess the medical knowledge, judgment, professionalism and clinical (and communication) skills required to provide safe, effective patient care in allergy & immunology
- Serve the public and the health care community by providing the names of physicians certified by the ABAI as allergists and immunologists and those who are and are not participating in Maintenance of Certification
- Establish standards for training programs in allergy & immunology working with the Residency Review Committee for Allergy and Immunology of the Accreditation Council for Graduate Medical Education (ACGME)
- Maintain records of ABAI certified allergist & immunologists and records of active participation in Maintenance of Certification

The ABAI is a Conjoint Board of its two parent boards:
The American Board of Internal Medicine (ABIM)
The American Board of Pediatrics (ABP)

Sponsoring Societies of the ABAI:
American Academy of Allergy, Asthma and Immunology (AAAAI)
American College of Allergy, Asthma and Immunology (ACAAI)
American Academy of Pediatrics (AAP) - Section on Allergy and Immunology
American Medical Association (AMA) - Section of Allergy and Immunology
Clinical Immunology Society (CIS)
About Certification

The purpose of certification by the ABAI is to provide assurance to the public and the medical profession that a certified allergist/immunologist has successfully completed an accredited educational program and an evaluation process, including a secure, proctored examination. ABAI certification also assures that the physician possesses the knowledge, skills, and experience requisite to the provision of high-quality patient care in allergy and immunology. The ABAI believes that all allergists/immunologists should have a fundamental knowledge of the biological science basic to this discipline and that ABAI is responsible for the establishment and maintenance of the standards of knowledge required for certification.

The ABAI serves candidates who have embarked on a graduate program of study with the specific purpose of excelling in the practice of the specialty of allergy/immunology.

Beginning in 1989, new ABAI Diplomates receive certificates valid for ten years. Time unlimited certificates were issued prior to October 1, 1989.

About Maintenance of Certification (MOC)

Regulatory agencies, health maintenance organizations, and the community require reassurance and documentation of continual professional development and education by physicians. MOC is a professional response to the need for public accountability and transparency, assessing physicians using the Six Core Competencies as defined by ABMS.

The ABMS MOC program addresses the needs of both physicians and patients. The program offers physicians a process to keep skills and knowledge current in a changing field where vigilance is key to practicing state-of-the-art specialty medical care. It also responds to increasingly selective health care consumers who are taking on a more proactive role in who provides their care and how. MOC offers evidence of highly qualified physicians who use best practices and evidence-based standards for care.

Maintaining a certificate is a voluntary expression of professional accountability and all Diplomates, especially those involved in training programs, are strongly encouraged to recertify at a minimum of every ten years. MOC is a voluntary process for time-unlimited certificate holders. Please review the components for complete details.
Certification

To justify certification in allergy / immunology, each candidate must satisfy the general and professional qualifications listed below. Once a candidate successfully completes the ABAI Certification process, a certificate is issued and the physician becomes an ABAI Diplomate. Beginning in 1989 all certificates are valid for 10 years.

Certification Candidate Requirements
Candidates are eligible to sit for the ABAI certification examination if all of the following criteria are met:

I. **Specialty Certification**: Candidate must be certified by the ABIM and/or the ABP as of the date of the ABAI examination.

II. **Residency in Allergy/Immunology**: Candidate must complete at least 24 consecutive months of full-time residency/fellowship in an allergy/immunology program accredited by the ACGME or other acceptable allergy/immunology programs.

III. **Training Program Documentation**: ABAI must have the following documentation from the program director on file for each candidate:
   - (4) Clinical Competence evaluations
   - (1) Procedural Skills Assessment Form
   See the section on Training Programs (pg. number 21) for further details.

IV. **(2) Recommendation Letters**: Candidate must solicit a letter of recommendation from two individuals to verify the medical and professional standing and clinical competence of the candidate as a specialist in allergy/immunology. Acceptable references are:
   - ABAI - certified Diplomates in the community
   - Chief of medicine, pediatrics, or chiefs of community hospitals
   - Officers of state or regional medical societies

V. **Valid Medical License**: Refer to Medical Licensure Policy

_Dual Certification_ – Formal special pathways exist for individuals wishing to qualify for dual certification in Allergy/Immunology and Pediatric Pulmonology, Adult Rheumatology, or Pediatric Rheumatology. Individuals pursuing dual certification must complete all requirements for both boards before sitting for either examination.

Additional information regarding special pathways is available upon request to the ABAI, ABIM, and/or the ABP
**Maintenance of Certification (MOC)**

Once a candidate successfully completes the ABAI Maintenance of Certification Program, a new certificate is issued and the Diplomate is recertified for 10 years.

A Diplomate may track their status via the ABAI Web Portal (https://portal.abai.org)

This chart illustrates the various components of the MOC program on a year-by-year basis throughout the 10 year life of an ABAI certificate.

**Time Limited Certificate (TLC) Year 10 = The year TLC expires**

**Time Unlimited Certificate (TUL) Year 1 = A Diplomate with a TUC voluntarily enters the MOC Program**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>Part I: Professional Standing</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>➢ Maintain unrestricted medical license throughout cycle</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>➢ Remit annual MOC fee</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>➢ Update demographic and contact information as required</td>
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<tr>
<td>Part II: Self-Assessment</td>
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<tr>
<td></td>
<td>➢ Complete 25 allergy/immunology CME annually</td>
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<tr>
<td></td>
<td>➢ Complete 1 Patient Safety Module</td>
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<td>➢ Complete 1 Communication Module</td>
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<td>Complete 1 Recent Advances module</td>
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<td>Part III: Cognitive Expertise</td>
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<td></td>
<td>Secure examination</td>
</tr>
<tr>
<td>Part IV: Practice Assessment/Quality Improvement</td>
<td>Complete 1 practice assessment/quality improvement module</td>
<td>Complete 1 practice assessment/quality improvement module</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>➢ Patient Safety</td>
<td>➢ Patient Safety</td>
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<tr>
<td></td>
<td>➢ Disease-specific</td>
<td>➢ Disease-specific</td>
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<tr>
<td></td>
<td>➢ Procedure-specific</td>
<td>➢ Procedure-specific</td>
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*Revised January 2017*
The American Board of Allergy & Immunology (ABAI) has reciprocity with our parent Boards, the American Board of Internal Medicine (ABIM)** and The American Board of Pediatrics (ABP). This means diplomates participating in either the ABIM or ABP’s Maintenance of Certification (MOC) program, can receive reciprocal credit from ABAI for Part II (Self-Assessment) and Part IV (Practice Assessment/Quality Improvement). Upon approval, to maintain certification with ABAI, diplomates will need to complete ABAI’s Part I (Professional Standing) and Part III (Cognitive Expertise) components of the MOC program.

** Due to the changes in ABIM’s MOC Program effective May 16, 2016 ABAI has placed Reciprocal MOC credit on hold until further notice

Core Competencies of Maintenance of Certification (MOC)

Through the ABAI MOC program, board certified physicians build six core competencies for quality patient care in their medical specialty. These competencies were first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and ABMS in 1999.

- **Patient Care and Procedural Skills:** Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.

- **Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.

- **Practice-Based Learning and Improvement:** Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

- **Interpersonal and Communication Skills:** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sounds, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).

- **Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

- **Systems-Based Practice:** Demonstrate awareness of and responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

There are several components of physician professionalism that cannot be assessed by traditional written or computer-based examinations including lifelong learning and self-assessment, communication skills, empathy and patient advocacy. The components of the Maintenance of Certification process aim to evaluate these areas beyond the Secure Examination.
ABAI Diplomates must complete all four parts of the MOC program in order to successfully maintain their certification.

I. **Professional Standing:** Medical specialists must hold a valid, unrestricted medical license(s) in at least one state or jurisdiction in the United States, its territories, or Canada
   - Diplomates must log onto their ABAI Web Portal page and attest annually to having a current, valid, unrestricted license(s) to practice medicine in the United States, territories or Canada. A copy of all medical licenses will be required with the submission of the MOC Secure Exam Application.

II. **Lifelong Learning and Self-Assessment:** Physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their member board.
   - Diplomates must log onto their ABAI Web Portal page and attest annually to completing 25 hours of CME credits in Allergy and Immunology related activities. It is suggested but not required that of the 25 CME credits 6 be in Self-Assessment CME activity, ABAI recognizes state licensing and institutional mandates CME activities (i.e. pain management, HIV, elder abuse, substance abuse)
   - Complete a patient safety module once every ten years
   - Complete a communication module once every ten years
   - Complete a recent advances module once every five years

III. **Cognitive Expertise:** They demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty
   - Pass the secure examination once every 10 years. Diplomates are encouraged to take the MOC Secure Examination in years 8 or 9

IV. **Practice Performance Assessment:** Diplomates assess the quality of care they provide compared to peers and national benchmarks. Then apply the best evidence or consensus recommendations to improve care using follow-up assessments
   - Complete a practice assessment/quality improvement module once every five years

---

**Policy on Medical Licensure for Diplomates and Candidates**

 Candidates for board certification in allergy and immunology must submit copies of valid, current, unrestricted license(s) to practice medicine in the United States, territories, or Canada. Copies must display the current expiration date. Diplomates must submit a copy of valid, current, unrestricted license(s) to practice medicine in the United States, territories, or Canada with submission of the MOC Secure Exam Application. Copies must display the current expiration date. If Diplomates license(s) are held in more than one jurisdiction, all license(s) held must meet this requirement. Physicians with any restrictions on their license(s) at the time of application or examination may not be admitted to the Certification Examination and may not be permitted to fully participate in the MOC program, or sit for the MOC Secure Examination.

For purposes of certification and MOC, a medical license may be deemed “restricted” if, as a result of a final action by a State medical board or other government medical regulatory authority, the physician:

(i) has had his/her license revoked, surrendered, suspended or has been placed on probation for any reason including, but not limited to, where the surrender, suspension
or probation was in lieu of revocation or as part of a settlement of a disciplinary action; or

(ii) has had special conditions or requirements placed on his/her license including, but not limited to, supervision, mandatory reporting and additional training, whether or not such conditions or requirements were imposed by a state medical board or other government medical regulatory authority or as a result of a voluntary agreement.

Should any action be taken with respect to a physician’s medical license at any time, the physician must immediately notify the ABAI, in writing, of the action. The ABAI may review instances of licensure actions to determine whether such actions constitute a restriction on the physician’s license. A license with restrictions will affect MOC status according to current MOC and/or Board policies of the ABAI.

A physician with a restricted medical license may be subject to the ABAI’s Certificate Revocation and Suspension Policy.

MOC Part II: Self-Assessment

➢ Continuing Medical Education Credits

Diplomates must log onto their ABAI Web Portal page and attest annually to completing 25 hours of CME credits in Allergy and Immunology related activities. It is suggested but not required that of the 25 CME credits 6 be in Self-Assessment CME activity, ABAI recognizes state licensing and institutional mandates CME activities (i.e. pain management, HIV, elder abuse, substance abuse) The CME credit should be from accredited organizations in order to fulfill the lifelong learning and self-assessment component of MOC. Please note that only AMA PRA Category I Credits™ in allergy/immunology will be accepted.

Organizations Offering Allergy/Immunology CME Credits Include:

- American Academy of Allergy Asthma & Immunology (AAAAI)
- American College of Allergy Asthma & Immunology (ACAAI)
- American Academy of Pediatrics, Section on Allergy & Immunology (AAP)
- American Medical Association (AMA)
- Clinical Immunology Society (CIS)
- American College of Physicians (ACP)
- American Association of Immunologists (AAI)
- American College of Rheumatology (ACR)

For a complete listing, contact the AMA.

➢ Patient Safety Module

A Patient Safety Module must be completed once every 10 years in order to assess and enhance patient safety in the practice setting. Please see a list of available modules on the ABAI.org website.
Communications Module
A communication module must be completed once every ten years in order to assess the physician's interpersonal and communication skills. Please see a list of available modules on the ABAI.org website.

ABAI Recent Advances Module
Once every five years during the MOC cycle ABAI Diplomates must complete The Recent Advances module (RA module). The RA Module is an open book examination which is administered via the Internet on the ABAI Web Portal.

The RA Module is offered ongoing throughout the year. The module consists of 30 best-answer multiple choice items which test clinically-relevant concepts based on recent findings in professional literature. Each item has only one best answer. A score of 80% correct must be achieved to pass the module.

If a score of 80% is not achieved on the first attempt, a second and third attempt, are provided, if needed to correctly answer 80% of the items. Four Weeks are allotted for each the second and third attempts.

Once the RA module has been successfully completed, it cannot be taken until the following year to ensure the diplomate will encounter entirely new items. If the module is not successfully completed in 3 attempts, the diplomate must wait until January 1st of the following calendar year to retake the module.

<table>
<thead>
<tr>
<th>Items:</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>6 weeks for first attempt; 4 weeks for additional attempts</td>
</tr>
<tr>
<td>Passing Score:</td>
<td>80%</td>
</tr>
<tr>
<td>Content:</td>
<td>clinically-relevant concepts based on recent findings in professional literature</td>
</tr>
<tr>
<td>CME Credit:</td>
<td>6 AMA PRA Category 1 Credit(s)TM</td>
</tr>
</tbody>
</table>

MOC Part III: Cognitive Expertise
Diplomates must successfully pass a computer-based secure examination to demonstrate proficiency in the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty. Diplomates are encouraged to take the MOC Secure Examination in years 8 or 9.
The ABAI secure examination consists of one-best answer multiple-choice items which are objective and designed to test the individual's knowledge through recall, interpretation, problem solving, and clinical judgment. Examinations may contain both previously used and new questions and are based on the item classification outline.

### MOC Part IV: Practice Assessment/Quality Improvement Module

A practice assessment/quality improvement module must be completed once every five years to help the physician investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine. Please see all of the available modules on the ABAI website.

#### Examinations

The ABAI offers examinations for Certification and MOC once every year.

<table>
<thead>
<tr>
<th></th>
<th>Certification</th>
<th>MOC</th>
<th>Recent Advances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Items</strong></td>
<td>225</td>
<td>200</td>
<td>30</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>7hrs (2 sessions)</td>
<td>4hrs (1 session)</td>
<td>6 weeks</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>test center</td>
<td>test center</td>
<td>ABAI Web Portal</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>computer-based</td>
<td>computer-based</td>
<td>computer-based</td>
</tr>
<tr>
<td><strong>Passing Score</strong></td>
<td>absolute minimum</td>
<td>absolute minimum</td>
<td>80% correct</td>
</tr>
<tr>
<td><strong>Basic Science</strong></td>
<td>35%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Clinical Science</strong></td>
<td>65%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Percentages are approximations.

NOTE: The MOC examinations only cover the Clinical Science section of the Item Classification Outline.

The examinations include items listed in the examination item classification list as determined by the ABAI Board of Directors as well as current ACGME Program Requirements for Residency Education in Allergy and Immunology.

### Secure Examinations: Certification and MOC

The one-best answer multiple-choice items are objective and designed to test the individual's knowledge through recall, interpretation, problem solving, and clinical judgment. Examinations may contain both previously used and new questions.

- **Test Centers** - Certification and MOC examinations are administered annually by computer in proctored test centers throughout the country. It is the responsibility of the candidate to register with the test center. Detailed instructions will be sent out upon receipt of all required application materials.
*ABAI does not have control over the availability of test sites and dates and therefore, does not guarantee that you will be able to test on your preferred date or at your preferred test site.*

- **Scoring** - The Conjoint Standards Committee, with representation from the ABAI, the ABIM, and the ABP, recommends the passing grade for the Certification and MOC Examinations to the Board for its determination. Since 2003, ABAI sets a criterion-reference standard prior to the examination, which verifies a candidate's ability level (score) relative to the performance on the content of the examination. The passing score is computed from an estimate of the probability of an average candidate answering each item correctly. Theoretically, all candidates can pass or fail the examination. The validity of the individual’s performance on the examination is secured by every means available.

- **Failure** - Candidates who are unsuccessful on either proctored examination may re-apply for subsequent scheduled examinations. Candidates must achieve Certification within five years after successfully completing an ACGME approved training program. See page 21 for additional information.

- **Board Review Courses** - *The ABAI does not sponsor or maintain any records on any courses, which claim to be review courses in preparation for its examinations, nor does it offer or endorse any specific publications or courses to prepare for its examinations.* The ABAI publishes an item classification list and an examination blueprint for the Certification and MOC examinations.

- **Disability Accommodations** - Individuals requiring special accommodations during the examinations must provide written documentation by their specialist to the ABAI at the time of application for examination in accordance with the Americans with Disabilities Act. Contact ABAI for further information.

- **Irregular Behavior** - All Board examinations are supervised by proctors, who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of the ABAI is forbidden.

- **Rescore** - Candidates who wish for their exam to be rescored must submit a written request via certified mail to ABAI within 30 days of the date on the results letter. A $100.00 non-refundable fee must accompany the request.

**Appeal Procedure Regarding Computer-Based Examination (Rescore)** – A candidate who receives a failing grade on a computer-based examination has the right to an appeal. The appeal must comply with the following procedures:

- The candidate may request to have his/her examination rescored.
- The request for rescoring must be in writing.
- The written request for rescoring must be postmarked within thirty (30) days of the date indicated on the letter from the ABAI notifying the candidate of the failing grade.
- The written request for rescoring must be accompanied by a nonrefundable $100 appeal fee.
All of the above information must be sent to the ABAI office by certified mail. The candidate will be informed of the results of the rescoring in writing. The rescored results will be final and binding upon the Board and the candidate.

**Examination Blueprint**

ABAI's Examination Blueprint illustrates the expected coverage of topics appearing on the annual Certification and Maintenance of Certification exams. The percentages (shown below) are to be used as a guideline and are not a definitive representation of exam content. These percentages are regularly monitored by the ABAI Board of Directors with the intent that the exam content will reflect the breadth of medical knowledge essential for competence in allergy and immunology.

<table>
<thead>
<tr>
<th>Certification Item Classification List</th>
<th>2014-2015 Mean</th>
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<tbody>
<tr>
<td><strong>I. Basic Science</strong></td>
<td></td>
</tr>
<tr>
<td>A. Immune mechanisms</td>
<td>15%</td>
</tr>
<tr>
<td>B. Cells Involved in Immune Responses</td>
<td>10%</td>
</tr>
<tr>
<td>(Differentiation, Origin, Reception, Interactions, Secretions)</td>
<td></td>
</tr>
<tr>
<td>C. Specific Immune Responses</td>
<td>7%</td>
</tr>
<tr>
<td>D. Anatomy / Physiology / Pathology</td>
<td>3%</td>
</tr>
<tr>
<td><strong>II. Clinical Science</strong></td>
<td>65%</td>
</tr>
<tr>
<td>A. Hypersensitivity Disorders</td>
<td>31%</td>
</tr>
<tr>
<td>B. Immunological Disorders</td>
<td>12%</td>
</tr>
<tr>
<td>C. Non-Disease Specific Pharmacology / Therapeutics</td>
<td>10%</td>
</tr>
<tr>
<td>D. Specific Diagnostic Modalities</td>
<td>7%</td>
</tr>
<tr>
<td>E. Allergens / Antigens</td>
<td>5%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>MOC Item Classification List</th>
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</thead>
<tbody>
<tr>
<td><strong>II. Clinical Science</strong></td>
<td>100%</td>
</tr>
<tr>
<td>A. Hypersensitivity Disorders</td>
<td>45%</td>
</tr>
<tr>
<td>B. Immunological Disorders</td>
<td>20%</td>
</tr>
<tr>
<td>C. Non-Disease Specific Diagnostic Modalities</td>
<td>20%</td>
</tr>
<tr>
<td>D. Specific Diagnostic Modalities</td>
<td>10%</td>
</tr>
<tr>
<td>E. Allergens / Antigens</td>
<td>5%</td>
</tr>
</tbody>
</table>
I. Basic Science
A. Immune mechanisms
1. Antigens including superantigens, determinants
2. Antigen presentation & histocompatibility
3. Immunoregulation / Tolerance
4. Immunogenetics / Molecular Biology
5. Immunoglobulins (including IgE)
6. T and B Cell Ligand-Receptor Interactions and Signal Transduction / Cell Activation / Anergy
7. Cytokines / Chemokines and their Receptors
8. Adhesion Molecules
9. Complement, coagulation, fibrinolytic and kallikrein–kinin immune system
10. Immediate Hypersensitivity (IgE-Mediated)
11. IgG/IgA/IgM/FcR-Mediated Reactions (e.g. ADCC, immune complex, opsonization)
12. Delayed type hypersensitivity / Cell-mediated immunity
13. Innate immunity
B. Cells Involved in Immune Responses (Differentiation, Origin, Reception, Interactions, Secretions)
1. Lymphocytes
   a. T cells & receptors
   b. B cells & receptors
   c. Other lymphocytes (e.g. NK, NK-T)
2. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)
3. Mast Cells / Basophils
4. Eosinophils
5. Neutrophils
6. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)
C. Anatomy / Physiology / Pathology
1. Lymphoid system immune & privileged organs
2. Upper Airway, Nose, Sinuses, Middle Ear
3. Lower Airway
4. Skin
5. Gastrointestinal
D. Research Principles
1. Experimental Design
2. Data Analysis and Biostatistics
3. Epidemiology
4. Human subject protection & adverse event reporting

II. Clinical Science
A. Hypersensitivity Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)
1. Nasal/sinus (e.g. allergic rhinitis, allergic fungal sinusitis)
2. Ocular
3. Eczema / Atopic Dermatitis
4. Asthma
5. Adverse Reactions to Foods
6. Anaphylaxis (including Idiopathic, Exercise, Latex)
7. Adverse Reactions to Stinging Insects
8. Urticaria
9. Occupational Diseases, hypersensitivity pneumonitis & ABPA
10. COPD & Interstitial lung disease
11. Contact Hypersensitivity
B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)
1. Hereditary and Acquired Angioedema
2. Congenital (Primary) Immunodeficiencies
   a. Complement
   b. Phagocyte
   c. T Cell
   d. B Cell / Antibody Deficiencies
   e. Combined /Other
3. Acquired (Secondary) Immunodeficiencies
4. Eosinophilic gastrointestinal disorders
5. Hypereosinophilic Syndromes
6. Mastocytosis / Mast Cell Disorders
7. Infectious Diseases (e.g. microbiology and pathogenesis- Tick-borne, TB, leprosy, hepatitis, syphilis, otitis, sinusitis, pneumonia, bronchiolitis, croup)
8. Clinical presentation and diagnostic approach to other immune disorders/conditions (e.g. autoimmune/rheumatologic diseases, immunohematologic malignancies and disorders, autoinflammatory diseases, cryopathic disorders, granulomatous disease, transplantation, cystic fibrosis, reproductive and neonatal immunology)

C. Non-Disease Specific Pharmacology / Therapeutics
1. Allergen Avoidance
2. Immunotherapy
3. Antihistamines
4. Complementary & Alternative Medicine
5. Beta-Agonists and Antagonists
6. Leukotriene Pathway Modulators
7. Mast Cell Stabilizers
8. Anticholinergics and methylxanthines
9. Glucocorticoids
10. Immunomodulator/adjuvant/gene therapy (e.g. DNA, CpG ODNs, cytokines, monoclonal antibodies)
11. Immune globulin therapy (e.g. replacement, immunomodulation, IVIG, SCIG, hyperimmune, non-monoclonal)
12. Aspirin & Non-Steroidal Anti-Inflammatory Agents
13. Cardiopulmonary Resuscitation
14. Vaccines (e.g. indications, immune response, adjuvants, efficacy, reactions)
15. Dermatologic and Ophthalmic Treatments
16. Controversial Treatments
17. Surgical Intervention with Sinuses / Middle Ear
18. Adverse Reactions to Drug and Biologicals- epidemiology, mechanism and management principles

D. Specific Diagnostic Modalities
1. Skin testing (e.g. prick, delayed type hypersensitivity, patch)
2. Nasal, conjunctival & bronchial provocation
3. Pulmonary function testing (e.g. spirometry, bronchoprovocation, body plethysmography, ENO, IOS)
4. Mucociliary function & nasal/lung (e.g. secretions, lavage or biopsy)
5. Laboratory Testing
   a. Ig measurement (e.g. total, specific, immune complexes)
   b. Mediator Measurement (e.g. secreted, intracellular, signaling)
   c. Leukocyte phenotyping (e.g. flow cytometry, spectratyping, memory & activation markers)
   d. Cellular Function (e.g. Proliferation, Cytotoxicity, Chemotaxis, Phagocytosis, Killing)
   e. Complement, coagulation, fibrinolytic and kallikrein–kinin immune system evaluation
   f. Molecular Biology Techniques (e.g. TRECs. PCR, in situ hybridization, cell purification, gene chip, hybridoma, Ig/TCR gene rearrangement)
   g. Laboratory quality control & oversight
6. Imaging
7. Oral Challenge (e.g. food, drug)
8. Controversial Tests / Misuse of Standard Tests

**E. Allergens / Antigens (non-disease specific properties, measurement and avoidance)**

1. Aerobiology (e.g. pollens & measurement)
2. Molds and Fungi
3. Indoor Allergens
4. Animal, insect & arthropod allergens
5. Pollutants
6. Allergen extract standardization & stability
Training Programs

All candidates for the ABAI Certification Examination must successfully complete 24 full-time months of continuous training at an accredited education program. Accredited training programs are listed in the Graduate Medical Education Directory published by the AMA. Additional information can be obtained through the Accreditation Council for Graduate Medical Education.

The ABAI anticipates that during a post-medical school training program, candidates will acquire adequate knowledge in basic science, as applied to allergy/immunology. In outlining requirements for certification, the ABAI assists the candidate to select superior educational programs that will develop competency in allergy/immunology. The responsibility of acquiring the knowledge rests with the candidate and is essential to the continued professional progress of any allergist/immunologist.

Training Program Documentation

Program directors are responsible for the administration and interpretation of the faculty evaluations of residents. Accordingly, the following documentation must be submitted to the ABAI for each candidate:

- (4) Clinical Competence evaluations
- (1) Procedural Skills Assessment form

Clinical Competence Evaluation Form

In compliance with the ACGME Program Requirements for Residency Training in Allergy and Immunology, a semi-annual record must be maintained and submitted to the ABAI for tracking purposes. The Clinical Competence form evaluates the resident’s knowledge, skills, overall performance, and development of professional attitudes consistent with being a physician, by rating them on the 6 General Competencies and in Allergy/Immunology-Specific competences.

Assessment of Procedural Skills Summary

For certification in Allergy/Immunology, ABAI has identified a limited number of procedures in which it expects all candidates to demonstrate competency with respect to knowledge and understanding. This includes:

- Demonstration of procedural knowledge competency sufficient to explain indications, contraindications, patient preparation, proper technique and test results
- Ability to recognize and manage any complications related to that procedure

The ABAI recognizes that there is variability in the types and numbers of procedures performed by physicians practicing in the field of allergy and immunology. To help the candidate acquire the specific knowledge & performance competencies, the ABAI believes that residents should be active participants in performing procedures. Active participation is defined as either serving as the primary operator or assisting another primary operator. The ABAI encourages program directors to provide the allergy/immunology fellow-in-training with sufficient opportunity to be observed as an active participant in the performance of required procedures. The ABAI encourages the use of procedural training through the use of workshops or simulations.

At the completion of the training program, the program director must attest to each resident’s knowledge competency for the procedures listed below. The ABAI does not specify a minimum number of procedures to demonstrate competency; however, to assure that the resident has demonstrated sufficient knowledge and understanding of the common procedures, he/she should be an active participant in each knowledge/procedural competency five or more times. It is the responsibility of the program director to determine if the resident has met the procedural competencies, some of which may involve hands on training.
Procedures Required for Allergy and Immunology

- Allergen immunotherapy
- Contact/delayed type hypersensitivity testing
- Drug hypersensitivity diagnosis and treatment
- Food hypersensitivity diagnosis and treatment
- Immediate hypersensitivity skin testing
- Immunoglobulin treatment and other immunomodulator therapies
- Pulmonary function testing

Program Director Responsibilities

All evaluations must be submitted and tracked via the ABAI Web Portal.

- **Evaluation** - Resident performance must be evaluated every six months throughout training.
- **Signatures** - Results of the evaluation must be communicated to the resident in a timely manner. The submission of an evaluation by the program director to the ABAI certifies that the resident has reviewed and approved the evaluation.
- **Retain Documentation** - Permanent records of evaluations must be retained and accessible to the resident, ACGME site visitors, and other authorized personnel.
- **Final Evaluation** - The program director must submit a Procedural Skills Assessment and attest on the 24-month evaluation that the resident has demonstrated sufficient professional ability to practice competently and without direct supervision.

Unsatisfactory Ratings - If a trainee has received two consecutive evaluations with overall unsatisfactory ratings, the program director must provide the trainee and the ABAI with a written plan for remediation of the trainee's deficiencies. After six months, the training program director must provide the ABAI and the trainee with a report of the success or failure of the remediation program, as well as any additional plans for corrective action.

Absences During Residency - Absences in excess of a total of two months over the 24 month allergy/immunology training program must be made up. If program directors believe that an absence of more than two months is justified, they should send a letter of explanation to the ABAI for review and approval by the Ethics and Professionalism Committee as deemed necessary.

Board Eligibility

Trainees must achieve ABAI Board certification within five years after successfully completing an ACGME-approved fellowship training program in Allergy and Immunology, which typically takes 2-3 years. For those who completed training prior to 2012, eligibility to sit for the certification examination will expire on 12/31/2017. If the trainee does not accomplish this certification, they will lose their status as Board Eligible and must cease and desist from making any representation of being Board Eligible. They will be required to successfully complete, in its entirety, a re-entry pathway consisting of the following:

1. An ABAI-approved Communications Module
2. An ABAI Patient Safety Module
3. The Allergy and Immunology In-Training Examination
4. Evidence of 50 Allergy/Immunology-specific CME credits per year

*Note: Participation in an AAAAI/ACAAI-sponsored Allergy and Immunology Board review course is strongly recommended.

Once Board Eligibility has been re-established, the candidate has 3 years to successfully pass the ABAI Certification Examination.
Verification of Certification Status

ABAI issues written verification of the certification status of an allergist/immunologist for a processing fee of $75 per name, payable via credit card. Status will be confined to Certified or Not Certified, as well as Meeting or Not Meeting in Maintenance of Certification (MOC) requirements. Verification is also available online or by calling (866) ASK-ABMS. The ABAI will routinely report certification status of candidates through its website or by mail. Official verification can only be guaranteed by the ABAI.

<table>
<thead>
<tr>
<th>Status</th>
<th>Report</th>
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<tbody>
<tr>
<td>Certified</td>
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</tr>
<tr>
<td>Meeting MOC</td>
<td>completed all requirements as per individual Diplomates Timeline</td>
</tr>
<tr>
<td>Not Meeting MOC</td>
<td>not Meeting MOC Requirements</td>
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<tr>
<td>Not Certified</td>
<td>&quot;Not Certified&quot;</td>
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<tr>
<td>Revoked</td>
<td>&quot;Not Certified&quot;</td>
</tr>
<tr>
<td>Suspended</td>
<td>&quot;Not Certified&quot; (&quot;Inactive&quot; as per ABMS)</td>
</tr>
</tbody>
</table>

Revocation or Suspension of Certificate

The ABAI may, at its discretion, revoke or suspend certification if any of the following criteria apply to the Diplomate:

1. misstatement of fact in the application for such certificate or otherwise, or to any third party concerning the Diplomate's certification status;
2. unqualified to receive the certificate at the time of issuance, even if the certificate was issued as a result of a mistake on the part of the ABAI;
3. failure to maintain moral, ethical, or professional behavior satisfactory to the ABAI or engages in misconduct that adversely affects professional competence or integrity;
4. failure to satisfy the MOC requirements and components;
5. a medical license to practice medicine has been revoked, suspended, surrendered, or restricted in any jurisdiction in which the physician practices, holds a license, or has held a license.

All certificates issued by the ABAI are subject to revocation or suspension. The ABAI will not suspend or revoke a Diplomate's certification without giving the Diplomate prior notice and an opportunity to be heard and to respond. The ABAI will report any suspension or revocation of certification to its sponsoring societies, the ABMS, and the appropriate state medical licensing board(s).

If the ABAI Ethics and Professionalism Committee (EPC) exercises its discretion to revoke or suspend a Diplomate's certificate, a certified Notice letter will be sent to the individual stating that his/her certificate may be revoked or suspended within thirty (30) days of the date of the letter. The Notice will set forth the reasons that the ABAI seeks to suspend or revoke the certification. Additionally, the Notice will advise the individual that he/she has 30 days to respond in writing to the EPC before the EPC exercises its discretion whether to revoke or suspend the certification. The letter will include copies of the ABAI's Certificate Revocation and Suspension Policy and the ABAI's current Policies and Procedures (PDF) booklet.

Appeals Process for Suspended or Revoked Certificates and Restricted Medical License Determinations

Should a certificate be revoked or suspended, or a medical license be deemed restricted, the ABAI affords...
the physician an appeals process for review of such decisions. The physician will be notified in writing that his/her certificate has been suspended or revoked, or that his/her medical license has been deemed restricted. Upon notification of such action, the physician has thirty (30) days to respond by stating, in writing, with appropriate supporting documentation, why his/her Diplomate status should be preserved and/or why his/her medical license should not be deemed restricted. In addition, within thirty (30) days of the suspension or revocation, the physician may request the opportunity to appear personally or by counsel before the ABAI Ethics and Professionalism Committee (EPC).

From the time of the physician's personal appearance before the EPC or from receipt of the physician's written appeal (whichever occurs later), the EPC has 30 days to uphold its determination of revocation or suspension of the Diplomate's certificate and/or its determination that the physician's medical license is restricted. The Board will notify the physician of the EPC's decision, the basis for the decision, and his/her right to appeal the EPC's decision to the ABAI Board of Directors within 30 days of notification. If the physician appeals the EPC's decision to the Board within the time specified, the Board will review only the information submitted to and considered by the EPC.

The Board may uphold, reverse or remand the EPC's decision. If the Board disagrees with the EPC's decision, it may reverse the decision or remand the matter to the EPC for further consideration. The Board will inform the physician and the EPC in writing of its decision. The Board's decision will be final, except in the case of a remand, in which case, the EPC's decision on remand will be final. To be reconsidered for reinstatement of certification due to action taken against a medical license, the physician must provide written documentation to the ABAI that the license has been restored without restrictions. Upon successful reinstatement or remedy of a restricted medical license, certification may be regained by successful completion of the ABAI's MOC pro

Please access the ABAI Web Portal (https://portal.abai.org). It is a useful tool for tracking capabilities of documents. You can also pay your fees with Visa, MasterCard, Discover and American Express. This portal will help you to understand where you are in the MOC process.
Explanation of Terms

*Candidate* – Any physician who has submitted an application for either Certification is considered a Candidate until successful completion of the Secure Examination.

*Certified Specialist (Allergy/Immunology)* – A physician who has passed the certification examination of either the ABIM or the ABP as well as that of the ABAI.

*Continuing Medical Education (CME) Credits* – All ABAI Diplomates must submit proof of an average of 25 AMA PRA Category 1™ credits per year (averaged over two years) in Allergy/Immunology to ABAI in order to maintain their certificate.

*Diplomate* – Any physician who has passed the ABAI Certification Examination and holds a valid certificate. A listing of ABAI Diplomates becomes public information and will be listed on the ABAI and ABMS websites. The list can also be found in the printed and electronic editions of *The Official ABMS Directory of Board Certified Medical Specialists*.

*Ethics and Professionalism Committee (EPC)* – Composed of representatives from the ABAI, ABIM, and ABP, the CCC reviews the credentials of candidates for the Certification Examination and the Maintenance of Certification process as deemed necessary, particularly in the event of a suspension or revocation of certification.

*Fellowship in Allergy/Immunology* – All candidates for ABAI Certification must complete a full-time 24-month training program in Allergy/Immunology. For a listing of accredited programs, contact the ACGME.

*Specialty Certification* – Certification with either The American Board of Internal Medicine or The American Board of Pediatrics prior to certification with ABAI is a requirement for all candidates.

*Time Limited (TL) and Time Unlimited (TUL) Certificates* – Once a Candidate passes the secure examination, a time-limited certificate is issued through December 31st, ten years after the year of issuance. All Diplomates who certified with the ABAI prior to October 1st, 1989 were issued time-unlimited certificates which do not expire. However, these Diplomates may voluntarily recertify to receive time-limited certificates which do not affect the status of their original certificate. All certificates are subject to revocation or suspension at the discretion of the ABAI and the EPC.

*Valid Medical License* – Please refer to Medical Licensure Policy.
Board of Directors

David Bernstein, MD  
Chair  
Cincinnati, OH (2012-2017)

Kathleen R May, MD  
Vice-Chair  
Cumberland, MD (2015-2021)

Theodore M. Freeman, MD  
Vice-Chair Elect  
San Antonio, TX (2015-2021)

Larry Borish, MD  
Treasurer  
Charlottesville, VA (2014-2019)

Leonard Bacharier, MD  
Chesterfield, MO (2016-2022)

Joshua Boyce, MD  
Boston, MA (2012-2017)

William Dolen, MD  
Augusta, GA (2012-2017)

Luz Foncier, MD  
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Chicago, IL (2017-2023)

Mitchell Grayson, MD  
Milwaukee, WI (2017-2023)

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Denver, CO (2017-2023)

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New York, NY (2017-2023)

Jay Portnoy, MD  
Overland Park, KS (2014-2020)

Calman Prussin, MD  
Bethesda, MD (2012-2017)

Michael A. Swarzman, MBA  
Public Member  
Chicago, IL (2016-2018)

Stephen Tilles, MD  
Seattle, WA (2016-2022)

The Board of Directors consists of an equal number of ABAI-certified internists and ABAI-certified pediatricians, who are nominated by the AAAAI, AAP, ACAAI, AMA, CIS, and by the ABAI Directors themselves. The nominees are appointed by the ABIM and ABP for a six-year term of office.

EXECUTIVE OFFICE STAFF

Stephen I. Wasserman, MD, President (2010-present)

Lawrence J. Vapniarek, MBA, Chief Operating Officer (2006-present)

Anthony Brewer, MOC Coordinator (2006-present)

Gina Capozzoli, Credentials Specialist (2008-present)

Rayné C. Harrison, Manager of MOC (2011-present)

Cecilia H. MacCormack, Database & Website Administrator (2016-present)

William P. Thompson, MS, Director of Examination Development (2008-present)

Brianna E. Wilkins, Test Development Assistant (2017-present)
## Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Council for Continuing Medical Education</td>
<td>(312) 755-7401</td>
<td><a href="http://www.accme.org">http://www.accme.org</a></td>
</tr>
<tr>
<td>Accreditation Council for Graduate Medical Education</td>
<td>(312) 755-5048</td>
<td><a href="http://www.acgme.org">http://www.acgme.org</a></td>
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<tr>
<td>American Academy of Asthma Allergy and Immunology</td>
<td>(414) 272-6071</td>
<td><a href="http://www.aaaai.org">http://www.aaaai.org</a></td>
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<tr>
<td>American Academy of Pediatrics</td>
<td>(847) 434-4000</td>
<td><a href="http://www.aap.org">http://www.aap.org</a></td>
</tr>
<tr>
<td>American Board of Internal Medicine</td>
<td>(800) 441-ABIM</td>
<td><a href="http://www.abim.org">http://www.abim.org</a></td>
</tr>
<tr>
<td>American Board of Medical Specialties</td>
<td>(847) 491-9091</td>
<td><a href="http://www.abms.org">http://www.abms.org</a></td>
</tr>
<tr>
<td>American Board of Pediatrics</td>
<td>(919) 929-0461</td>
<td><a href="http://www.abp.org">http://www.abp.org</a></td>
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<tr>
<td>American College of Allergy Asthma and Immunology</td>
<td>(847) 427-1200</td>
<td><a href="http://www.acaai.org">http://www.acaai.org</a></td>
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<tr>
<td>American College of Physicians</td>
<td>(800) 523-1546</td>
<td><a href="http://www.acponline.org">http://www.acponline.org</a></td>
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<tr>
<td>American College of Rheumatology</td>
<td>(404) 633 3777</td>
<td><a href="http://www.rheumatology.org">http://www.rheumatology.org</a></td>
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<tr>
<td>American Medical Association</td>
<td>(312) 464-5000</td>
<td><a href="http://www.ama-assn.org">http://www.ama-assn.org</a></td>
</tr>
<tr>
<td>Clinical Immunology Society</td>
<td>(414) 224-8095</td>
<td><a href="http://www.clinimmsoc.org">http://www.clinimmsoc.org</a></td>
</tr>
<tr>
<td>Pearson VUE</td>
<td>(877) 392-3926</td>
<td><a href="http://www.pearsonvue.com/abai/">http://www.pearsonvue.com/abai/</a></td>
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