ABAI CAP Test Writing Committee Application

The ABAI CAP Test Writing Committee members are responsible for writing items for CAP. Specifics of assignments will be determined by staff and/or Exam Committee Co-Chairs.

The CAP Test Writing Committee member is required to serve one term (2 years), which may be renewable at the discretion of the Board for a maximum of two terms served. Each two-year term will consist of four (4) CAP blocks. The Committee will consist of a minimum of nine (9) and/or a maximum of twelve (12) members.

ABAI Test Writing Committee Criteria

ABAI diplomates who wish to submit an application for a CAP Test Writing Committee position must meet the following criteria:

- a physician duly licensed to practice medicine
- a member of at least one of the ABAI sponsoring organizations
- willing to abide by all ABAI policies
- initial certification by either the ABIM or ABP, as well as the ABAI
- currently participating in the ABAI MOC program and MOC status must be “Meeting MOC Requirements” at the time of application submission as well as throughout their term on the Committee, and must be meeting or above the threshold for the CAP Program

Diplomates applying to serve on the Test Writing Committee must be willing to do the following:

- read and acknowledge the Non-Disclosure Agreement
- abide by the ABAI Conflict of Interest Policy
- abide by the ABAI Agreement for Test Writing Committee Members
- abide by the ABAI Speaking Engagement Guidelines
- agree they are not eligible to participate in CAP article review courses or CME credit activities related to these courses or articles
- agree to write questions for any category that they’re assigned

CAP Exemption

Committee members are exempt from taking CAP while serving on the committee, and for two years after serving on the committee. Following those two years, the former committee member will be required to participate in CAP. However, the committee member will be required to simultaneously maintain parts I, II and IV while serving on the committee and thereafter.
Submitting an Application

To submit an ABAI CAP Test Writing Committee application, please send the following documentation to CAPtestwritingcommittee@abai.org:

- A cover letter indicating your motivation, interest and willingness to serve if selected indicating any similar previous experiences
- Completed Nomination Form
- Current Curriculum Vitae
Applicant Information

Full Name & Degrees: ________________________________________________________________

Preferred Mailing Address: ______________________________________________________
______________________________________________________________________________

Phone Numbers (for ABAI office use only):
Professional: ____________________  Cell: ____________________
Home: ________________________

E-Mail Address: ________________________________________________________________

Current member of which ABAI sponsoring organizations (mark all that apply):
☐ AAAAI  ☐ ACAAI  ☐ AAP  ☐ AMA  ☐ CIS

Current Work Place Type (mark all that apply):
☐ Private Practice (solo)
☐ Private Practice (Group)
☐ Community Based Hospital
☐ Medical School/Academic Center
☐ Non-Hospital or Practice Venue (Describe): _______________________________________

Additional Demographics:

Race/Ethnicity: White/Caucasian ☐ Black/African American ☐ Hispanic/Latinx ☐
Asian/Pacific Islander ☐ American Indian ☐ Alaskan American ☐ Other___________

Gender: Male ☐ Female ☐ Other___________

Current Position (position title, organization, city, state):
______________________________________________________________________________

Briefly describe your current A& I clinical practice (500 characters maximum):
______________________________________________________________________________
______________________________________________________________________________
Postgraduate Training

Residency Training Program: ________________________________
Start Date: ___________________________ End Date: ___________________________

Fellowship Training Program: ________________________________
Start Date: ___________________________ End Date: ___________________________

Certifications

ABAI:
Initial Certification Date: __________________
Recertification Date(s): __________________
Participating in MOC: ☐ Yes ☐ No
Meeting all MOC requirements: ☐ Yes ☐ No

ABIM/ABP:
Certification Date: __________________
Recertification Date(s): __________________
Other Board certifications, qualifications, designations: __________________

Volunteer and Leadership Experience with A & I Local, State, Regional and/or National Organizations (please describe; 500 characters maximum):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Honors, Awards, Special Recognitions (most recent &/or important; 500 characters maximum):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Self-declared Allergy and Clinical Immunology Areas of Expertise or Interest (500 characters maximum):
_____________________________________________________________________________________
_____________________________________________________________________________________

Applicant Signature (typed) Date
_________________________________________             _____________________________