

PEDIATRIC EMERGENCY MEDICINE

ELIGIBILITY CRITERIA FOR CERTIFICATION AND RECERTIFICATION

Approved by the American Board of Emergency Medicine

Effective February 2005

The American Board of Pediatrics (ABP), and the American Board of Emergency Medicine (ABEM) have established through the Credentials Committee of the joint Subboard of Pediatric Emergency Medicine a procedure for certification in Pediatric Emergency Medicine. To be eligible for this subspecialty examination, a physician must be certified in either Pediatrics by ABP or in Emergency Medicine by ABEM.

In addition to the requirements of the specific pathways of application, ABEM and ABP each have general requirements, which must be fulfilled. These general requirements are available from each of the board offices.

GENERAL

The American Board of Emergency Medicine has adopted general criteria for certification in a subspecialty, which include the following:

Diplomate in good standing of the American Board of Emergency Medicine. The primary certification must be valid in order for the subspecialty certification to remain valid.

Each physician applying for Emergency Medicine (EM) or subspecialty certification, participating in a certification process, holding current diplomate status with the Board, and/or participating in the Emergency Medicine Continuous Certification (EMCC) process must continuously hold a current, active, valid, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which he or she practices.

Exception for New EM Residency Graduates

If a physician applies for EM certification and takes the written certification examination the same year he or she graduates from the residency program, the medical license used to fulfill certification application or written certification examination registration requirements need not be in the jurisdiction in which the physician practices. However, the license must be in a jurisdiction in the United States, its territories, or Canada, and it must be current, active, valid, unrestricted, and unqualified.

Clarification of Licenses That Are Not “Current, Active, Valid, Unrestricted, and Unqualified”

A license to practice medicine is not “current, active, valid, unrestricted, and unqualified” if, in any manner or to any extent whatsoever, one or more of the following applies. The license is

under probation

conditioned; e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education

limited; e.g., to specific practice settings

inactive as a result of an action taken by or a request made by a medical licensing board institutional, educational, or temporary.

Additional Medical Licenses

A physician may hold one or more additional licenses to practice medicine. Each additional license held must be unencumbered but may be a temporary license, if the reason for its temporary status is that the physician has applied for, but not yet been granted, a new permanent license in that jurisdiction an institutional or educational license an inactive medical license that is voluntarily inactive a permanent license in a jurisdiction in which the physician does not practice.

Previous Licenses

A physician may have expired licenses.

Licenses that were encumbered when they expired and that expired on or after January 1, 2004, do not qualify as meeting the ABEM Policy on Medical Licensure.

Licenses that were revoked or suspended on or after January 1, 2004, or that the physician surrendered or did not renew on or after January 1, 2004, as a result of or in order to terminate or settle disciplinary proceedings, do not qualify as meeting the ABEM Policy on Medical Licensure.

Reporting Medical Licensure Information to the Board

Each physician applying for Emergency Medicine or subspecialty certification, participating in a certification process, holding current diplomate status with the Board, and/or participating in the EMCC process must report to the Board all licenses he or she currently holds, including all inactive, temporary, and educational licenses, and all licenses previously held that do not meet the ABEM Policy on Medical Licensure.

Physicians reporting licenses that have the following conditions must include an explanation of the status of the license:

- the license is encumbered; i.e., invalid, restricted, or qualified
- the license is inactive, whether voluntarily or involuntarily
- the license was encumbered when it expired and it expired on or after January 1, 2004
- the license was revoked or suspended on or after January 1, 2004
- the physician surrendered or did not renew the license on or after January 1, 2004 as a result of or in order to terminate or settle disciplinary proceedings.

The Board may, at its sole discretion, determine whether to investigate the license and the information provided. The Board reserves the right to determine if the license fulfills its policy. The Board will determine if the situation is cause to deny a physician's application, deny a physician access to an examination, or revoke a diplomate's certificate.

If the physician does not report the required information to ABEM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABEM examinations.

EXCEPTION

See "Exception for New EM Residency Graduates" above.

PATHWAYS

For admission to the examination, the diplomate must have completed one of two application pathways. The pathways are: A. Training; B. Dual Certification.

A. Training

A subspecialty resident (hereafter, resident or trainee) who entered Pediatric Emergency Medicine training before January 1, 1995, may apply for admission on the basis of completion of two years of subspecialty residency training in Pediatric Emergency Medicine. The program and the training must conform to the draft training requirements of the Pediatric Emergency Medicine Subboard.

The Board will request verification of fellowship training directly from the program director.

Physicians who entered training in Pediatric Emergency Medicine on or after July 1, 2001, are required to have completed their training in a program accredited for training in Pediatric Emergency Medicine by the Residency Review Committee for Emergency Medicine or the Residency Review Committee for Pediatrics.

Candidates whose primary certificate is in Pediatrics should contact the ABP for certification requirements.

No credit will be given for subspecialty training during the core residency.

An applicant may not apply the same training period toward fulfillment of requirements of two different certifying Subboards.

B. Dual Certification

A candidate who is certified by ABP and ABEM may apply via this pathway. Only candidates, who completed training to meet the certification requirements of ABP and ABEM before January 1, 1999, may apply via this pathway.

CERTIFICATION

Certification shall be time-limited for the length of years that the primary board currently grants certification, 7 years for ABP and 10 Years for ABEM.

RECERTIFICATION

A candidate for recertification in Pediatric Emergency Medicine must be a diplomate of the American Board of Emergency Medicine.

A candidate for recertification in Pediatric Emergency Medicine must be or has been certified in Pediatric Emergency Medicine.

Each physician applying for Emergency Medicine (EM) or subspecialty certification, participating in a certification process, holding current diplomate status with the Board, and/or participating in the Emergency Medicine Continuous Certification (EMCC) process must continuously hold a current, active, valid, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which he or she practices.

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May 31, 2005

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