



**AMERICAN BOARD OF EMERGENCY MEDICINE**  
 3000 Coolidge Road, East Lansing, MI 48823-6319 517.332.4800

**2019 Application for Certification in the  
 Subspecialty of Emergency Medical Services**

**This completed application must be postmarked by June 30, 2019**

I hereby make application to the American Board of Emergency Medicine (ABEM), in accordance with and subject to its rules and regulations, to take the examination that may lead to subcertification in Emergency Medical Services (EMS). I hereby certify that the information given in this application is true, complete and accurate to the best of my knowledge and that I have received and read the terms and conditions of this application set forth in ABEM's 2019 application packet. I acknowledge that I have no vested right in any policy or procedure, that the same is subject to change from time to time at the discretion of ABEM, and that I assume the obligation to keep myself acquainted with such changes. I further certify that I have completed the training and/or practice necessary to fulfill the credential requirements.

I understand that: (a) falsification of this application, or (b) the submission of any falsified documents to ABEM, or (c) the use of any falsified ABEM documents or the submission of such documents to other persons, or (d) the giving or receiving of aid in an examination as evidenced either by observation at the time of an examination or by statistical analysis of my answers and those of one or more other participants in that examination, or (e) the unauthorized possession, reproduction, recording, discussion, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after an examination, or (f) the offering of any financial or other benefit to any director, officer, employee, or other agent or representative of ABEM in return for any right, privilege, or benefit which is not usually granted by ABEM to other similarly situated candidates or persons, may be sufficient cause for ABEM to bar me permanently from all future examinations, to terminate my participation in an examination, to invalidate the results of my examination, to withhold my scores or certificate, to revoke my certificate, or to take other appropriate action.

I also understand that ABEM may withhold my scores and may or may not require me to retake one or more portions of an examination if ABEM is presented with sufficient evidence that the security of one or more portions of an examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such activities. I agree that ABEM will not be liable for candidate travel and/or other losses or expenses incurred as a result of an examination cancellation or postponement.

I agree to indemnify ABEM and its directors, examiners, committee members, officers, employees, and agents and to hold them harmless from any claims or damages including, but not limited to, attorneys' fees and costs, incurred in connection with any action they, or any of them, take or fail to take in connection with this application, my eligibility for examination, the gathering, furnishing and use of information about my training and practice, the grading or conduct of my examinations, and the failure of ABEM to issue me a certificate.

I agree that any controversy or claim arising out of or relating to this Agreement, or the breach thereof, that cannot be resolved directly between the parties, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in the Circuit Court of Ingham County, Michigan.

I further agree that if, notwithstanding the preceding provision, a court of competent jurisdiction determines that an action or a proceeding may be brought by a party in connection with this Agreement, the Agreement shall be governed by and construed in accordance with the laws of the State of Michigan, and shall be treated as though it were executed in and were to have been performed in Ingham County, Michigan. Any action relating to this Agreement must be instituted and prosecuted in a court located in Ingham County, Michigan. I specially consent to extra-territorial service of process and specifically waive any right I may have or acquire to sue ABEM in a country other than the United States or anywhere outside of Ingham County, Michigan.

I understand and agree that ABEM may inform the director of the program in which I completed EMS fellowship training as to my performance on the EMS examination.

ABEM reserves the right to conduct and to report research studies of its examinations and its examination data for purposes of quality assurance, examination development, and benefit to the specialty. Individual candidate confidentiality would not be violated or compromised.

I understand that ABEM provides the American Board of Medical Specialties (ABMS) a list of its EMS diplomates and diplomates who are renewing their certification that includes names, addresses, and other information as required by ABMS; that ABMS provides diplomate information for publication in a directory and to other licensees according to defined protocols and guidelines; that ABEM provides lists of diplomates to its sponsor organizations upon request; and that ABEM responds to individual inquiries to confirm a physician's subspecialty diplomate status, and I authorize ABEM to release this information.

I certify that I have read and understand the above information and that by my signature I authorize and request the persons listed in this application, representatives of the institutions named herein, any licensing boards, other persons and organizations to furnish any information requested by ABEM on my training, certification status, medical practice, and status of my medical license(s).

\_\_\_\_\_  
 TYPE or PRINT Applicant's Name

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**FOR ABEM OFFICE USE ONLY**

**APPLICATION #:** \_\_\_\_\_ **PAID/RECEIVED: \$** \_\_\_\_\_ **POSTMARK DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2019 ABEM Application for Certification in Emergency Medical Services

### SECTION 1: PERSONAL DATA

Please enter your name as you wish it to appear on the certificate.

**NAME:**

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Medical Degree</i>

**ADDRESS and IDENTIFICATION:**

Please indicate which address is your primary address by using the applicable check box next to the address type.

**Home Address:**

**Business Address:**

<b>Home Telephone:</b>	

<b>Business Telephone:</b>	

<b>Email Address:</b>
<b>Date of Birth:</b>
<b>Last four of SSN:</b>

<b>Fax:</b>
<b>Medical School Graduation Year:</b>
<b>NPI:</b>

**AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) BOARD CERTIFICATION:**

List below any ABMS primary and subspecialty certifications. You do not need to include your ABEM certification(s).

Specialty/Subspecialty	Board that Issued Certificate	Certification Date

### SECTION 2: MEDICAL LICENSURE

Please provide the following information regarding your license(s) to practice medicine. If you answer "No" to the question on compliance with the enclosed Policy on Medical Licensure, please use a separate sheet to explain.

List all states, territories, or provinces in which you hold a medical license	License Number	Expiration Date (mm/dd/yy)	Is this license in compliance with the ABEM Policy on Medical Licensure?	
			YES	NO
			YES	NO
			YES	NO

Name:

**SECTION 3: APPLICATION PATHWAY**

Please review the *Emergency Medical Services Eligibility Criteria for Certification* to determine your application pathway. The eligibility criteria are included in this application packet and are available on the ABEM website, [www.abem.org](http://www.abem.org).

I am applying for subspecialty certification in Emergency Medical Services (EMS) through the following pathway:

<input type="checkbox"/> <b>EMS Practice Pathway</b>  Complete Section 3A (Pgs. 4 & 5)	<input type="checkbox"/> <b>EMS Practice-Plus-Training Pathway</b>  Complete Section 3B (Pgs. 6 - 8)
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**If you are applying through the Accredited Fellowship Training Pathway, you can complete your application online.**

- Sign In to your ABEM Portal with your user ID and password
- Select the Personal Access Page button at the top of your screen
- Select the green EMS Certification button in the middle of your screen
- Complete the online application and pay the application fee

Name:

**SECTION 3A: EMS PRACTICE PATHWAY**

Complete this section if you selected the **EMS Practice Pathway**.

Within the six years immediately preceding submission of this application, you must have completed a minimum of **60 months** of EMS practice of **at least 400 hours per year**. You can have practiced as an Assistant Medical Director, Associate Medical Director, Medical Director, or within another leadership role of one or more EMS agencies with patient care responsibility; or as a direct provider of pre-hospital emergency care; or any combination of these roles.

I attest that within the six years immediately preceding the date on which I submitted my 2019 Emergency Medical Services certification application, I completed a minimum of five years of EMS practice of at least 400 hours per year.

Enter information about your EMS practice below. ABEM will independently verify the EMS practice(s) you list in this application.

**Complete the form below**, identifying your practice of EMS and an individual to verify your practice. If you practiced in multiple settings or during more than one time period, please copy this page and complete it for each practice separately

<b>Name of Agency:</b>		
<b>Address:</b>		<b>City/State/Zip:</b>
<b>Phone:</b>	<b>Email:</b>	<b>Fax:</b>
<b>Your Position:</b>		

<b>Dates of Practice:</b>	<input type="text"/>	<b>To:</b>	<input type="text"/>	<b>*Start date must be no more than six years prior to application submission date</b>
	<small>*Month/Day/Year</small>		<small>Month/Day/Year</small>	

Please provide the number of hours at this practice for each of the six years immediately preceding the application date.

Year	2014	2015	2016	2017	2018	2019
Hours						

<b>Name of Verifier:</b>
<b>Verifier's Title:</b>

*Verifier contact information*

<b>Address:</b>		<b>City/State/Zip:</b>
<b>Phone:</b>	<b>Email:</b>	<b>Fax:</b>

*Note: ABEM will seek independent verification of your EMS practice from the individual you name as your verifier.*

Name:

**SECTION 3A: EMS PRACTICE PATHWAY, CONTINUED**

In the space below, please provide brief description of each practice submitted. The practice descriptions should include duties related to the role of Assistant, Associate or Medical Director of an EMS agency with patient care responsibility, including but not limited to:

- direct patient care in the field
- supervisory and other functions that ensure an effectively functioning response system
- daily direct medical decision-making and control of care provided by EMS personnel

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Name:

**SECTION 3B: EMS PRACTICE-PLUS-TRAINING PATHWAY**

Complete this section if you selected the **EMS Practice-Plus-Training Pathway**.

**TRAINING REQUIREMENT**

You must have successfully completed at least 12 months of acceptable unaccredited fellowship training in EMS. ABEM defines acceptable unaccredited EMS fellowship training as completion of a program that is 12 months in length and that covers the Core Content of EMS. The National Association of EMS Physicians® (NAEMSP) website, [www.naemsp.org](http://www.naemsp.org), includes an EMS fellowship curriculum that is based on the Core Content of EMS Medicine. ABEM will use this curriculum to evaluate the acceptability of the unaccredited EMS fellowship training you completed.

**EMS fellowship program identification and contact information**

<b>Name and Institution of EMS Fellowship Training Program:</b>			
<b>Address:</b>		<b>City/State:</b>	
<b>Program Phone:</b>	<b>Program Email:</b>	<b>Program Fax:</b>	
<b>Name of EMS Fellowship Program Director:</b>			
<b>Number of months successfully completed:</b>	<input type="text"/>	<b>Months</b>	<b>From</b>
			<b>To</b>
		Month/Day/Year	Month/Day/Year

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. **Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?**  Yes  No

**EMS fellowship program description. Please submit a description of your fellowship program, including the following information, with your application:**

- Program length
- Program objectives
- Program structure
- Standard rotation list and description
- The curriculum and rotations you completed - list and description
- Documentation that the fellowship curriculum was based on the Core Content of EMS Medicine.

*Note: ABEM will independently verify with your fellowship program director that you successfully completed all program requirements and that the program is acceptable.*

Name:

**SECTION 3B: EMS PRACTICE-PLUS-TRAINING PATHWAY, CONTINUED**

Complete this section if you selected the **EMS Practice-Plus-Training Pathway**.

**PRACTICE REQUIREMENT**

Within the six years immediately preceding the date on which you submit your EMS certification application, you must have completed a minimum of **24 months** of EMS practice of **at least 400 hours per year**. You can have practiced as Assistant Director, Associate Director, Medical Director, or within another leadership role of one or more EMS agencies with patient care responsibility; or as a direct provider of pre-hospital emergency care; or any combination of these roles.

**I attest that within the six years immediately preceding the date on which I submitted my 2019 Emergency Medical Services certification application I completed a minimum of 24 months of EMS practice of at least 400 hours per year.**

Enter information about your EMS practice below. ABEM will independently verify the EM practice(s) you list in this application.

**Complete the form below**, identifying your practice of EMS and an individual to verify your practice. If you practiced in multiple settings or during more than one time period, please copy this page and complete it for each practice separately

**AND**

**Attach a brief description** of each practice submitted. The practice descriptions should include duties related to the role of Assistant, Associate or Medical Director of an EMS agency with patient care responsibility, including but not limited to:

- direct patient care in the field
- supervisory and other functions that ensure an effectively functioning response system
- daily direct medical decision-making and control of care provided by EMS personnel.

<b>Name of Agency:</b>			
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Phone:</b>	<b>Email:</b>	<b>Fax:</b>	
<b>Your Position:</b>			

<b>Dates of Practice:</b>	<input type="text"/>	<b>To:</b>	<input type="text"/>	<b>*Start date must be no more than six years prior to application submission date</b>
	<small>*Month/Day/Year</small>		<small>Month/Day/Year</small>	

Please provide the number of hours at this practice for each of the six years immediately preceding the application date.

<b>Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Hours</b>						

<b>Name of Verifier:</b>
<b>Verifier's Title:</b>

*Verifier contact information*

<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Phone:</b>	<b>Email:</b>	<b>Fax:</b>	

*Note: ABEM will seek independent verification of your EMS practice from the individual you name as your verifier.*

Name: \_\_\_\_\_

**SECTION 3B: EMS PRACTICE-PLUS-TRAINING PATHWAY, CONTINUED**

**In the space below, please provide brief description** of each practice submitted. The practice descriptions should include duties related to the role of Assistant, Associate or Medical Director of an EMS agency with patient care responsibility, including but not limited to:

- direct patient care in the field
- supervisory and other functions that ensure an effectively functioning response system
- daily direct medical decision-making and control of care provided by EMS personnel

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**INFORMATION and REQUEST for Accommodations for the 2019  
Emergency Medical Services (EMS) Certification Examination**

**AMERICAN BOARD OF EMERGENCY MEDICINE**  
3000 Coolidge Road ♦ East Lansing, MI 48823  
517.332.4800 ♦ fax 517.332.4853 ♦ www.abem.org

**REQUESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT**

In accordance with the Americans with Disabilities Act (ADA), the American Board of Emergency Medicine (ABEM), upon request, will approve reasonable accommodations in its examination procedures for candidates with documented disabilities to take the Emergency Medical Services (EMS) Certification Examination. Physicians with disabilities may request consideration for alterations in examination format or presentation to accommodate a disability that would impede performance on an examination. Accommodations can be made only if they will not alter the measurement of the skills or knowledge the examination is intended to test.

Any physician who wishes to request accommodations for the EMS Certification Examination must complete the form below and return it to ABEM, accompanied by the following documents:

1. A written, detailed description of the specific accommodations requested.
2. Documentation of the disability signed by a qualified professional. This documentation must include all of the following:
  - The name of the specific disability
  - A detailed description of the diagnostic tests that were conducted and the results of those tests
  - The specific limitations that the disability imposes on test taking
  - The specific examination accommodations that are being requested to compensate for those limitations.

**Please submit your request for accommodations by July 17, 2019.** A copy of the Policy on Americans with Disabilities Act is enclosed.

**AMERICAN BOARD OF EMERGENCY MEDICINE  
2019 Emergency Medical Services (EMS) Certification Examination  
REQUEST FOR EXAMINATION ACCOMMODATIONS**

Complete and return this form to ABEM at the address listed above.

**I request the following accommodation(s) to take the 2019 EMS Certification Examination. I understand that this request must be accompanied by supporting documentation.**

Accommodation(s): \_\_\_\_\_  
\_\_\_\_\_

Disability or condition necessitating accommodation(s): \_\_\_\_\_  
\_\_\_\_\_

Name (please print): \_\_\_\_\_

Birth date (month, day, year): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# AMERICAN BOARD OF EMERGENCY MEDICINE

3000 Coolidge Road, East Lansing, MI 48823-6319 517.332.4800

## INSTRUCTIONS FOR COMPLETING THE 2019 EMERGENCY MEDICAL SERVICES (EMS) CERTIFICATION APPLICATION

Return the completed application form together with the \$470 application fee **postmarked on or before June 30, 2019**. At this time, the application fee will need to be mailed into ABEM using a check or money order made out to ABEM and returned with your application.

- The application is a fillable form; information can be typed in. Please enter your name in Section 1 and on each subsequent page of the application. If you are an ABEM diplomate whose name has changed since the last time you updated ABEM records, please include a copy of official documentation of your name change with your application.
- Include your medical degree in Section 1. The only degree ABEM will display on your certificate is your medical degree.
- Please enter your current ABMS primary board certification(s), including your initial certification date.
- Please check the address at which you wish to receive all ABEM correspondence: your personal address or your business address. If your address changes after you submit your application, please notify ABEM and mention that you have applied for certification in EMS.
- Please include the last four digits of your social security number or your Canadian social insurance number, your date of birth, your medical school graduation year, and your individual National Provider Identifier (NPI) if you have one. This information will be used to verify your primary board certification and your medical licensure status and to establish a user ID and password to use the ABEM website. The agreement you sign on Page 1 of the application specifies how personal information you provide may be used.
- You 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 you practice. You may hold one or more additional licenses, each of which must be valid, unrestricted, and unqualified. Please list all medical licenses you hold or formerly held in Section 2: Medical Licensure. Indicate whether each license is in compliance with the ABEM Policy on Medical Licensure, a copy of which is included in this application packet.
- There are three pathways to certification in 2019: the EMS Practice Pathway, the EMS Practice-Plus-Training Pathway, and the accredited Training Pathway. Review the EMS Eligibility Criteria to determine which application pathway is appropriate for you.

**If you are applying under the accredited Training Pathway, you can complete your application online. Sign into your ABEM Personal Page with your ABEM user ID and password and select EMS Certification.**

Complete all sections related to the certification pathway under which you are applying. For the practice pathway, you must submit a description of each practice you list, and, if you are applying through the Practice-Plus-Training Pathway, a description of the EMS unaccredited fellowship program you completed.

- Sign and date the first page of the application and then mail back to ABEM to the address listed below. Only the application pages need to be returned to ABEM.
- ABEM will acknowledge receipt of your application and fee within two weeks of receipt via email. If you do not receive the acknowledgment, please contact ABEM.

Return your completed application to:

**American Board of Emergency Medicine  
3000 Coolidge Road  
East Lansing, MI 48823 – 6319**

Questions? Please email [subspecialties@abem.org](mailto:subspecialties@abem.org)



## AMERICAN BOARD OF EMERGENCY MEDICINE

3000 Coolidge Road, East Lansing, MI 48823-6319 517.332.4800

### 2019 EMERGENCY MEDICAL SERVICES (EMS) CERTIFICATION APPLICATION PROCESS AND TIMING

- ABEM will acknowledge receipt of your application and fee within two weeks of receipt. If you do not receive the acknowledgment, please contact ABEM.
- Your application must be complete before it can be reviewed. Your application is complete when you have submitted all required information, the information is correct (for example, dates are valid), and the application fee has been received.
- ABEM will independently verify your primary board certification and any EMS accredited fellowship training, unaccredited training, or practice submitted.
- When your application is complete, all independent verifications have been received, and the ABEM Credentials Committee has determined that your application meets the EMS eligibility criteria, your application can be approved.
- Registration for the 2019 EMS Certification Examination begins March 1, 2019, for physicians with approved certification applications. You will be able to obtain an ABEM user ID and password and register for the examination online through the ABEM website. Approximately one day after registering for the examination, you will be able to schedule an appointment to take the examination.
- The EMS Certification Examination will be administered September 12, 2019, in Pearson VUE professional testing centers throughout the U.S. and Canada.

Questions? Please email [subspecialties@abem.org](mailto:subspecialties@abem.org)