ABEM’S MISSION
TO ENSURE THE
HIGHEST STANDARDS
IN THE SPECIALTY OF
EMERGENCY MEDICINE

ABEM’S PURPOSES

To improve the quality of emergency medical care
To establish and maintain high standards of excellence in Emergency Medicine and its subspecialties
To enhance medical education in the specialty of Emergency Medicine and its related subspecialties
To evaluate physicians and promote professional development through initial and continuing certification in Emergency Medicine and its subspecialties
To certify physicians who have demonstrated special knowledge and skills in Emergency Medicine and its subspecialties
To enhance the value of certification for ABEM diplomates
To serve the public and medical profession by reporting the certification status of the diplomates of the American Board of Emergency Medicine

ABEM holds the interests of patients and their families in the highest standing, particularly with regard to the provision of the safest and highest-quality emergency care. ABEM addresses its commitment to patients by supporting the physicians who provide care to the acutely ill and injured, and by working to transform the specialty of Emergency Medicine.

ABEM’S GUIDING PRINCIPLES

The following overarching principles will guide our strategy and work going forward:
• Serve the public and the specialty
• Strengthen a culture of innovation in certification
• Embrace and integrate diversity, equity, and inclusion in all of our work
• Advance the values of trust, integrity, resilience, collaboration, empathy, and wisdom
• Collaborate with our stakeholders
• Communicate the value of certification
• Use research to inform and validate our certification and processes
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The past year was one of defensive rebounding followed by a string of fast breaks for ABEM.

We are rebounding from a year of postponed Oral Exam administrations with the development and implementation of a virtual Oral Certification Exam. In February 2021, the Board committed resources to a process that would eliminate the backlog of physicians who had been scheduled to take the exams in 2020, as well as keep us current with those who passed the Qualifying Exam in 2020 and became eligible for the Oral Exam. By June 2021, however, over 2,100 candidates had been examined, and over 2,600 were scheduled for exam administrations during the remainder of the year. We learned that delivering a secure, high-stakes Oral Examination really isn’t less time consuming, more efficient, or less expensive for the organization. However, the experience has been valued by physician candidates, for whom the virtual process is more efficient and less expensive. ABEM is maintaining our specialty’s differentiating initial certification standard with a well-orchestrated virtual exam experience that is still rigorous. Teamwork has been key. Chief Examiner Carl R. Chudnofsky, MD., all 538 dedicated ABEM volunteer examiners, and the incredible ABEM staff working overtime and in new ways made six additional exam administrations possible. On behalf of the Board and our specialty’s early career physicians, I am cheering THANK YOU!

After postponing the ConCert Exam in 2020 due to the closure of testing centers, ABEM quickly provided the ConCert and Medical Toxicology Cognitive Expertise exams in an at-home, online format that provided flexibility for physicians. ConCert was made available for an additional administration in the summer to make up for the one lost in 2020 and a six-month grace period afforded physicians with 2020 certification end dates additional time to meet requirements.

ABEM was already in the process of re-engineering the continuing certification process. After three years of development, ABEM’s next-generation, continuing certification process that replaces ConCert and LLSA launched. During this amazing period of internal retooling, educational physician webinars, $10 million transition refunds to certified physicians, and a three-month pilot, MyEMCert went live on March 31. We are incredibly grateful for the “assessment for learning” vision and editorial leadership of Sam Keim, M.D., M.H.A., and Marianne Gausche-Hill, M.D. The 1,200 certified physician pilot participants provided valuable feedback that we incorporated into the exams and the process.

Coordinating the institution of the five-year cycle with the launch of MyEMCert and the annual fee will minimize the number of disruptions physicians would experience and will help simplify the continuing certification process.
process. Recall, the ABMS Vision Commission report recommended Boards move to a more continuous certification process, and although not “continuous,” the five-year cycle moves us in the right direction. Most importantly, five-year certification cycles foster a more continuing approach to refreshing our patient care and in the keeping up with the rapid changes and key advances in emergency care while demonstrating the ability to meet certification standards.

Overwhelmingly, participating physicians have praised this fully online process as more flexible, convenient, and clinically relevant. A major plus is that MyEMCert integrates learning into the continuing certification assessment process. During the full transition to this new process, requirements are defined by a physician’s year of recertification. In addition to ABEM staff who are available to respond to your questions regarding requirements during this transition, we developed tools to make the process easy to understand. Resources and their hyperlinks are collected on one page on the ABEM website.

- The ✓ ABEM Reqs tool outlines requirements by year of recertification
- Videos explain module content, the key advances.
- A demo module allows physicians to explore the look and feel of MyEMCert modules
- Sample questions are posted on the website
- A Quick Start Guide provides an easy-to-understand checklist for preparing for and taking modules

The Board showed its dedication to diversity, equity, and inclusion (DEI) by transitioning the DEI Task Force to a standing committee. Led by Chair Yvette Calderon, M.D., M.S., the Committee is charged with the Board’s diversity, equity and inclusion initiatives.

The Board also completed the process of adopting a new strategic framework. The development of the framework, started last year by Immediate-Past-President, Jill M. Baren, M.D., M.S., M.B.A., includes three commitments to our certified physicians and stakeholders: Quality Certification, External Engagement, and Operational Alignment, each with associated rationales and initiatives that support that commitment. The framework provides a touchstone for all the activities of the Board—both current and future.

A new Becoming Certified Initiative was also introduced this year. The Becoming Certified Task Force will examine all aspects of the process for emergency physicians to become certified. Informed by the Stakeholder Advisory Group and input from stakeholders like you, this Task Force will assess and potentially redesign a contemporary process for emergency physicians to become certified. These activities were developed and implemented with the goal of serving emergency physicians, while at the same time upholding the standards of the specialty. Devising a way for early career physicians to become certified, and making our continuing certification process more convenient, relevant, and designed for learning were at the forefront when developing these new processes. We hope you agree, and thank you for all you do!
Board of Directors

Executive Committee
Mary Nan S. Mallory, M.D., M.B.A., President
Marianne Gausche-Hill, M.D., President-Elect
Jill M. Baren, M.D., M.S., M.B.A, Immediate-Past-President
Samuel M. Keim, M.D., M.S., Secretary-Treasurer
Ramon W. Johnson, M.D., M.B.A., Member-at-Large
Lewis S. Nelson, M.D., Senior-Member-at-Large

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Michael S. Beeson M.D., M.B.A.
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Wallace A. Carter, M.D.
Carl R. Chudnofsky, M.D.
Hala H. Durrah, M.T.A.
Diane L. Gorgas, M.D.
Deepi G. Goyal, M.D.
Leon L. Haley, Jr., M.D., M.H.S.A.
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James D. Thomas, M.D.
Suzanne R. White, M.D., M.B.A.

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Angela J. McGoff, Associate Executive Director, Certification Services
Michele C. Miller, Associate Executive Director, Systems and Technology
ABEM-CERTIFIED PHYSICIANS

39,241 current ABEM-certified physicians

7.8% hold subspecialty certification (3,058)

94% are residency trained

Data as of June 2021
Number of Current ABEM-certified Physicians

39,241 Total Active ABEM-certified Physicians (as of June 30, 2021)

Distribution of ABEM-certified Physicians by Age and Training*

*Completed an EM residency training program (July 1, 2021)
EXAMINATION ACTIVITY

Oral Certification Examination Administered Virtually

Due to the COVID-19 pandemic, the 2020 administrations of the Oral Certification Examination were postponed, and the 2021 administrations were administered in a virtual format in March, April, and June; additional administrations will take place in September, October, and December 2021. The multiple administrations allowed all candidates scheduled to take the 2020 exams, as well as those who passed the Qualifying Examination in 2020 an opportunity to take the virtual exam in 2021. Nearly 2,000 physicians took the Oral Exam in the first six months of 2021.

Regular Exam Activity

In 2020-2021, over 16,500 proctored examinations were administered, and over 18,000 LLSA tests and nearly 2,000 MyEMCert modules were completed.

2,435 took the Qualifying Exam 90% passed among first-time test takers

1,978 took the Oral Certification Exam 92% passed among first-time test takers

3,283 took the ConCert Exam 91% passed among ABEM-certified physicians

8,862 took the In-training Exam

1,953 MyEMCert modules completed

1,827 Newly Certified Physicians

97 Regained Certification

Detailed, longitudinal statistics are available in the tables beginning on page 17, and on the ABEM website.
The purpose of continuing certification is to maintain the highest standards of Emergency Medicine by partnering with physicians in their ongoing professional development; maintaining core knowledge, judgment, and skills; and integrating new medical advances in patient-centered care.

Protecting Your Certification

Deadlines for physicians who had subspecialty certification requirements due in 2020 were relaxed. They have until either June 31, 2021 or December 31, 2021 to meet their requirements. The new deadlines are based on the policies of the board administering the recertification examination and how often those exams are offered.

MyEMCert Launches!

ABEM-certified physicians can now take MyEMCert modules to maintain certification.

MyEMCert launched March 31 with the first three module topics available being:

- Abdominopelvic
- Abnormal Vital Signs and Shock
- Trauma and Bleeding

Three additional modules were scheduled to be launched in July 2021, and an additional two in early 2022. The three July modules are:

- Thoracorespiratory
- Neurology
- Social and Behavioral Health

The launch of MyEMCert followed a pilot that took place in late 2020. Participating physicians provided valuable feedback that informed changes made prior to launch.

MyEMCert modules are the alternative to the high-stakes, single point-in-time, traditional recertification exam (ConCert), and the ongoing LLSA readings and tests. MyEMCert modules were designed with the uniqueness of Emergency Medicine in mind and are informed by the preferences and feedback of ABEM-certified physicians.

Learn more about MyEMCert

Five-year Certification Period/Annual Fee

The switch to a five-year certification period began with those physicians who became certified or renewed certification in 2021. These physicians will access continuing certification activities by paying an annual fee, rather than fees for each individual activity. The current cost is the same as under a ten-year certification period.

18,213
LLSA tests successfully completed

12,906
LLSA CME activities completed

1,953
MyEMCert modules successfully completed
New LLSA Tests

The 2021 Emergency Medicine LLSA test became available April 1, 2021, and the 2021 Medical Toxicology LLSA test became available June 1, 2021. These activities provide additional opportunities for ABEM-certified physicians to tailor learning to their clinical practice.

ABEM believes that continuing certification assists physicians in realizing their intrinsic desire to be better clinicians, and deliver safe, high-quality care.

Improvement in Medical Practice Activities

Emergency physicians are committed to raising the quality of care for their patients by participating in practice improvement projects. Those who participate can get credit for activities they are already doing by attesting through their ABEM Personal Page.

2020-21 Top Five Improvement in Medical Practice Activities

- **2,411** Time-related (throughput time, ED length-of-stay, and other process time measures)
- **1,414** Stroke-related
- **1,115** Infectious Disease-related
- **834** Communication - Patient Care
- **760** Cardiac-related
- **9,835** All IMP Attestations
Coming Soon! MyEMScert and MyToxCert

The EMS and Medical Toxicology subboards approved the development of module-based processes similar to MyEMCert. The processes will shift from a high-stakes exam administered in a testing center to modules that physicians can take from home. Like EM, EMS and MedTox will move to a five-year certification cycle and annual fee.

Physicians will be able to use MyEMScert to maintain EMS certification beginning in 2023. Physicians who recertify that year and after will move to a 5-year certification period and annual fee. Physicians will be able to use MyToxCert to maintain Medical Toxicology certification beginning in 2024. Physicians who recertify that year and after will move to a 5-year certification period and annual fee.

3,058 ABEM-certified Physicians Hold a Subspecialty Certificate

In 2020-2021, ABEM issued 210 subspecialty certificates in nine subspecialties. ABEM-certified physicians also have access to subspecialty certification in Addiction Medicine, Brain Injury Medicine, Clinical Informatics, and Surgical Critical Care through other ABMS Boards.

<table>
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<tr>
<th>Subspecialty</th>
<th>Certificates Issued in 2020-2021</th>
<th>Total Current Subspecialists</th>
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<tbody>
<tr>
<td>Emergency Medical Services</td>
<td>2*</td>
<td>830</td>
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<tr>
<td>Medical Toxicology</td>
<td>60</td>
<td>487</td>
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<tr>
<td>Pediatric Emergency Medicine</td>
<td>34</td>
<td>311</td>
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<tr>
<td>Internal Medicine-Critical Care Medicine</td>
<td>29</td>
<td>262</td>
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<tr>
<td>Sports Medicine</td>
<td>18</td>
<td>232</td>
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<tr>
<td>Clinical Informatics</td>
<td>– **</td>
<td>231</td>
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<tr>
<td>Hospice and Palliative Medicine</td>
<td>42</td>
<td>211</td>
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<tr>
<td>Undersea and Hyperbaric Medicine</td>
<td>5</td>
<td>161</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>– **</td>
<td>181</td>
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<tr>
<td>Anesthesiology-Critical Care Medicine</td>
<td>18</td>
<td>94</td>
</tr>
<tr>
<td>Surgical Critical Care</td>
<td>– **</td>
<td>43</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Brain Injury Medicine</td>
<td>– **</td>
<td>1</td>
</tr>
<tr>
<td>Neurocritical Care</td>
<td>0 ***</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210</strong></td>
<td><strong>3,058</strong></td>
</tr>
</tbody>
</table>

* Certification examination not offered in 2020. Two certificates were issued to candidates who took the EMS Certification Exam in 2019, but did not have EM certificates issued until 2020 because of the cancelation of Oral Certification Examination.
** Information not available; certificates issued by other ABMS Boards.
*** First examination will be administered October 2021.
Nearly 600 clinically active physicians volunteered their services to ABEM this year, a force that is essential to ABEM’s success. Hundreds of examiners attended each administration of the virtual Oral Exam, spanned over 29 days of testing plus additional days of training. Forty-five item writers produce new questions for multiple choice tests each year for Emergency Medicine certification, continuing certification, and subspecialty exams. Additional ABEM activities supported by volunteers include the following:

- Standard-setting panels review each multiple-choice question or Oral Exam case, rate its difficulty, and assess its importance to the certification of emergency physicians
- Fairness and bias panels evaluate whether different outcomes (among different demographic groups) on test questions or cases are due to reasons not relevant to the practice of EM
- Job analysis panels identify the tasks, skills, and responsibilities necessary in the practice of EM, the results of which are the basis for what is measured in an examination
- Other task forces and advisory groups, such as the LLSA CME reading group and the Stimulus Collection and Review Panel, assist in the certification and recertification processes
- Resident Ambassador Panel members provide the perspectives of residents with certain ABEM activities, such as communication about the In-training Examination, applying for certification, the Residency Visitation Program, and the ABEM website.

Each of these volunteer physicians donate their time and effort to help assure that anyone certified in EM or any of its subspecialties meets the high standards expected of our specialty.

Thank you!

A complete list of ABEM volunteers is available on the ABEM website.

528 Oral Examiners
45 Item Writers
178 Standard Setting and Bias and Fairness Panel Participants
38 Subboard and Exam Committee Members
19 Members of the Board of Directors
Subspecialty and Focused Practice Designation Representatives – ABEM Appointees

Advanced Emergency Medicine Ultrasound Examination Committee
John L. Kendall, M.D., Chair, Editor
Srikar Adhikari, M.D.
John Bailitz, M.D.
Meghan Kelly Herbst, M.D.
Timothy B. Jang, M.D.
Robert A. Jones, D.O.
Megan M. Leo, M.D.
Andrew S. Liteplo, M.D.
Rachel B. Liu, M.D.
Terry Kowalenko, M.D., Editor Mentor

Emergency Medical Services Subboard
Douglas F. Kupas, M.D., Chair
Erica R. Carney, M.D.
Mohamud R. Daya, M.D.
Sophia Dyer, M.D.
William D. Fales, M.D.
Jeffrey M. Goodloe, M.D.
Alexander P. Isakov, M.D.
Vincent N. Mosesso, Jr., M.D.
Katie L. Tataris, M.D.
Marianne Gausche-Hill, M.D., ABEM Director Liaison

Medical Toxicology Subboard
Robert G. Hendrickson, M.D., Chair
Theodore C. Bania, M.D.
Carl R. Baum, M.D.
Diane P. Calello, M.D.
Michael I. Greenberg, M.D.
Christopher O. Hoyte, M.D.
Tammi H. Schaeffer, D.O.
Andrew I. Stolbach, M.D.
Lewis S. Nelson, M.D., ABEM Director Liaison

Neurocritical Care Examination Committee
Jordan B. Bonomo, M.D.
Evadne G. Marcolini, M.D.

Pediatric Emergency Medicine Subboard
Stacy L. Reynolds, M.D., Chair
David B. Burbulys, M.D.
Keri L. Carstairs, M.D.
Timothy A. Horeczko, M.D.
Nathan W. Mick, M.D.
Ramon W. Johnson, M.D., M.B.A., ABEM Director Liaison

Sports Medicine Examination Committee
Andrew P. Perron, M.D.
Moira Davenport, M.D.

Undersea and Hyperbaric Medicine Examination Committee
Keith W. Van Meter, M.D.
Tracy L. LeGros, M.D.
Strategic Framework 2021

The ABEM Board of Directors approved a new Strategic Framework at its winter 2021 meeting. The framework is composed of three commitments, each with associated rationales and initiatives that support that commitment.

• ABEM’s certification processes and programs are high quality and clinically relevant.

• ABEM enhances the value of its certification by creating strong, trusting, engaged relationships with its multiple stakeholders.

• ABEM Board and staff structures, processes, and culture are aligned to advance our strategic work through people, relationships, and resources.

The Board also approved new bylaws as well as a Code of Professionalism. In addition to reporting requirements on physician licensure, the Code includes ethical requirements to which all ABEM-certified and board eligible physicians must adhere. ABEM strongly encourages all ABEM-certified and board eligible physicians to read and comply with the Code of Professionalism.

Newly Elected Directors

The ABEM Board of Directors elected two new physician members in 2021:

Kim M. Feldhaus, M.D., and Theodore J. Gaeta, D.O., M.P.H. Dr. Feldhaus’s clinical practice is at Boulder Community Health in Boulder, Colorado, a community-based, not-for-profit hospital. Dr. Gaeta practices clinically at New York-Presbyterian Brooklyn Methodist Hospital.

Milestone Recognition for Over 500 Physicians

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year’s recipients included 508 physicians who had been board certified for 30 years as of December 31, 2020. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence. A list of the 2020 recipients is posted on the ABEM website.
In fiscal year 2019-20, ABEM realized $12,662,882 in operating expenses against ($16,708,748) in operating expenses, for a negative operating margin of ($4,045,866). At the same time, $1,565,143 in revenue came from investment income, for a net margin of ($2,480,723). Data from ABEM’s 2020 Audited Financial Statement is provided below. ABEM has received Guidestar’s Platinum Seal of Transparency for the last two years.
Audited Statement of Financial Position
June 30, 2020

**Assets**
Current assets
- Cash and cash equivalents $2,496,936
- Accounts receivable –
- Accrued investment income 87,108
- Investments 38,823,771
- Prepaid expenses 112,004
  - Total current assets 41,519,819
- Property, equipment, and software 8,339,490
  - Less: accumulated depreciation and amortization (4,254,647)
- Net property, equipment, and software 4,084,843
- Other assets
  - Deposits 20,000
  - Total assets $45,624,662

**Liabilities and Net Assets**
Current liabilities
- Accounts payable $77,689
- Accrued payroll 179,259
- Accrued payroll tax 11,089
- Line of credit 3,000,000
- Deferred revenue 3,807,660
  - Total current liabilities 7,075,697
- Long-term liabilities
- Compensated absences 758,421
  - Total liabilities 7,834,118
- Net assets
- Unrestricted and undesignated 31,790,544
  - Total liabilities and net assets $45,624,662

**Revenues**
$14,217,668

**Expenses**
- Direct Certification Expense $5,994,630
- Governance 2,370,635
- International 20,061
- Office administration 3,098,554
- Outreach/liaison 1,235,177
- Program development 1,757,853
- Research 185,359
- Subspecialties 715,400
- Training/academic relations 863,651
- Miscellaneous 219,429
  - Total expenses $16,460,749

Change in net assets* (2,243,081)
Net assets, at beginning of year $40,033,625
**Net assets, at end of year** $37,790,544

* Before other income and gains
Thank you for your legacy and contributions to the specialty of Emergency Medicine.

Gail V. Anderson, Sr., M.D. 1976-1989
Walter R. Anyan, Jr., M.D. 1995-2003
William G. Barsan, M.D. 1993-2001
Carol D. Berkowitz, M.D. 2003-2006
Howard A. Bessen, M.D. 2002-2010
Michael D. Bishop, M.D. 1988-1996
Brooks F. Bock, M.D. 1995-2004
Glenn D. Braunstein, M.D. 2002-2006
Dick D. Briggs, Jr., M.D. 1994-2002
Paul D. Bruns, M.D. 1980-1983
Michael L. Carius, M.D. 2009-2018
Joseph E. Clinton, M.D. 1986-1994
Robert E. Collier, M.D. 2004-2012
Lily C. A. Conrad, M.D. 2002-2010
Francis L. Counselman, M.D. 2008-2016
Rita Kay Cdyulka, M.D. 2002-2010
Daniel F. Danzl, M.D. 1991-1999
Steven J. Davidson, M.D. 1986-1995
John H. Davis, M.D. 1979-1984
James J. Dineen, M.D. 1976-1980
Frank A. Disney, M.D. 1979-1980
Lynnette Doan-Wiggins, M.D. 1999-2008
E. John Gallagher, M.D. 1995-2003
Joel M. Geiderman, M.D. 2003-2011
William E. Gotthold, M.D. 1994-2003
Jeffrey G. Graff, M.D. 1996-2005
Harris B. Graves, M.D. 1980-1987
Gerald B. Healy, M.D. 1988-1992
Barry N. Heller, M.D. 2008 - 2017
Robert S. Hockberger, M.D. 1995-2004
Leonard D. Hudson, M.D. 1990-1994
Bruce D. Janiak, M.D. 1986-1995
Carl Jelenko, Ill, M.D. 1976-1980
James H. Jones, M.D. 2005-2015
Allen P. Klippel, M.D. 1976-1982
David A. Kramer, M.D. 2009-2013
Ronald L. Krome, M.D. 1976-1988
Jo Ellen Linder, M.D. 2004-2012
Louis J. Ling, M.D. 1997-2007
O. John Ma, M.D. 2013-2019
Catherine A. Marco, M.D. 2009-2018
Mark A. Malangoni, M.D. 1998-2002
Vincent J. Markovchick, M.D. 1994-2002
John B. McCabe, M.D. 1996-2006
Henry D. McIntosh, M.D. 1979-1986
W. Kendall McNabney, M.D. 1982-1986
Harvey W. Meislin, M.D. 1986-1994
J. Mark Meredith, M.D. 2004-2012
Sheldon I. Miller, M.D. 1999-2006
John C. Moorhead, M.D. 2004-2014
Robert L. Muelleman, M.D. 2011-2019
John F. Murray, M.D. 1986-1989
Robert C. Neerhout, M.D. 1986-1994
Richard N. Nelson, M.D. 2004-2013
Michael S. Nussbaum, M.D. 2002-2006
Thomas K. Oliver, Jr., M.D. 1980-1981
Debra G. Perina, M.D. 2003-2011
Nicholas J. Pisacano, M.D. 1979-1986
Roy M. Pitkin, M.D. 1990-1998
George Podgorny, M.D. 1976-1988
Peter T. Pons, M.D. 1996-2004
J. David Richardson, M.D. 1994-1998
Leonard M. Riggs, Jr., M.D. 1981-1986
Frank N. Ritter, M.D. 1979-1988
Peter Rosen, M.D. 1976-1986
Robert J. Rothstein, M.D. 1996-2004
Earl Schwartz, M.D. 1994-2002
Richard I. Shader, M.D. 1980-1990
Roger T. Sherman, M.D. 1984-1988
Rebecca Smith-Coggins, M.D. 2007-2015
Mark T. Steele, M.D. 2003-2012
Richard M. Steinhilber, M.D. 1979-1980
Harold A. Thomas, M.D. 2001-2010
Robert Ulstrom, M.D. 1982-1986
Michael V. Vance, M.D. 1986-1995
Robert P. Wahl, M.D. 2012-2020
Edward E. Wallach, M.D. 1998-2006
John G. Wiegenstein, M.D. 1976-1986
Certifying

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<tr>
<th>Date</th>
<th>EM Residency-eligible</th>
<th>Total Candidates</th>
<th>Oral Certification</th>
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1. 1995 was the first year that a reference group of EM residency-eligible, first-time test takers was used to construct the written certification examination, now known as the qualifying examination.
2. Number indicates the percent of the total that passed.
3. Candidates do not include former diplomates attempting to regain certification through the qualifying and/or oral examination.
4. The 2020 Oral Certification Examination administrations were canceled due to the COVID pandemic.
ConCert™ Examination

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¹ Number indicates the percent of the total who passed.

Statistics are reported by calendar year. The statistics accurately reflect the examinations administered during the designated periods, and all examination data are included. Candidates who took more than one examination are included more than once.

Total number of active diplomates on 12/31/2020 was 38,543.
## Subspecialty Certification

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ACCM: Anesthesiology Critical Care Medicine  
EMS: Emergency Medical Services  
HPM: Hospice and Palliative Medicine  
IM-CCM: Internal Medicine – Critical Care Medicine  
MedTox: Medical Toxicology  
Pain: Pain Medicine  
PedEM: Pediatric Emergency Medicine  
SPM: Sports Medicine  
UHM: Undersea and Hyperbaric Medicine