“One of the core attributes of professions is that, in exchange for unique powers and privileges, the public assumes that the profession will regulate itself.”

Nearly 40 years ago, ACEP asked its members for a $150 donation in order to develop a certification process and ultimately, specialty status for Emergency Medicine (EM). This was the beginning of ABEM and simultaneously, a widespread proliferation of training programs in EM. The initial process to gain recognition in the house of medicine was challenging because there was widespread belief that EM did not have a defined area of expertise or a unique knowledge base. The first vote by the American Board of Medical Specialties (ABMS) was a near-unanimous rejection of EM as a specialty. With a continued emphasis on training, certification, and a state-of-the-art certification process, ABEM was granted conjoint (modified) board status in 1979. In 1989, Emergency Medicine deservedly achieved full recognition with primary board status.

The pioneers who founded our specialty understood that intellectual rigor and high standards of certification would be necessary to gain prominence as a specialty, and ensure that our patients received the highest level of care. The success that followed has been phenomenal. ABEM now has over 33,500 diplomates and over 1,600 subspecialty certificate holders. The President of the AMA is, for the first time, an emergency physician—Steven J. Stack, M.D. The Chair Elect of the ABMS, John C. Moorhead, M.D., follows John B. McCabe, M.D., and Harvey W. Meislin, M.D., all emergency physicians. EM residencies remain one of the most sought-after positions for graduating

continued on page 2
From the President continued

medical students. In essence, Emergency Medicine has achieved a stature that could never have been imagined in 1979. Thus, the importance of our founders’ legacy cannot be overstated. However, there are several challenges to maintaining that legacy of excellence.

Our founders showed incredible foresight in rejecting the idea of lifetime certification. Emergency physicians have, from the beginning, embraced the idea of continuing education and periodic assessment. Few would doubt that the change in knowledge creation and translation since 1979 has been a seismic one. The advent of instant access to information has only served to accelerate these processes of change. We approach certain clinical situations today in a much different fashion than we did even five years ago. Furthermore, research and experience have repeatedly shown us that the self-assessment of our clinical competence and knowledge grossly underestimates our knowledge deficits. Simply put, we don’t know what we don’t know.

ABEM’s mission is “To ensure the highest standards in the specialty of Emergency Medicine.” We serve that mission as well as honor our founders by participating in an MOC program that requires continuing assessment and education. By the same token, because the ABEM MOC Program is not perfect, there must be continued assessment, modification, and improvement. I think it would be shortsighted to reject the “good” because we haven’t attained the “perfect.” To reject the ideals of MOC is a risky game played with the public trust. Simply rejecting the idea of MOC for whatever reason (expense, irrelevance, unnecessary, etc.) would be a hard sell to our patients who want to be assured that their physician is keeping up with the newest information and demonstrating continued competence.

Our research and surveys indicate that most ABEM diplomates find benefits to staying certified through the ABEM MOC Program (Marco CA, et al. The American Board of Emergency Medicine ConCert™ examination: emergency physicians’ perceptions of learning and career benefits. Acad Emerg Med. 2016. Accepted for publication.) In order to better serve our diplomates, we are continually improving our MOC Program to make it as relevant and least burdensome as possible.

Recognizing that current patient satisfaction surveys might not result in improved physician-patient communication, ABEM plans to pilot a program that would eliminate the current “patient experience of care” requirement from our MOC Program. As my last column indicated, we are also exploring the concept of professionalism as part of MOC; thus ABEM has embarked on a research project to see if there is a possibility of common ground in the definition, education, and certification of “professionalism” before we move forward with any MOC requirement in that realm. ABEM diplomates were dissatisfied with the LLSA Patient Safety activity; as a result, ABEM took it offline and revised it to make it more meaningful. Similarly, Part IV of MOC, Improvement in Medical Practice, is
something all of us participate in at the hospital level; allowing credit for this work, which is already being done, has been a success story for ABEM. This becomes even more important as CMS moves from a volume-based payment method to a value-based payment method dependent on quality and improvement. ABEM expects that the development of EM registries will allow emergency physicians to easily fulfill quality reporting requirements and automatically receive MOC credit as a result.

ABEM welcomes input from any organization or individual as to how we might make improvements to the ABEM MOC Program. A simple, “We don’t want to do it.” will not suffice—it lessens the quality of discourse and does a disservice to EM’s tradition of excellence and self-improvement. Our founders fought long and hard to establish respect, recognition, prominence, and excellence for Emergency Medicine. They recognized and insisted that approved residency training was as important as the certification exam. I am sure they too would see MOC as imperfect; however, I am just as certain they would offer constructive criticism, suggestions for change and improvement, and continued assessment of the program, both its strengths and deficiencies. I believe they would endorse the importance of MOC, continuing education, and self-improvement. Further, the insistence on quality reinforces that we alone are the best and only ones able to certify that we provide high-quality care to all of our patients.

I have been practicing EM for 34 years and I still find it to be a wonderful specialty. The work is hard, emotionally draining, and physically demanding, but at the end of the day I still feel as if I have done something useful. I love meeting patients and I treasure sharing both the sorrowful and happy moments with them. I am particularly proud when an internist calls and sends a patient for me to “look over” before admission, knowing they respect my judgment and care. I’m thrilled when a surgeon or an OB-GYN calls to ask for advice about a patient with a problem outside their area of expertise. We have reached this point only because of our insistence on high standards, including rigorous training, certification, and commitment to continuous learning, which translates to high-quality care for our patients.

I am fearful that if we repudiate the idea of MOC, if we do nothing because we can’t do everything perfectly, if we say “no” without viable alternatives, we will be looked upon by future generations of emergency physicians as self-serving and intellectually lazy. We all stand on the shoulders of those who came before us and must not forget their founding vision and the legacy they have left for our specialty. If we fail to recognize the importance of these principles, we will be viewed as unworthy and feckless guardians of that legacy. Let’s keep our promise to our founding visionaries, to ourselves, and most importantly, to our patients.

Insistence on quality reinforces that we alone are the best and only ones able to certify that we provide high-quality care to all of our patients.
ABEM Maintenance of Certification (MOC)
An ABMS Maintenance of Certification® Program

Take the ConCert™ Examination Early: A No-Risk Option

ABEM diplomates may wish to take the ConCert™ Examination early. There is no downside and several potential advantages. By taking the examination early, it is possible to have five attempts at passing the ConCert™ Examination before losing certification. Here are the top two reasons to take the ConCert™ Exam early:

- **It changes a high-stakes situation to a low-stakes situation.** If you fail the examination prior to your certification end date, your board certification status is maintained; you are not decertified. You are creating a safety net for your career and future.

- **The end date of your certification does not change.** In other words, if you pass the ConCert™ Examination in year six of your certification, you potentially do not need to take the examination again for 14 years. Previously, there was a slight financial disincentive to testing early, but this is no longer the case. You can create your own time frame (potentially up to five years) in which to pass the test.

ABEM hears you! ABEM has been working to make its MOC Program more meaningful and physician friendly. Revisions to the MOC Program have been made, in part, because of your feedback. Thank you for your commitment to the care of acutely ill and injured patients, and for working with ABEM to ensure the highest standards in the specialty of Emergency Medicine.

Registration for the Patient Safety LLSA Reopened

The Patient Safety LLSA is required once during a diplomate’s ten-year certification, usually in the first five years, and also counts as one of the four LLSA tests the physician is required to take in the same five-year period. Registration for the Patient Safety LLSA (PS-LLSA) test and optional CME activity reopened February 10, 2016. Registration had been suspended in order to revise the post-test based on diplomate feedback. Access to the PS-LLSA is available via your MOC Personal Page on the ABEM website. If you have any questions, please email moc@abem.org, or call 517-332-4800, ext. 383.
Subspecialty LLSAs Available to All Diplomates

All ABEM diplomats now have access to the Emergency Medicine (EM), Emergency Medical Services (EMS), and Medical Toxicology (MedTox) LLSA tests. An optional CME activity is available for each LLSA test. The cost of the tests and CME activities has not changed.

Any EM, EMS, or MedTox LLSA test you pass counts toward any ABEM MOC Program requirements—EM, EMS, or MedTox. The LLSA tests and CME activities can be accessed on the ABEM website. Go to www.abem.org, sign in with your User Name and Password, and then click "LLSA Tests." Subspecialty LLSAs are grouped together below the EM LLSAs. If you would like to participate in the optional CME activity, you must register and pay for the CME before starting the LLSA test. If you have questions, please email moc@abem.org, or call 517-332-4800, ext. 383.

Does Your Certification Expire in 2021?

If your certification expires in 2021, you have MOC requirements due by December 31, 2016. By that date, you must have:

- Passed 4 LLSA tests (one of which must be the Patient Safety LLSA)
- Completed and attested to an average of 25 AMA PRA Category 1™ credits per year
- Completed and attested to 1 Practice Improvement (PI) activity
- Completed and attested to 1 Communications / Professionalism (CP) activity

If you do not complete your unmet MOC requirements by this date, you will not lose your ABEM certification; however, ABEM is required to designate and publicly report that you are “not participating in MOC.”

To find out if you have any unmet requirements, go to www.abem.org, and sign in using your User ID and Password.

Does Your Certification Expire in 2016?

If your certification expires in 2016, you must complete your MOC requirements by December 31, 2016. Remember, you can pass the ConCert™ Examination and not have your certification renewed if you have outstanding LLSA tests, CME credits, or Improvement in Medical Practice requirements (PI and CP activities). All of your MOC requirements must be completed by December 31, 2016, to renew your certification.
Now Available:

2016 Emergency Medicine LLSA Test and Optional CME Activity
2017 Medical Toxicology Reading List

The 2016 EM LLSA test and optional CME activity are now available on the ABEM website. Those who opt for the CME activity will earn 12 AMA PRA Category 1™ credits, of which 3.0 credits are pediatric-related, 2.0 credits are trauma-related, and 1.0 credit is stroke-related.

The 2017 Medical Toxicology Reading List is also available. The 2016 EMS LLSA test and optional CME activity will be available on June 1. Links to all EM, EMS, and MedTox LLSA Reading Lists are available on the ABEM website at www.abem.org/LLSA-Reading-Lists.

Subspecialty MOC Programs

MOC requirements for ABEM diplomates certified in Emergency Medical Services, Medical Toxicology, and Pediatric Emergency Medicine are available on the ABEM website. The programs are similar to the EM MOC Program, and now include Lifelong Learning and Self-Assessment and Improvement in Medical Practice components. Additional information about the programs is available on the ABEM website at www.abem.org/EMS-MOC, www.abem.org/MedTox-MOC, and www.abem.org/Pediatric-EM-MOC.

IMPORTANT NOTICE

Subspecialty Practice Pathways Closing

2016 is the final year for physicians who wish to apply for certification in Internal Medicine–Critical Care Medicine (IM-CCM) through the practice pathway. All eligibility criteria must be completed by June 30, 2016, and all practice pathway applications must be postmarked no later than the last date of the 2016 IM-CCM application cycle. After June 30, 2016, all applicants for IM-CCM certification must have completed an ACGME-accredited IM-CCM fellowship.

The practice pathway for Anesthesiology Critical Care Medicine (ACCM) will close in 2018 on the final date of the 2018 ACCM application cycle.

The practice pathway for Emergency Medical Services (EMS) will close in 2019 on the final date of the 2019 EMS application cycle.

If you have any questions about subspecialty certification, please contact ABEM at subspecialties@abem.org, or 517-332-4800, ext. 387.
The American Board of Medical Specialties (ABMS) Visiting Scholars Program is accepting applications for the 2016-2017 class. Junior faculty, Ph.D.s, residents/fellows, medical students, public health students, and graduate students in health services research and other relevant disciplines are invited to apply to participate in this exciting and dynamic, one-year, part-time program facilitating research projects designed to improve patient care. In addition to the research project, scholars are exposed to the fields of professional assessment and education, health policy, and quality improvement, and are offered the opportunity to develop leadership skills critical to their own professional growth and success. Scholars’ research should build on existing projects at their institution and generate data, tools, and activities that could be useful to specialty boards in the board certification and MOC processes.

An ABEM diplomate was selected for each of the first two classes of scholars; Michelle Lin, M.D., M.P.H., a Health Policy Research Fellow at Brigham and Women’s Hospital, and Nadia Huancahuari, M.D., M.A., an Instructor of Emergency Medicine at Brigham and Women’s Hospital. Dr. Lin examined whether community health workers and enhanced provider engagement improve the quality and cost of care for patients who frequently visit the emergency department (ED). Dr. Huancahuari is examining whether language differences contribute to disparities in ED sepsis care, and her work will include the development of a sepsis MOC module and chart review activity that will instruct ED providers on early recognition of sepsis and the effects of Sepsis Bundle completion on survival.

The deadline to submit applications is May 31, 2016. For more information about the program and the application process, contact ABMS at ABMSVisitingScholars@abms.org.
ABEM Projects and Activities

Congratulations, New Directors!

At its winter 2016 meeting, the ABEM Board of Directors elected two new directors: Wallace A. Carter Jr., M.D., who was nominated by the Emergency Medicine community-at-large, and Samuel M. Keim, M.D., who was nominated by the American College of Emergency Physicians. They will begin their terms as ABEM directors at the close of the summer Board of Directors meeting.

### Wallace A. Carter Jr., M.D.

- **College:** Manhattan College, B.S.
- **Medical School:** Ross University School of Medicine, M.D.
- **Residency:** Emergency Medicine, Albert Einstein College of Medicine
- **Professional Positions:** Program Director, Emergency Medicine Residency, and Senior Associate Medical Director of Emergency Medical Services, New York Presbyterian
- **Academic Appointments:** Associate Professor, Weill Cornell Medical College; Associate Professor, Columbia University College of Physicians & Surgeons
- **Research/Clinical Interests:** Graduate medical education
- **Certification:** Emergency Medicine, continuous since 1992

### Samuel M. Keim, M.D.

- **College:** Northern Arizona University, B.S.
- **Medical School:** University Of Arizona College of Medicine, M.D.
- **Residency:** Emergency Medicine, Los Angeles County, King/Drew Medical Center
- **Additional Education:** Clinical Epidemiology, Mel and Enid Zuckerman College of Public Health, University of Arizona, M.S.
- **Professional Positions:** Emergency physician, Banner University Medical Center, Tucson and University South campuses
- **Academic Appointments:** Professor and Chair, Department of Emergency Medicine, University of Arizona; Professor, Division of Epidemiology and Biostatistics, Mel and Enid Zuckerman College of Public Health, University of Arizona Tucson; Director, Arizona Emergency Medicine Research Center
- **Research/Clinical Interests:** Clinical research methods, heat stroke, physician wellness, ED cost effectiveness
- **ABEM Activities:** Oral Certification Examination: Examiner (1999-present), Case Reviewer (2002-2004); ConCert™ Examination Item Writer (2010-present); ABEM-ABIM Critical Care Medicine Task Force (2008-2009)
- **Certification:** Emergency Medicine, continuous since 1991
Recognizing 30 Years of Board Certification

In recognition of their dedication to the specialty of Emergency Medicine (EM), commitment to continuous professional development, and the provision of compassionate, quality care to all patients, ABEM acknowledges physicians who have marked 30 years of being ABEM board certified with a special certificate. The 2016 recipients included those physicians who had been board certified for 30 years as of December 31, 2015.

ABEM congratulates the 270 diplomates who recently accomplished this milestone! A list of the recipients is included in this issue of the Memo, and is also available on the ABEM website at www.abem.org/30-Year-Certificates. Certificates are awarded annually to diplomates who achieve this milestone.

New Examination Passing Standards

Testing industry standards suggest that the passing score for examinations be reviewed after any significant change in content, format, or target group. It is also recommended that passing scores be reviewed approximately every five to seven years, regardless of changes. Due to changes in content and format, the passing standards for all EM examinations have recently been reviewed. And because the current passing scores for the Medical Toxicology Certification and MOC Cognitive Expertise examinations were determined more than seven years ago, the passing standards for both examinations will be revisited with the 2016 administration of the certification examination, and the 2018 administration of the MOC examination.

The process for setting a passing score is based on several decades of study by specialists in testing science, and is considered a best practice in the field. For the EM examinations, a representative sample of clinically active, ABEM-certified emergency physicians was selected to evaluate each test question or case and determine how a candidate who meets the ABEM standard would perform. They then recommended a passing standard (score). The work of this group was used to inform the ultimate decision made by the ABEM Board of Directors. Similarly, for the Medical Toxicology examinations, a diverse panel of Medical Toxicology–certified, clinically active physicians will evaluate each examination question by considering how a minimally qualified Medical Toxicology physician would perform. Their analysis will provide the Medical Toxicology Subboard a recommended passing score. All examinations will continue to be criterion referenced; that is, curves, quotas, or percentage passing will not be used for setting any passing score. This process is used by nearly all major educational assessment organizations and by most American Board of Medical Specialties Member Boards.

A passing standard study will be conducted following each Oral Certification Examination for the foreseeable future. The passing standard for the Emergency Medical Services Certification Examination will be reviewed in 2017.
Fees Remain Fixed for 2016

Fees for ABEM examinations and LLSA tests will remain the same in 2016. This includes the Qualifying Examination, Oral Certification Examination, ConCert™ Examination, and LLSA tests and CME activities. This marks the fourth consecutive year that there has not been an increase in examination fees, and the fifth year for LLSA test fees.

Board Eligibility

As of January 1, 2015, ABEM implemented its Policy on Board Eligibility. ABEM now recognizes the term board eligible. Board eligibility starts on the date a physician graduates from an Accreditation Council for Graduate Medical Education–or Royal College of Physicians and Surgeons of Canada–accredited EM residency program, or an ABEM-approved combined residency program. Physicians are board eligible for five years from January 1, 2015, whether or not they have applied for certification. For physicians who were in the certification process on January 1, 2015, their board eligibility began on that date. Physicians will not have any additional eligibility requirements under the policy if they apply for certification, take and pass the first Qualifying Examination available to them, and take and pass the first Oral Certification Examination assigned to them. If there is a delay in any of these three activities, physicians will have additional requirements (LLSA tests and CME) until they become board certified. Details are available on the ABEM website at www.abem.org/Board_Eligibility.

Physicians should not rely solely on ABEM reminders, as they are subject to all requirements and policies irrespective of whether they receive a reminder.

If you have questions, please email BoardElig@abem.org or call 517-332-4800, ext. 384.
EMS Examination Committee Meeting

The Emergency Medical Services (EMS) Examination Committee held its annual meeting November 19-20, 2015. The Committee’s activities included reviewing new items for the EMS Certification Examination and EMS LLSA tests, and reviewing potential EMS LLSA articles. The Committee also discussed the development of the EMS MOC Cognitive Expertise Examination, which will be administered for the first time in 2019.

MedTox Subboard Meeting and Elections

The Medical Toxicology Subboard, co-sponsored by ABEM, the American Board of Pediatrics, and the American Board of Preventive Medicine, held its annual meeting December 1-3, 2015.

Rama B. Rao, M.D., was recognized for her five years of service to the Subboard, during which time she was Chair of the Credentials Committee and LLSA editor. Theodore C. Bania, M.D., an ABEM-appointed member whose term began January 1, 2016, attended the meeting as an observer.

2016 Medical Toxicology Subboard

Pictured left to right, back row: Daniel L. Sudakin, M.D.; Daniel A. Goldstein, M.D.; Sean M. Bryant, M.D.; Joshua G. Schier, M.D.; and Jefferey L. Burgess, M.D.

Front row: Anne-Michelle Ruha, M.D. (Chair); Theodore C. Bania, M.D.; and Michele M. Burns, M.D.
Oral Examiner Awards, Fall 2015

During the opening General Session at each Oral Certification Examination administration, ABEM presents awards to oral examiners based on the number of examinations in which they have participated. In acknowledgement of their generous service to the Board’s examination process, ABEM recognized 13 examiners at the fall 2015 Oral Certification Examination. The Board of Directors sincerely appreciates the many contributions these individuals have made over their years of service to ABEM’s Oral Certification Examination program. The awards were presented by Barry N. Heller, M.D., President and Chair of the Test Administration Committee, and Jill M. Baren, M.D., Vice-Chair of the Test Administration Committee, on behalf of the Board.

CLOCK – 8 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Lawrence Chu, M.D.; Elizabeth M. Sutton, M.D.; Leon Sanchez, M.D.; and Carol L. Clark, M.D.

PLAQUE – 16 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Saralyn R. Williams, M.D.; Nicholas J. Jouriles, M.D.; Mary Nan S. Mallory, M.D.; and Rebecca Smith-Coggins, M.D.

HOURGLASS – 24 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Gail N. Carruthers, M.D.; and Miles Shaw, M.D.

PEN AND PENCIL SET – 32 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Robert W. Schafermeyer, M.D.

TELESCOPE – 40 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Kris S. Narasimhan, M.D.; and Kent T. Shoji, M.D.

www.abem.org
ABEM Reference and Access Information

Reference information appears in many ABEM publications and on the ABEM website. ABEM updates this information periodically. For the most current information on Board policies, application and examination registration dates, examination dates, statistics, and other items of interest, please visit www.abem.org or contact ABEM at 517-332-4800.

Examination Dates 2016-2017

**EMERGENCY MEDICINE**

Qualifying
November 14-19, 2016

Oral Certification
SPRING
April 9-12, 2016

FALL
October 8-11, 2016

Continuous Certification (ConCert™)
September 12-17, 2016

ABEM MOC LLSA Tests
Continuous on the ABEM website

**ANESTHESIOLOGY-CRITICAL CARE MEDICINE**

Certification
August 13, 2016

**EMERGENCY MEDICAL SERVICES**

Certification
September 25, 2017

**HOSPICE and PALLIATIVE MEDICINE**

Certification and Maintenance of Certification
November 7, 2016

**INTERNAL MEDICINE – CRITICAL CARE MEDICINE**

Certification
October 6, 2016

**MEDICAL TOXICOLOGY**

Certification
October 28, 2016

MOC Cognitive Expertise Examination
November 4, 2016

**PAIN MEDICINE**

Certification
September 17, 2016

Recertification
September 17 – October 1, 2016

**PEDIATRIC EMERGENCY MEDICINE**

Certification
TBD 2017

MOC Cognitive Expertise Examination
FALL
August 15 – September 30, 2016

SPRING
TBD 2017

**SPORTS MEDICINE**

Certification and Recertification
SUMMER
July 13-16, 2016

FALL
November 14-19, 2016

**UNDERSEA and HYPERBARIC MEDICINE**

Certification
October 3-16, 2016

Recertification
April 24, 2016, Atlantic City, NJ
June 8, 2016, Las Vegas, NV
August 25, 2016, Baltimore, MD
October 23, 2016, San Diego, CA
2016 Recipients of ABEM 30-Year Certificate

Anthony Acosta, M.D.
Sunil Kumar Ahuja, M.D.
Janet G. Alteveer, M.D.
Deirdre Anglin, M.D.
John Ronald Apthorpe, M.D.
Michael L. Baldwin, M.D.
William Jay Barker, M.D.
David R. Barnes, M.D.
Edward S. Berman, M.D.
Randall Mark Best, M.D.
Michael R. Billings, M.D.
Curtis L. Birchall, M.D.
Paulius V. Blusys, M.D.
Edward D. Boudreau Jr., D.O.
Lawrence J. Boyley, M.D.
G. Richard Braen, M.D.
Joseph Lee Braun, M.D.
Charles A. Bregier Jr., M.D.
Jerry Dean Brindley Jr., M.D.
Richard E. Brodsky, M.D.
R. Christopher Brooks, M.D.
JoEllen Brown, M.D.
Richard B. Browne, M.D.
Frank A. Buese, M.D.
Paul I. Bulat, M.D.
David L. Burger, M.D.
Terrence William Burt, M.D.
Robert F. Buscho, M.D.
Russell E. Buss, M.D.
Stuart Caplen, M.D.
Steven M. Cardey, M.D.
Bryan Carducci, M.D.
Mary E. Carr, M.D.
Carlos H. Castellon-Vogel, M.D.
David Graham Chase, M.D.
Jerome Albert Chester, M.D.
Michael M. Chmel, M.D.
Keith Terrill Clark, M.D.
Robert Lee Clodfelter Jr., M.D.
Jeffrey A. Coles, M.D.
Charles Patrick Collins, M.D.
Miles R. Congress, M.D.
Cataldo F. Corrado Jr., M.D.
Malcolm Adam Creighton, M.D.
Madison Stevens Crouch, M.D.
Rita Kay Cydulka, M.D.
David W. Dabell, M.D.
William C. Dalsey, M.D.
James R. Davidson, M.D.
Paul de Saint Victor, M.D.
James A. DeRespieno, M.D.
William H. Dice, M.D.
Louis S. Dickey, M.D.
Marc Anthony DiJulio, M.D.
Michael Lee Dillon, M.D.
Peter J. DiPietrantonio, D.O.
Kenneth C. Dittrich, M.D.
David Doezema, M.D.
James H. Donnell, M.D.
Sandra Gail Donnelly, M.D.
Millard Preston Doster, M.D.
W. Montague Downs, M.D.
M. France Doyle, M.D.
Cathy Lynn Drake, M.D.
Thomas Duffy, M.D.
John Dale Dunn, M.D.
Charles A. Eckerline Jr., M.D.
Mark Keith Eckert, M.D.
Robin Anne Edwards, M.D.
John Davis Estabrook, M.D.
Michael Anthony Fain, M.D.
Jay L. Falk, M.D.
N. Nelson Faux, M.D.
Gregory Brien Fehr, M.D.
Ronald C. Forgey, D.O.
Glenn Curtis Freas, M.D.
John Douglas Freed, M.D.
Glenn Elliot Freedman, M.D.
Samuel Polen Freedman, M.D.
William Walker Freedman, M.D.
Mark Lewis Friedman, M.D.
Steven Gamburg, M.D.
Susan Belinda Gardner, M.D.
Blake P. Gendron, M.D.
Thomas Eli Gibbons Jr., M.D.
Robert A. Gisness, M.D.
John L. Glavinovich, M.D.
Louis George Graff IV, M.D.
Isaac Grate Jr., M.D.
Roy William Graves, M.D.
Thomas Lawrence Gray Jr., M.D.
John Randolph Green, M.D.
Martin J. Griglak, M.D.
Robert L. Grigsby III, M.D.
Steven Grufferman, M.D.
David Allen Guss, M.D.
Mark Gordon Hauser, M.D.
James Gilson Hawkins Jr., M.D.
William Kirkland Hawley, M.D.
Alan Miles Heilpern, M.D.
W. Richard Hencke, M.D.
Bruce William Hendrickson, M.D.
Richard Scott Herman, M.D.
Bruce James Hinkle, M.D.
Bruce Holcomb, M.D.
Allen Honig, M.D.
George E. Hossfeld, M.D.
Georgia R. Hsieh, M.D.
Edward Paul Huigens, M.D.
Kenneth Allen Humphrey, M.D.
Behram Irani, M.D.
Earl Scott Isbell, M.D.
Walter W. Jacquemin, M.D.
Carla Lynn Janson, M.D.
Edward Jerry Robert Jarema, M.D.
James Thomas Jensen, D.O.
Carroll Don Johnson, M.D.
Joseph H. Kahn, M.D.
Susan A. Kannehann, M.D.
Gabor D. Kelen, M.D.
Ralph W. Kelly, D.O.
Robert A. Kemp, M.D.
Kendel G. Kidwell, M.D.
Robert Merlin Kile, M.D.
Randall W. King, M.D.
Sherilyne King, M.D.
Jeanette Christine Kinsey, M.D.
Max D. Koenigsberg, M.D.
Michael Allen Kolinsky, M.D.
Mickey M. Kolodny, M.D.
Thomas Richard Konjoyan, D.O.
Ronald Henry Kremer, M.D.
Roy Mason Kring, M.D.
Ahmad Ghassan Ksibati, M.D.
Diane Olson LaPointe, M.D.
KEEP YOUR PERSONAL INFORMATION ACCURATE AT www.abem.org

ABEM needs your current email, mailing address, and other contact information to help you keep your certification current.

ABEM sends reminder letters by email only to candidates and diplomates for whom we have valid email addresses. Currently, ABEM has email addresses for over 99% of its diplomates. ABEM encourages you to update your personal information by signing into the ABEM website and selecting Personal Information.

If you do not have your ABEM User ID and Password, go to www.abem.org, and click the Sign In button on the upper right corner of the screen, then click “Need User ID or Password?” Follow the prompts. If the information you enter matches ABEM records, your User ID will be displayed on the screen, and your Password will be sent to your email address.

You may also update your contact information using the form below. Email the form to AddressUpdate@abem.org, fax it to 517-332-4853, or mail it to ABEM at 3000 Coolidge Rd., East Lansing, MI 48823-6319.

PLEASE PRINT

Effective Date_________________________ Date of Birth_________________________

Name

Address

City________________________________ State/Province__________ Zip/Postal______

Home Phone________________________ Work Phone________________________

Fax

Email

Signature