Respect

There was a time when Emergency Medicine was the Rodney Dangerfield of organized medicine: It got no respect.

In Emergency Medicine’s infancy, emergency rooms (ERs) were staffed by interns and residents of various interests and degrees of training, and by medical staff members of various specialties who had private practices and likely had no experience working in the ER beyond their initial training. One remnant from that era is the rather complimentary question that is still asked occasionally by patients who actually like their emergency physician: Do you have a private practice where I could see you for follow-up? Another holdover from those early days is the term “wet reading” for X-rays performed in the ER. This referred to the developing of an X-ray by literally dipping it in its developing solutions, hanging it up to dry, and then reading it while it was still “wet.” The term remains, although the process is now entirely electronic.

In the early days, Emergency Medicine had no Emergency Medicine textbooks, no journals dedicated to Emergency Medicine, no residencies or residents in Emergency Medicine, no research, no advocacy, and certainly no specialty status. The ER was more a geographic location in the hospital than a functional home for a specialty.

continued on page 2
From the President continued

And then came some visionaries who wanted to make Emergency Medicine a specialty that would be worthy of respect. They created a journal, the *Journal of the American College of Emergency Physicians (JACEP)*. They wrote textbooks specifically about Emergency Medicine. They founded the American College of Emergency Physicians (ACEP) to educate and advocate for these emergency room doctors. They created residencies in Emergency Medicine. They founded the Emergency Medicine Foundation to foster research in Emergency Medicine. They founded the Society of Teachers of Emergency Medicine (STEM) and the University Association for Emergency Medical Services (UA/EMS), later to merge to form the Society for Academic Emergency Medicine (SAEM). And in the early 1970s, ACEP asked members to voluntarily donate $150 each to support the development of the American Board of Emergency Medicine (ABEM), embodying a high-quality, rigorous certification process for emergency physicians. In 1976, UA/EMS joined that process as a co-sponsor of the application to ABMS for primary board status. An application to ABMS was overwhelmingly rejected in 1978, but ABEM was approved in 1979 as a conjoint modified board, the 23rd medical specialty. In that same year, ACEP was successful in lobbying the AMA House of Delegates to acknowledge the specialty of Emergency Medicine by creating an Emergency Medicine Section Council in the House of Delegates. Ten years later, the ABMS recognized ABEM as a primary board. The specialty had arrived.

During these turbulent but formative times, a personal incident occurred that is indelibly etched in my memory and that exemplifies this struggle for acceptance. I had trained in California, where EM was developing rapidly and pushing forward on many fronts. My first job after residency was in a community hospital in Connecticut where I was the first EM-trained physician, as well as one of the first in the state. In those days, the East Coast was one of the last areas of the country to embrace EM; in fact, in all of New England there was only one EM residency. One evening, an elderly gentleman presented with an upper gastrointestinal bleed in shock. I did what was routine where I had trained—I fluid resuscitated him, I inserted a nasogastric tube and performed ice water lavage (yes, we did that in those days), I transfused him, I obtained all the necessary tests. And then, feeling rather proud of myself, I called his primary care physician to admit him, only to be angrily admonished for doing all that without first consulting him, because the patient after all was his. To which I calmly replied, “No, he is my patient and I have stabilized him and readied him for the ICU. And now I am turning him over to you.”
Fast forward to the present time. Today we have literally scores of textbooks on Emergency Medicine and its subspecialties. We have several Emergency Medicine journals and other publications, including *Annals of Emergency Medicine* (formerly JACEP), *Academic Emergency Medicine*, and *Journal of Emergency Medicine*. We are one of the most popular and sought-after specialties among medical students, with a residency match rate of nearly 100 percent.

We have 211 ACGME-accredited EM residency programs, with over 6,800 residents in the pipeline. There are also 230 emergency physician subspecialty fellows in 121 accredited fellowships in ten subspecialties. We have been recognized in research by our own section in the National Institutes of Health and ACEP’s Emergency Medicine Foundation generated nearly $1.8 million last year to specifically fund EM research. Our emergency rooms have evolved into highly complex and technologically advanced emergency departments and clinical decision units, serving upward of 150 million patients a year, staffed with more than 35,000 ABEM-certified emergency physicians.

Yes, Emergency Medicine, we have come a long way. And to paraphrase an old Smith Barney line, “We got respect the old-fashioned way; we earned it.”

Thank you for being a part of this journey. Thank you for making Emergency Medicine the respected specialty it is today and the preeminent one it will be tomorrow.
Reasoning for Answers to LLSA Test Questions Provided

In response to diplomate requests, the reasoning behind the correct answers to EM LLSA test questions will be available to test takers beginning with the 2017 EM LLSA test. Reasoning behind the correct answers to subspecialty LLSAs is being developed now and will be available beginning in 2018. The rationales will be available after you pass the test. In addition, score reports for all available ABEM LLSAs now show you which questions you answered correctly or incorrectly.

LLSA Activity Credit

To assist diplomates fulfill specific CME requirements, the number of credits for each activity is listed below. For physicians practicing at specialty-designated centers, the number of specialty credits is also provided.

2017 EM LLSA CME Activity:
12 AMA PRA Category 1 Credits™
- 5.0 pediatrics, 3.0 stroke, 3.0 trauma

2016 EM LLSA CME Activity:
12 AMA PRA Category 1 Credits™
- 3.0 pediatrics, 1.0 stroke, 2.0 trauma

2015 EM LLSA CME Activity:
14 AMA PRA Category 1 Credits™
- 2.0 pediatrics, 2.0 stroke, 1.0 trauma

Patient Safety LLSA Activity:
20 AMA PRA Category 1 Credits™

2016 EMS LLSA CME Activity:
11 AMA PRA Category 1 Credits™

2014 EMS LLSA CME Activity:
13 AMA PRA Category 1 Credits™

2017 Medical Toxicology LLSA CME Activity:
11 AMA PRA Category 1 Credits™

2015 Medical Toxicology LLSA CME Activity:
12 AMA PRA Category 1 Credits™

2013 Medical Toxicology LLSA CME Activity:
10 AMA PRA Category 1 Credits™
Newly Available LLSA Tests and Readings


The 2017 *Medical Toxicology* LLSA test and CME Activity will be available June 1, 2017.

The 2017 *Pediatric Emergency Medicine* LLSA Reading List became available February 27, 2017. The corresponding test will be available June 1, 2017.

The 2018 *Emergency Medical Services (EMS)* LLSA Reading List became available January 11, 2017. The corresponding test and CME Activity will be available June 1, 2018.

Any ABEM LLSA test—EM, EMS, Medical Toxicology, or Pediatric Emergency Medicine—can be used toward your EM or subspecialty LLSA test requirement.

Constantly Innovating, Remaining Relevant

The clinical practice of Emergency Medicine is evolving rapidly, so ABEM strives to ensure that our certification and recertification processes remain clinically relevant and provide you opportunities to stay current with evolving clinical knowledge. Over the past year, ABEM has introduced several changes that reflect our goal of constant innovation and improvement.

- A pilot program was instituted no longer require diplomates to attest to taking part in patient satisfaction surveys. In tandem with the pilot, a research project has been undertaken to examine how to more reliably measure professionalism as it relates to emergency physicians.
- Another attestation related to the CME requirement was removed, namely that of completing eight self-assessment CME credits.

Because LLSA tests are self-assessment activities, the annual requirement is automatically met when you successfully complete the test.

- Diplomates have the ability to print a customized letter that verifies ABEM certification or board eligibility status, and no longer have to call or email ABEM with their request.

**ABEM also strives to make programs high value, so for the fifth consecutive year ABEM has not increased its examination fees.**

Ultimately, as a public trust organization, ABEM has a primary obligation to the public. ABEM’s mission is to ensure the highest standards in the specialty of Emergency Medicine. When you are ABEM certified, patients know that you are committed to providing the best care possible.

---

**Does Your Certification Expire in 2017?**

If your certification expires in 2017, you must complete your MOC requirements by December 31, 2017. Remember, you can pass the ConCert™ Examination and not have your certification renewed if you have outstanding LLSA test, CME credit, or Improvement in Medical Practice requirements. All of your MOC requirements must be completed by December 31, 2017, to renew your certification.
**Does Your Certification Expire in 2022?**

If your certification expires in 2022, you have MOC requirements due by **December 31, 2017**.
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 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 uncompleted requirements, go to [www.abem.org](http://www.abem.org), and sign in using your User ID and Password.

---

**PRACTICE PATHWAYS CLOSING**

Anesthesiology Critical Care Medicine and
Emergency Medical Services

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.
ABEM Projects and Activities

Congratulations, New Directors!

At its winter 2017 meeting, the ABEM Board of Directors elected two new directors: Leon L. Haley, Jr., M.D., who was nominated by the Society for Academic Emergency Medicine (SAEM), and James D. Thomas, M.D., who was nominated by the Emergency Medicine community-at-large. They will begin their terms as ABEM directors at the close of the summer 2017 Board of Directors meeting.

Leon L. Haley, Jr., M.D.
Jacksonville, FL

College: Boston College, B.S.
Medical School: Medical College of Wisconsin–Milwaukee, M.D.
Residency: Emergency Medicine, St. Vincent Medical Center/The Toledo Hospital
Clinical Position(s): Good Samaritan Medical Center, Brockton, MA; St. Anne’s Hospital, Fall River, MA; Norwood Hospital, Norwood, MA; Northwest Medical Center, Margate, FL; Morton Hospital, Taunton, MA; SouthCoast Health System, Fall River, MA
ABEM Activities: Oral Certification Examination: Examiner (2002-present); Senior Examiner (2014-present); ConCert™ Examination Item Writer (2012-present)
Certification: Emergency Medicine, continuous since 1995

James D. Thomas, M.D.
Wareham, MA

College: Brown University, A.B.
Medical School: University of Pittsburgh, M.D.
Additional Education: Health Sciences Administration, University of Michigan, M.H.S.A.
Residency: Emergency Medicine, Henry Ford Health System
Clinical Position(s): University of Florida Health Jacksonville, Department of Emergency Medicine
Academic Appointments: Vice President for Health Affairs, Dean and Professor of Emergency Medicine, University of Florida College of Medicine-Jacksonville
Research/Clinical Interests: Diversity, ED and Hospital Operations, Safety-net Institutions
ABEM Activities: Oral Certification Examination: Examiner (2004-present), Senior Examiner (2016-present)
Certification: Emergency Medicine, continuous since 2004
The American Board of Emergency Medicine is pleased to announce a historic collaboration involving nearly every major Emergency Medicine organization: The Coalition to Oppose Medical Merit Badges. Coalition members include the following organizations:

- American Academy of Emergency Medicine (AAEM)
- American Academy of Emergency Medicine/Resident and Student Association (AAEM/RSA)
- American Board of Emergency Medicine (ABEM)
- American College of Emergency Physicians (ACEP)
- American College of Osteopathic Emergency Physicians (ACOEP)
- American Osteopathic Board of Emergency Medicine (AOBEM)
- Association of Academic Chairs of Emergency Medicine (AACEM)
- Council of Emergency Medicine Residency Directors (CORD)
- Emergency Medicine Residents’ Association (EMRA)
- Society for Academic Emergency Medicine (SAEM)

Board-certified emergency physicians who actively maintain their board certification should not be required to complete short-course certification in advanced resuscitation, trauma care, stroke care, cardiovascular care, or pediatric care in order to obtain or maintain medical staff privileges to work in an emergency department. Similarly, mandatory targeted continuing medical education (CME) requirements do not offer any meaningful value for the public or for the emergency physician who has achieved and maintained board certification. Such requirements are often promulgated by others who incompletely understand the foundation of knowledge and skills acquired by successfully completing an Accreditation Council for Graduate Medical Education–accredited or American Osteopathic Association–approved Emergency Medicine residency program. These “merit badges” add no additional value for board-certified emergency physicians. Instead, they devalue the board certification process, failing to recognize the rigor of the ABEM Maintenance of Certification (MOC) Program or the AOBEM Osteopathic Continuous Certification Program. In essence, medical merit badges set a lower bar than a diplomate’s education, training, and ongoing learning, as measured by initial board certification and maintenance of certification.

The Coalition finds no rational justification to require medical merit badges for board-certified emergency physicians who maintain their board certification. Our committed professional organizations provide the best opportunities for continuous professional development and medical merit badges dismiss the quality of those educational efforts.

Opposing the requirements for medical merit badges will be a long and challenging struggle. It will take time to help administrators and regulatory bodies to better understand the rigorous standards to which we adhere as board-certified emergency physicians. In the coming months, we will develop our long-term strategy to create success and a pathway to recognize clinical excellence. We welcome your thoughts and suggestions as to how we can best succeed. In the near future, we will ask for strong support and a loud and unified voice.
We will persist and we are up to the challenge—we are board-certified emergency physicians. Opposing medical merit badges is the right thing to do for our specialty. We will forever demonstrate a lifelong commitment to caring for anyone who is ill or injured, at any time, for any reason.

Kevin G. Rodgers, M.D.
President, AAEM

Mary Haas, M.D.
President, AAEM/RSA

Michael L. Carius, M.D.
President, ABEM

Rebecca B. Parker, M.D.
President, ACEP

John C. Prestosh, D.O.
President, ACOEP

John DeSalvo, D.O.
Chair, AOBEM

Richard Zane, M.D.
President, AACEM

Saadia Akhtar, M.D.
President, CORD

Alicia Kurtz, M.D.
President, EMRA

Andra L. Blomkalns, M.D.
President, SAEM

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 2017 recipients include those physicians who were board certified for 30 years as of December 31, 2016.

ABEM congratulates the 510 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 (www.abem.org/30-Year-Certificates). Certificates are awarded annually to diplomates who reach this landmark.
National Academy of Medicine ABEM Fellowship

The first physician to be awarded the ABEM National Academy of Medicine (NAM) Fellowship is Hanni Stoklosa, M.D., M.P.H., who will complete her two-year fellowship in 2017. Dr. Stoklosa’s work on human trafficking has attracted national and international attention, and has shed a spotlight on the crucial role Emergency Medicine can play in combating the activity. The NAM recently interviewed her about her work and the fellowship; you can read the piece, “Human Trafficking is a Public Health Problem: Here’s Why,” on the NAM website (https://nam.edu/an-interview-with-hanni-stoklosa-on-human-trafficking). She also is Executive Director of Health, Education, Advocacy, Linkage (HEAL), a group of multidisciplinary professionals dedicated to ending human trafficking and supporting its survivors, from a public health perspective.

ABEM established the NAM Fellowship in 2015 to provide early-career health science scholars in Emergency Medicine an opportunity to participate in evidence-based health care or public health studies that improve the care and access to care of patients in domestic and global health care systems. These studies will help to advance the practice of Emergency Medicine. In addition, the fellowship provides an additional voice of Emergency Medicine in the House of Medicine.

Now is the time to start the nomination process for the new ABEM Fellow. The nomination period for the 2017-2019 ABEM Fellowship opened March 1. Diplomates or active candidates for certification by ABEM, who hold non-tenured faculty positions in any university, are eligible for the program. Nominations can only be submitted by a member of the NAM or of the ABEM Board of Directors. Nominees will be evaluated and selected by a NAM-appointed committee. The selected fellow will be awarded a flexible research stipend of $25,000 that will be administered through the appropriate department in the fellow’s home institution. Those wishing to submit a nomination for consideration by the ABEM Board of Directors must submit a completed nominations packet to Kelly R. Johnston at kjohnston@abem.org by May 22, 2017. A link to the packet is available at www.abem.org/NAM_Fellowship.
About two years ago, the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) announced their merger into the Single Accreditation System (SAS). To date, the ACGME Residency Review Committee for Emergency Medicine (RRC-EM) has accredited 27 formerly AOA-approved EM programs. ABEM has been working with the newly accredited programs to provide them with information about residency training and certification requirements. The date for completion of the SAS is June 30, 2020. More information, including certification requirements, FAQs, and a webinar for program directors of newly accredited programs is available at www.abem.org/SAS.

**Physician Burnout/Resilience Summit**

The American College of Emergency Physicians (ACEP) and the Council of Emergency Medicine Residency Directors (CORD) hosted a summit to discuss physician burnout and resilience February 9-10 at ACEP headquarters in Irving, Texas. ABEM was represented by ABEM Senior Director, Francis L. Counselman, M.D., who presented information on burnout and physician satisfaction taken from ABEM’s Longitudinal Study of Emergency Physicians (LSEP) and the Longitudinal Study of Emergency Medicine Residents (LSEMR) data, and outlined related research being undertaken by ABEM. Some findings from ABEM’s longitudinal studies mentioned during the presentations include:

- Burnout has consistently rated below stress, but higher than fatigue
- Fatigue and stress have not changed significantly over time
- Burnout has changed significantly, with 2014 being higher than in previous surveys (1999, 2004, 2009), but declining slightly afterward

In 2017, ABEM, in partnership with the Mayo Clinic, will be conducting research (through the LSEP) to identify potential causes of burnout and stress, with the aim in the future of finding whether interventions occurred and how effective those interventions were in reducing burnout and stress.

**The Single Accreditation System Update**

Physicians certified by the American Osteopathic Board of Emergency Medicine (AOBEM) now have the ability to sit for select ABEM subspecialty examinations if their fellowship training was ACGME accredited. This is the result of a proposal made by the ABEM Board of Directors and approved by the American Board of Medical Specialties. This time-limited, temporary eligibility pathway for subspecialty certification expires on June 30, 2022, and is only available to AOBEM diplomates who are applying through the accredited training pathway. Subspecialty examinations not administered by ABEM may not be available to AOBEM diplomates; to find out if you are eligible, please contact ABEM at subspecialties@abem.org, or 517-332-4800, ext. 387.

**Subspecialty Certification Available to AOBEM Diplomates**
Board Eligibility

As of January 1, 2015, ABEM implemented its Policy on Board Eligibility. ABEM now recognizes the term board eligible. Board eligibility is a five-year period that 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. For physicians who were in the certification process on January 1, 2015, or who graduated prior to that date and have not applied for certification, their board eligibility began on January 1, 2015. 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.

Fees Remain Fixed for 2017

ABEM strives to make its programs high value to diplomates. For the fifth consecutive year, ABEM has not increased its examination fees.
EMS Examination Committee Meeting

The Emergency Medical Services (EMS) Examination Committee held its annual meeting November 17-18, 2016. The Committee’s activities included reaffirming that a new passing standard be set for the 2017 EMS Certification Examination, and providing the ABEM Board recommendations for new members of the Examination Committee.

MedTox Subboard Meeting

The Medical Toxicology Subboard, co-sponsored by ABEM, the American Board of Pediatrics, and the American Board of Preventive Medicine, held its annual meeting November 30 – December 1, 2016. The Subboard reviewed and adopted a new passing standard for the 2016 MedTox Certification Examination and reviewed new examination items. Retiring ABEM representative Anne-Michelle Ruha, M.D., and American Board of Preventive Medicine representative Jefferey L. Burgess, M.D., were recognized for their service to the Subboard. Michael G. Holland, M.D., an ABEM-appointed member whose term began January 1, 2017, attended the meeting as an observer.
Oral Examiner Awards, Fall 2016

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 18 examiners at the fall 2016 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., 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 (second from left) and Dr. Heller (right) presented the award to Peter L. Shearer, M.D.; David C. Riley, M.D.; James M. Ziadeh, M.D.; David M. Sullivan, M.D.; Saadia Akhtar, M.D.; Joseph A. Wilkinson, M.D.; and Todd J. Crocco, M.D.

PLAQ U E – 16 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Matthew T. Emery, M.D.; Horace K. Liang, M.D.; Robert A. Mulliken, M.D.; William B. Felegi, D.O.; Wallace A. Carter Jr., M.D.; Susan L. Gin-Shaw, M.D.; and Lawrence M. Stock, M.D.

HOU RG LASS – 24 Exams
Dr. Baren (left) and Dr. Heller (right) presented the award to Allan B. Wolfson, M.D.; and William G. Barsan, M.D.

TELESCO P E – 40 Exams
Dr. Heller (left) and Dr. Baren (right) presented the award to Richard F. Handin, M.D.; and Michael L. Carius, M.D.
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 2017-2018

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Certification Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Qualifying</td>
<td>November 6-11, 2017</td>
</tr>
<tr>
<td>Oral Certification</td>
<td>FALL</td>
</tr>
<tr>
<td></td>
<td>October 14-17, 2017</td>
</tr>
<tr>
<td></td>
<td>SPRING</td>
</tr>
<tr>
<td></td>
<td>May 5-8, 2018</td>
</tr>
<tr>
<td>Continuous Certification (ConCert™)</td>
<td>September 11-16, 2017</td>
</tr>
<tr>
<td>ABEM MOC LLSA Tests</td>
<td>Continuous on the ABEM website</td>
</tr>
<tr>
<td><strong>ANESTHESIOLOGY-CRITICAL CARE MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>October 14, 2017</td>
</tr>
<tr>
<td><strong>EMERGENCY MEDICAL SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>September 25, 2017</td>
</tr>
<tr>
<td><strong>HOSPICE and PALLIATIVE MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification and Maintenance of Certification</td>
<td>Fall 2018</td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE – CRITICAL CARE MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>October 18, 2017</td>
</tr>
<tr>
<td><strong>MEDICAL TOXICOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>Certification and MOC Cognitive Expertise Examination</td>
<td>Fall 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Certification Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAIN MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>September 9, 2017</td>
</tr>
<tr>
<td><strong>PEDIATRIC EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>TBD 2018</td>
</tr>
<tr>
<td>MOC Cognitive Expertise Examination</td>
<td>FALL</td>
</tr>
<tr>
<td></td>
<td>August 15 – September 30, 2017</td>
</tr>
<tr>
<td></td>
<td>SPRING</td>
</tr>
<tr>
<td></td>
<td>TBD 2018</td>
</tr>
<tr>
<td><strong>SPORTS MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification and Recertification</td>
<td>SUMMER</td>
</tr>
<tr>
<td></td>
<td>July 11-15, 2017</td>
</tr>
<tr>
<td></td>
<td>FALL</td>
</tr>
<tr>
<td></td>
<td>November 6-11, 2017</td>
</tr>
<tr>
<td><strong>UNDERSEA and HYPERBARIC MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>October 16-28, 2017</td>
</tr>
<tr>
<td>Recertification</td>
<td>May 23, 2017, Portland, OR</td>
</tr>
<tr>
<td></td>
<td>June 28, 2017, Naples, FL</td>
</tr>
<tr>
<td></td>
<td>August 24, 2017, Baltimore, MD</td>
</tr>
<tr>
<td></td>
<td>October 15, 2017, Linthicum Heights, MD</td>
</tr>
</tbody>
</table>
2017 Recipients of ABEM 30-Year Certificate

Harold V. Adams Jr., M.D.
Richard Adams, M.D.
Michael P. Alberti, M.D.
Suzanne Charlotte Allen, M.D.
Ted Richard Altenau, M.D.
Harry Bloom Andrews, M.D.
Mark G. Angelos, M.D.
Theodore James Angus, M.D.
John Stuart Anshus, M.D.
Anthony James Ard, M.D.
Harry James Aretakis, M.D.
Robert David Argand, M.D.
Donaciano Teodoro Astudillo, M.D.
Stephen Spencer Avery, M.D.
Eugene H. Axelrod, M.D.
James P. Bagnell, M.D.
Rebecca Kay Bailey, M.D.
George Oliver Baird III, M.D.
Lewis Drew Baker, M.D.
Mark Barasz, M.D.
Jeanne Marie Basior, M.D.
Michael Baum, M.D.
Mark J. Bayer, M.D.
Paul R. Beatty, M.D.
Michael S. Beeson, M.D.
Reagan Brian Bellinghausen, M.D.
Roberto Mario Bellini, M.D.
Theodore I. Benzer, M.D.
Stephen O. Bernardon, M.D.
Ross George Berringer, M.D.
Pardeep K. Bhanot, M.D.
Stewart Edward Bick, M.D.
Russell B. Bieniek, M.D.
Marvin Dale Bittinger, M.D.
Michael Blakesley, M.D.
Peter Blume, M.D.
Vincent J. Bocchino, M.D.
William A. Boehm, M.D.
Kevin Joseph Bonner, M.D.
John Jordan Boright, M.D.
Michael Anthony Bost, M.D.
Michael J. Bouler, M.D.
Michael Bowman, M.D.
Stanley William Boyar, M.D.
George Patrick Bozeman, M.D.
Fred Charles Brady Jr., M.D.
Michael Howard Broderdorf, M.D.
Joel De Valentine Brooks, M.D.
Stefan C. Brown, M.D.
Yvonne Marie Brutger, M.D.
George Bulloch III, M.D.
Dwight Eugene Burdick, M.D.
Carol Talley Burger, M.D.
James F. Burke III, M.D.
Michael James Burns, M.D.
Ronald M. Buss, M.D.
Donald Joseph Butera, M.D.
Richard M. Caggiano, M.D.
Daniel S. Calder, M.D.
Steven Robert Callahan, M.D.
Rolla Bruce D. Campbell, M.D.
Ruth Anne Campo, M.D.
Karen Carmody, M.D.
Jorge L. Carreras, M.D.
John William Cartier, M.D.
Richard D. Carvolth, M.D.
Everett R. Castle, M.D.
Kenneth Mark Chelucci, M.D.
Adrian Stanley Cheong, M.D.
Thomas Gerard Chiccone, M.D.
Harold William Chin, M.D.
Alan Richard Chock, M.D.
David Christiansen, M.D.
A. James Ciaccio, M.D.
William Paschal Clarke, M.D.
William Kevin Clegg, M.D.
Guy D. Clifton, M.D.
David M. Cline, M.D.
Michael Howard Coleman, D.O.
Marion Hoelzer Coltrman, M.D.
Albert Hugh Colton, M.D.
Alan James Como, M.D.
Douglas James Corkum, M.D.
Peter Wesley Corrigan, M.D.
Terry Alan Crafton, M.D.
James A. Crowell III, M.D.
Randal L. Dabbs, M.D.
Joseph Paul D‘Addesio, M.D.
Richard Charles Dart, M.D.
John Daniel Davis, M.D.
Mark Phillip Davis, M.D.
Scott M. Davis, M.D.
Kory Victor Deason, M.D.
Joseph Albert DeBonis, M.D.
Susan Jane Decker, M.D.
Robert George Deichert II, M.D.
Robert Wayne Darlet, M.D.
Jeffrey W. Dietz, M.D.
Norman Mark Dinerman, M.D.
Dan Duffy Donnell, M.D.
Michael D. Dowdall, M.D.
William Lloyd Driehorst, M.D.
Timothy Robert Drury, M.D.
Christine M. Duranceau, M.D.
Donald G. Eakin, M.D.
Charles Curry Eaves, D.O.
Jonathan Allan Eddow, M.D.
Jerrr L. Edwards, D.O.
William Harrison Eelkema, M.D.
Robert James Eichner Jr., M.D.
Richard S. Elman, M.D.
Cassandra Brown Evans, M.D.
Robert Paul Falkowski, M.D.
Marc Jeffrey Felberbaum, M.D.
William Wesley Fields III, M.D.
Robert Fine, M.D.
Arnold Finkleman, M.D.
James Elwin Fite, M.D.
Mary Antionette Fitzsimons, M.D.
Richard William Flint, M.D.
Raymond Logan Fowler, M.D.
Richard Claesys Frederick, M.D.
Arthur M. Freedman, M.D.
James Louis Freeman, M.D.
Richard Frires, M.D.
David Vincent Fuchs, M.D.
Thomas David Fuchs, M.D.
Thomas Steven Fulwider, M.D.
Guillermo A. Garcia, M.D.
Andrew P. Schiller, M.D.
Stanton Ross Schiller, M.D.
Harvey Edward Schuck, M.D.
Hugh A. Schuckman, M.D.
Kathleen A. Schupner, M.D.
Lance Randall Seagren, M.D.
Marian Hamilton Serra, M.D.
Frederick Kurtz Seydel, M.D.
William M. Shapiro, M.D.
Karen Moore Sharrar, M.D.
Miles Shaw, M.D.
Daniel Joseph Shea, M.D.
Charles Williams Sheppard, M.D.
Steven R. Silverstein, M.D.
Reynald Thomas Simmons, M.D.
P. Scott Sims, D.O.
Frank Joe Singletary, M.D.
Joseph Michael Sippel, M.D.
Diane M. Sissmith, M.D.
Scott Alan Slagel, M.D.
James D. Sloderbeck, M.D.
Janet Lucille Smalley, M.D.
Martin J. Smilkstein, M.D.
David Wayne Smith, M.D.
Jeffrey Paul Smith, M.D.
Mary Mullin Smith, M.D.
David Duane Smyers, M.D.
Richard M. Sobel, M.D.
Arthur Gary Solomon, D.O.
Alan Conway Sonne, M.D.
Phiraphan Soonharothai, M.D.
Maurus L. Sorg, M.D.
John Foster Sorrell, M.D.
Joseph L. Spadoni, M.D.
Alan Jay Spain, M.D.
Malcolm A. Steele, M.D.
James F. Steen, M.D.
Robert J. Stein, D.O.
Steven Hal Stein, M.D.
Thomas M. Stein, M.D.
Bruce Allen Stelle, M.D.
Carl David Stevens, M.D.
Eric Leroy Stirling, M.D.
Andrea L. Stone, M.D.
Owen J. Stormo, M.D.
James Donald Strickland, M.D.
James Allen Strine, M.D.
Richard Miles Stromberg, M.D.
David Jay Strull, M.D.
Gary Richard Sussman, M.D.
Gary D. Swanson, M.D.
Scott A. Syverud, M.D.
Janardan R. Tallam, M.D.
Steven Taller, M.D.
Dudley Gardner Teel, M.D.
Celia Melinda Thomas, M.D.
Michael Kent Thompson, M.D.
Robert Clayton Thompson, M.D.
Martin Tice, M.D.
Gregory C. Tietz, D.O.
Craig R. Travis, M.D.
Philip F. Troiano, M.D.
Barry Michael Trowbridge, M.D.
Thomas J. Tsou, M.D.
Dorothy M. Turnbull, M.D.
James E. Tuschen, M.D.
Donald Alton Vance, M.D.
James Singleton Vawter, M.D.
John Sanford Veach, M.D.
John D. Velikoff, M.D.
Donna Marie Venezia, M.D.
Warren J. Ventriglia, M.D.
Richard Lankelma Vermeer, D.O.
Richard Vighione, M.D.
Theodore Francis Vonck Jr., M.D.
Harry S. Vorhaben Jr., M.D.
Usha Vyas-Major, M.D.
Clark M. Waffle, M.D.
Terry Lynn Wagner, M.D.
Richard T. Wakamiya, M.D.
Vijay K. Wall, M.D.
James Steven Walker, D.O.
Jeffrey Lee Walker, D.O.
Wesley Marion Wallace, M.D.
Gary S. Walls, M.D.
Matthew J. Walsh, M.D.
Jay Mark Walshon, M.D.*
Michael Mundy Ward, M.D.
Victor Owen Waters, M.D.
William Bruce Watson, M.D.
Michael LaWayne Weaver, M.D.
Robert E. Weber, M.D.
Marc Alan Weiner, M.D.
Paul M. Weiner, M.D.
Wade Leon Wengler, M.D.
David Lee Werwath, M.D.
Ed M. West Jr., M.D.
Clayton Andrew Wheatley, M.D.
Gregory Richard White, M.D.
Michael C. White, M.D.
Dennis Wayne Whitfield, M.D.
Francis James Wiederman, M.D.
Robert D. Wiele, M.D.
Ginger Winford Wilhelm, M.D.
Sheela Bhat Wilson, M.D.
William A. Wilson, D.O.
Leonard David Winer, M.D.
Robert H. Winokur, M.D.
Wendy Ann Witt, M.D.
Laird Stephen Wolfe, M.D.
Allan B. Wolfson, M.D.
Peter Bulkley Woollett, M.D.
John Vanos, M.D.
J. Douglas Yeakel, M.D.
Wesley K.W. Young, M.D.
Daniel Zacharias, M.D.
Hisham M. Zafari, M.D.
Gary J. Zaid, M.D.
John Lowell Zautcke, M.D.
Mary Elizabeth Zelenak, M.D.
John R. Zubil, M.D.
Leslie Scott Zun, M.D.
Mark L. Zwanger, M.D.
Paul Randall Zych, M.D.

* Received in 2015, but not included in list.
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. 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_______________________________________________________________________