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 related subspecialties
To evaluate physicians and promote professional development through initial and continuous 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

1ABEM 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.
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When I began my term as ABEM President in July 2019, I set out to accomplish two very important goals: (1) create a future vision for ABEM through the development of a forward-thinking strategic framework, and (2) lead ABEM toward becoming a more diverse, equitable, and inclusive organization. At that time, I could not have imagined that the work of the Board of Directors and the ABEM staff would be disrupted in such a profound way eight months later. Last July, ABEM’s high-priority activities were focused on continuing our assessment of a record number of physicians and the development of MyEMCert.

Then came COVID. Emergency departments were besieged with patients and emergency physicians experienced cognitive overload trying to learn how to care for these patients while protecting themselves. We have suffered significant stressors in our specialty related to declining emergency department volumes, elimination of jobs, and shortages of personal protective equipment. Emergency Medicine residency programs had to re-engineer their educational process, as well as the interview and match cycle, and assist our graduating residents to enter a very uncertain landscape. Our lives changed in totally unprecedented ways, both professionally and personally. Many of us, including myself, contracted the virus and some of our family members and colleagues have tragically died. But collectively, we as emergency physicians have stood resolute in treating our patients on the front lines and adapting to the changes that have been thrust upon us. We are nothing if not remarkably resilient.

ABEM was also resilient and was able to adapt to the changing environment in many of its operations. There were many difficult decisions that involved revisions in our certification processes, but these were always made with the utmost consideration given to ABEM-certified physicians and without any compromise to our standards.

With the closure of Pearson VUE testing centers, we canceled the spring 2020 administration of the ConCert Exam, but were able to pivot to provide the exam online this past summer. The remaining administrations of ConCert will also be in an online, open-book format. This was not a simple change. Finding a compatible and stable testing platform, addressing security concerns, and other related issues had to be researched and resolved within a relatively short timeframe. I applaud the Board and staff for their willingness to adapt and respond so quickly and effectively.

We recognized that emergency physicians were working under extraordinary circumstances with disrupted schedules and situations beyond their control. ABEM extended the deadline for meeting continuing certification requirements by six months for physicians whose requirements were due at the end of 2020. We heard from residents that quarantine measures could jeopardize their ability to become
certified, so ABEM accommodated two-week quarantine periods without negatively affecting resident board eligibility.

The pandemic also forced ABEM to postpone both administrations of the 2020 Oral Certification Examination. The Board recognized that the career advancement of our board eligible candidates may have been negatively affected by the postponement, so ABEM provided them a letter for their employers documenting the passage of the Qualifying Examination and their pending assignment to an Oral Exam slot. Knowing that candidates were adversely affected, ABEM quickly formed a task force to aggressively pursue transitioning the current Oral Exam format to a virtual Oral Exam, which will be piloted and implemented in 2021.

During this time of rapid change, we increased our communications to keep all of our candidates and ABEM-certified physicians informed about changes in ABEM operations, providing alternatives and options, and guiding them through what the effect would be on each of them individually. ABEM sent emails tailored to each physician’s circumstance, posted updates on its website and social media platforms, and responded one-on-one to the many phone calls and email questions we received from physicians.

In the midst of managing the effects of the pandemic on our everyday operations, on candidates, certified physicians, and volunteers, we did not lose sight of the two goals that I set out to achieve, which have the potential to transform the ABEM of the future. The Board formed a Diversity and Inclusion Expertise Task Force, which among other objectives is evaluating the representation of individuals on our Board, our staff, and in our volunteer pool. The Board approved a diversity statement and a statement on race. The Task Force will continue to explore other ways that we as an organization can become more diverse internally and promote the values of diversity, equity, and inclusion within our specialty.

I am pleased that despite the pandemic and the high demand for change to our usual operations, we also engaged in a very robust strategic planning process that will result in increased focus and efficiency of Board activities. In fact, we were able to integrate real-time learning about disruptive change into the process as we worked on this concomitantly with the changes brought on from COVID. We are nearing the final stages of adopting a new strategic framework that contains clear commitments and strategies to advance our mission— to ensure the highest standards in the specialty of Emergency Medicine—well into the future.

All of these efforts illustrate how resourceful and resilient ABEM is, even in the face of uncertainty. I am so proud to have led an exceptional Board, whose members are all clinically active, who put in numerous hours to evaluate all aspects of each change driven by the pandemic, and made decisions based on thorough and thoughtful analyses. I am so grateful to the ABEM staff who worked diligently to provide the Board options for each situation we faced and who executed our decisions in the same highly professional manner that we are used to at ABEM.

We did this for you. We heard many of the stories about how you were managing and the challenges you were facing. We are overwhelmed by your dedication to treating emergency patients with grace under fire and to training the next generation of emergency physicians. Our goal was, and continues to be, to provide you with the reassurance to carry out your work knowing that ABEM supports you. As we continue to work through the pandemic and the changes it has brought to all of us, I wish you, your families, and your colleagues the best of health. Thank you again for all you do and thank you for the great honor of serving as ABEM’s President.
LEADERSHIP

Board of Directors

Executive Committee
Jill M. Baren, M.D., M.S., M.B.A., President
Michael S. Beeson, M.D., M.B.A., President-Elect
Mary Nan S. Mallory, M.D., M.B.A., Secretary-Treasurer
Marianne Gausche-Hill, M.D., Member-at-Large
Robert P. Wahl, M.D., Senior Member-at-Large

Directors
Felix K. Ankel, M.D.
Yvette Calderon, M.D., M.S.
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.
Ramon W. Johnson, M.D., M.B.A.
Samuel M. Keim, M.D., M.S.
John L. Kendall, M.D.
Lewis S. Nelson, M.D.
James D. Thomas, M.D.

Executive Staff
Earl J. Reisdorff, M.D., Executive Director
Melissa A. Barton, M.D., Director of Medical Affairs
Kathleen C. Ruff, M.B.A., Chief Administrative Officer
Susan K. Adsit, Associate Executive Director, Organizational Services
Timothy J. Dalton, Associate Executive Director, Evaluation and Research
Jennifer L. Kurzynowski, Associate Executive Director, Operations
Angela J. McGoff, Associate Executive Director, Certification Services
Michele C. Miller, Associate Executive Director, Systems and Technology

Back row: John L. Kendall, M.D.; Mary Nan S. Mallory, M.D., M.B.A.; Robert L. Muelleman, M.D.; Ramon W. Johnson, M.D., M.B.A.; Robert P. Wahl, M.D.
Not pictured: Hala H. Durrah, M.T.A.
ABEM-CERTIFIED PHYSICIANS

39,141 current ABEM-certified physicians

7% hold subspecialty certification

93% are residency trained

Data as of June 2020
Number of Current ABEM-certified Physicians

Distribution of ABEM-certified Physicians by Age and Training
EXAMINATION ACTIVITY

Changes in Exam Activity Resulting from the COVID-19 Pandemic

Oral Certification Examination
Due to the COVID-19 pandemic, the 2020 administrations of the Oral Certification Examination were postponed. The Board is pursuing the administration a virtual Oral Exam.

ConCert Examination
The spring administration of the ConCert Examination was canceled due to the closure of Pearson VUE testing centers. The examination was changed to an online, open-book assessment, with its first administration in summer 2020, with the online resource, UpToDate®, available to test takers.

Regular Exam Activity
In 2019-2020, nearly 14,000 proctored examinations were administered, and over 24,000 LLSA tests were completed.

2,299 took the Qualifying Exam
92% passed among first-time test takers

1,065 took the Oral Certification Exam*
94% passed among first-time test takers

1,589 took the ConCert Exam*
95% passed among ABEM-certified physicians

8,448 took the In-training Exam

1,065 Newly Certified Physicians
58 Regained Certification

* Due to the COVID-19 pandemic, only one administration of the exam was offered in 2019-20. Detailed, longitudinal statistics are available in the tables beginning on page 20, 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

As a result of the COVID-19 pandemic, deadlines for completion of certification requirements for physicians whose Emergency Medicine certificates expire in 2020 were relaxed. They will have until June 30, 2021 to meet their requirements, which will provide an additional opportunity to take the online ConCert Exam in spring 2021, if needed.

Deadlines for physicians who had subspecialty certification requirements due in 2020 were also relaxed. They will 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 Development Continues

Significant progress has been made for the new MyEMCert assessment. The platform continues to be developed and the modules are being created. The pilot will take place in fall 2020, and MyEMCert is scheduled to launch in 2021.

New LLSA Test

The 2020 Emergency Medical Services LLSA reading list and test became available, which provides another opportunity 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.

24,258
LLSA tests completed

16,260
LLSA CME activities completed
Improvement in Medical Practice (IMP) Activities

Emergency physicians are committed to raising the quality of care for their patients by participating in improvement in medical practice (IMP) activities. Those who participate can get credit for activities they are already doing by attesting through their Emergency Medicine Certification Page.

2019 Top Five Improvement in Medical Practice Activities

1,545 Time-related (throughput time, ED length-of-stay, and other process time measures)
883 Stroke-related
803 Infectious Disease-related
548 Communication - Patient Care
494 Cardiac-related
6,276 Total IMP Attestations
2,735 ABEM-certified Physicians Hold a Subspecialty Certificate

In 2019-2020, ABEM issued 303 subspecialty certificates in seven 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>
<thead>
<tr>
<th>Subspecialty</th>
<th>Certificates Issued in 2019-2020</th>
<th>Total Current Subspecialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services*</td>
<td>204</td>
<td>831</td>
</tr>
<tr>
<td>Medical Toxicology</td>
<td>0*</td>
<td>433</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>34</td>
<td>283</td>
</tr>
<tr>
<td>Internal Medicine-Critical Care Medicine</td>
<td>36</td>
<td>233</td>
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<tr>
<td>Sports Medicine</td>
<td>13</td>
<td>213</td>
</tr>
<tr>
<td>Clinical Informatics</td>
<td>– **</td>
<td>190</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
<td>0</td>
<td>168</td>
</tr>
<tr>
<td>Undersea and Hyperbaric Medicine</td>
<td>3</td>
<td>157</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>– **</td>
<td>101</td>
</tr>
<tr>
<td>Anesthesiology-Critical Care Medicine</td>
<td>11</td>
<td>76</td>
</tr>
<tr>
<td>Surgical Critical Care</td>
<td>– **</td>
<td>37</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>2</td>
<td>12</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>303</td>
<td>2,735</td>
</tr>
</tbody>
</table>

* Certification examination not offered in 2019.
** Information not available; certificates issued by other ABMS Boards.
*** First examination will be administered in 2021.

Protecting Your Certification

Deadlines for physicians with subspecialty certification requirements due in 2020 were relaxed. They will 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.
Over 500 clinically active physicians volunteered their services to ABEM this year, a force that we could not operate without. Hundreds of examiners attend the spring and fall Oral Exam administrations. Over 40 item writers produce new questions for multiple choice tests each year for Emergency Medicine certification, recertification, 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 groups) on test questions or cases are due to knowledge or experience 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

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. (www.abem.org/volunteer)
Subspecialty 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
Peter T. Pons, M.D., Chair
Douglas F. Kupas, M.D., Chair-Elect
Mohamud R. Daya, M.D.
Sophia K. Dyer, 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
Theodore C. Bania, M.D., Chair
Robert G. Hendrickson, M.D., Chair-Elect
Tammi H. Schaeffer, D.O.
Joshua G. Schier, M.D.
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
David B. Burbulys, M.D.
Timothy A. Horeczko, M.D.
Nathan W. Mick, M.D.
Stacy L. Reynolds, M.D., Chair
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.

Pictured top: Advanced Emergency Medicine Ultrasound Examination Committee
Pictured middle: Emergency Medical Services Subboard
Pictured bottom: Medical Toxicology Subboard
[Captions on page 23]
Reactions to COVID-19

Emergency physicians faced unprecedented circumstances as the result of the pandemic, and ABEM responded by making changes to support physicians. The changes implemented in 2019-2020 are listed below.

ConCert Examination

- Moved to an online, open-book format
- Added a summer administration
- Provided UpToDate® as a free, online resource during the exam

Oral Certification Examination

- Postponed the 2020 administrations
- Pursuing the administration of a virtual Oral Exam

Protecting Board Eligibility and Certification

- Temporarily reduced the amount of training time for EM residency graduates by two weeks to account for residents who had to quarantine due to the virus
- Extended deadlines for physicians who have requirements due December 31, 2020, by six months to allow additional time to complete requirements, including the ConCert Exam

Online Medical Toxicology Examination

- The Medical Toxicology Subboard decided to administer the fall 2020 Cognitive Expertise Exam in an online, open-book format.

ABEM Diversity and Inclusion Expertise Task Force

In 2019, ABEM convened a Diversity and Inclusion Expertise Task Force to review and evaluate ABEM policies and practices that impact diversity and inclusion. The Task Force is also charged with recommending strategies and actions to improve and promote diversity and inclusion among directors, volunteers, and ABEM staff. One action taken during the year was the Board’s issuance of a statement on racism and a statement on diversity.

ABEM believes the decisions it will make going forward will include a broader spectrum of cultures, perspectives, and opinions—ones that reflect both ABEM-certified physicians and their patients.
**Newly Elected Directors**

The ABEM Board of Directors elected three new members in 2020: J. David Barry, M.D., and Suzanne R. White, M.D., M.B.A., as physician directors, and Hala H. Durrah, M.T.A., public member director. Dr. Barry’s clinical practice is at the Long Beach VA Medical Center. Dr. White practices clinically at the John D. Dingell VA Medical Center. Ms. Durrah was elected as the Board’s first public member director. She is a national speaker and patient/family-centered care consultant and advocate.

**Your Excellence, Your Dedication, Your Specialty**

September 21, 2019, marked the 40th anniversary of the approval of the American Board of Emergency Medicine by the American Board of Medical Specialties, and Emergency Medicine becoming the 23rd recognized medical specialty. ABEM celebrated its 40th anniversary throughout the year by collecting stories from emergency physicians to recognize their great accomplishments in advancing our specialty and caring for people at a critical time in their lives.

**COMMB Statement on Pediatric Care in the ED**

ABEM issued a statement on behalf of the Coalition on Medical Merit Badges (COMMB) against any requirement of additional short courses such as Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS) for ABEM- or American Osteopathic Board of Emergency Medicine-certified emergency physicians who are in good standing with their medical staff, and who are participating in a continuing certification program. The statement was signed by all major Emergency Medicine organizations.
Milestone Recognition of Nearly 700 Physicians

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year’s recipients included 697 physicians who had been board certified for 30 years as of December 31, 2019. 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 2019 recipients is posted on the ABEM website.

Letters of Support to Forego Short Courses in EUS

ABEM and AOBEM can now provide letters of support that may be submitted to hospital credentialers to forego the need for additional short courses or certifications in the use of Emergency Ultrasound by emergency physicians. Physicians must be participating in the ABEM continuing certification process or the AOBEM Osteopathic Continuous Certification Program to obtain the letter. The letter is signed by most Emergency Medicine organizations.

2019-2021 ABEM NAM Fellow

The National Academy of Medicine (NAM) selected Yale School of Medicine’s Arjun Venkatesh, M.D., as the 2019-2021 ABEM NAM Fellow. His research interest is in the development of performance measures designed to improve emergency department, hospital, and health system outcomes. Dr. Venkatesh is ABEM’s third NAM fellow.
Resident Ambassador Panel

In May, ABEM selected the inaugural members of its Resident Ambassador Panel. They are Haig K. Aintablian, M.D.; Alaa M. Aldalati, M.D.; and William Spinosi, D.O. Panel members will provide a resident perspective to certain ABEM activities, such as applying for certification, the Residency Visitation Program, and the ABEM website. All members are PGY-2 or above and must serve their entire term during residency.

Each was nominated by a membership organization (American Academy of Emergency Medicine Resident and Student Association, Council of Residency Directors in Emergency Medicine, Emergency Medicine Residents’ Association, or the Society for Academic Emergency Medicine Residents and Medical Students) and selected by ABEM.
ABEM had a positive revenue from operations of $495,899 in 2018. At the same time, $1,597,991 in revenue came from investment income. This means that ABEM’s net revenue totaled $2,093,890. ABEM’s 2019 Form 990 was not available at the time of this report.
# Audited Statement of Financial Position

**June 30, 2019**

### Assets

**Current assets**
- Cash and cash equivalents: $1,728,841
- Accounts receivable: 16,120
- Accrued investment income: 103,163
- Investments: 37,294,288
- Prepaid expenses: 209,991
- Total current assets: 39,352,403
- Property, equipment, and software: 8,327,543
- Less: accumulated depreciation and amortization: (3,944,502)
- Net property, equipment, and software: 4,383,041

**Other assets**
- Deposits: 34,160

**Total assets**: $43,769,604

### Liabilities and Net Assets

**Current liabilities**
- Accounts payable: $225,919
- Accrued payroll: 136,032
- Accrued payroll tax: 8,902
- Deferred revenue: 2,719,081
- Total current liabilities: 3,089,934

**Long-term liabilities**
- Compensated absences: 646,045

**Total liabilities**: 3,735,979

**Net assets**
- Unrestricted and undesignated: 40,033,625

**Total liabilities and net assets**: $43,769,604

### Revenues

**$19,294,969**

### Expenses

- Direct Certification Expense: $7,396,402
- Governance: 2,187,960
- International: 11,100
- Office administration: 2,833,393
- Outreach/liaison: 1,310,912
- Program development: 936,937
- Research: 217,915
- Subspecialties: 777,312
- Training/academic relations: 699,243
- Miscellaneous: 209,110

**Total expenses**: $16,580,284

**Change in net assets**
- 2,714,685

**Net assets, at beginning of year**: $37,318,940

**Net assets, at end of year**: $40,033,625

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

Carol D. Berkowitz, M.D. 2003–2006
Howard A. Bessen, M.D. 2002–2010
Kerryann B. Broderick, M.D. 2011–2019
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 Cydulka, M.D. 2002–2010
Steven J. Davidson, M.D. 1986–1995
John H. Davis, M.D. 1979–1984
Frank A. Disney, M.D. 1979–1980
Lynnette Doan-Wiggins, M.D. 1999–2008
Joel M. Geiderman, M.D. 2003–2011
Jeffrey G. Graff, M.D. 1996–2005
Harris B. Graves, M.D. 1980–1987
Barry N. Heller, M.D. 2008 – 2017
Bruce D. Janiak, M.D. 1986–1995
Carl Jelenko, Ill, M.D. 1976–1980
Terry Kowalenko, M.D. 2010–2019
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. 2010–2018
Mark A. Malangoni, M.D. 1998–2002
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
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
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
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
## Examination Statistics

### Certification

<table>
<thead>
<tr>
<th>Date</th>
<th># Taken</th>
<th># Pass</th>
<th>% Pass</th>
<th># Taken</th>
<th># Pass</th>
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### Notes

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.
### 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 12/31/2019 was 39,195.**
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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
PHOTO CAPTIONS


Page 12 (top) AEMUS Exam Committee: Pictured, left to right, standing: Megan M. Leo, M.D.; Srikar Adhikari, M.D.; Robert A. Jones, D.O.; Andrew S. Liteplo, M.D.; John Bailitz, M.D.; and Timothy B. Jang, M.D. Seated: Meghan Kelly Herbst, M.D.; Terry Kowalenko, M.D.; John L. Kendall, M.D.; and Rachel Bo Ming Liu, M.D.

