



Booklet of Information

A Guide to Board Certification in Pediatrics

January 2022

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ABP VISION, MISSION, VALUES, AND GUIDING PRINCIPLES

The vision, mission, values, and guiding principles of the ABP inform all of our work.

Vision

Inspiring a lifetime pursuit of learning to improve child health

Mission

Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

Values

- Consistency: Making unbiased decisions based on published ABP policies
- Excellence: Striving to do our best work
- Reliability: Living up to responsibilities and commitment
- Transparency: Sharing non-confidential information openly

Guiding Principles

Overarching Principle: The “North Star” for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults.

- The ABP is primarily accountable to children, from infants to young adults, and their families as it guides professional self-regulation and certifies pediatricians.
- ABP certification recognizes pediatricians who meet rigorous standards for competencies essential to improving child health.
- The ABP supports best practices for the assessments of all core competencies using tools that are fair, valid, reliable, and contribute to lifelong professional development.
- The ABP prioritizes work that the organization is uniquely positioned to do.
- The ABP strives to align opportunities for continuing certification with pediatricians’ professional practice.
- The ABP continually evaluates and improves its work based on changing trends in child health, stakeholder feedback, and advances in knowledge, assessment, technology, and care delivery.
- The ABP engages in open dialog with pediatricians, patients and families, and other members of the public.
- The ABP seeks out and respects diverse backgrounds, experiences, and perspectives to inform its work.
- The ABP collaborates with other regulatory bodies, medical organizations, and professional societies to align accreditation and certification across the continuum from training through practice.

2022-2023 CERTIFYING EXAMINATIONS SCHEDULE AT A GLANCE

(Exams administered at computer testing centers)

The fees for certification in general pediatrics and the pediatric subspecialties are payable only in United States (U.S.) dollars. The payment is required using a VISA, MasterCard, or American Express credit card. If you are using a debit card, please confirm that the transaction limit established by your bank is sufficient to cover the fee. The American Board of Pediatrics (ABP) reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made. It is the applicant's responsibility to be aware of and to meet all deadlines. All applications must be submitted online.

CERTIFYING EXAM	REGISTRATION PERIOD (ends at 3 p.m. ET on final day)	EXAM DATES
General Pediatrics	Regular Registration: January 14, 2022–March 31, 2022 Late Registration: April 1, 2022–May 16, 2022	October 11–13, 2022 <i>Candidates will take the exam on a single day in the three-day exam period.</i>
Adolescent Medicine Neonatal–Perinatal Medicine Pediatric Nephrology Child Abuse Pediatrics	Regular Registration: August 2, 2021–September 30, 2021 Late Registration: October 1, 2021–October 29, 2021	March 24, 2022 March 29, 2022 March 30, 2022 March 30, 2022
Sports Medicine Medical Toxicology Pediatric Cardiology Hospice and Palliative Medicine Pediatric Critical Care Medicine Pediatric Transplant Hepatology Pediatric Hospital Medicine Pediatric Pulmonology	Regular Registration: February 1, 2022–March 31, 2022 Late Registration: April 1–29, 2022	July 12–16, 2022 October 20, 2022 November 1, 2022 November 1, 2022 November 3, 2022 November 3, 2022 November 8–9, 2022 November 29, 2022
Pediatric Emergency Medicine, Pediatric Hematology–Oncology, Developmental–Behavioral Pediatrics, and Pediatric Rheumatology	TBD	Spring 2023
Pediatric Infectious Diseases, Pediatric Endocrinology, Pediatric Gastroenterology, Sleep Medicine, and Sports Medicine	TBD	Fall 2023



IMPORTANT: Computer technical difficulties, operator error, or difficulties arising from username or password problems (e.g., forgotten password or inability to log on to the ABP application system due to an inconsistency with the spelling of names) must be resolved and the application completed and submitted before the 3 p.m. Eastern Time deadline. Please be aware that it can take up to 48 hours (excluding weekends) to resolve certain technical difficulties. The ABP makes every effort to assist with these issues promptly; however, applicants are responsible for verifying their ability to apply well before the deadline. No exception will be allowed for applicants who miss the application deadline.

GENERAL EXAMINATION ADMISSION REQUIREMENTS

An applicant¹ requesting admission to a certifying exam must meet the following general requirements.

Graduation from Medical School

The applicant must be a graduate of a medical school that has been accredited by the Liaison Committee on Medical Education (LCME) in the U.S., by the Royal College of Physicians and Surgeons of Canada (RCPSC)² in Canada, or by the American Osteopathic Association (AOA) in the U.S. Applicants who are graduates of medical schools outside the U.S. or Canada that cannot be accredited by the LCME, RCPSC, or AOA, but is listed by the World Health Organization, may apply for the exam if they have a standard certificate either from the Educational Commission for Foreign Medical Graduates (ECFMG) or the Medical Council of Canada. A copy of the ECFMG certificate must be submitted to the ABP after submission of the application.

- Graduates of a medical school not accredited by LCME, RCPSC, or AOA must also submit to the ABP a photocopy of the medical school diploma showing the medical degree and the date it was awarded. A certificate showing that the applicant has passed a final exam is not acceptable.

Training Requirements

Applicants must complete three years of pediatric training in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or in programs in Canada accredited by the RCPSC. The ABP recognizes and defines these three levels of pediatric training (R-1 through R-3) as follows:

- **R-1:** The first postgraduate year in general comprehensive pediatric training in an accredited program.
- **R-2:** The second postgraduate year, following R-1, in general comprehensive pediatric training in an accredited program, but with increased responsibility for patient care and for the supervision of junior house staff and medical students.
- **R-3:** The third postgraduate year, following R-2, in general comprehensive pediatric training in an accredited program, but with increasing responsibility for patient care and supervision of junior house staff and medical students.

The training curriculum must be compatible with the program requirements, which are available on the [ACGME website](#). The trainee is expected to assume progressive responsibility for the care of patients and satisfactorily complete at least 12 months at each training level. Refer to the section “Absences from Training” for the vacation and leave policy. Supervisory experience must be an integral part of the total three-year program. All applicants are advised to consult the ABP before undertaking any variations in training.

The ABP requires program directors to verify satisfactory completion of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics. Please refer to the section titled “Program Directors Training Verification” for details.

Training completed in ACGME-I programs is not creditable toward ABP certification. Please refer to the section: “Waiver of Accredited Training – Policy Regarding Individuals with Nonaccredited Training” for more information if training is completed outside the U.S. or Canada.

Accreditation of Training Programs

The ABP does not accredit training programs. The ABP approves applicants for admission to its certifying process. Program requirements for residency education in pediatrics and other information may be found on the [ACGME website](#).

¹ Throughout this document, the term candidate will be synonymous with applicant.

² Hereafter, accreditation will refer to accreditation by ACGME or RCPSC.

Osteopathic Pediatric Training and Eligibility for ABP Certification

The ABP requires that applicants for certification in general pediatrics complete three years of training in programs accredited by ACGME or in programs in Canada accredited by the RCPSC. In light of the agreement between ACGME, the AOA, and the American Association of Colleges of Osteopathic Medicine for a single accreditation system announced in February 2014, the ABP will accept applications from individuals who have completed osteopathic pediatric residency training only if the training has been accredited by ACGME for the entire duration of required training. Training completed while the osteopathic training program either has not applied for accreditation by ACGME or has applied and has the status of pre-accreditation cannot be used to fulfill the requirements for certification by the ABP.

Licensure Requirements (Refer to the “Licensure Policy”)

Applicants requesting admission to a certifying exam must have a valid (current), unrestricted allopathic and/or osteopathic medical license to practice medicine in one of the states, districts, or territories of the U.S. or a province of Canada. **If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.** Temporary and training licenses are not acceptable to meet the licensure requirement.

The ABP does not accept medical licenses from countries outside of the U.S. or Canada to meet the licensure requirement for any initial certifying exam.

Please refer to the section titled “2022 General Pediatrics Certifying Examination Registration Dates and Fees” for licensure deadlines.

If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the exam may be denied. Please refer to “Licensure Policy” for additional information.

SPECIAL TRAINING SITUATIONS

Credit for Previous Training

A physician transferring to pediatric residency training from another accredited residency (e.g., family medicine, internal medicine, transitional year) must correspond with the ABP to determine whether partial credit may be awarded for this training. Credit is applied to the R-1 year of training. Requests for credit must be submitted either by the candidate or the pediatric residency program director **before** the candidate enters pediatric residency training. Training completed more than 24 months prior to the request requires additional review and may not be credited.

Waiver of Accredited Training — Policy Regarding Individuals with Nonaccredited Training

The ABP has established requirements for a physician who has had at least three years of general comprehensive pediatric training in programs not accredited by the ACGME or RCPSC (i.e., international training or training in accredited osteopathic programs in the U.S.) who wishes to apply for a waiver of training. The interested physician, department chair, or program director **must** write to the ABP **before** training begins to receive approval.

The individual must provide documentation of the successful completion of at least three years of general pediatric residency training that includes the actual beginning and ending dates of the training and that is signed by the residency program director. The individual must also provide a copy of his or her medical school diploma and ECFMG certificate. Suggested training for those who receive a waiver of training under this policy is available on the [ABP website](#). Upon review and confirmation by the ABP of this information, the individual **may** have one year of accredited training waived. If a waiver is granted, 24 months of general pediatrics training must be completed in a program accredited by the ACGME or RCPSC. **As of 2016**, the individual must enter training at the R-1 level, but at the discretion of the program director may be advanced to the R-2 level based upon the program director’s assessments of competence, including the pediatric milestones. A full year at the R-3 level must be completed. (The training must be completed in general pediatrics; subspecialty training may not be substituted.)

The director of the residency program that the individual enters will decide whether the one year of waived training will be accepted by the program. Individuals should investigate the licensure requirements in the state in which they wish to seek permanent licensure to ensure they meet the requirements if they choose to shorten pediatric training completed in the U.S.

Absences from Training Policy – Parental/Medical/Caregiver Leave

In order to meet the training requirements to apply for certification by the ABP, an individual must train in a program accredited by the ACGME or the RCPSC, and the program director must verify that the individual has successfully met the training requirements.

The duration of accredited training as required by the ACGME or RCPSC varies by pathway. For general pediatrics categorical residency and most core pediatric fellowship training, it is 36 months. All pathways, though, allow for one month of absence each year for time away from training which can be used for vacation, illness, or family leave.

Consistent with our long-standing policy, individuals in three-year core training programs are allowed up to a total of eight weeks of *additional* parental, medical, or caregiver leave once over their training period. Similarly, effective July 1, 2021, individuals in nonstandard* and combined** pathways will be allowed up to a total of six weeks of additional parental, medical, or caregiver leave once over their training period. The additional leave time is over the entire duration of training and is not allocated annually.

The total amount of leave time offered to the trainee is at the discretion of the institution. Programs have the flexibility to grant longer periods of leave time, but training must be extended to make up for any absences greater than what is allowed by the policy for vacation, parental, medical, or caregiver leave for a given residency or fellowship pathway. Trainees who experience an interruption in residency for greater than 24 continuous months or in fellowship for greater than 12 continuous months and who wish to re-enter training must petition the ABP to determine whether credit may be awarded for prior training. To qualify for the additional absence from training, outside of the standard one month per year, all of the following requirements must be met for an individual trainee:

- The absence is due to parental, medical, or caregiver leave;
- The trainee is deemed competent by the Program Director and Clinical Competency Committee;
- All training requirements must be met except for elective training or research time as determined by the pathway; and
- The scholarly activity requirement must be met if the trainee is a fellow.

The ABP encourages trainees to take yearly vacation and strongly discourages “banking” vacation from year to year as it can negatively affect trainees’ health and well-being. The ABP views educational leave, which includes attendance at training-related seminars, as bona fide educational experiences, and it need not be counted as time away from training. All trainees must have satisfactory performance in all core domains of competence to complete their training. In addition, trainees must complete all required experiences as outlined by the training pathway.

The ABP recognizes that leave policies vary from institution to institution and expects the program director to apply local requirements within these guidelines to ensure trainees have completed the requisite training period. This policy applies to ABP eligibility requirements for initial certification and does not supersede institutional or program policies and applicable laws.

The revised ABP policy will be effective July 2021 and affects trainees who graduate in 2022 or later.

*Nonstandard pathways include:

- Pediatrics–Neurology

- Pediatrics–Neurodevelopmental Disabilities
- Waiver of Accredited Training due to prior non-accredited pediatric training
- Non-Pediatric Credited Training
- Accelerated Research Pathway (ARP)
- Combined Adult and Pediatric Subspecialty Fellowship
- Dual Integrated Pediatric Subspecialty Fellowship
- The second subspecialty fellowship of Dual Sequential Subspecialty Fellowship
- Subspecialty Fasttracking

**Combined pathways at this time include Medicine–Pediatrics, Pediatrics–Medical Genetics, and Pediatrics–Psychiatry/Child and Adolescent Psychiatry. The policy for Pediatrics–Emergency Medicine, Pediatrics–Anesthesiology, and Pediatrics–Physical Medicine and Rehabilitation is under review and will be determined at a later date.

Credit for Previous General Pediatrics Residency Training After an Interruption

Residents who experience an interruption in general pediatrics training, medicine–pediatrics, or other combined training for greater than 24 continuous months and who wish to re-enter residency training must petition the ABP to determine whether credit may be awarded for prior training. The request for credit must be submitted by the candidate or the residency program director **before** the candidate re-enters residency training.

Nonaccredited Training Experience

No more than a total of six months of the required three years of residency training may be taken outside of an accredited pediatrics residency program. These elective experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident’s performance.

The ABP has developed guidelines for training in global health. Please refer to the [Global Health in Pediatric Education: An Implementation Guide for Program Directors](#).

Formal graduate or postgraduate school courses that do not carry the essential ingredient of responsibility for patient care cannot fulfill the ABP’s training requirement in general pediatrics.

Military Service

Military service, unless as a pediatric resident in a military training program that is accredited by the ACGME, cannot be substituted for training requirements.

Veterans Administration (VA) GI Bill Benefit

The VA offers a benefit in which qualified individuals may be reimbursed for the cost of initial certification. See the [VA website](#) for details of this benefit. All necessary forms and information must be obtained through the [VA website](#).

SPECIAL TRAINING PATHWAYS

Training in Pediatrics–Neurology

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least two years of accredited training in general comprehensive pediatrics, in addition to the necessary training to meet the requirements for neurology certification with special qualifications in child neurology fulfills the training requirements of both the **ABP** and the **ABPN**.

In order to ensure that trainees receive comprehensive training in general pediatrics and acquire the

knowledge and skills to function as a competent pediatrician, the ABP requires specific content found on the [ABP website](#) to be satisfactorily completed within the two years of training in general pediatrics. The program director must verify the resident's clinical competence in pediatrics at the end of the R-2 year. An applicant may not take the ABP certifying exam of the ABP until all training in both general pediatrics and neurology has been successfully completed.

Training in Pediatrics–Neurodevelopmental Disabilities

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least two years of accredited training in general comprehensive pediatrics, in addition to the necessary training to meet the requirements for neurology certification with special qualifications in child neurology and in neurodevelopmental disabilities fulfills the training requirements of both the ABP and the ABPN.

In order to ensure that trainees receive comprehensive training in general pediatrics and acquire the knowledge and skills to function as a competent pediatrician, the ABP requires specific content found on the [ABP website](#) to be satisfactorily completed within the two years of training in general pediatrics. The program director must verify the resident's clinical competence in pediatrics at the end of the R-2 year. Candidates for this pathway may apply for general pediatrics certification during the fifth year of training if all training to date has been satisfactorily completed.

Accelerated Research Pathway

The Accelerated Research Pathway (ARP) is designed to accommodate and encourage candidates who are committed to an academic career as physician scientists with a strong research emphasis in a pediatric subspecialty. Candidates entering the ARP may begin subspecialty training after completion of two years of general comprehensive pediatric training. The curriculum for the R-1 and R-2 years of general pediatrics training should include a broad exposure to the specialty and must include 22 months of clinical experience, 20 months of which are **specified**. The specific requirements can be found on the [ABP website](#).

Although it may be advantageous for both general pediatrics and subspecialty training to occur in the same institution, this is not a requirement of the pathway.

Subspecialty training must be at least four years in duration and in a discipline for which the ABP requires scholarly activity. Individuals interested in entering allergy–immunology training should review the policy for the “Accelerated Research Pathway in Allergy–Immunology (ARP-A-I)” below and contact the ABP for details on how to apply.

The duration of clinical training will be dependent on the pediatric subspecialty. It is understood that a minimum of one year of clinical training is required. Trainees will be required to meet the same standards for scholarly achievement as defined for those in the standard three-year subspecialty fellowship training programs.

Candidates for this pathway should be identified early, preferably prior to the start of the R-1 year, but no later than nine months into the R-1 year. This is necessary so that the second year of training can be adapted in such a way that specified curricular requirements in general pediatrics will be met. Prospective approval is required for those seeking entry for the ARP-A-I, but is not required for those completing a subspecialty certification offered by the ABP. For the latter, the program director must notify the ABP through Residency Tracking function in the ABP Program Portal by May of the R-1 year.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months) and an additional year (11 months of training consisting of at least six months of clinical experience) in the subspecialty fellowship. Verification of clinical competence and training will be required from both the general pediatrics program director and the subspecialty training program director.

Eligibility to take the subspecialty certifying exam will require completion of a total of six years of training (two years

of general pediatrics and four years of subspecialty training). The subspecialty program director will be required to verify training dates as well as clinical and research competence.

Accelerated Research Pathway in Allergy–Immunology (ARP-A-I)

Individuals interested in completing the ARP who wish to complete training in allergy–immunology may petition for approval to complete the requirements for the Accelerated Research Pathway in Allergy–Immunology. The program directors and candidate will be required to seek prospective approval by the ABP and the American Board of Allergy and Immunology (ABAI). A plan for the training must be submitted to both Boards by May of the R-1 year. The Boards will approve individuals and not training programs. The pathway consists of two years of general pediatrics training with specific requirements in general pediatrics, which can be found on the [ABP website](#) and four years of training in allergy–immunology.

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months) and 11 months of training consisting of at least six months of clinical training in allergy–immunology. Verification of clinical competence and training will be required from both the general pediatrics program director and the allergy–immunology training program director.

Integrated Research Pathway

The Integrated Research Pathway (IRP) was designed to accommodate MD/PhD graduates who would benefit by having the ability to continue ongoing research during their pediatric residency. During the three years of general pediatrics residency, a maximum of 11 months may be spent in research, with at least five months in the R-3 year and no more than one month in the R-1 year. Individuals must apply for this pathway either before entering an accredited pediatric residency program or during the first nine months of the R-1 year. The curricular components of the minimum of 22 months of core clinical pediatric residency must be fulfilled.

A supervisory/review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience before continuing in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing [pathway goals](#).

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete 36 months in the IRP. The pediatric program director must verify that the resident has completed the prescribed training, verify clinical competence, and recommend the individual for the exam. An additional one year of pediatric clinical experience must be completed successfully to be eligible to apply for the certifying exam in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship related to the care of children and approved by the ABP. The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying exam may be taken if the three-year IRP and the additional one year of training consisting of at least six clinical months of training have been completed.

Special Situations

The ABP recognizes that situations may arise that are not explained by the preceding information. The physician should contact the ABP for further information.

COMBINED PROGRAMS

Medicine–Pediatrics Program

A special agreement exists with the American Board of Internal Medicine (ABIM) whereby an applicant may fulfill the training requirements of both the ABP and the ABIM by completing two years of accredited training in general comprehensive pediatrics and two years of accredited training in general comprehensive internal medicine in an integrated program accredited by ACGME. Program requirements are available on the [ACGME website](#). An applicant may not take the certifying exam of the ABP until all four years of training have been successfully completed.

Pediatrics–Anesthesiology Program

A special agreement exists with the American Board of Anesthesiology (ABA) whereby an applicant may fulfill the training requirements of both the ABP and the ABA by completing joint training in five years. Guidelines for combined training are available for residencies interested in offering this training. Programs must be approved by both ABP and ABA before trainees begin training. Trainees should complete all five years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABA.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

Pediatrics–Emergency Medicine Program

A special agreement exists with the American Board of Emergency Medicine (ABEM) whereby an applicant may fulfill the training requirements of both the ABP and the ABEM by completing joint training in five years. Guidelines for combined training are available for residencies interested in offering this training. Programs must be approved by both ABP and ABEM before trainees begin training. Trainees should complete all five years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABEM.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

Pediatrics–Medical Genetics Program

A special agreement exists with the American Board of Medical Genetics and Genomics (ABMGG) whereby an applicant may fulfill the training requirements of both the ABP and the ABMGG by completing joint training in four years. Guidelines for combined training are available for residencies interested in offering this training. Programs must be approved by both ABP and ABMGG before trainees begin training. Trainees should complete all four years in the same combined training program; any deviation must be approved prospectively by both the ABP and the ABMGG.

An applicant may not take the certifying exam of the ABP until all four years of training have been successfully completed.

Pediatrics–Physical Medicine and Rehabilitation Program

A special agreement exists with the American Board of Physical Medicine and Rehabilitation (ABPMR) whereby a physician interested in pediatric rehabilitation can qualify for admission to the certifying exams of both the ABP and the ABPMR. The integrated residency training can be completed in five years in programs accredited by the Review Committees for Pediatrics and Physical Medicine and Rehabilitation.

Guidelines for combined training have been approved by both the ABP and the ABPMR and are available by contacting either board or by visiting the [ABP website](#). The proposed training in programs must be submitted to both the ABP and the ABPMR for approval before a candidate can be accepted into the joint training program. All training should be completed at one academic institution; any deviation must be approved prospectively by both

the ABP and the ABPMR.

An applicant may not take the ABP certifying exam until all training in both programs has been successfully completed.

Pediatrics–Psychiatry/Child & Adolescent Psychiatry Program

A special agreement exists with the American Board of Psychiatry and Neurology (ABPN) whereby an applicant may fulfill the training requirements for certification in pediatrics, psychiatry, and child and adolescent psychiatry by completing joint training in five years. Training includes 24 months of general comprehensive pediatrics, 18 months of child and adolescent psychiatry and 18 months of adult psychiatry. Guidelines for combined training have been approved by the ABP and the ABPN and are available by contacting either board or by visiting the [ABP website](#).

Physicians pursuing training in these programs may take the certifying exam of the ABP in the fall of the fifth year of training, provided that all pediatric training (except continuity clinics) is completed by the date of the exam. Credit for training via this route may be obtained only by training in one of the programs reviewed by both boards. Further information concerning these combined training programs may be obtained by contacting the ABP or the ABPN.

TRACKING AND EVALUATION FOR RESIDENTS AND FELLOWS

The ABP's tracking and evaluation of trainee competency is a continuum that begins during training and concludes with the certifying exam following formal training. The ABP believes that the program director(s) and faculty play significant roles in the certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying exam. The program director is able to provide a meaningful overview of the resident's or fellow's professional competence, especially in skills such as patient care and procedural skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

The ABP's tracking and evaluation program is part of the certifying process of the ABP. The program director is required to indicate annually whether each resident's or fellow's performance is satisfactory, marginal, or unsatisfactory in overall clinical competence; and whether the evaluation in professionalism is satisfactory or unsatisfactory. A marginal rating implies that more time and information are needed to determine whether the performance is satisfactory or unsatisfactory.

Unsatisfactory Clinical Competence

An unsatisfactory evaluation in clinical competence for a year of training means:

- The trainee will receive no credit for this evaluation period.
- The trainee must repeat the year in the same program or another program.
- The ABP expects that the program director will communicate with the trainee to inform him/her of unsatisfactory evaluation.

Marginal Clinical Competence

A resident or fellow whose performance is not fully satisfactory at the end of a level (year) of training may be rated as marginal. General pediatrics residents or residents in combined training with marginal performance at the end of the level of training may be rated as **Marginal with Advancement to the Next Level** or **Marginal with Extension at the Same Level**. Please note the definitions below for residents:

- ✓ **Marginal with Advancement to Next Level:** Marginal evaluation at the end of the academic year: full credit for the year of training is given and the trainee moves to the next PGY level.
 - The trainee will be awarded 12 months of training credit for current PGY level.
 - The trainee will advance to next PGY level.
 - Remediation may occur while the trainee is training at the next PGY level.
 - Trainees may receive credit for the training year if they receive a marginal rating in clinical competence; however, if the following year of training is also marginal, no credit is allowed for the latter year.
- ✓ **Marginal with Extension at Same Level:** This evaluation means more time is needed to make a valid assessment while the trainee continues to train at the same level. If the resident must repeat failed rotations, there must be an extension of training beyond the usual three years even if the resident is successful on the repeat rotation. At the end of the extended period of training, the ABP requests an evaluation of the full year of training. The ABP will not recognize credit at the next level of training until the extended level of training is completed and evaluated. For example, if a resident at the end of level (year) 2 receives a marginal with extension and completes six additional months satisfactorily, the resident will be credited with 12 months, even though the duration of training was 18 months. It is also possible that the evaluation at the end of the extension will remain marginal with advancement to the next level or become unsatisfactory with no credit.
 - No partial credit for the level will be recorded, as this is an interim evaluation.
 - The total time in training must be extended beyond the usual duration of training as a result of this extension.
 - The program director will be asked to provide the anticipated completion date of the extension of training.
 - The program director and/or the Clinical Competency Committee will re-evaluate this trainee's clinical performance at the end of this extended period.

Fellows whose performance is marginal should be rated as marginal as the options described above are not applicable to fellowship training. Information will be sought by the ABP when a marginal evaluation for a fellow is reported.

Residents or fellows may receive credit for the training year if they receive a marginal rating in clinical competence; however, if the following year of training is also marginal, no credit is allowed for the latter year.

If a resident or fellow transfers after receiving a marginal evaluation with partial credit and then receives an unsatisfactory evaluation at the same training level, no credit for the year of training will be granted.

The table below illustrates the consequences of receiving an unsatisfactory or marginal evaluation in clinical competence at the end of each level of training. Residents and fellows must receive a satisfactory rating in each of the components of clinical competence during the final year of required training. If a trainee's clinical performance is marginal at the end of the final year of training, it is expected that the year be repeated unless the program director requests approval from the ABP to conduct a reduced, targeted period of remediation. It is the resident's or fellow's responsibility to arrange for any additional training required.

PROGRAM RATINGS OF CLINICAL COMPETENCE

	Residency years 1-2 Fellowship years 1-2	Final year of residency Final year of fellowship
OVERALL CLINICAL COMPETENCE*		
Satisfactory	Full credit	Full credit
Marginal	Full credit for one marginal year. Repeat the latter year if both years are marginal.	Not applicable
Unsatisfactory	No credit/repeat year	No credit/repeat year
PROFESSIONALISM		
Satisfactory	Full credit	Full credit
Unsatisfactory	Repeat year or, at the ABP's discretion, a period of observation will be required.	Repeat year or, at the ABP's discretion, a period of observation will be required.
*Includes patient care and procedural skills, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.		

Unsatisfactory Professional Evaluation

Ratings for professionalism, which include moral/ethical behavior, must be either satisfactory or unsatisfactory.

- If an unsatisfactory professionalism evaluation is given, the resident or fellow must repeat the year of training or, at the discretion of the ABP and recommendation by the program director, complete a period of observation.
- No credit for a final year of training unless the program director provides evidence as to why a period of observation rather than a repeat year of training should be completed.

The tracking system also identifies residents and fellows who transfer from one program to another or to a new specialty and assures that the new program director recognizes those residents and fellows who need remediation. Summary evaluations are available through the [ABP Program Portal](#) to the new training program if a resident or fellow transfers.

Verification of Training by Pediatric Program Directors

Program directors of general pediatrics residencies and pediatric fellowships must complete a final evaluation for residents or fellows who are in their last year of training. The ABP requires the program director to verify the dates and completion of training and to attest: "I certify the evaluations are an accurate reflection of this physician's competence as a pediatrician (or as a subspecialist) upon completion of residency training or fellowship."

Possession of certificates of satisfactory completion of training will not automatically admit the person to the ABP's certification process. Most training certificates attest to the achievement of a minimal level of competence or to the fulfillment of an employment contract. Program directors are urged not to issue certificates of successful completion of training when the resident is deemed not to have met those standards. Therefore, the program director's final evaluations submitted to the ABP will take precedence over the certificate from the hospital. The ABP must have the program director's assurance that an applicant meets the standards expected of a certified pediatrician.

Physician Competencies

In completing the required final evaluation(s), a program director should keep in mind the definition of a qualified applicant as determined by the ABP. An applicant shall demonstrate the following competencies as they pertain to infants, children, and adolescents:

Patient Care and Procedural Skills

- Gathering essential and accurate information; performing a complete history and physical exam; and ordering appropriate diagnostic studies.
- Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one's limits of knowledge and expertise and when to obtain appropriate consultation.
- Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort.

Medical Knowledge

- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care.

Interpersonal and Communication Skills

- Demonstrating interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and professional associates.

Professionalism

- Demonstrating a commitment to carry out professional responsibilities, adherence to ethical principles, and being sensitive to diversity.

Practice-Based Learning and Improvement

- Investigating and evaluating patient care practices, appraising and assimilating scientific evidence, and using that evidence to improve patient management; demonstrating a willingness to learn from errors.

Systems-Based Practice

- Practicing quality health care that is cost-effective and advocating for patients within the health care system.

An applicant who receives an unsatisfactory evaluation in any one of the competencies will be disapproved for the certifying exam and will be required to complete satisfactorily an additional year of training in an accredited training program in the U.S. or Canada before reapplying to the ABP. Residents must complete an additional year of general pediatrics at the R-3 level. Fellows must satisfactorily complete an additional year of clinical fellowship. The director of the program where the additional training occurs must complete a separate evaluation.

At the program director's recommendation, and at the ABP's discretion, a period of observation may be required in lieu of additional training for an applicant who receives an unsatisfactory evaluation in professionalism only. A rigorous plan for remediation must be submitted for review and approval by the ABP before a period of observation may be implemented.

To be compliant with the Program Requirements for Residency Education in Pediatrics and the Program Requirements for Subspecialties of Pediatrics established by the ACGME, the program director and the faculty must develop evaluation procedures for assessment of resident and fellow performance.

In-Training Examinations

The General Pediatrics In-Training Examination (ITE) is available to residents. The Subspecialty In-Training Examination (SITE) is available to fellows in subspecialty programs. The results of the ITE and the SITE can provide valuable information for residents, fellows, and program directors.

Appeals Process

Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to re-examine the facts and circumstances of an individual's performance.

INFORMATION FOR ALL CERTIFYING EXAMINATIONS

1. An applicant must satisfactorily complete the standard length of training before the first day of the month in which the exam is administered. An applicant whose contracted training period does not expire before the first day of the month of the exam will not be eligible for that exam, even if all formal training has been completed earlier and the remaining time is used only for leave.
2. Applications for all certifying exams are available only via the [ABP website](#). Applicants may apply during the specified registration periods only. Application payment can only be made using a VISA, MasterCard, or American Express credit card. If a debit card is used, the applicant should inquire if the transaction limit established by their bank is sufficient to cover the fee. If applicants experience technical difficulty, they must contact the ABP the same or next business day.
3. Applicants must refer to the online ABP Portfolio to monitor the status of their application. A receipt of payment is available to print from the portfolio. The portfolio will display items missing from the application (if applicable), acceptance letters, test appointments, and the results of the exam. Although reminders of missing material will be sent by email, it is the applicant's responsibility to frequently review their portfolio to ensure the required material is received by the ABP by the published deadlines and to notify the ABP of email and mailing address changes. An application status will remain "pending" until the ABP fully processes the application for acceptance.
4. Applicants for general pediatrics certification who graduated from a medical school outside the U.S. or Canada must ensure that a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution) are received by the ABP by the published deadline.
5. The ABP does not sponsor or maintain records about any courses that claim to be review courses in preparation for its certifying exams.
6. The ABP reserves the right to withhold permission for applicants to take its exams and/or certification in the event of circumstances demonstrating that an applicant is not capable of performing the role of physician and advocate for infants, children, and adolescents. In such instances, the applicant will be notified. The applicant will be informed if the circumstances entitle the applicant to an appeal of the decision to the Credentials Committee of the ABP or the Credentials Committee of the appropriate subboard.
7. The accuracy of exam scores is of utmost importance, and the ABP will not release any exam results until all steps in the quality control process have been satisfactorily completed.
8. Each candidate's exam score is reported to his or her program director.
9. Periodically, the ABP conducts research utilizing data it has compiled; the candidate's anonymity is guaranteed in all such cases. The ABP's [Privacy Policy](#) may be found on our website.
10. Newly certified diplomates are mailed their certificates approximately four months after the results are released.
11. A diplomate may request a reprint of a certificate by submitting a signed letter requesting a duplicate certificate.
12. The names of certified pediatricians, but not their scores, will be sent to the American Board of Medical Specialties (ABMS) for publication and to appropriate organizations and directories such as the American Academy of Pediatrics (AAP).
13. The certificate awarded for passing a certifying exam of the ABP will reflect the candidate's medical degree awarded at the time of graduation from medical school (e.g., MD, DO, MBBS, MBChB, MBBCh). Degrees awarded either before or after graduation from medical school will not be included on the certificate.
14. Candidates are required to be aware of the "Computer-Based Administration Policy" and the [Exam Day](#).

[What to Expect](#)” FAQs regarding specific computer testing center policies. Candidates who believe their exam performance was negatively impacted by a testing irregularity must directly notify the ABP in writing by email or postal mail within three (3) business days of their testing date with a detailed explanation of the situation. The ABP will review all material at its disposal.

15. The ABP’s exams are copyrighted and administered in secure locations including computer testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the ABP any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, taking notes, bringing any electronic devices (e.g., cameras, scanners, cell phones and the like) into the exam, failing to comply with time limits or instructions, or talking or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate’s exam.
16. Unauthorized possession, reproduction, recording, discussion, reconstruction of content from memory or disclosure of any materials, including, but not limited to, exam questions or answers before, during, or after an exam or other certification activities is a violation of the ABP’s Honor Code: Professionalism, Moral, and Ethical Principles and federal copyright law. Failure to comply may result in the invalidation of exam results, exclusion from future exams, revocation of certification or any other sanction deemed appropriate by the ABP and its legal counsel.
17. The ABP reserves the right to make changes in its fees, policies, and procedures at any time and will make every effort to give advance notice when such changes are made.

2022 GENERAL PEDIATRICS CERTIFYING EXAMINATION REGISTRATION DATES AND FEES

All applicants must pay by using a VISA, MasterCard, or American Express credit card. If you are using a debit card, please confirm that the transaction limit established by your bank is sufficient to cover the fee.

All Applicants

Regular Registration.....	January 14, 2022–March 31, 2022
Late Registration.....	April 1, 2022–May 16, 2022

An application submitted online by March 31, 2022, before the 3 p.m. Eastern Time deadline, must be accompanied by the registration fee of \$2265. A nonrefundable fee of \$345 is required for applications submitted April 1, 2022, through May 16, 2022, before the 3 p.m. Eastern Time deadline; thus, the late registration fee is \$2610. Applications cannot be submitted after May 16, 2022, 3 p.m. Eastern Time.

Applicants must ensure that the ABP receives a copy of a valid (current), unrestricted license to practice medicine in the U.S. or Canada by October 3, 2022. Applicants who do not meet the licensure deadline will be disapproved for the certifying exam and will receive a refund of the \$1715 exam fee. **The processing and evaluation fee and, if applicable, late fee are not refundable.**

REGISTRATION FEES

Withdrawal Deadline: October 3, 2022

Processing and Evaluation	\$550.00
Examination	\$1715.00
Total Registration Fees	\$2265.00
Late Registration Fee	\$345.00
Total Late Registration Fees	\$2610.00

IMPORTANT: Computer technical difficulties, operator error or difficulties arising from username or password problems (e.g., forgotten password or inability to log on to the ABP application system due to an inconsistency with the spelling of names) must be resolved and the application completed and submitted before the 3 p.m. Eastern Time deadline. Please be aware that it can take up to 48 hours (excluding weekends) to resolve certain technical difficulties. The ABP makes every effort to assist with these issues promptly; however, applicants are responsible for verifying their ability to apply well before the deadline. No exceptions will be allowed for applicants who miss the application deadline.

2022 GENERAL PEDIATRICS CERTIFYING EXAMINATION

The certifying exam is given once a year in the fall. The 2022 Certifying Examination in General Pediatrics will be administered on a single day in a three-day period, October 11–13, 2022, at Prometric testing centers located throughout the U.S., Canada, and abroad. The exam consists of four sessions, with optional scheduled breaks between each section. The exam is seven hours in length; additional exam appointment time is necessary for registration, review of an exam tutorial and optional scheduled breaks. Important information regarding what candidates can expect on exam day can be found on the [ABP website](#).

The exam consists of single best answer, multiple-choice questions. Candidates are urged to visit the [ABP website](#) to review the information, including the exam schedule in the “Prometric Testing Center Regulations” document and the ABP Online Tutorial for important policies regarding the exam administration.

Applications are available online via the [ABP website](#). Applicants must meet the training requirements of the ABP and must receive satisfactory evaluations in all areas of competence by their program director(s). Please refer to the section titled Physician Competencies. In addition, the licensure requirement must be met, and a copy of the license submitted to the ABP. It is the applicant’s responsibility to be aware of and to meet all deadlines. Applicants may apply only during the registration period.

Applications submitted by the deadline will be processed and evaluated, and the ABP will request program directors of residency programs to verify successful completion of training. Confirmation of the receipt of the application and payment will be sent by email to the email address provided in the online application. If an applicant does not receive this email within 48 hours of submission of the online application, the ABP should be contacted immediately. A confirmation of the receipt of the application is emailed and is posted on the online ABP Portfolio located on the [ABP website](#). Access to the ABP Portfolio requires the same username and password used when the applicant applied.

Candidates are reminded that the username and password should remain secure and that all candidate activity will be accessed using the ABP Portfolio. Confirmation of the receipt of documents is best provided through the Checklist Items Section of the online portfolio. It is the applicant’s responsibility to check the portfolio and ensure that the required material is received by the ABP by the published deadlines to complete the application. A letter indicating the acceptance of the application will be posted for all qualified candidates by August 5, 2022. Candidates must check their portfolio for confirmation of their test appointment at a Prometric testing center.

Diploma, ECFMG, Licensure, and Withdrawal Deadlines

Applicants who are first-time registrants and who graduated from a medical school outside the U.S. or Canada must submit a copy of the medical school diploma, with translation if necessary, and the ECFMG certificate (or acceptable substitution), by June 30, 2022.

Applicants must ensure that the ABP receives a copy of a valid (current), unrestricted license to practice medicine in the U.S. or Canada by October 3, 2022. Please refer to the section titled “Admission Requirements for General Pediatrics.” Temporary and training licenses are not acceptable to meet the license requirement.

An applicant may withdraw from the exam and receive a refund of the exam fee (\$1715) if a signed notification of withdrawal is received by the ABP by October 3, 2022.

An applicant for the exam who does not meet the October 3, 2022, licensure deadline will be disapproved, and a refund of the exam fee will be issued. The processing and evaluation fee and, if applicable, late fee are not refundable. An applicant who wishes to withdraw from the exam must submit a signed notification of withdrawal that must be received by the ABP by the deadline of October 3, 2022.

If an application is disapproved for the certifying exam, the exam fee will be refunded. Neither the processing and evaluation nor the late fee is refundable.

CERTIFICATION IN THE PEDIATRIC SUBSPECIALTIES

ACGME currently reviews and accredits pediatric subspecialty programs in most of the certified subspecialties. A list of accredited programs may be found at www.acgme.org.

Subspecialty Certificates

Subspecialty Examinations Administered by the ABP

The ABP administers certifying exams in the pediatric subspecialties listed below:

Adolescent Medicine*	Hematology–Oncology
Cardiology	Hospital Medicine
Child Abuse Pediatrics	Infectious Diseases
Critical Care Medicine	Neonatal–Perinatal Medicine
Developmental–Behavioral Pediatrics	Nephrology
Emergency Medicine**	Pulmonology
Endocrinology	Rheumatology
Gastroenterology	

* Adolescent Medicine is jointly offered through the ABP, the ABIM, and the American Board of Family Medicine (ABFM).

** Pediatric Emergency Medicine is jointly offered through the ABP and the American Board of Emergency Medicine (ABEM).

Subspecialty Examinations Administered by Other ABMS Boards

Certain subspecialty certifications are co-sponsored by multiple ABMS boards and the exam is administered by another ABMS board. Physicians must submit an application to the board through which they hold primary certification and should contact their primary board for its eligibility criteria, registration dates and fees, as these differ among boards. The length of accredited training differs by subspecialty, and scholarly activity is not required by the ABP.

Hospice and Palliative Medicine

A certificate in hospice and palliative medicine is offered by the ABP and multiple other ABMS Boards. The exam is administered by the ABIM.

Medical Toxicology

A certificate in medical toxicology is offered by the ABP, the ABEM, and the American Board of Preventive Medicine. The exam is administered by the ABEM.

Pediatric Transplant Hepatology

A certificate in pediatric transplant hepatology is offered by the ABP and the exam is administered by the ABIM.

Sleep Medicine

A certificate in sleep medicine is offered by the ABP, the ABIM, the American Board of Otolaryngology, and the ABPN. The exam is administered by the ABIM.

Sports Medicine

A certificate in sports medicine is offered by the ABP, the ABFM, the ABEM, and the ABIM. The exam is administered by the ABFM.

The Eligibility Criteria for each subspecialty certifying exam are available on the [ABP website](#).

Subspecialty Fast-Tracking

A subspecialty fellow who is believed to have demonstrated accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD in a discipline relevant to the subspecialty or career path of the fellow, or sustained research achievement relevant to the subspecialty or career path of the fellow. The subspecialty program director may petition the subboard to waive the requirement for scholarly activity and to reduce the length of subspecialty training by as much as one year. This petition must be made either before the beginning of training or during the first year of training.

A candidate for this pathway must have satisfactorily completed three core years of general pediatrics or approved combined pediatrics and other specialty training in an accredited program in the U.S. or Canada. This pathway is also available to candidates who have satisfactorily completed at least three years of nonaccredited general pediatrics training (e.g., abroad) and qualified for a waiver of one year of general pediatrics training through the “Policy Regarding Individuals with Nonaccredited Training.” An individual who enters subspecialty training via the Accelerated Research Pathway is ineligible for subspecialty fast-tracking.

A subspecialty fellow who receives a waiver by the subboard must complete at least two years of training in the subspecialty, with at least one year of broad-based clinical training. In order for an individual to be eligible for subspecialty certification, all requirements for general pediatrics certification must be fulfilled.

Training Leading to Dual Pediatric Subspecialty Certification

Sequential Training: If an individual has completed three years of training in one subspecialty and the program director has verified both clinical competence and satisfactory completion of scholarly activity, the trainee can become eligible to take an exam in a second subspecialty after two years of additional training, of which at least one year must be broad-based clinical training. The requirement for scholarly activity in the second subspecialty is waived. Individuals approved for subspecialty fast-tracking in the first subspecialty are also eligible for this pathway.

Dual Training: An individual or program director(s) may petition the Credentials Committees of two pediatric subspecialties with a proposal for a four- to five-year integrated training program that would meet the eligibility requirements for certification in both subspecialties. This petition must be approved before subspecialty training begins or early in the first year of subspecialty training. Guidelines for dual subspecialty training may be obtained from the ABP or can be found on the [ABP website](#). Training must be completed in both subspecialties before an applicant may take either subspecialty exam.

Training Leading to Eligibility for Combined Subspecialty Certification

An individual who has completed internal medicine–pediatrics training should contact the ABIM and the ABP regarding opportunities for combined training (i.e., training in both the adult and pediatric subspecialties). Combined training must be prospectively approved by both boards. All combined training must be completed before an applicant may take a subspecialty exam. Guidelines can be found on the [ABP website](#).

Subspecialty Examination Admission Requirements

A candidate for subspecialty certification must have achieved initial certification in general pediatrics and continue to maintain current general pediatrics certification in order to take a subspecialty exam or, in some circumstances, current certification in another subspecialty.³ No exceptions to this policy will be granted. The requirements for [Maintenance of Certification \(MOC\)](#) can be found on the ABP website. All candidates are urged to ensure that the requirements for MOC will be met in sufficient time to allow acceptance to the subspecialty certifying exam.

Individuals registered for a general pediatrics certifying exam may apply for a pediatric subspecialty certifying exam pending notification of results. Contact the ABP for details.

³ This applies to pediatric transplant hepatology, hospice and palliative medicine, and sleep medicine. Visit the [ABP website](#) to obtain the eligibility criteria for each subspecialty offered by the ABP.

No credit toward subspecialty qualification will be granted for elective time spent in the subspecialty during the years of general pediatric training or for the chief resident year.

Training requirements differ by subspecialty. Visit the [ABP website](#) for details. The program director(s) is/are required to verify completion of training, clinical competence and, in the case of disciplines that require three years of fellowship training, scholarly activity. An applicant must satisfactorily complete all subspecialty training before the first day of the month in which the exam is administered. An applicant and/or program director must consult the ABP before undertaking any variations in training.

The applicant must have a valid (current), unrestricted license to practice medicine in one of the states, districts, or territories of the U.S. or a province of Canada. If licenses are held in more than one jurisdiction, all licenses held by a physician should meet this requirement.

A copy of the license for an initial application or re-registration must be submitted by the published deadline. If an applicant has any action pending regarding the right to have an unrestricted license to practice medicine, admission to the exam may be denied. It is the applicant's responsibility to ensure that required material is received by the ABP by the published deadlines. Temporary or training licenses are not acceptable.

The ABP does not accept medical licenses from countries outside of the U.S. or Canada to meet the licensure requirement for any initial certifying exam.

2022-2023 SUBSPECIALTY CERTIFYING EXAMINATIONS DATES AND FEES

CERTIFYING EXAM	REGISTRATION PERIOD (ends at 3 p.m. ET on final day)	EXAM DATES
Adolescent Medicine Neonatal-Perinatal Medicine Pediatric Nephrology Child Abuse Pediatrics	Regular Registration: August 2, 2021-September 30, 2021 Late Registration: October 1, 2021-October 29, 2021	March 24, 2022 March 29, 2022 March 30, 2022 March 30, 2022
Sports Medicine Medical Toxicology Pediatric Cardiology Hospice and Palliative Medicine Pediatric Critical Care Medicine Pediatric Transplant Hepatology Pediatric Hospital Medicine Pediatric Pulmonology	Regular Registration: February 1, 2022-March 31, 2022 Late Registration: April 1-29, 2022	July 12-16, 2022 October 20, 2022 November 1, 2022 November 1, 2022 November 3, 2022 November 3, 2022 November 8-9, 2022 November 29, 2022
Pediatric Emergency Medicine, Pediatric Hematology- Oncology, Developmental- Behavioral Pediatrics, and Pediatric Rheumatology	TBD	Spring 2023
Pediatric Infectious Diseases, Pediatric Endocrinology, Pediatric Gastroenterology, Sleep Medicine, and Sports Medicine	TBD	Fall 2023

Subspecialty certifying exams (except Sports Medicine, which is administered in the summer each year) are administered every other year. Dates of the exams and other information may be found on the [ABP website](#).

Application material for admission to a subspecialty exam is available online for all applicants. Please check the

[ABP website](#) for information. Applications are available only during the registration period for that exam.

If an applicant is not accepted to take a certifying exam, the exam fee will be refunded. Neither the processing and evaluation fee nor the late fee is refundable.

A candidate who withdraws from the exam by the published withdrawal deadline will be issued a refund of the exam fee. The processing fee is retained. A candidate who withdraws after the published withdrawal deadline will forfeit all fees paid. If new applicants whose applications were disapproved wish to pursue certification in the future, they will be required to complete a new application and submit the current registration fee.

Subspecialty exams administered by the ABP are half-day exams, with 4.5 hours of actual testing time, consisting of single best answer, multiple-choice questions. Candidates are urged to visit the [ABP website](#) to review the information including the exam schedule in the “Prometric Testing Center Regulations” document and the ABP Online Tutorial for important policies regarding the exam administration. A content outline for each subspecialty is available on the [ABP website](#). Subspecialty exams administered by other ABMS boards may have slightly different policies regarding the administration of the exam.

2022 REGISTRATION FEES Spring Administration

Processing and Evaluation	\$750.00
Examination	\$2150.00
Total Registration Fees	\$2900.00
Late Registration Fee	\$345.00
Total Late Registration Fees	\$3245.00

IMPORTANT: Computer technical difficulties, operator error, or difficulties arising from username or password problems (e.g., forgotten password or inability to log on to the ABP application system due to an inconsistency with the spelling of names) must be resolved and the application completed and submitted before the 3 p.m. Eastern Time deadline. Please be aware that it can take up to 48 hours (excluding weekends) to resolve certain technical difficulties. The ABP makes every effort to assist with these issues promptly; however, applicants are responsible for verifying their ability to apply well before the deadline. No exceptions will be allowed for applicants who miss the application deadline.

All applicants must pay the total application fee by using a VISA, MasterCard, or American Express credit card. If you are using a debit card, please confirm that the transaction limit established by your bank is sufficient to cover the fee.

Subspecialty registration dates and fees for 2023 exams are not available at this time. Refer to the [ABP website](#) in spring 2022 for this information.

CONTINUING CERTIFICATION

At the time pediatric board certification was established in 1933, a single certificate was awarded when written and oral exams were successfully completed, and no further contact with the ABP was expected. These certificates were referred to as “Permanent,” or non-time-limited, certificates. In the mid-1980s, increasingly rapid changes in medical knowledge resulted in certifying boards moving to time-limited certification. By May of 1988, all certificates awarded by the ABP were time limited. A process called Maintenance of Certification (MOC), increasingly referred to as continuing certification, allowed diplomates of the ABP to maintain certification in general pediatrics and the pediatric subspecialties by completing specific activities.

For more information about MOC/continuing certification, individual requirements and available activities, individuals should log in to their online ABP Portfolio from the [ABP website](#).

POLICIES

The ABP has a number of policies that guide volunteers and staff involved in the credentialing and certifying of pediatricians. These policies help ensure that we live up to the ABP's values of consistency, excellence, reliability, and transparency ([see page 3](#)).

The policies listed below specifically apply to initial certification. Please read them carefully. Additional policies can be found on the [ABP website](#).

- [Absences from Training](#)
<https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf>
- [Appellate Review Procedure \(Appeals\)](#)
<https://www.abp.org/sites/abp/files/policy-appellate-review-procedure-appeals.pdf>
- [Applicants for Initial Certification Who are Unable to Appear for a Scheduled Examination](#)
<https://www.abp.org/sites/abp/files/policy-applicants-for-initial-certification-unable-to-appear-for-a-scheduled-examination.pdf>
- [Applicants with Disabilities](#)
<https://www.abp.org/sites/abp/files/policy-applicants-with-disabilities.pdf>
- [Competence with Information Technology](#)
<https://www.abp.org/sites/abp/files/policy-competence-with-information-technology.pdf>
- [Computer-Based Administration Policy](#)
<https://www.abp.org/sites/abp/files/policy-computer-based-administration-policy.pdf>
- [Disciplinary Policy](#)
<https://www.abp.org/sites/abp/files/policy-disciplinary-policy.pdf>
- [Honor Code: Professionalism, Moral, and Ethical Principles](#)
<https://www.abp.org/sites/abp/files/policy-honor-code-professionalism-moral-and-ethical-principles.pdf>
- [Licensure Policy](#)
<https://www.abp.org/sites/abp/files/policy-licensure-policy.pdf>
- [Misrepresenting Board Status](#)
<https://www.abp.org/sites/abp/files/policy-misrepresenting-board-status.pdf>
- [Osteopathic Pediatric Training and Eligibility for ABP Certification](#)
<https://www.abp.org/sites/abp/files/policy-osteopathic-pediatric-training-and-eligibility-for-abp-certification.pdf>
- [Potential Breach of Test Integrity](#)
<https://www.abp.org/sites/abp/files/policy-potential-breach-of-test-integrity.pdf>
- [Privacy Policy](#)
<https://www.abp.org/sites/public/files/policy-privacy-policy.pdf>
- [Revocation Procedure](#)
<https://www.abp.org/sites/abp/files/policy-revocation-procedure.pdf>
- [Stating Certification Status](#)
<https://www.abp.org/sites/abp/files/policy-stating-certification-status.pdf>
- [Time-Limited Eligibility for Initial Certification Examinations](#)
<https://www.abp.org/sites/abp/files/policy-time-limited-eligibility-for-initial-certification-examinations.pdf>