



## **ABAI CAP Test Writing Committee Application**

The ABAI CAP Test Writing Committee members are responsible for writing items for CAP. Specifics of assignments will be determined by staff and/or Exam Committee Co-Chairs.

The CAP Test Writing Committee member is required to serve one term (2 years), which may be renewable at the discretion of the Board for a maximum of two terms served. Each two-year term will consist of four (4) CAP blocks. The Committee will consist of a minimum of nine (9) and/or a maximum of eighteen (18) members.

### **ABAI Test Writing Committee Criteria**

ABAI diplomates who wish to submit an application for a CAP Test Writing Committee position must meet the following criteria:

- a physician duly licensed to practice medicine
- a member of at least one of the ABAI sponsoring organizations
- willing to abide by all ABAI policies
- initial certification by either the ABIM or ABP, as well as the ABAI
- currently participating in the ABAI MOC program and MOC status must be “Meeting MOC Requirements” at the time of application submission as well as throughout their term on the Committee, and must be meeting or above the threshold for the CAP Program

Diplomates applying to serve on the Test Writing Committee must be willing to do the following:

- read and acknowledge the Non-Disclosure Agreement
- abide by the ABAI Conflict of Interest Policy
- abide by the ABAI Agreement for Test Writing Committee Members
- abide by the ABAI Speaking Engagement Guidelines
- agree they are not eligible to participate in CAP article review courses or CME credit activities related to these courses or articles
- agree to write questions for any category that they’re assigned

### **CAP Exemption**

Committee members are exempt from taking CAP while serving on the committee, and for two years after serving on the committee. Following those two years, the former committee member will be required to participate in CAP. However, the committee member will be required to simultaneously maintain parts I, II and IV while serving on the committee and thereafter.

## **Submitting an Application**

To submit an ABAI CAP Test Writing Committee application, please send the following documentation to [CAPtestwritingcommittee@abai.org](mailto:CAPtestwritingcommittee@abai.org):

- A cover letter indicating your motivation, interest and willingness to serve if selected indicating any similar previous experiences
- Completed Nomination Form
- Current Curriculum Vitae

**ABAI Application for CAP Test Writing Committee  
(Completed by Applicant)**

**Applicant Information**

Full Name & Degrees: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (for ABAI office use only):

Professional: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Current member of which ABAI sponsoring organizations (mark all that apply):**

AAAAI       ACAAI       AAP       AMA       CIS

**Current Work Place Type (mark all that apply):**

- Private Practice (solo)
- Private Practice (Group)
- Community Based Hospital
- Medical School/Academic Center
- Non-Hospital or Practice Venue (Describe): \_\_\_\_\_

**Additional Demographics:**

Race/Ethnicity: White/Caucasian  Black/African American  Hispanic/Latinx   
Asian/Pacific Islander  American Indian  Alaskan American  Other \_\_\_\_\_

Gender: Male  Female  Other \_\_\_\_\_

**Current Position** (position title, organization, city, state):

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe your current A& I clinical practice (500 characters maximum):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postgraduate Training**

Residency Training Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fellowship Training Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Certifications**

ABAI:

Initial Certification Date: \_\_\_\_\_

Recertification Date(s): \_\_\_\_\_

Participating in MOC:  Yes  No

Meeting all MOC requirements:  Yes  No

ABIM/ABP:

Certification Date: \_\_\_\_\_

Recertification Date(s): \_\_\_\_\_

Other Board certifications, qualifications, designations: \_\_\_\_\_

**Volunteer and Leadership Experience with A & I Local, State, Regional and/or National Organizations (please describe; 500 characters maximum):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors, Awards, Special Recognitions (most recent &/or important; 500 characters maximum):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-declared Allergy and Clinical Immunology Areas of Expertise or Interest (500 characters maximum):**

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature**

**Date**

\_\_\_\_\_