

AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY™

A Conjoint Board of
The American Board of Internal Medicine
and The American Board of Pediatrics



POLICIES AND PROCEDURES

2022

American Board of Allergy and Immunology
1835 Market Street
Suite 1210
Philadelphia, Pennsylvania 19103
Telephone (215) 592-9466
FAX (215) 592-9411
E-mail: abai@abai.org <http://www.abai.org>

TABLE OF CONTENTS

Account Closure and Data Deletion	1
Calendar	2
Schedule of Fees	3
ABAI Mission Statement	4
About Certification	5
About Maintenance of Certification (MOC)	5
Certification Candidate Requirements	6
Policy on Medical Licensure for Diplomates and Candidates	7
Maintenance of Certification	8
Reciprocal MOC Credit	10
Core Competences of Maintenance of Certification	10
MOC Part I: Professional Standing	11
MOC Part II: Lifelong Learning and Self-Assessment	11
MOC Part III: Cognitive Expertise	12
MOC Part IV: Practice Assessment /Quality Improvement	12
CAP Blueprint	13
Examinations	14
Certification/Continuous Qualification Examination (CQE)	15
Scoring of the CQE and Certification Exam	16
ACGME	17
Pearson VUE Testing Center – Professional & Regulatory Candidate Rules Agreement	17
Examination Blueprint	20
Training Programs and Training Program Documentation	25
Appeals Process for Suspended or Revoked Certificates and Restricted Medical License Determination	27
Verification of Certification Status	28
Revocation or Suspension of Certificate	28
Board Eligibility	29
Explanation of Terms	31
Board of Directors and Executive Office Staff	32
Resources	32

The ABAI reserves the right to make changes in its Policies and Procedures and fees at any time, and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not intended to, nor shall they be construed as creating any legal obligation on ABAI's part, or as creating any contractual relationship between any candidate and the ABAI.

Account Closure and Data Deletion

- In compliance with the European Union's EU General Data Protection Regulation (GDPR), you may request to close your account. The following conditions apply:
- All assessment and/or activities must be cancelled prior to closure.
- If there are any active products or services in the account, the account cannot be closed.
- All data that is required for our legitimate business purposes or legal or contractual record keeping requirements will be retained. This includes your certification history.
- All annual fee payments will be forfeited.
- You will no longer be able to log into your account after it is closed.
- Upon closing your account, you may request that your personal data be deleted. It may take up to 30 days for account data to be deleted. After deletion, you will no longer be able to access your account and your account will be unrecoverable

2022 ABAI Calendar

Date	Event
January 1	Certification Exam Registration Opens
January 1	CQE Registration Opens
January 15	CAP 2021 – Block 1 Closes
February 15	CAP 2022 – Block 1 Opens
March 15	Continuous Qualification Examination (CQE) Registration Deadline Before Late Fee Applies
April 30	Certification Exam Registration Deadline Before Late Fee Applies
May 31	Certification Exam Registration Closed
July 15	CAP 2022 – Block 1 Closes
August 1	Registration Test Site Opens for Cert
August 15	CAP 2022 – Block 2 Opens
August 20	CQE Registration Closes
August 31	Certification Exam Cancellation Deadline
September 17	CQE Cancellation Deadline
September 24	CQE Exam Date
October 3	Certification Exam Start Date
October 7	Certification Exam End Date
November 30	CQE Results Released
December 1	2022 Certification Exam Results Released

2022 Schedule of Fees

Fee Type	Amount
Certification Examination	\$2,650
Continuous Qualification Examination (CQE)	\$2,500
MOC Annual Fee	\$400
Late Application for Certification Exam and CQE (non-refundable)	\$500
Rescore	\$100
Verification	\$75
Duplicate Certificate	\$250
Returned Checks	\$50
Refund Reason	Amount
Cancellation/Rejection*	
Certification Examination	\$1,850
CQE Refund	\$1,700

All dates refer to postmark deadline for mailed material and time stamp deadline of 11:59 PM EST for electronically submitted material.

Cancellation Policy: NO refunds will be given after the cancellation deadline.

\$800 of the Application Fee is a non-refundable processing fee.

All fees are payable via credit card or check. Credit Card is preferable.

Payments by Credit Card (MasterCard, Visa, Discover Card and American Express) can be made via the ABAI Web Portal or via phone (215-592-9466).

- Make checks payable to:

The American Board of Allergy and Immunology
1835 Market Street
Suite 1210
Philadelphia, PA 19103

The ABAI vision is to:

- Inspire unsurpassed care of patients with allergic and immunologic disorders through meaningful certification programs

The ABAI mission is to:

- Be the preeminent national organization that provides initial and continuing certification of physicians committed to lifelong learning and exceptional care for patients with allergic and immunologic diseases

ABAI Objectives in support of the mission and vision:

- *Improve the quality of medical care of allergic and immunologic disorders through the development and utilization of professional and educational standards for initial and continuing certification of physician specialists in Allergy and Immunology;*
- *Provide assurance to the public that a physician specialist initially certified by ABAI has successfully completed an accredited educational program and demonstrates knowledge and competencies for independent practice of high quality healthcare in the specialty of Allergy and Immunology;*
- *Provide assurance to the public that a physician meeting requirements for continuing certification unceasingly demonstrates knowledge and competencies for independent practice of high quality healthcare in the specialty of Allergy and Immunology;*
- *Promote the practice of accessible, equitable and cost-effective care that is in line with current practice guidelines;*
- *Serve the public and the health care community by providing easily accessible databases containing the initial and continuing certification status of physicians certified by the ABAI;*
- *Provide certification standards and assessments that contribute to curricula for allergy-immunology fellowship programs in collaboration with the Accreditation Council for Graduate Medical Education Review Committee for Allergy and Immunology;*
- *Support ABAI diplomates in their commitment to maintain certification, lifelong learning, professional growth and job satisfaction by providing a robust continuing certification program in collaboration with societies and other education providers;*
- *Serve as a reference for defining the continuously evolving standard of care and scope of practice of allergists and immunologists*

The ABAI is a Conjoint Board of its two parent boards:

- The American Board of Internal Medicine (ABIM)
- The American Board of Pediatrics (ABP)

Sponsoring Societies of the ABAI:

- American Academy of Allergy, Asthma and Immunology (AAAAI)
- American College of Allergy, Asthma and Immunology (ACAAI)
- American Academy of Pediatrics (AAP) - Section on Allergy and Immunology
- American Medical Association (AMA) - Section of Allergy and Immunology
- Clinical Immunology Society (CIS)

About Certification

The purpose of certification by the ABAI is to provide assurance to the public and the medical profession that a certified allergist/immunologist has successfully completed an accredited educational program and an evaluation process, including a secure, proctored examination. ABAI certification also assures that the physician possesses the knowledge, skills, and experience requisite to the provision of high-quality patient care in allergy and immunology. The ABAI believes that all allergists/immunologists should have a fundamental knowledge of the biological science basic to this discipline and that ABAI is responsible for the establishment and maintenance of the standards of knowledge required for certification.

The ABAI serves candidates who have embarked on a graduate program of study with the specific purpose of excelling in the practice of the specialty of allergy/immunology.

Beginning in 1989, new ABAI Diplomates receive certificates valid for ten years. Time unlimited certificates were issued prior to October 1, 1989.

About Maintenance of Certification (MOC)

Regulatory agencies, health maintenance organizations, and the community require reassurance and documentation of continual professional development and education by physicians. MOC is a professional response to the need for public accountability and transparency, assessing physicians using the Six Core Competencies as defined by ABMS.

The ABMS MOC program addresses the needs of both physicians and patients. The program offers physicians a process to keep skills and knowledge current in a changing field where vigilance is key to practicing state-of-the-art specialty medical care. It also responds to increasingly selective health care consumers who are taking on a more proactive role in who provides their care and how. MOC offers evidence of highly qualified physicians who use best practices and evidence-based standards for care.

Maintaining a certificate is a voluntary expression of professional accountability and all Diplomates, especially those involved in training programs, are strongly encouraged to recertify at a minimum of every ten years. MOC is a voluntary process for time-unlimited certificate holders. Please review the components for complete details.

Certification

To justify certification in allergy/immunology, each candidate must satisfy the general and professional qualifications listed below. Once a candidate successfully completes the ABAI Certification process, a certificate is issued and the physician becomes an ABAI Diplomate. Beginning in 1989 all certificates are valid for 10 years.

Certification Candidate Requirements

Candidates are eligible to sit for the ABAI certification examination if all of the following criteria are met:

- **Specialty Certification:** Candidate must be certified by the ABIM and/or the ABP as of the date of the ABAI examination.
- **Residency in Allergy/Immunology:** Candidate must complete at least 24 consecutive months of full-time residency/fellowship in an allergy/immunology program accredited by the ACGME or other acceptable allergy/immunology programs.
- **Training Program Documentation:** ABAI must have the following documentation from the program director on file for each candidate:
 - (4) Clinical Competence evaluations
 - (1) Procedural Skills Assessment FormSee the section on Training Programs (pg. number 21) for further details.
- **(2) Recommendation Letters:** Candidate must solicit a letter of recommendation from two individuals to verify the medical and professional standing and clinical competence of the candidate as a specialist in allergy/immunology. Acceptable references are:
 - ABAI - certified Diplomates in the community
 - Chief of medicine, pediatrics, or chiefs of community hospitals
 - Officers of state or regional medical societies

Valid Medical License: Refer to Medical Licensure Policy

Dual Certification – Formal special pathways exist for individuals wishing to qualify for dual certification in Allergy/Immunology and Pediatric Pulmonology, Adult Rheumatology, or Pediatric Rheumatology. Individuals pursuing dual certification must complete all requirements for both boards before sitting for either examination.

Policy on Medical Licensure for Diplomates and Candidates

Candidates for board certification in allergy and immunology must submit copies of a valid, current, unrestricted license(s) to practice medicine in the United States, territories, or Canada. Copies must display the current expiration date. Diplomates must submit a copy of a valid, current, unrestricted license(s) to practice medicine in the United States, territories, or Canada when they are in the last five-month block of their ten-year MOC cycle. Application Copies must display the current expiration date. Physicians with any restrictions on their license(s) at the time of application or examination may not be admitted to the Certification Examination.

For purposes of certification and MOC, a medical license may be deemed “restricted” if, as a result of a final action by a State medical board or other government medical regulatory authority, the physician:

- has had his/her license revoked, surrendered, suspended or has been placed on probation for any reason including, but not limited to, where the surrender, suspension or probation was in lieu of revocation or as part of a settlement of a disciplinary action; or
- has had special conditions or requirements placed on his/her license including, but not limited to, supervision, mandatory reporting and additional training, whether or not such conditions or requirements were imposed by a state medical board or other government medical regulatory authority or as a result of a voluntary agreement.

Should any action be taken with respect to a physician’s medical license at any time, the physician must immediately notify the ABAI, in writing, of the action. The ABAI may review instances of licensure actions to determine whether such actions constitute a restriction on the physician’s license. A license with restrictions will affect MOC status according to current MOC and/or Board policies of the ABAI.

A physician with a restricted medical license may be subject to the ABAI’s Certificate Revocation and Suspension Policy.

Maintenance of Certification (MOC)

ABAI Diplomates must complete all four parts of the MOC program in order to successfully maintain their certification.

- I. **Professional Standing:** Medical specialists must hold a valid, unrestricted medical license(s) in at least one state or jurisdiction in the United States, its territories, or Canada
 - Diplomates must log onto their ABAI Web Portal page and attest annually to having a current, valid, unrestricted licenses(s) to practice medicine in the United States, territories or Canada. A copy of all medical licenses will be required *when diplomate are in the last five-month block of their ten-year MOC cycle.*

- II. **Lifelong Learning and Self-Assessment:** Physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their member board.
 - Diplomates must log onto their ABAI Web Portal page and attest annually to completing 25 hours of CME credits in Allergy and Immunology related activities. It is suggested but not required that of the 25 CME credits 6 be in Self-Assessment CME activity, ABAI recognizes state licensing and institutional mandates CME activities(i.e. pain management, HIV, elder abuse, substance abuse)
 - Complete a patient safety module once every ten years

- III. **Cognitive Expertise:**

Beginning in 2020, block one each year opens February 15th and closes July 15th, and block two each year opens August 15th and closes January 15th. The program is “open book” and diplomates can work at their own pace. Diplomates will choose 10 articles, and answer three questions per article (total of 30 questions). In addition to the article based questions, diplomates will answer 10 core/general knowledge questions (total of 40 questions per block). Diplomates will have 10 minutes to complete each question and will receive feedback upon completing the questions for the article. A rationale will be given upon completion of each core/general question.

- IV. **Practice Performance Assessment:** Diplomates assess the quality of care they provide compared to peers and national benchmarks. Then apply the best evidence or consensus recommendations to improve care using follow-up assessments.
 - Complete a practice assessment/quality improvement module once every five years
 - **Diplomates are required to log onto their ABAI web portal page annually and update their demographic and contact information.**

Maintenance of Certification (MOC)

Once a diplomate successfully completes the ABAI Maintenance of Certification Program, a new certificate is issued and the Diplomate is recertified for 10 years.

A Diplomate may track their status via the ABAI Web Portal ([https:// portal.abai.org](https://portal.abai.org))

This chart illustrates the various components of the MOC program on a year-by-year basis throughout the 10 year life of an ABAI certificate.

- **Time Limited Certificate (TLC)** Year 10 = The year TLC expires
- **Time Unlimited Certificate (TUL)** Year 1 = A Diplomate with a TUC voluntarily enters the MOC Program

YEAR	1	2	3	4	5	6	7	8	9	10
Part I: Professional Standing	<ul style="list-style-type: none"> ➤ Maintain unrestricted medical license throughout cycle ➤ Remit annual MOC fee ➤ Update demographic and contact information as required 									
Part II: Lifelong Learning and Self-Assessment	<ul style="list-style-type: none"> ➤ Complete 25 allergy/immunology CME annually ➤ Complete 1 Patient Safety Module 									
Part III: Cognitive Expertise	Continuous Assessment Program (CAP)					Continuous Assessment Program (CAP)				
Part IV: Practice Assessment/Quality Improvement	Complete 1 practice assessment/quality improvement module <ul style="list-style-type: none"> ➤ Patient Safety ➤ Disease-specific ➤ Procedure-specific 					Complete 1 practice assessment/quality improvement module <ul style="list-style-type: none"> ➤ Patient Safety ➤ Disease-specific ➤ Procedure-specific 				

* Revised January 2022

Reciprocal MOC Credit

The American Board of Allergy & Immunology (ABAI) has reciprocity with The American Board of Pediatrics (ABP). Diplomates participating in the ABP Maintenance of Certification (MOC) program, can receive reciprocal credit from ABAI for Part II (Self-Assessment) and Part IV (Practice Assessment/Quality Improvement). Upon approval, to maintain certification with ABAI, diplomates will need to complete ABAI's Part I (Professional Standing) and Part III (Cognitive Expertise) components of the MOC program.

** Due to the changes in ABIM's MOC Program effective May 16, 2016 ABAI has placed Reciprocal MOC credit on hold until further notice

Core Competencies of Maintenance of Certification (MOC)

Through the ABAI MOC program, board certified physicians build six core competencies for quality patient care in their medical specialty. These competencies were first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and ABMS in 1999.

- **Patient Care and Procedural Skills:** Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
- **Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- **Practice-Based Learning and Improvement:** Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.
- **Interpersonal and Communication Skills:** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
- **Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- **Systems-Based Practice:** Demonstrate awareness of and responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

* There are several components of physician professionalism that cannot be assessed by traditional examination including lifelong learning and self-assessment, communication skills, empathy and patient advocacy. The components of the Maintenance of Certification process aim to evaluate these areas.

MOC Part I: Professional Standing

Diplomates seeking to participate in the ABAI MOC Program must attest ANNUALLY to having a current, valid, unrestricted license(s) to practice medicine in the United States, its territories, or Canada. Physicians with any restrictions on their license(s) may be permitted to participate in the MOC program, however, they may not receive a new certificate until restrictions are removed from all licenses.

- ANNUALLY, diplomates must log in to their portal page and update demographic information to verify all information is up to date.
- In order to be meeting annual MOC requirements, Diplomates must submit the \$400 MOC fee ANNUALLY.

MOC Part II: Lifelong Learning and Self-Assessment

Continuing Medical Education Credits

Diplomates must log onto their ABAI Web Portal page and attest to completing 25 hours of CME credits on an annual basis in Allergy and Immunology related activities. It is suggested but not required that of the 25 CME credits, 6 be in Self-Assessment CME activity. ABAI recognizes state licensing and institutional mandates CME activities (i.e. pain management, HIV, elder abuse, substance abuse) .The CME credit should be from accredited organizations in order to fulfill the lifelong learning and self-assessment component of MOC. Please note that only *AMA PRA Category I Credits™* in allergy/immunology will be accepted.

Organizations Offering Allergy/Immunology CME Credits Include:

- American Academy of Allergy Asthma & Immunology (AAAAI)
- American College of Allergy Asthma & Immunology (ACAAI)
- American Academy of Pediatrics, Section on Allergy & Immunology (AAP)
- American Medical Association (AMA)
- Clinical Immunology Society (CIS)
- American College of Physicians (ACP)
- American Association of Immunologists (AAI)
- American College of Rheumatology (ACR)

For a complete listing, contact the AMA.

Patient Safety Module

A Patient Safety Module must be completed once every 10 years in order to assess and enhance patient safety in the practice setting. Please see a list of available modules on the ABAI.org website.

MOC Part III: Cognitive Expertise

The Continuous Assessment Program (CAP) was implemented January 1, 2018 formally replacing the legacy high stakes every 10 year recertification examination for all ABAI diplomates. The program promotes a continuous process for lifelong learning and self-assessment to keep skills clinically relevant, and knowledge current in a rapidly changing practice environment. Diplomates will demonstrate that they have the fundamental, practice/environment-related knowledge to provide quality care in their specialty.

The articles can be printed or downloaded for review, and can be answered independently. Diplomate's feedback on relevance to their practice and confidence in answering each question is required. This feedback will be used to help guide program improvement, article selection and relevance to the specialty. Diplomates are eligible to receive 6 *AMA PRA Category 1 Credit(s)*TM upon completion of each block subject to requirements of the continuing medical education (CME) providers, the American Academy of Allergy, Asthma and Immunology and American College of Allergy, Asthma and Immunology.

An average score of 80% must be attained to pass each five-year-cycle (320 questions over a 5-year period from the top 8 blocks). Failure to participate in a 5-month block will result in a score of 0 correct out of 40 for that block. The two lowest scoring or two missed blocks (allowance for major life events, professional commitments, etc.) within the 5-year summative cycle will be dropped and the percent correct will be calculated by dividing the number answered correctly from the top 8 scoring blocks by 320 total questions in the top 8 blocks. It is important to note that individual blocks are not pass-fail, and that diplomates scoring below 80% on any given block have the opportunity to improve their average score in future blocks and that up to two blocks will be dropped each 5 year cycle. Thus it is important for diplomates to complete each block even if questions are answered incorrectly early in the completion of a given block.

Diplomates failing to score 80% or higher at the end of their 5-year cycle or those not participating in the CAP will be subject to a re-entry pathway to regain their diplomate status by taking the Continuous Qualification Exam (CQE) re-entry exam. Although failure to achieve the 80% at the end of a 5-year cycle threshold will not result in immediate withdrawal of ABAI certification, diplomates with time limited certificates will not be recertified until all components of re-entry are completed.

MOC Part IV: Practice Assessment/Quality Improvement Module

A practice assessment/quality improvement module must be completed once every five years to help the physician investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine. Please see all of the available modules on the ABAI website.

CAP BLUEPRINT

<p>A. Hypersensitivity Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)</p>
<p>1. Head and neck – Nasal (allergic and non-allergic rhinitis) /sinus (acute and chronic, NP, allergic fungal sinusitis) / ocular</p>
<p>2. Dermatologic – Eczema / Atopic Dermatitis / Contact Hypersensitivity / Urticaria / Angioedema (hereditary and acquired)</p>
<p>3. Lung – Asthma and related disorders (occupational diseases, ABPA, hypersensitivity pneumonitis, eosinophilic granulomatous polyangiitis (CSS), COPD, ILD)</p>
<p>4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic GI disease)</p>
<p>5. Anaphylaxis (not food or drug-related) – Idiopathic, exercise, latex, stinging insect / Mastocytosis / Mast cell disorders</p>
<p>B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)</p>
<p>1. Immune Hypersensitivity Disorders – includes immune complex, autoimmune, and autoinflammatory (febrile) disorders; other aspects of immune-mediated inflammation (e.g., vaccination, immunotherapies for neoplasia)</p>
<p>2. Immunodeficiencies – including SCID, CID, T cell disorders, Humoral – B cell disorders (hypogammaglobulinemia, antibody deficiencies), phagocytic disorders, complement disorders, and secondary immunodeficiencies</p>
<p>3. Eosinophilic and Gastrointestinal Disorders – (Eosinophilic gastrointestinal disorders, HES, others)</p>
<p>C. Emerging National Health Priorities</p>

Examinations

The ABAI offers the Certification Exam/ Continuous Qualifying Exam (CAP) once every year.

	Certification	CQE
Items	225	160
Time	7hrs (2 sessions)	4 hours
Location	Pearson Professional Centers (PPCs)	Philadelphia, PA
Method	computer-based	paper and pencil
Passing Score	absolute minimum	absolute minimum
Basic Science*	35%	0%
Clinical Science*	65%	100%

*Percentages are approximations.

The examinations include items listed in the examination item classification list as determined by the ABAI Board of Directors as well as current ACGME Program Requirements for Residency Education in Allergy and Immunology.

Continuous Qualification Examination (CQE)

The Continuous Qualification Exam (CQE) Examination is a paper and pencil exam offered annually in Philadelphia. The examination provides a pathway for diplomates to re-enter the MOC program and become eligible to participate in the Continuous Assessment Program (CAP). The CQE is required for diplomates participating in CAP who have not met the 80% performance threshold after their 5-year CAP cycle scores have been aggregated.

The exam consist of 160 single-best answer multiple-choice questions that are distributed evenly across 8 major topic areas (as shown on the CQE blueprint). Examinees will have 4 hours to complete the exam and the questions will be clinically oriented.

CQE Blueprint

A. Hypersensitivity Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)
1. Head and neck – Nasal (allergic and non-allergic rhinitis) /sinus (acute and chronic, NP, allergic fungal sinusitis) / ocular
2. Dermatologic – Eczema / Atopic Dermatitis / Contact Hypersensitivity / Urticaria / Angioedema (hereditary and acquired)
3. Lung – Asthma and related disorders (occupational diseases, ABPA, hypersensitivity pneumonitis, eosinophilic granulomatous polyangiitis (CSS), COPD, ILD)
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic GI disease)
5. Anaphylaxis (not food or drug-related) – Idiopathic, exercise, latex, stinging insect / Mastocytosis / Mast cell disorders
B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)
1. Immune Hypersensitivity Disorders – includes immune complex, autoimmune, and autoinflammatory (febrile) disorders; other aspects of immune-mediated inflammation (e.g., vaccination , immunotherapies for neoplasia)
2. Immunodeficiencies – including SCID, CID, T cell disorders, Humoral – B cell disorders (hypogammaglobulinemia, antibody deficiencies), phagocytic disorders, complement disorders, and secondary immunodeficiencies
3. Eosinophilic and Gastrointestinal Disorders – (Eosinophilic gastrointestinal disorders, HES, others)
4. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)

Scoring of the CQE and Certification Exam

The Conjoint Standards Committee, with representation from the ABAI, the ABIM, and the ABP, recommends the passing grade for the Certification and CQE Examinations to the Board for its determination. Since 2003, ABAI sets a criterion- reference standard prior to the examination, which verifies a candidate's ability level (score) relative to the performance on the content of the examination. The passing score is computed from an estimate of the probability of an average candidate answering each item correctly. Theoretically, all candidates can pass or fail the examination. The validity of the individual's performance on the examination is secured by every means available.

Rescore

Diplomates/Candidates who wish for their exam to be rescored must submit a written request via certified mail to ABAI within 30 days of the date on the results letter. A non-refundable fee must accompany the request.

Failure

Diplomates/Candidates who are unsuccessful on the CQE\Certification examination may re-apply for subsequent scheduled examinations. There is no restriction on the number of opportunities for re-examination but there is a limit on Board Eligibility for the initial certification examination.

Additional Considerations:

- **Board Review Courses** - *The ABAI does not sponsor or maintain any records on any courses, which claim to be review courses in preparation for its examinations, nor does it offer or endorse any specific publications or courses to prepare for its examinations.* The ABAI publishes an item classification list and an examination blueprint for the Certification and MOC examinations.
- **Disability Accommodations** - Individuals requiring special accommodations during the examinations must provide written documentation by their specialist to the ABAI at the time of application for examination in accordance with the Americans with Disabilities Act. Contact ABAI for further information.
- **Irregular Behavior** - All Board examinations are supervised by proctors, who are required to report any irregular behavior, which includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of the ABAI is forbidden.

ACGME

In 2016, the [ACGME](#) approved Allergy and Immunology training programs accredited by the American Osteopathic Association to be approved for dual accreditation. Graduates of a dually accredited program are now eligible to apply for admission to the ABAI Certification Examination in Allergy and Immunology. Therefore, candidates with one year of training in an AOA accredited program and one year of training in an [ACGME](#) accredited program may be considered for admission to the A & I examination. Candidates who submit appropriate documentation will be reviewed by the ABAI Ethics and Professionalism Committee to ensure their training meets the requirements for admission to the examination. For additional information regarding AOA/ACGME training, please contact the [ABAI office](#).

Pearson VUE Testing Center – Professional & Regulatory Candidate Rules Agreement – Version 1.3 / April 2019

Please review the following test rules agreement. Contact the Test Administrator (TA) if you have any questions. The term TA will be used in this document to mean test administrator, invigilator, and proctor.

1. **No** personal items, including but not limited to mobile phones, hand-held computers/personal digital assistants (PDAs) or other electronic devices, pagers, watches, wallets, purses, firearms or other weapons, hats (and other non-religious head coverings), bags, coats, jackets, eyeglass cases, pens, or pencils, are allowed in the testing room. **No** barrettes or hair clips that are larger than 1/4 inch (1/2 centimeter) wide and headbands or hairbands that are larger than 1/2 inch (1 centimeter) wide are allowed in the testing room. **No** jewelry that is removable and larger than 1/4 inch (1/2 centimeter) wide is allowed in the testing room. **No** books and/or notes are allowed in the testing room unless authorized by the test program sponsor for your use during the test. You must store all personal items in a secure area (a locker) as indicated by the TA or return them to your vehicle. If you refuse to store your personal items, you will be unable to test, and you will lose your test fee. All electronic devices must be turned off before storing them in a locker.
2. You will be asked to empty your pockets for the purpose of allowing the TA to verify that nothing is in them. If you have hair that covers your ears, you may be asked to show them for the purpose of allowing the TA to verify that no Bluetooth devices are present. The TA may also ask you to roll up your sleeves to verify that you have no writing on your arms. Before you enter the testing room, you will be asked to pat yourself down (for example: arms, legs, and waistline) to show there is nothing hidden on your body. The test center is not responsible for lost, stolen, or misplaced personal items. **Studying IS NOT allowed in the test center. Visitors, children, spouses, family, or friends ARE NOT allowed in the test center.**
3. Before you enter the testing room, the TA may collect your digital photograph, digital signature, and/or your palm vein image and may digitally authenticate your ID. This is done to verify your identity and protect the security and integrity of the test. You understand that if there are discrepancies during the check-in process you may be prohibited from entering the testing room, you may not be allowed to reschedule your test appointment, and you may forfeit your test application fee.

The identification requirements used during the check-in process are defined by the test sponsor, and the TA has no flexibility to add, delete, or alter this process. Upon entering and being seated in the testing room, the TA will provide you with those materials authorized by the test program sponsor for your use during the test to make notes or calculations on, and you will be provided any other material as specified by the test program sponsor. **You may not remove any of these materials from the testing room or begin writing on your noteboard until your test has been started.** If you need new or additional materials during the test, you must raise your hand. You must return all items and materials to the TA immediately following the test.

4. The TA will log you into your assigned workstation. You will verify that you are taking the intended test that you registered to take. Unless otherwise instructed, you must remain in your assigned seat until escorted out of the testing room by a TA.
5. Once you have entered the testing room, you may not communicate with other candidates. Any disruptive, threatening, or fraudulent behavior in the testing room may be grounds for terminating your test, invalidating your test results, or disqualifying you from taking the test at a future date.
6. You understand that eating, drinking, chewing gum, smoking, and/or making noise that creates a disturbance for other candidates is prohibited during the test.
7. To ensure a high level of security throughout the testing experience, you will be monitored at all times. Both audio and video may be recorded.
8. A Non-Disclosure Agreement or other security statement may be presented to you before the test begins. If so presented, you must read, acknowledge, and agree to the terms and conditions of such document within the specified time limit, if applicable, in order to begin your test. Should you not agree, you will not be permitted to proceed with taking the test and you may forfeit your test fee. If you select "DECLINE," your test session will immediately end.
9. Break policies are established by the test program sponsor. Some tests may include scheduled breaks and, if so allowed, instructions will appear on the computer screen at the appropriate time. It is important to note that whether or not the test time stops depends on the test program sponsor's policy. If you take an **unscheduled break** at any other time or if you take a break during a test in which the test program sponsor has not scheduled a break, the test time will not stop. The TA will set your workstation to the break mode, and you must take your ID with you when you leave the room. The TA will check your ID before escorting you back to your seat and will then resume your test.
10. If you are taking **any break**, you **MUST** receive permission from the TA **PRIOR** to **accessing personal items that have been stored** (with the exception of comfort aids, medication, and food, which you may access without permission). Unless specifically permitted by the test program sponsor, personal items that cannot be accessed during **any break** include but are not limited to mobile phones, test notes, and study guides.
11. You must leave the testing room for all breaks. **If you want to leave the test center building during any breaks, verify with the TA whether your test program sponsor permits you to leave the building.**

12. You must follow all of the appropriate check-in and check-out processes as defined by your test program sponsor. This may include the need to show identification and/or have your palm vein pattern captured when leaving and re-entering the testing room. Before re-entering, you will be asked to pat yourself down again (for example: arms, legs, and waistline) to show there is nothing hidden on your body. Unless otherwise instructed, the TA will escort you to your assigned workstation and resume the test for you so that you may continue with your test.
13. If you experience any problems or distractions or if you have other questions or concerns, you must raise your hand, and the TA will assist you. The TA cannot answer questions related to test content. If you have concerns about a test question or image, make a note of the item (question) number, if available, in order for the item to be reviewed.
14. After you finish the test, you may be asked to complete an optional on-screen evaluation.
15. Unless otherwise instructed, after you have completed the test you must raise your hand, and the TA will come to your workstation and verify that your test session has ended properly. Depending on the type of test taken, the test program sponsor may display your test score on the computer screen after you have completed the test; or you may be provided with a printed score report; or you may be provided with a confirmation notice indicating that you have completed the test program sponsor's test. If printed information is to be provided to you, you must present your ID again to the TA and return any and all materials supplied to you prior to the beginning of your test. You must not leave any materials at your testing workstation after you have completed your test.
16. You may not remove copies of test questions or test answers from the testing center, and you may not share or discuss with anyone all or any of the test questions or test answers you saw or viewed during the taking of the test. If you do not abide by these rules, if you tamper with the computer, or if you are suspected of cheating, appropriate action will be taken, including the possibility of the test program sponsor taking action against you.

Your Privacy: Your test results will be encrypted and transmitted to Pearson VUE and the test sponsor. The test center does not retain any information other than when and where your test was taken. The Pearson VUE Privacy and Cookies Policy provides additional information, which you can obtain by visiting the Pearson VUE website at www.pearsonvue.com or by contacting the Pearson VUE call center.

By providing a digital signature:

- I give Pearson VUE my explicit consent to retain and transmit my personal data and test responses to Pearson VUE located in the U.S. and to the test sponsor (either of which may be outside of the country in which I am testing).
- I understand the information provided above and agree to follow these rules in addition to any other program rules I may have agreed to during my registration for this test.
- I understand that if I do not follow the rules or I am suspected of cheating or tampering with the computer this will be reported to Pearson VUE and the test sponsor, and I acknowledge and understand that my test may be invalidated, and the sponsor may take other action such as decertifying me, and I will not be refunded my test fee.

ABAI 2022 Certification Exam Blueprint

ABAI's new Certification Blueprint illustrates the expected coverage of topics appearing on the annual Certification examination. The percentages (shown below) are to be used as a guideline and are not a definitive representation of examination content. These percentages are regularly monitored by the ABAI Board of Directors with the intent that the examination content will reflect the breadth of medical knowledge essential for competence in allergy and immunology.

A. Allergy and Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)	54%
1. Head and neck	11%
A.1.a. Nasal (allergic and non-allergic rhinitis)	
A.1.b. Sinus (acute and chronic, NP, allergic fungal sinusitis)	
A.1.c. Ocular	
A.1.d. Anatomy, physiology & pathology	
A.1.e. Diagnostics – Nasal/conjunctival provocation, mucociliary function	
A.1.f. Cough	
2. Dermatologic	11%
A.2.a. Eczema	
A.2.b. Atopic Dermatitis	
A.2.c. Contact Hypersensitivity	
A.2.d. Urticaria	
A.2.e. Angioedema (hereditary and acquired)	
A.2.f. Anatomy, physiology & pathology	
3. Lung	11%
A.3.a. Asthma and related disorders	
A.3.b. Occupational diseases	
A.3.c. ABPA	
A.3.d. Hypersensitivity pneumonitis	
A.3.e. Eosinophilic granulomatous polyangiitis (CSS)	
A.3.f. COPD	

A.3.g. ILD	
A.3.h. Anatomy, physiology & pathology	
A.3.i. Pulmonary diagnostic testing: e.g., spirometry, bronchoprovocation, body plethysmography, FeNO, IOS, Mucociliary function)	
4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic GI disease)	11%
A.4.a. Adverse Reactions to Foods	
A.4.b. Allergens	
A.4.c. Adverse Reactions to Drugs & Biologicals (epidemiology, mechanism & management principles)	
5. Anaphylaxis and Mast Cell Activation Disorders (not food or drug-related)	10%
A.5.a. Idiopathic	
A.5.b. Exercise	
A.5.c. Latex	
A.5.d. Stinging insect	
A.5.e. Mastocytosis	
A.5.f. Other mast cell disorders	
B. Immunological Disorders (epidemiology, risk factors, pathogenesis, clinical presentation, diagnosis and differential diagnosis, treatment/management)	45%
1. Immune Inflammatory Disorders	10%
B.1.a. Immune complex disorders	
B.1.b. Autoimmune disorders	
B.1.c. Autoinflammatory (febrile) disorders	
B.1.d. Vaccination & immunomodulatory therapeutics	
B.1.e. Other aspects of immune-mediated inflammation	
2. Immunodeficiencies	16%
B.2.a. SCID	
B.2.b. Combined Immunodeficiency	

B.2.c. T cell disorders	
B.2.d. B cell disorders (hypogammaglobulinemia, antibody deficiencies)	
B.2.e. Phagocytic disorders	
B.2.f. Complement disorders	
B.2.g. TLR signaling pathways	
B.2.h. IL-12/IFN-gamma pathways	
B.2.i. Secondary immune deficiency	
B.2.j. Other immune dysregulation and immunodeficiencies	
3. Eosinophilic and Gastrointestinal Disorders	6%
B.3.a. Eosinophilic gastrointestinal disorders (includes Eosinophilic esophagitis)	
B.3.b. Hypereosinophilic syndromes	
B.3.c. Inflammatory bowel disease	
B.3.d. Celiac disease	
B.3.e. Anatomy, physiology & pathology	
4. Immune system & Research Principles	9%
B.4.a. Immune system development/normal immune system	
B.4.a. Antigens including superantigens, determinants	
B.4.a. Antigen presentation & histocompatibility	
B.4.a. Immunoregulation / Tolerance	
B.4.a. Immunogenetics / Molecular Biology	
B.4.a. Immunoglobulin structure and function	
B.4.a. T & B Cell Ligand-Receptor Interactions & Signal Transduction / Cell Activation / Anergy	
B.4.a. Cytokines / Chemokines & Their Receptors	
B.4.a. Adhesion Molecules	
B.4.a. Complement, coagulation, fibrinolytic & kallikrein–kinin immune system	
B.4.a. Immediate Hypersensitivity (IgE-Mediated)	

B.4.a. IgG/IgA/IgM/FcR-Mediated Reactions (e.g. ADCC, immune complex, opsonization)	
B.4.a. Delayed type hypersensitivity / Cell-mediated immunity	
B.4.a. Innate Immunity	
B.4.b. Cellular mechanisms of immune responses including cytokines and mediators	
B.4.b. Lymphocytes	
B.4.b. T cells & receptors	
B.4.b. B cells & receptors	
B.4.b. Other lymphocytes (e.g. NK, NK-T)	
B.4.b. Antigen-Presenting Cells (e.g., Monocytes, Macrophages, Dendritic Cells)	
B.4.b. Mast Cells / Basophils	
B.4.b. Eosinophils	
B.4.b. Neutrophils	
B.4.b. Other cells (e.g. endothelial, epithelial, smooth muscle, fibroblasts, platelets)	
B.4.c. Research Principles	
B.4.c. Experimental Design	
B.4.c. Data Analysis & Biostatistics	
B.4.c. Epidemiology	
B.4.c. Human subject protection & adverse event reporting	
5. Non-disease specific pharmacology/therapeutics (e.g. mechanism of action, pharmacokinetics, classes of therapeutics)	2%
6. Allergens, Antigens and Extracts (non-disease specific properties, measurement & avoidance)	2%
B.6.a. Aerobiology (e.g. pollens & measurement)	
B.6.b. Molds & Fungi	
B.6.c. Indoor Allergens	
B.6.d. Animal, insect & arthropod allergens	
B.6.e. Pollutants	

B.6.f. Allergen extract standardization & stability	
B.6.g. Specific Diagnostic Modalities	
C. Emerging Health Priorities (e.g. disparities of care, opioid crisis, wellness, burnout, pandemic)	1%
Total:	100%

Training Programs

All candidates for the ABAI Certification Examination must successfully complete 24 full-time months of continuous training at an accredited education program. Accredited training programs are listed in the Graduate Medical Education Directory published by the AMA. Additional information can be obtained through the Accreditation Council for Graduate Medical Education.

The ABAI anticipates that during a post-medical school training program, candidates will acquire adequate knowledge in basic science, as applied to allergy/immunology. In outlining requirements for certification, the ABAI assists the candidate to select superior educational programs that will develop competency in allergy/immunology. The responsibility of acquiring the knowledge rests with the candidate and is essential to the continued professional progress of any allergist/immunologist.

Training Program Documentation

Program directors are responsible for the administration and interpretation of the faculty evaluations of residents. Accordingly, the following documentation must be submitted to the ABAI for each candidate:

- (4) Clinical Competence evaluations
- (1) Procedural Skills Assessment from

Clinical Competence Evaluation Form

In compliance with the ACGME Program Requirements for Residency Training in Allergy and Immunology, a semi-annual record must be maintained and submitted to the ABAI for tracking purposes. The Clinical Competence form evaluates the resident's knowledge, skills, overall performance, and development of professional attitudes consistent with being a physician, by rating them on the 6 General Competencies and in Allergy/Immunology-Specific competences.

Assessment of Procedural Skills Summary

For certification in Allergy/Immunology, ABAI has identified a limited number of procedures in which it expects all candidates to demonstrate competency with respect to knowledge and understanding. This includes:

- Demonstration of procedural knowledge competency sufficient to explain indications, contraindications, patient preparation, proper technique and test results
- Ability to recognize and manage any complications related to that procedure

The ABAI recognizes that there is variability in the types and numbers of procedures performed by physicians practicing in the field of allergy and immunology. To help the candidate acquire the specific knowledge & performance competencies, the ABAI believes that residents should be active participants in performing procedures. Active participation is defined as either serving as the primary operator or assisting another primary operator. The ABAI encourages program directors to provide the allergy/immunology fellow-in-training with sufficient opportunity to be observed as an active participant in the performance of required procedures. The ABAI encourages the use of procedural training through the use of workshops or simulations.

At the completion of the training program, the program director must attest to each resident's knowledge competency for the procedures listed below. The ABAI does not specify a minimum number of procedures to demonstrate competency; however, to assure that the resident has demonstrated sufficient knowledge and understanding of the common procedures, he/she should be an active participant in each knowledge/procedural competency five or more times. It is the responsibility of the program director to determine if the resident has met the procedural competencies, some of which may involve hands on training.

Procedures Required for Allergy and Immunology

- Allergen immunotherapy
- Contact/delayed type hypersensitivity testing
- Drug hypersensitivity diagnosis and treatment
- Food hypersensitivity diagnosis and treatment
- Immediate hypersensitivity skin testing
- Immunoglobulin treatment and other immunomodulator therapies
- Pulmonary function testing

Program Director Responsibilities

All evaluations must be submitted and tracked via the ABAI Web Portal.

- **Evaluation** - Resident performance must be evaluated every six months throughout training.
- **Signatures** - Results of the evaluation must be communicated to the resident in a timely manner. The submission of an evaluation by the program director to the ABAI certifies that the resident has reviewed and approved the evaluation.
- **Retain Documentation** - Permanent records of evaluations must be retained and accessible to the resident, ACGME site visitors, and other authorized personnel.
- **Final Evaluation** - The program director must submit a Procedural Skills Assessment and attest on the 24-month evaluation that the resident has demonstrated sufficient professional ability to practice competently and without direct supervision.

- Unsatisfactory Ratings - If a trainee has received two consecutive evaluations with overall unsatisfactory ratings, the program director must provide the trainee and the ABAI with a written plan for remediation of the trainee's deficiencies. After six months, the training program director must provide the ABAI and the trainee with a report of the success or failure of the remediation program, as well as any additional plans for corrective action.
- Appeals Process- Applicants who wish to appeal evaluations must proceed through institutional due process mechanisms. The ABAI is not in a position to reexamine the facts and circumstances of an individual's performance.

Parental/Caregiver Leave Policy

Absences in excess of a total of two months over the 24-month allergy/immunology training program must be made up. An additional 2 weeks away from training is authorized once during fellowship for parental/caregiver leave taken of any length. This is inclusive of all new parents (birthing, non-birthing, foster/adoptive, surrogates regardless of gender and sexual orientation) taking parental leave. If a program director believes that an absence in excess of the above is justified; the program director should send a letter of explanation to the ABAI for review and approval by the Ethics and Professionalism Committee as deemed necessary.

Time Away from Training FAQs

- 1. Does ABAI specify time away from training for each year in training?**
 - No. ABAI specifies only the total time away from training for the 24 months of fellowship training. Although ABAI does not specify a maximum or minimum number weeks of time away from training each year, sufficient time away from training to promote wellness and prevent burnout in every year of training is expected.
- 2. What is the definition of “2 months”?**
 - ABAI defers definition to institutions, programs and program directors. Given that fellowship schedules vary and can be based on days, weeks or months, ABAI has elected to continue deferring implementation of up to “2 months away from training” in accordance with local policy and procedures and ACGME Program Requirements.
- 3. Where does the program director attest to graduates/candidates meeting the “2 month” away from training requirement?**
 - Separate documentation of meeting time away from training requirements is not required. Routine completion of the 24 month evaluation and procedure attestations for the 24 “months of training evaluated” is sufficient.

4. Does ABAI specify the length of parental/caregiver leave?

- No. ABAI recognizes the unique needs of all new parents/caregivers and does not require, recommend or specify a specific length of time away from training for this or any purpose. Two additional weeks away from training beyond regularly allowable 2 months away from training is authorized for candidates who took parental/caregiver leave during fellowship and have program director attestation of competency not requiring an extension in training.

5. When was the parental/caregiver leave policy implemented?

- The parental/caregiver additional 2 weeks of time away from training was approved by the Board of Directors in June 2022 and is applicable to all candidates for the 2022 initial certification exam and remains in effect indefinitely.

6. If a graduate/candidate requires an extension in training, can the candidate sit for the certification exam that same year?

- Possibly. It depends on the length of the extension in training and when all supporting evaluations and documents will be received by the ABAI office. ABAI has a long track record of working with program directors and graduates requiring an extension in training. The Board will work one on one with candidates to enable sitting for the initial certification exam as soon as possible, including waiving published deadlines in certain circumstances. Program Directors and candidates are encouraged to contact the Board as soon as possible once it becomes clear an extension in training will be required.

7. What should the program director include in the letter to the Ethics and Professionalism Committee?

- The request letter must include:
 - i. the name and contact information for both the candidate and program director
 - ii. the total time away from training
 - iii. the circumstances for the extra time away from training
 - iv. an attestation by Program Director on behalf of Program Director AND Clinical Competency Committee that the candidate has achieved core competencies commensurate with program requirements and independent practice
 - v. a statement that the candidate has met all other initial certification requirements

8. Is a letter required for the additional 2 weeks for parental/caregiver leave?

- No. An exception to policy request letter will not be required for candidates not exceeding the 2 months plus 2 weeks away from training. The Program Director will use the routine ABAI portal end of training evaluations and attestations. The portal will be updated to include a checkbox attestation that the additional 2 weeks is applicable to the candidate. In the meantime, program directors must enter a comment indicating the parental/caregiver two week additional time away from training in the final evaluation.

Board Eligibility

The American Board of Allergy (ABAI) has established a time limit for candidates to apply for the certification examination in Allergy & Immunology and does not recognize the term “board eligible”. Certification must be achieved within seven (7) years of successful completion of an ACGME accredited fellowship program in allergy & immunology. The seven (7) year window to apply for and successfully complete the certification examination will begin immediately after training is completed.

If the candidate does not accomplish board certification within this seven (7) year timeframe, they will not be permitted to apply for the certification examination and will be required to complete one additional year of re-training in the equivalent of an ACGME approved fellowship program prior to applying for the certification examination. The supervisor of the training must submit their training plans to the ABAI office for prospective approval prior to the commencement of training. Once re-training has been completed, the candidate must submit an attestation completed by the supervisor of training. Upon approval the candidate will have three (3) years to successfully complete the certification examination.

If board certification is not achieved within the three (3) year window, the candidate will not be eligible to apply for the certification examination again until the following are successfully completed:

- Completion of the Allergy and Immunology In-Training Examination sponsored by the AAAAI
- Provide evidence of 50 Allergy/Immunology specific CME credits for the past 3 years

Note: Diplomates who have taken the certification examination multiple times through 2019 when this policy became effective will have two additional years to attain certification before entering the ABAI Certification Pathway.

Once retraining has been completed the candidate must submit an attestation form https://www.abai.org/forms/attestation_form.pdf

Verification of Certification Status

ABAI issues written verification of the certification status of an allergist/immunologist for a processing fee of \$75 per name, payable via credit card. Status will be confined to Certified or Not Certified, as well as Meeting or Not Meeting in Maintenance of Certification (MOC) requirements. Verification is also available online at ABAI.org and checking Verification of Certification. You can also contact (866) ASK-ABMS. The ABAI routinely reports certification status of candidates through its website or by mail. Official verification can only be guaranteed by the ABAI.

Status	Report
Certified	Dates of Certification
Meeting MOC Requirements	Completed all requirements as per individual Diplomates Timeline
Not Meeting MOC	Not Meeting MOC Requirements
Not Certified	"Not Certified"
Revoked	"Not Certified"
Suspended	"Not Certified" ("Inactive" as per ABMS)

Revocation or Suspension of Certificate

The ABAI may, at its discretion, revoke or suspend certification if any of the following criteria apply to the Diplomate:

1. misstatement of fact in the application for such certificate or otherwise, or to any third party concerning the Diplomate's certification status;
2. unqualified to receive the certificate at the time of issuance, even if the certificate was issued as a result of a mistake on the part of the ABAI;
3. failure to maintain moral, ethical, or professional behavior satisfactory to the ABAI or engages in misconduct that adversely affects professional competence or integrity;
4. failure to satisfy the MOC requirements and components;
5. a medical license to practice medicine has been revoked, suspended, surrendered, or restricted in any jurisdiction in which the physician practices, holds a license, or has held a license.

All certificates issued by the ABAI are subject to revocation or suspension. The ABAI will not suspend or revoke a Diplomate's certification without giving the Diplomate prior notice and an opportunity to be heard and to respond. The ABAI will report any suspension or revocation of certification to its sponsoring societies, the ABMS, and the appropriate state medical licensing board(s).

If the ABAI Ethics and Professionalism Committee (EPC) exercises its discretion to revoke or suspend a Diplomate's certificate, a certified Notice letter will be sent to the individual stating that his/her certificate may be revoked or suspended within thirty (30) days of the date of the letter.

The Notice will set forth the reasons that the ABAI seeks to suspend or revoke the Certification. Additionally, the Notice will advise the individual that he/ she has 30 days to respond in writing to the EPC before the EPC exercises its discretion whether to revoke or suspend the certification. The letter will include copies of the ABAI's Certificate Revocation and Suspension Policy and the ABAI's current Policies and Procedures (PDF) booklet.

Appeals Process for Suspended or Revoked Certificates and Restricted Medical License Determinations

Should a certificate be revoked or suspended, or a medical license be deemed restricted, the ABAI affords the physician an appeals process for review of such decisions. The physician will be notified in writing that his/her certificate has been suspended or revoked, or that his/her medical license has been deemed restricted. Upon notification of such action, the physician has thirty (30) days to respond by stating, in writing, with appropriate supporting documentation, why his/her Diplomate status should be preserved and/or why his/her medical license should not be deemed restricted. In addition, within thirty (30) days of the suspension or revocation, the physician may request the opportunity to appear personally or by counsel before the ABAI Ethics and Professionalism Committee (EPC).

From the time of the physician's personal appearance before the EPC or from receipt of the physician's written appeal (whichever occurs later), the EPC has 30 days to uphold its determination of revocation or suspension of the Diplomate's certificate and/or its determination that the physician's medical license is restricted. The Board will notify the physician of the EPC's decision, the basis for the decision, and his/her right to appeal the EPC's decision to the ABAI Board of Directors within 30 days of notification. If the physician appeals the EPC's decision to the Board within the time specified, the Board will review only the information submitted to and considered by the EPC.

The Board may uphold, reverse or remand the EPC's decision. If the Board disagrees with the EPC's decision, it may reverse the decision or remand the matter to the EPC for further consideration. The Board will inform the physician and the EPC in writing of its decision. The Board's decision will be final, except in the case of a remand, in which case, the EPC's decision on remand will be final. To be reconsidered for reinstatement of certification due to action taken against a medical license, the physician must provide written documentation to the ABAI that the license has been restored without restrictions. Upon successful reinstatement or remedy of a restricted medical license, certification may be regained by successful completion of the ABAI's MOC pro.

***** Please access the ABAI Web Portal (<https://portal.abai.org>). It is a useful tool for tracking capabilities of documents. You can also pay your fees with Visa, MasterCard, Discover and American Express. This portal will help you to understand where you are in the MOC process.**

Explanation of Terms

- *Candidate* – Any physician who has submitted an application for either Certification is considered a Candidate until successful completion of the Secure Examination.
- *Certified Specialist (Allergy/Immunology)* – A physician who has passed the certification examination of either the ABIM or the ABP as well as that of the ABAI.
- *Continuing Medical Education (CME) Credits* – All ABAI Diplomates must submit proof of an average of 25 *AMA PRA Category 1TM* credits per year (averaged over two years) in Allergy/Immunology to ABAI in order to maintain their certificate.
- *Diplomate* – Any physician who has passed the ABAI Certification Examination and holds a valid certificate. A listing of ABAI Diplomates becomes public information and will be listed on the ABAI and ABMS websites. The list can also be found in the printed and electronic editions of *The Official ABMS Directory of Board Certified Medical Specialists*.
- *Ethics and Professionalism Committee (EPC)* – Composed of representatives from the ABAI, ABIM, and ABP, the CCC reviews the credentials of candidates for the Certification Examination and the Maintenance of Certification process as deemed necessary, particularly in the event of a suspension or revocation of certification.
- *Fellowship in Allergy/Immunology* – All candidates for ABAI Certification must complete a full-time 24-month training program in Allergy/Immunology. For a listing of accredited programs, contact the ACGME.
- *Specialty Certification* – Certification with either The American Board of Internal Medicine or The American Board of Pediatrics prior to certification with ABAI is a requirement for all candidates. *Time Limited (TL) and Time Unlimited (TUL) Certificates* – Once a Candidate passes the secure examination, a time-limited certificate is issued through December 31st, ten years after the year of issuance. All Diplomates who certified with the ABAI prior to October 1st, 1989 were issued time- unlimited certificates which do not expire. However, these Diplomates may voluntarily recertify to receive time-limited certificates which do not affect the status of their original certificate. All certificates are subject to revocation or suspension at the discretion of the ABAI and the EPC. *Valid Medical License* –Please refer to Medical Licensure Policy.

BOARD OF DIRECTORS

Theresa A. Bingemann
Rochester, NY '27

Mariana C. Castells, MD
Boston, MA (2018-2023)

Ramsey Fuleihan, MD
Chicago, IL (2017-2022)

Mitchell Grayson, MD
Columbus, OH (2017-2022)

Harold Hoffman
La Jolla, CA '27

Corinne A. Keet, MD
Chapel Hill, NC (2018-2023)

Mitchell R. Lester, MD (2020-2025)
Westport, CT

Jay Lieberman, MD (2021-2026)
Memphis, TN

Aidan A. Long, MD
Boston, MA (2018-2023)

Giselle Sarah Mosnaim, MD (2020–2025)
Wilmette, IL

Anna Nowak-Wegrzyn, MD
Great Neck, NY (2017-2022)

Princess Ogbogu, MD (2019–2021)
Cleveland, OH

Wanda Phipatanakul, MD
Boston, MA (2018-2023)

Sarbjit (Romi) S. Saini, MD
Baltimore, MD (2018-2022)

Jeffrey R. Stokes, MD (2019–2021)
St. Louis, MO

Emily Jakacki, MBA
Public Member
Park Ridge, IL '24
Chicago, IL (2016-2018)

Dana V. Wallace, MD
Hollywood, FL (2021-2026)

The Board of Directors consists of an equal number of ABAI-certified internists and ABAI-certified pediatricians, who are nominated by the AAAAI, AAP, ACAAI, AMA, CIS, and by the ABAI Directors themselves. The nominees are appointed by the ABIM and ABP for a six-year term of office.

EXECUTIVE OFFICE STAFF

- Michael R. Nelson, MD, President (2019 - present)
 - Chelsey Williams, Director of Operations (2019 - present)
 - Lawrence Vapniarek, MBA, Consultant (2006 - present)
 - Anthony Brewer, Continuing Certification/MOC Specialist (2006 - present)
 - Gina Capozzoli, Credentials Specialist / IT Support (2008 – present)
 - Rayne' Harrison, Director of MOC (2011 - present)
 - Cecilia Walters, Database and Website Administrator (2016 - present)
 - William P. Thompson, MS, Director of Examination Development (2008 - present)
 - Brianna Wilkins, Manager of CAP (2017 - present)
-

RESOURCES

Accreditation Council for Continuing
Medical Education
(312) 755-7401
<http://www.accme.org>

Accreditation Council for Graduate
Medical Education
(312) 755-5048
<http://www.acgme.org>

American Academy of Asthma Allergy
and Immunology
(414) 272-6071
<http://www.aaaai.org>

American Academy of Pediatrics (847)
434-4000
<http://www.aap.org>

American Board of Internal Medicine
(800) 441-ABIM
<http://www.abim.org>

American Board of Medical Specialties
(847) 491-9091
<http://www.abms.org>

American Board of Pediatrics
(919) 929-0461
<http://www.abp.org>

American College of Allergy Asthma
and Immunology
(847) 427-1200
<http://www.acaai.org>

American College of Physicians
(800) 523-1546
<http://www.acponline.org>

American College of Rheumatology
(404) 633 3777
<http://www.rheumatology.org>

American Medical Association
(312) 464-5000
<http://www.ama-assn.org>

Clinical Immunology Society
(414) 224-8095
<http://www.clinimmsoc.org>

Pearson VUE
(877) 392-3926
<http://www.pearsonvue.com/abai/>



Revised by ABAI January 1, 2022