Accreditation Council for Continuing Medical Education

learn well

CME for Maintenance of Certification Program Guide

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401 N. Michigan Ave., Suite 1850 | Chicago, IL 60611 | Phone: (312) 527-9200 | www.accme.org

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About Maintenance of Certification

Maintenance of Certification (MOC), also known as Continuing or Continuous Certification, is the process by which a physician who has initially become board certified in the specialty practice of their choice maintains their board certification status. The American Board of Medical Specialties (ABMS) Program for MOC involves ongoing measurement of six core competencies defined by ABMS and the Accreditation Council for Graduate Medical Education (ACGME):

- Practice-based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-based Practice
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism

Accredited CME activities may be registered for MOC credit for Part II: Lifelong Learning and/or Self-Assessment and Part IV: Improvement in Medical Practice. Some boards have a requirement to engage in education related to patient safety issues, and those boards allow accredited CME activities to be registered for Patient Safety credit.

Introduction to CME for MOC

The Accreditation Council for Continuing Medical Education (ACCME®) has collaborated with some of the member boards of the ABMS to facilitate the integration of accredited CME and MOC. These collaborations enable CME providers to add value for their physician learners by offering educational activities that that count for both CME credit and MOC credit.

Accredited CME providers are not required to submit MOC applications for approval to the certifying boards that are collaborating with the ACCME. Instead, CME providers can use the ACCME's Program and Activity Reporting System (PARS) to register activities for these programs and report learner completion data that is then made available to the certifying boards.

In general, accredited CME providers must do all of the following:

- Attest to compliance with certifying board requirements.
- Agree to collect the required individual learner completion data and submit it via PARS.
- Agree to abide by certifying board and ACCME requirements for use of the data.
- Agree to allow ACCME to publish data about the activity on ACCME's website (www.cmepassport.org), if applicable.
- Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME.

The option to register CME activities for MOC is available for all CME providers in the ACCME System, including state-accredited providers, providers accredited by the ACCME, and providers that have received Joint Accreditation for Interprofessional Continuing Education™.

Participating Certifying Boards

Board	Acronym	Collaboration Launch
American Board of Anesthesiology	ABA	2016
American Board of Internal Medicine	ABIM	2015
American Board of Otolaryngology – Head and Neck Surgery	ABOHNS	2018
American Board of Pathology	ABPath	2018
American Board of Pediatrics	ABP	2016
American Board of Surgery	ABS	2021
American Board of Orthopaedic Surgery	ABOS	Coming later in 2023

Requirements for Registering CME Activities for MOC

Most requirements to register a CME activity for MOC credit are common across all the participating boards and are outlined below. Some of the certifying boards have additional or slightly different requirements, which are outlined in later sections of this document that pertain to each individual board.

The certifying boards participating in the CME for MOC collaboration have specific language for communicating their programs and requirements to physicians. Table 1 explains the name of each board's program, the different types of CME activities that can be registered for MOC, and the MOC credit types that are included in the collaboration. Detailed descriptions of each activity type follow the table.

Table 1: MOC Credit Type Language

Board and Program Name	Accredited CME	Accredited CME with Evaluation and Feedback	Accredited CME Improvement Activity	Accredited Patient Safety CME
ABA MOCA 2.0® - Maintenance of Certification in Anesthesiology Program®	Lifelong Learning	X	X	Patient Safety
ABIM MOC Assessment Recognition Program	X	Medical Knowledge	Practice Assessment	Patient Safety
ABOHNS Continuing Certification	X	Self-Assessment	Improvement in Medical Practice	Patient Safety
ABPath Continuing Certification	Lifelong Learning	X	Improvement in Medical Practice	X
ABP Maintenance of Certification	X	Lifelong Learning & Self-Assessment	X	X
ABS Continuous Certification	Accredited CME	Self-Assessment	X	X
ABOS Maintenance of Certification (coming later in 2023)	Accredited CME	Self-Assessment Examination		

Accredited CME Activity: General Requirements

Some boards will accept accredited CME towards their MOC requirements. Accredited providers can register their CME activities for MOC for the boards listed below.

1. The activity is directly provided or jointly provided by an organization accredited in good standing within the ACCME System.
2. The activity is designated for *AMA/PRA Category 1 Credit*™.
3. The activity is planned in the context of one or more of the ABMS/ACGME Competencies.
4. The activity is relevant to learners certified by the specific board(s), as demonstrated by the professional practice gap(s) and content of the activity.
5. The activity is free of commercial bias and control of an ineligible company, as currently specified in the ACCME Standards for Integrity and Independence in Accredited Continuing Education.
6. The activity includes an evaluation that is designed to assess changes in learners' competence, performance or the impact on patient outcomes (see Appendix A for examples).

Board	Accredited CME
ABA	Lifelong Learning
ABPATH	
ABS	Accredited CME
ABOS	

Accredited CME Activity that includes Evaluation of the Learner with Feedback

CME providers can register their activities as CME with Evaluation and Feedback (often called Part II) for the boards listed below if the activities meet the general CME requirements outlined in the general requirements (1-6) and:

7. Inform learners about what they need to do to earn MOC credit, including participation in the evaluation component. This is sometimes referred to as a "participation threshold."
8. Provide feedback to the learner about their engagement with the activity, and whether the learner met the requirements to earn MOC credit for the activity (see Appendix A for examples).

Board	Accredited CME with Evaluation and Feedback
ABIM	Medical Knowledge
ABOHNS	Self-Assessment
ABS	
ABP	Lifelong Learning & Self-Assessment
ABOS	Self-Assessment Examination

Accredited CME Improvement Activity

In support of the National Academy of Medicine's quality dimensions and the three Aims or six Priorities articulated in the National Quality Strategy, the boards below allow accredited CME activities to be registered in PARS as an Improvement Activity (often called Part IV). An Improvement Activity must meet the general requirements (1-6) and:

9. Address a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity.
10. Have specific, measurable aim(s) for improvement.
11. Include interventions intended to result in improvement.
12. Include data collection and analysis of performance data to assess the impact of the interventions.
13. Define meaningful clinician participation in their activity, describes the mechanism for identifying clinicians who meet the requirements, and provides participant completion information.

Board	Accredited CME Improvement Activity
ABIM	Practice Assessment
ABOHNS	Improvement in Medical Practice
ABPATH	

Accredited Patient Safety CME Activity

The boards below also allow accredited CME activities to be registered as meeting Patient Safety requirements. Patient Safety CME is not a standalone activity type. An activity which is registered for one of the MOC credit types defined in Table 1 may also be registered for patient safety, but no activity can be registered for patient safety alone. A Patient Safety CME activity must meet the general requirements (1-6) for Accredited CME and:

14. Address at least one of the following topics:
    - Foundational knowledge:
        - Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
        - Fundamentals of patient safety improvement (plan, do, study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety
        - Culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture
    - Prevention of adverse events (examples include, but are not limited to):
        - Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)

- Prevention of healthcare acquired infections
- Falls prevention
- Teamwork and care coordination

Board	Accredited Patient Safety CME
ABA	Patient Safety
ABIM	
ABOHNS	

CME for MOC Data Reporting Requirements

Reporting Overview

To register an accredited CME activity for MOC, the accredited provider must supply information about the activity and agree to report learner completion data through PARS. CME providers already use PARS to fulfill their accreditation and year-end reporting requirements. PARS offers providers the added benefit of being able to register CME activities that qualify for MOC by entering additional information. Once learners have engaged in the activity, providers can then report learner completion directly into PARS. The following sections outline the information needed to report activity and learner data.

Access PARS here.

Activity Reporting Requirements

Overview

The accredited provider must report the information listed in Table 2 in PARS to register an activity for MOC. Activities registered for MOC should be entered in PARS prior to the activity taking place and before the accredited provider advertises or promotes the activity. The activity must be entered into PARS and registered for MOC before learner participation can be reported. The ACCME strongly encourages providers to register their MOC activities in PARS as soon as possible as this will allow for timely learner completion reporting. In addition, the activity can be listed in CME Passport, the online search tool for physician-learners.

The ACCME has created a tutorial to assist providers in registering activities offering CME for MOC in PARS. This tutorial covers the process, different types of submission methods, and troubleshooting in the event of errors. Different activity types are reported the same as activities which do not offer MOC:

- Activities that span reporting years, for example, enduring materials: Enter these activities in PARS once (previously they were entered for each reporting year). Report learners under thatsingle ACCME Activity ID.

- Activities that do not span reporting years, for example, annual meetings: Enter these activities only in the years they occurred. The activities should not be entered again in subsequent years to accommodate late MOC learner reporting. Learners should be reported under the original ACCME Activity ID. Use the new credit claim date to give your learners additional time to complete their evaluations after the activity has ended, if needed.

Table 2: Information Required for MOC Activity Registration in PARS

Field	Description
Activity type	Educational approach/methodology/format.
Activity title	The name of the activity.
Activity description	A brief description that would help a learner understand what they can expect to learn in this activity. This could include the activity content, abstract, and/or learning goals or objectives that the activity is addressing. If this activity will be listed on CME Passport, this information will be displayed publically.

Provider Activity ID	The Provider Activity ID is a code or identifier that is created by the accredited organization. It is used in combination with the data in the fields Reporting Year, Activity Type, and Activity Date to uniquely identify activity records.
Location	Where the activity takes place. Only required for in-person events such as courses and regularly scheduled series (RSS).
Activity start date	The date that the activity is available to learners. Learner completion cannot be reported for a date earlier than the activity start date. For an enduring material, the start date is the date of the original release of the most recently reviewed version.
Activity end date	The end date of the activity.
Credit claim date	The credit claim date is the last day a learner can complete an activity offering MOC/CC. This date must fall on or after the end date listed for the activity. If you want to allow your learners some extra time after the end of the activity to complete their evaluation, you may choose a credit claim date some period of time after the activity end date. Any learner completion dates reported must be entered as a date between the start date and the credit claim date of the activity.
AMA PRA Category 1 Credits™	Number of credits designated for the activity. These values must be in 0.25 credit increments.
Providership	Whether the activity is directly or jointly provided.
Certifying Board	The name of the certifying board(s) for which the activity is registered.
Practice Area(s)/Specialties	Which practice area(s) or specialties the activity addresses which varies by board. For ABA the activity must be tagged to at least one content area that correlates to the ABA content outline or blueprint.
MOC Credit Type(s)	The type(s) of MOC credit for which the activity is registered.
MOC Points	The maximum number of MOC points a learner could earn from the activity. The MOC point value defaults to the number of *AMA PRA Category 1 Credits™* and should be equal to or less than this value. These values must be in 0.25 credit increments. For a longitudinal activity such as an RSS, the CME and MOC credit listed should be the total for the entire series, not per session.
CME Passport listing (yes/no)	Activities can be listed on CME Passport, a public search tool for physicians to find CME activities. You can opt out of listing your activity if, for example, it is not available to the public.
Fee for participation	If there is a fee for the learner to participate in the activity.
Provider activity URL	The webpage or website where learners can find additional information about the activity. This could be an activity registration page, if available, or the organization's homepage if there is no specific activity URL. URLs must start with http:// or https:// to be accepted into PARS.
Registration availability	Who may register for the activity. Options are "open to all" or "limited". If the activity is available only to members or staff, please select "limited." "Limited" is only an indication to physicians using CME Passport that the activity may not be available to them. CME Passpost cannot restrict access to an activity via the activity URL. If credit for participation is unavailable to outside participants the provider should take measures to restrict access, or choose to not list the activity on CME Passport.

Agreement/Attestation	Attestation that the activity meets the requirements defined by the selected board(s).

Assigning MOC Credit Amount for Activities

Providers should enter the maximum amount of MOC points a physician could earn for the activity, which should be equal to, or less than, the amount of available CME credit. When providers register activities for boards that accept Accredited CME, the number of MOC credits will default to the number of CME credits available for the activity.

Providers should register longitudinal activities, such as regularly scheduled series (RSS), in PARS as one activity, rather than by session. Providers should report learner completion data following learners' completion of the evaluation mechanism(s). Learner completion information can be submitted multiple times for the same activity, allowing learners to earn the maximum amount of points available. It is up to the provider to determine how and when to administer the evaluation mechanism.

Public Information about activities registered for MOC

CME Passport (www.cmepassport.org) is a publicly available, online search tool that provides a one-stop resource for physician learners seeking to earn MOC credit by participating in accredited CME. Information about activities registered in PARS as offering MOC is considered public information and may be released by the ACCME via CME Passport, or by the certifying board(s) for which the activity is registered. If you choose to list your activity on CME Passport, the following information will be made available:

- Activity title
- Activity Description
- Accredited provider name
- Providership and joint provider name (if applicable)
- Activity URL
- Availability of activity (open to all, or limited to members or staff)
- Whether there is a fee to participate in the activity
- Activity type
- Activity start and end dates
- AMA PRA Category 1 Credit™ amount
- Activity location (if applicable)
- Whether the activity received commercial support
- Certifying board, MOC points available, and MOC credit type(s) offered for the activity
- Other programs for which the activity is registered (REMS and MIPS)
- Outcome measures
- Practice area(s)/specialties the activity addresses
- Activity content summary (activities registered for ABA MOCA® only)

Learner Completion Reporting Requirements

Overview

Accredited providers that offer CME for MOC are required to report individual learner completion information in PARS. The provider must have systems, resources, and processes in place to:

- Collect the learner completion data described in Table 3 below.
- Obtain permission from the learner to share completion data with the ACCME and the certifying board(s).
- Transmit the completion data through PARS on behalf of the learner upon successful completion of the activity.

The ACCME has created a step by step tutorial to assist providers in submitting learner completion data into PARS. This tutorial covers the process, different types of submission methods, and troubleshooting in the event of error.

Learner Reporting Timelines

Board-certified physicians must complete MOC requirements within specific time frames; therefore accredited providers are asked to submit learner completion data in PARS within 30 days of the learner engaging in the activity and completing the MOC requirements.

It is up to the provider to determine how long the evaluation period remains available to the learners. This will help ensure that learners can get credit for the activities in a timely manner, prior to their MOC deadlines. See the sections later in this document for any board-specific requirements regarding learner reporting.

The ACCME and the boards expect that learner data will be entered into PARS in a timely manner after their engagement in the activity, however, providers can continue to submit learner completion information in PARS for the current and immediate-past reporting years for records which were not originally submitted due to technical error, mismatching or missing information, etc. For example, 2023 learner completion information can be submitted through 3/31/2025; 2024 learner completion information can be submitted through 3/31/2026. The completion date needs to be within the activity start date and the credit claim date for the activity.

Providers can request permission to submit learner completion information older than 2 years from the individual boards.

Table 3: Information Required to Report Learner Completion Data

Field	Description	Required/Optional
Learner ID	This is the unique ID assigned by the member board to each learner. Physicians who do not know their board ID should contact their member board for this information	Required for all boards except ABS and ABOS
First Name	Physician's first name	Required
Last Name	Physician's last name	Required
Date of Birth (Month and Day only)	Physician's date of birth in mm/dd format. Do not include the actual year of birth. For XML and web services, use 1904 as the year of birth.	Required for all boards except ABA and ABP
Activity Completion Date	Date the physician completed the activity in mm/dd/yyyy format. MOC credit will be awarded as of this date. This date will need to fall within the start and credit claim dates listed for this activity	Required
PARS Activity Identifier	A unique, 9-digit numeric value automatically assigned by PARS when an activity record is created	Required
Credits	Amount of MOC points earned in increments of .25	Required
Credit Type	Type of MOC credit(s) earned. Varies by board	Required
Credit Type Amount	The amount of credit for each credit type being submitted.	Not required if using the tab-delimited batch
National provider identifier (NPI)	National unique identification number for healthcare providers	Optional

If activities are registered for more than one certifying board and participating learners are certified by more than one board, a completion record will need to be submitted to each of the applicable boards.

Use of Learner Data

If learner data will be shared with ACCME and the applicable certifying board, this must be disclosed to the learners prior to the beginning of the activity. This transparency allows learners to decide if they wish to participate in activities that provide their data to other entities.

Learner completion information is governed by the applicable certifying board's confidentiality policy. Identifiable patient data must not be provided to ACCME or any certifying board by any organization or learner. Accredited providers are responsible for ensuring that the appropriate data privacy and security safeguards are in place and conform to all relevant regulatory and industry requirements.

Awarding MOC Credits

MOC credits reported for an individual learner may be equivalent to or less than the maximum number of points for the activity with some exceptions. It is up to the provider to determine how and when to administer the evaluation mechanism. Learner completion may be reported several times within an activity, and the provider can indicate specific dates of completion.

Some boards may have rules about whether a learner can receive MOC credit more than once for participating in the same activity with the same completion date, for example, for participation in Internet searching and learning. These rules are outlined in the board-specific sections in this document.

Longitudinal activities, such as RSS should have learner completion data reported following completion of the evaluation mechanism(s). It is up to the provider to determine how frequently these mechanisms are utilized; however, the ACCME encourages providers to evaluate throughout the series so physicians can see these points reflected on an ongoing basis, and not have to wait until the end of the year.

Certain activity types may have learner completion totals that exceed the amount of credit available for the activity. Physicians are generally allowed to earn more than the maximum amount of credit for internet searching and learning, learning from teaching, test-item writing, manuscript review, and committee learning.

Program Fees and Learner Fees

Neither ACCME nor any of the participating certifying boards charge CME providers a fee to register activities for MOC. The ACCME and the certifying boards may revisit their fee structures in the future.

Providers are responsible for all costs associated with developing and delivering the activity. There is no policy that precludes the provider from charging a fee to learners for participation in the activity. Neither the ACCME nor the certifying boards will reimburse fees charged by the provider to physician learners.

Communication of MOC Recognition

Accredited providers must communicate to their learners that the activity has been registered to offer MOC credit, including for which certifying board, how many points and which credit types. Some boards have specific requirements which can be found in their section.

The MOC statement must appear on all MOC activity materials and brochures distributed by accredited organizations, with the exception of initial, save-the-date type activity announcements, provided such announcements contain only general, preliminary information about the activity such as the date, location, and title. If additional specific information is included, such as faculty and objectives, the MOC statement must be included.

Most of the boards provide CME for MOC badges, trademarks, and/or logos that may be used to market activity materials. These can be found on the ACCME website. Links are provided in the board-specific sections in this document.

If an accredited provider is offering MOC credit for an activity for more than one certifying board, they may choose to combine the information into one recognition statement for the activity. The provider must

ensure that the statement includes the board name, and amount and type of credit for each board. Below is an example of how this might be communicated for an activity offering ABIM and ABP:

> *"Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to:*
>
> *-10 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program; and*
> *-10 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program.*
>
> *It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM or ABP MOC credit."*

Providers should include instructions to the learners about any steps they must take to initiate the transfer of their activity completion data to the ACCME, including any applicable organizational deadlines.

Audits

Activity reviews may be performed by the ACCME and by the certifying board(s) at any time. The purpose of an activity audit is to evaluate evidence furnished by the CME provider to determine if the activity complies with requirements for designating the activity for MOC. Accredited providers agree to participate in an audit of their activity(ies), and if audited, to submit any requested documentation or materials within 30 days of the initial request for information. See Appendix B: Planning and Audit Guide for more information about the documentation that providers need to be submit for an audit.

Board-Specific Requirements

Although many of the boards' MOC requirements are aligned, some boards have additional, specific requirements. Use the links below to access the section of this guide with each board's requirements:

American Board of Anesthesiology (ABA)
American Board of Internal Medicine (ABIM
American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)
American Board of Orthopaedic Surgery (ABOS) – **COMING LATER IN 2023**
American Board of Pathology (ABPath)
American Board of Pediatrics (ABP)
American Board of Surgery (ABS)

American Board of Anesthesiology (ABA)

Overview

ABA refers to their program as MOCA 2.0® - Maintenance of Certification in Anesthesiology Program®. More information about MOCA 2.0® and the requirements that ABA diplomates must complete can be found here.

Credit Types

ABA allows activities to be registered for Lifelong Learning (Accredited CME) and Patient Safety (Accredited Patient Safety CME).

Special Activity Requirements

All CME activity formats are accepted; however, CME providers may not register activities that are advertised as "board review" or "board preparation."

Providers will need to tag at least one content area for the activity that correlates to the ABA content outline or blueprint.

Practice Areas
ABA requests that activities be associated with the most applicable practice area(s) the activity covers

ABA Practice Areas		
Ambulatory/Outpatient	Neuro Anesthesia	Regional Anesthesia/Acute Pain
Cardiac Anesthesia	Neurocritical Care	Sleep Medicine
Critical Care Medicine	Obstetric Anesthesia	Thoracic Anesthesia
General Operative Anesthesia	Pain Medicine	Trauma
Hospice and Palliative Medicine	Pediatric Anesthesia	

Special Learner Reporting Requirements
A learner can only receive participation credit for completing each unique activity (ACCME Activity ID) once per day (date completed).

Recognition Statement
The following statements should be used when promoting activities registered for ABA:

- For *AMA/PRA Category 1 Credit*™ only: "This activity contributes to the CME component of the American Board of Anesthesiology's redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements."
- For *AMA/PRA Category 1 Credit*™ with patient safety content: "This activity offers up to xx CME credits, of which xx credits contribute the patient safety CME component of the American Board of Anesthesiology's redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements."

Communication Badge
ABA provides a badge accredited providers can use to identify and promote CME activities that are registered for ABA MOCA. Download the badge here.

Physician Information
ABA has a physician look-up tool publicly available on their website that informs users whether or not a physician is participating in MOC.

Questions for the Board
In the event the provider needs to contact ABA directly, or if there are any questions on the ABA's content outline, please email cme@theaba.org.

American Board of Internal Medicine (ABIM)
Overview
ABIM refers to their program as Maintenance of Certification (MOC). More information about ABIM MOC and the requirements ABIM diplomates must complete can be found here. ABIM refers to this collaboration with ACCME as the ABIM MOC Assessment Recognition Program.

Credit Types
ABIM allows activities to be registered for Medical Knowledge (Accredited CME with Evaluation and Feedback), Practice Assessment (Accredited CME Improvement Activities), and Patient Safety (Accredited Patient Safety CME).

Practice Areas

ABIM requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers.

ABIM Practice Areas		
Adolescent Medicine	Geriatric Medicine	Nephrology
Adult Congenital Heart Disease	Hematology	Neurocritical Care
Advanced Heart Failure and Transplant Cardiology	Hospice and Palliative Medicine	Pulmonary Disease
Cardiovascular Disease	Hospital Medicine	Rheumatology
Clinical Cardiac Electrophysiology	Infectious Disease	Sleep Medicine
Critical Care Medicine	Internal Medicine	Sports Medicine
Endocrinology, Diabetes, and Metabolism	Interventional Cardiology	Transplant Hepatology
Gastroenterology	Medical Oncology	

Recognition Statement

The following statement should be used when promoting activities registered for ABIM that are not patient safety:

> "Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [*MOC point amount*] MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit."

The following statement should be used when promoting activities registered for ABIM that are patient safety:

> "Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [*MOC point amount*] MOC points and patient safety MOC credit in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit."

Communication Badge

ABIM provides a badge to identify and promote CME activities that are registered for ABIM MOC which can be found here.

Physician Information

ABIM has a physician look-up tool publicly available on their website. This tool contains information on the physician's name and ABIM board ID.

Questions for the Board

In the event the provider needs to contact ABIM directly, please email mocprograms@abim.org.

American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)

Overview

ABOHNS refers to their program as Continuing Certification. More information about ABOHNS and the requirements ABOHNS diplomates must complete can be found here.

Credit Types

ABOHNS allows activities to be registered for Self-Assessment (Accredited CME with Evaluation and Feedback), Patient Safety (Accredited Patient Safety CME), and Improvement in Medical Practice (Accredited CME Improvement Activities).

Practice Areas

ABOHNS requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers.

ABOHNS Practice Areas		
Allergy	Otology	Sleep Medicine
Facial Plastic & Reconstructive Surgery	Rhinology	General Otolaryngology
Head & Neck	Neurotology	
Laryngology	Pediatric Otolaryngology	

Special Activity Requirements

In order for an activity to be registered for Patient Safety, it only needs to be relevant to patient safety. The prescribed topics mentioned in the main section of this document are not required.

Recognition Statement

The following statement should be used when promoting activities registered for ABOHNS:

> "Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn their required annual part II self-assessment credit in the American Board of Otolaryngology – Head and Neck Surgery's Continuing Certification program (formerly known as MOC). It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of recognizing participation."

Physician Information

ABOHNS has a physician look-up tool publicly available on their website. This tool contains information on the physician's name, ABOHNS board ID, and whether the physician is participating in MOC.

Questions for the Board

In the event the provider needs to contact ABOHNS directly, please email moc@aboto.org.

American Board of Orthopaedic Surgery (ABOS) – COMING LATER IN 2023

Overview

ABOS refers to their program as Maintenance of Certification. More information about ABOS and the requirements ABOS diplomates must complete can be found here.

Credit Types

ABOS allows activities to be registered for Accredited CME and Self-Assessment Examination (Accredited CME with Evaluation and Feedback). For an activity to be registered for Self-Assessment

Examination (SAE) credit, it must first be pre-approved by the ABOS. **Only providers that have activities already approved by ABOS should select Self-Assessment Examination credit when registering activities in PARS.**

Practice Areas

ABOS requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers.

ABOS Practice Areas		
Adult Reconstruction	Orthopaedic Sports Medicine	Surgery of the Hand
Foot and Ankle	Orthopaedic Trauma	Surgery of the Spine
General Orthopaedics	Pediatric Orthopaedic Surgery	
Musculoskeletal Oncology	Shoulder and Elbow	

Special Activity Requirements

The ABOS requires that CME activities be specifically related to orthopaedics or orthopaedic subspecialties to be eligible for MOC credit. In order to be eligible to be registered for ABOS MOC credit, the activity must be related to the **prevention, diagnosis, and treatment of diseases and injuries of the musculoskeletal system**. Activity content that covers a general topic related to the practice of medicine may be eligible if the content is specific to orthopaedics and/or the musculoskeletal system. Below are some examples of content that is eligible and not eligible for ABOS MOC. You can find more detailed information here.

Eligible	**Not Eligible**
Patient Safety	Billing, coding, IDC and CPT coding
Informed Consent	Third party payer regulations
Domestic violence and child abuse assessment	Regulatory compliance (ACA, HIPAA, etc.)
Ethics and professionalism	Electronic medical record training and use
Communicating with patients	General leadership training
Practice improvement specific to patient care	Financial, HR or IT practice improvement
Advanced trauma life support	Challenges in the workplace

Recognition Statement

The following statement should be used when promoting activities registered for ABOS. If the activity does not offer self-assessment examination credit, please remove the [bracketed text]:

> "Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME [and Self-Assessment Examination requirements] of the American Board of Orthopaedic Surgery's Maintenance of Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABOS credit."

Physician Information

ABOS has a physician look-up tool publicly available on their website. This tool contains information on the physician's name, certification status, and whether the physician is participating in MOC.

Questions for the Board

In the event the provider needs to contact ABOS directly, please email communications@abos.org.

American Board of Pathology (ABPath)

Overview

ABPath refers to their program as Continuing Certification. More information about ABPath and the requirements for ABPath diplomates can be found here.

Credit Types

ABPath allows activities to be registered for Lifelong Learning (Accredited CME) and Improvement in Medical Practice (Accredited CME Improvement Activities).

Practice Areas

ABPath requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers. More information about the different practice areas can be found here.

ABPath Practice Areas		
All Practice Areas (e.g. ethics)	Forensic Pathology	Neuropathology (incl. Neuromuscular)
Blood Bank/Transfusion Medicine	GI (incl. Liver, Pancreas, Biliary)	Patient Safety
Breast	Head & Neck/ Oral	Pediatric Pathology
Cardiovascular	Hematology (Blood, BM)	Placenta
Chemical Pathology	Hematopathology (LN, Spleen)	Pulmonary, Mediastinum
Clinical Informatics	Hemostasis & Thrombosis/Coagulation	Renal/Medical Renal
Clinical Pathology	Infectious Diseases/ Medical Microbiology	Soft Tissue & Bone
Cytopathology	Lab Management	Surgical Pathology
Dermatopathology	Male Genital	Transplant Pathology
Endocrine	Medical Director	Urinary Tract
Female Reproductive	Molecular Genetic Pathology	

Recognition Statement

ABPath does not have a formal statement, however accredited providers must clearly indicate to learners that the activity has been registered to offer credit in the American Board of Pathology's Continuing Certification program on activity materials. This language must include the specific credit type(s) and number of credits available: Lifelong Learning (CME) and/or Improvement in Medical Practice (Part IV).

Communication Badge

ABPath provides a badge to identify and promote CME activities that are registered for ABPath credit, which can be found here.

Questions for the Board

In the event the provider needs to contact ABPath directly, email john@abpath.org.

American Board of Pediatrics (ABP)

Overview

ABP refers to their program as Maintenance of Certification (MOC). More information about ABP MOC and the requirements ABP diplomates must complete can be found here.

Credit Types

ABP allows activities to be registered for Lifelong Learning and Self-Assessment (Accredited CME with Feedback).

Practice Areas

ABP requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers.

ABP Practice Areas		
Adolescent Medicine	Neurodevelopmental Disabilities	Pediatric Nephrology
Child Abuse Pediatrics	Pediatric Cardiology	Pediatric Neurology
Developmental-Behavioral Pediatrics	Pediatric Critical Care Medicine	Pediatric Pulmonology
General Pediatrics	Pediatric Emergency Medicine	Pediatric Rheumatology
Hospice & Palliative Medicine	Pediatric Endocrinology	Pediatric Transplant Hepatology
Hospital Medicine	Pediatric Gastroenterology	Sleep Medicine
Medical Toxicology	Pediatric Hematology-Oncology	Sports Medicine
Neonatal-Perinatal Medicine	Pediatric Infectious Diseases	Professionalism/Patient Safety/Other Skills

Special Activity Requirements

CME Providers may not register Committee Learning or Performance Improvement activity types for ABP MOC.

Special Learner Reporting Requirements

A learner can only receive participation credit for completing each unique activity (ACCME Activity ID) once per day (date completed) except for completions entered for Internet Searching and Learning and Journal-Based CME.

ABP diplomates must meet reporting requirements prior to their mid-December deadlines each year. Accredited providers are therefore asked to submit learner completion data to ACCME within 30 days of the learner's completion date and no later than December 1 of the current calendar year. While credit can be entered and will be accepted after that date, it may be too late for a diplomate whose certification depends upon receiving the credit in that particular year. Any activities completed after December 1 must be entered immediately into PARS. Timely reporting helps ensure that diplomates can get credit for the activities in which they engage in the correct ABP reporting year, while meeting any associated deadlines.

Recognition Statement

The following statement should be used when promoting activities registered for ABP:

> "Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to [XX] MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit."

Communication Badge

ABP provides a badge to identify and promote CME activities that are registered for ABP MOC points which can be found here.

Physician Information

ABP has a physician look-up tool publicly available on their website. This tool contains information on the physician's name and ABP board ID.

Questions for the Board
In the event the provider needs to contact ABP directly, email MOCAMpeds@abpeds.org.

American Board of Surgery (ABS)

Overview
ABS refers to their program as Continuous Certification (CC). More information about ABS CC and the requirements ABS diplomates must complete can be found here.

Credit Types
ABS allows activities to be registered as Accredited CME and Self-Assessment (Accredited CME with Evaluation and Feedback).

Practice Areas
ABS requests that activities registered for their program be associated with the most applicable practice area(s) the activity covers.

ABS Practice Areas		
Bariatric Surgery	Hospice & Palliative Medicine	Surgical Critical Care
Complex General Surgical Oncology	Neurocritical Care	Vascular Surgery
Hand Surgery	Pediatric Surgery	General Surgery

Special Learner Reporting Notes
ABS does not require the Learner ID (ABS ID) to be submitted for learner reporting. Matches are made on first name, last name and month and day of birth. If no clear match can be made using those fields, the ABS ID will be required to make a learner match. ABS also has a wider submission date range for credit, allowing credit to be reported in PARS for a 5-year period from the completion date.

Recognition Statement
The following statement should be used when promoting activities registered for ABS. If the activity does not offer self-assessment, please remove the [*bracketed text*]:

"Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME *[and Self-Assessment requirements*] of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit."

Communication Badge
ABS provides a logo to identify and promote CME activities that are registered for ABS CC credit, which can be found here.

Questions for the Board
In the event the provider needs to contact ABS directly, please email cmeactivities@absurgery.org.

Appendix A: Evaluation and Feedback Resources

Participating certifying boards and ACCME share the expectation that accredited providers evaluate the impact of their activities on learners' competence, performance or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports MOC. Some certifying boards may have evaluation requirements in addition to those provided in the table below, as outlined in the board-specific sections above.

ACCME requirements related to evaluation can be found as part of the Accreditation Criteria.

Component	Requirement	Expectation
Evaluation Mechanism	All activities, including live activities, must include a comprehensive evaluation component that assesses individual learner competence, performance, and/or the impact on patient outcomes.	The evaluation measures the competence or performance of the individual learner and not of the activity. Evaluation methods employed should be able to identify individual learning (not anonymous).
Participation Threshold	The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit.	The participation threshold must be clearly communicated to the learner prior to engagement in the activity. The learner must meet the participation threshold set by the provider before credit is reported.
Feedback	All activities must include feedback to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate.	Evaluation of the learner and feedback to the learner must be completed before completion credit may be awarded.

Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level.
- The provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce valuable information about learner change.
- The accredited provider determines the passing standard/participation threshold of the evaluation and can give instructions to their learners about what they need to do in order to earn MOC credit.
- The accredited provider must be able to demonstrate that the learner has engaged in the evaluation for the educational activity and met the threshold to earn MOC credit.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the physician learners who met the minimum participation threshold. This does not need to include the answers submitted by learners.
- Learner completion data should be reported into PARS after the learner has participated in the evaluation, met the participation threshold, and received feedback. The general expectation by the boards is that learners will be submitted into PARS no more than 30 days after they complete the evaluation so learners can see their MOC credit reflected.

Mechanism	Evaluation Method	Participation Threshold	Feedback Method
Case Discussion	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
Written responses	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
Audience response system	Learners select answers to provocative questions using the ARS. The ARS must be traceable to the individual.	Learners engage adequately with an acceptable number of attempts. Threshold set by provider.	Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.
Quiz	Learners complete answers to a quiz during or after an activity.	Percent of correct answers set by provider.	Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.
Table-top exercise	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
Simulation	Learners demonstrate strategy/skill in a simulated setting—could be role-play or formal simulation lab.	Learner participates in simulation as judged by a facilitator or observer.	Best practice or technique is discussed and shared throughout, or at the conclusion of the simulation
Review of manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.	Acceptable quality of the manuscript review is determined by the editor.	Editor provides feedback on the adequacy of the review to the learner.
Writing test items	Learners write test items that are evaluated by committee chair and peers.	Item quality is adequate as determined by committee chair.	Feedback is received from peers and committee chair throughout the writing process.
Learning from teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled in order to teach the material.	A reflective evaluation by the teacher/learner identifying ways in which the knowledge gaps were filled.	Structured, documented feedback provided to teacher by a mentor or peer upon review of the gap and the identified learning.

Accredited providers have asked for examples that would illustrate the use of reflective statements as the mechanism for evaluation in large, live activities. Please note these examples are for illustrative purposes only and are not meant to be the only way that reflective statements might be used either alone or as part of a broader evaluation mechanism.

Example 1: The provider plans a multi-day, large live activity that includes a wide variety of sessions (e.g., case discussion, didactic, skills-training). In the case discussion and skills-training sessions, facilitators manage the discussion/training and record those learners who demonstrate meaningful participation. To assess learning overall for the activity, learners are asked to keep a learning journal and are given time at the start of each session to record their intended learning goals, learning points achieved, and an intent to

change as a result of the activity. The learning journals are reviewed for completeness and suggested resources are provided back to the learners.

Example 2: A provider convenes a live meeting to optimize communication with patients, with peers, and with students. Each learner self-identifies the theme that they seek to pursue (such as optimal communication with patients) from the meeting agenda and completes a digital diary as they learn through the activity. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 3: A provider plans a large annual meeting with a range of content related to a specific specialty field. The meeting has tracks that help learners select the sessions that meet their own learning needs. Learners are asked to write one or more reflective statements linking their own needs with the content in the track. Key faculty from each track review the reflective statements for appropriateness and provide feedback to individual learners.

Example 4: A provider plans a large annual meeting with a range of content related to a specific specialty field. Learners are asked to choose 10 sessions reflective of their top learning priorities and to keep track of at least one key learning point from each of the sessions. Toward the end of the meeting, a special homeroom-style session is held where learners share their top patient problems, their key learning points, and discuss with their colleagues. Faculty members review learning points and attest to engagement.

Example 5: The provider develops a 3-day workshop focused on improving quality of care for children with chronic musculoskeletal disability. The program includes a didactic focus on management of acute rheumatologic presentations, a series of case presentations, and a skill development program about effective application of orthopedic casts. The participation of the learners in the program is verified, and learners are asked to complete a series of reflective statements about what they learned and what they will change. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 6: A provider convenes a half-day live program focused on optimizing palliative care that includes a variety of case presentations, discussions, and interviews with patients. At the conclusion of the activity, learners are provided with the learning objectives for the activity and asked to document their own reflective statements and intent to change. The group reconvenes to discuss and share what they wrote for these statements and give feedback to each other; a facilitator confirms that each learner engaged and participated in this discussion and peer-feedback.

Appendix B: Planning and Audit Guide

CME providers can use the grid below to guide them in planning their CME activities to ensure that they are meeting the requirements of the boards, as well as ensuring that they are prepared to respond should they be audited. The grid is organized by the MOC credit type requirements, general requirements and then board-specific requirements. A worksheet version of this guide can be found here.

Requirement		Example(s) of acceptable evidence	Board comments
Accredited CME			
1.	The activity is directly/jointly provided by an organization accredited in the ACCME System.	This requirement is met by any accredited CME activity.	Required for all boards and all MOC credit types.
2.	The activity is designated for *AMA PRA Category 1 Credit*™.	This requirement is met by any accredited CME activity.	Required for all boards and all MOC credit types.
3.	The activity is planned in the context of one or more of the ABMS/ACGME Competencies.	This requirement is met by any accredited CME activity.	Required for all boards and all MOC credit types.
4.	Activity is relevant to board learners.	A description of the professional practice gap and educational need for the activity.	Required for all boards and all MOC credit types.
5.	The Activity is free of commercial bias and control of an ineligible entity.	All accredited CME must meet this requirement, per ACCME Standards for Integrity and Independence in Accredited Continuing Education.	Required for all boards and MOC credit types.
6.	Learner evaluation	A description of how the evaluation is conducted. A copy of the evaluation tool (e.g., multiple–choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises).	Required for all boards and MOC credit types.
Accredited CME with Evaluation and Feedback			
7.	Participation threshold	A description of the minimum participation threshold (e.g., score, correct written or shared response, etc.)	Required for all boards with this credit type.
8.	Learner feedback	A description of the process used to provide feedback to learners. A copy of the feedback tool or sample of feedback provided to learners. Verification that the learners successfully met the minimum participation threshold for the activity.	Required for all boards with this credit type.
Accredited CME Improvement Activity			
9.		A description of how the activity addresses a quality or safety gap.	Required for all boards with this credit type.

10.		A description of how the activity is designed to assess/improve quality of practice.	
11.		A description of the specific, measurable aims for improvement.	
12.		A description of the interventions intended to result in improvement.	
13.		A description of how the data collection and analysis assesses the impact of the interventions.	
Accredited Patient Safety CME			
14.	Patient Safety	Demonstration that the activity addressed either foundational knowledge of patient safety or prevention of adverse events.	Required for all boards with this credit type.
Additional Requirements			
Collect permission to share learner data		Evidence that physician learners were informed that their participation information would be shared with their Board via ACCME's PARS prior to the start of the activity.	Required for all boards.
Statement of MOC Recognition		Evidence that a statement outlining the name of the board and credit details was provided to learners prior to the start of the activity.	Required for all boards. Language outlined in the board-specific sections in this document.

Appendix C: Glossary

Term or Acronym	Definition
American Board of Medical Specialties (ABMS)	The American Board of Medical Specialties (ABMS) works in collaboration with 24 certifying Member Boards to maintain the standards for physician certification.
Audit	A request for material evidence of a CME provider meeting the expectations of a given board's MOC program requirements.
Continuing or Continuous Certification	A process or program by which a board-certified physician continues to remain certified. Also referred to as Maintenance of Certification by some boards.
Diplomate	A physician that has earned board certification for one or more of the 24 ABMS certifying boards.
MOC Part II	MOC requirement of ABMS board-certified diplomates to participate in high-quality, unbiased educational and self-assessment activities.
MOC Part IV	MOC requirement of ABMS board-certified diplomates to engage in ongoing assessment and improvement activities to improve patient outcomes and demonstrate use of evidence and best practices compared to peers and national benchmarks. Often referred to as Improvement in Medical Practice, Practice Assessment, Practice Improvement and/or Quality Improvement.
Improvement in Medical Practice	MOC requirement of ABMS board-certified diplomates to engage in ongoing assessment and improvement activities to improve patient outcomes and demonstrate use of evidence and best practices compared to peers and national benchmarks. Often referred to as Part IV.
Institute of Medicine (IOM)	The Institute of Medicine (IOM), now known as the National Academy of Medicine, is affiliated with the National Academies of Science and serves as a nonprofit organization devoted to providing leadership on health care.
Lifelong Learning	MOC requirement of ABMS board certified diplomates to participate in high-quality, unbiased educational and self-assessment activities. Often referred to as Part II.
Maintenance of Certification (MOC)	A process or program by which a board-certified physician continues to remain certified. Also referred to as Continuous Certification or Continuing Certification by some boards.
Medical Knowledge	MOC requirement of ABMS board-certified diplomates to participate in high-quality, unbiased educational and self-assessment activities. Often referred to as Part II.
National Provider ID (NPI)	The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. It is a unique identification number for covered healthcare providers.
Program and Activity Reporting System (PARS)	All accredited providers in the ACCME System are required to submit data about their activities and programs in the Program and Activity Reporting System (PARS).
Patient Safety	While not a formal MOC requirement per the ABMS, some boards have a requirement that some activity(ies) completed as part of meeting MOC requirements cover patient safety topics.

Practice Assessment	MOC requirement of ABMS board-certified diplomates to engage in ongoing assessment and improvement activities to improve patient outcomes and demonstrate use of evidence and best practices compared to peers and national benchmarks. Often referred to as Part IV.
Self-Assessment	MOC requirement of ABMS board-certified diplomates to participate in high-quality, unbiased educational and self-assessment activities. Often referred to as Part II. Some boards may refer to activities that include diplomate self-assessment as SAMs (Self-Assessment Modules).

Version History

Version	Date	Notes
1.0	3/5/2020	CME for MOC guide published, individual program guides combined into one guide
1.1	4/9/2020	ABIM temporarily suspended the peer review requirement for COVID-19 activities only, through 12/31/2020. See Special Activity Requirements section for more details.
1.2	5/20/2020	Edited practice areas for the American Board of Pathology. Removed Flow Cytometry and General Pathology/Basic Science and updated Informatics to Clinical Informatics.
1.3	10/19/2020	Added American Board of Surgery to the program guide, removed Self-Assessment as a credit type for the American Board of Pathology, removed restriction on Internet Searching and Learning for the American Board of Pediatrics.
1.4	12/15/2020	Removed references to ABIM's discontinued peer review and test item writing requirements. Updated references to reflect the new Standards for Integrity and Independence in Accredited Continuing Education.
1.5	1/20/2021	Updated ABO's program name to Continuing Certification. Removed references to ABO's MOC communication badge.
1.6	3/15/2021	Updates to ABO's recognition statement.
1.7	7/29/2021	Updated references to reflect the new Standards for Integrity and Independence in Accredited Continuing Education.
1.8	11/16/2021	Updates to align with new PARS release. Updates to the ABIM recognition statement.
1.9	03/23/2022	Added Neurocritical Care as a practice area for ABA, ABIM and ABS.
2.0	11/30/2022	Added Bariatric Surgery as a practice area for ABS.
2.1	03/01/2023	Removed section for American Board of Ophthalmology (ABO) to reflect the withdrawal of the board from the program.
2.2	06/06/2023	Added section for American Board of Orthopaedic Surgery (coming soon). Updated submission range for ABS.