

American Board of Otolaryngology

Serving the Public and the Profession since 1924

Maintenance of Certification Application For Lifetime Diplomates



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INCORPORATED IN 1924

Profile and Demographic Information

Last Name

First Name

Full Middle (No Initials)

Work Address

Home Address

Work Line 1

Home Line 1

Work Line 2

Home Line 2

City, State Zip Code

City, State Zip Code

Work Number

Home Number

Fax Number

Area Code/Number

Area Code/Number

Area Code/Number

E-Mail Address

Licensure

State/Province	Expiration Date	Status

Other Specialty Board Certification:

MOC REQUIREMENTS AT A GLANCE

Part I – Professionalism and Professional Standing

The participant must complete an annual reporting form, update licensure information. Pay annual fee of \$310.

Part II – Lifelong Learning and Self-Assessment

Each participant must obtain 25 CME units per year, 60% of which must be in otolaryngology. The participant is required to successfully complete one ABOto self-assessment module in a specialty area of his/her choice per year.

Part III – Assessment of Knowledge, Judgment, and Skills

The participant is required to pass a closed book, computer-based exam once during the last three years of the 10 year MOC cycle.

Part IV – Improvement in Medical Practice

Part IV is under development. **The three components of Part IV include:**

- A patient survey
- A peer survey
- A registry that will be the basis for quality improvement activities.

The requirements for the ten year MOC cycle are summarized in the following table in which X indicates a required action:

Year	1	2	3	4	5	6	7	8	9	10
Part I	*	*	*	*	*	*	*	*	*	*
Part II	*	*	*	*	*	*	*	*	*	*
Part III								Exam Available	Exam Available	Exam Available
Part IV	*						*			

Please indicate the options below that best represent your interest in the MOC program

- Educational Purposes
- General Interest
- Hospital Privileges or Practice Requires Participation
- State Licensure Requirements
- Other_____

What is the main focus of your practice? Check all that apply

- | | |
|---------------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Allergy | <input type="radio"/> Neurotology |
| <input type="radio"/> Facial Plastic and Reconstructive | <input type="radio"/> Otology |
| <input type="radio"/> General | <input type="radio"/> Pediatric Otolaryngology |
| <input type="radio"/> Head and Neck | <input type="radio"/> Rhinology |
| <input type="radio"/> Laryngology | <input type="radio"/> Sleep Medicine |

What is your current practice setting?

- Academic practice
- Military
- Multispecialty group practice
- Single specialty group practice
- Solo practice

Once the application is complete, please send (according to your preference) to the ABOto office:

Email: [Click here to send via email to MOC@aboto.org](mailto:MOC@aboto.org)

Or

Mail: Mail to the ABOto office at:

American Board of Otolaryngology
Attn: MOC Coordinator
5615 Kirby Dr., Suite 600
Houston, TX 77005