American Board of Otolaryngology
Serving the Public and the Profession since 1924

Maintenance of Certification Application
For Lifetime Diplomates

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Houston, TX 77005-2444

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INCORPORATED IN 1924
Profile and Demographic Information

Last Name ____________________________  First Name ____________________________  Full Middle (No Initials) ____________________________

Work Address

Work Line 1 ____________________________  Home Address

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

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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:

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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

- Allergy
- Facial Plastic and Reconstructive
- General
- Head and Neck
- Laryngology
- Neurotology
- Otology
- Pediatric Otolaryngology
- Rhinology
- 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