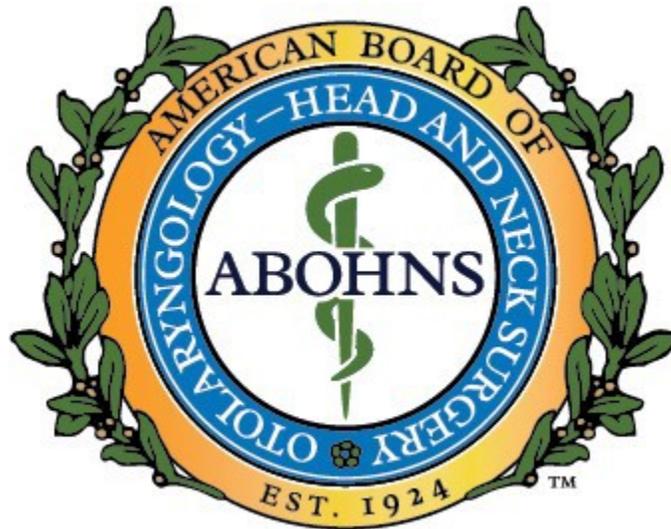


# THE AMERICAN BOARD OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY

Serving the Public and the Profession since 1924

## BOOKLET OF INFORMATION

**Otolaryngology Training Examination  
Primary Certification  
Neurotology Subspecialty Certification  
Sleep Medicine Subspecialty Certification  
Continuing Certification**



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Brian Nussenbaum, MD, MHCM  
Executive Director  
5615 Kirby Drive, Ste. 600  
Houston, TX 77005-2444

Phone: 713-850-0399  
Fax: 713-850-1104  
[www.abohns.org](http://www.abohns.org)

## **SPONSORING ORGANIZATIONS**

American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Otolaryngic Allergy  
American Academy of Otolaryngology-Head and Neck Surgery  
American Broncho-Esophagological Association  
American Laryngological Association  
American Laryngological, Rhinological and Otological Society  
American Neurotology Society  
American Otological Society  
American Rhinologic Society  
American Head and Neck Society  
American Society of Pediatric Otolaryngology  
Association of Academic Departments of Otolaryngology-Head and Neck Surgery  
Section of Otolaryngology-Head and Neck Surgery of the American Medical Association  
Society of University Otolaryngologists-Head and Neck Surgeons  
Otolaryngology Program Directors Organization  
American Society of Geriatric Otolaryngology

## **MISSION**

*The American Board of Otolaryngology – Head and Neck Surgery (ABOHNS) serves the public by assuring that diplomates meet our standards of training, knowledge and professionalism through initial and continuing certification.*

The ABOHNS's fiduciary responsibility is to the public. Although the ABOHNS carefully considers the concerns of and impact on our diplomates, it is what is in the public's best interest that guides the ABOHNS's decision making process.

## **OBJECTIVES**

The objectives of the ABOHNS are:

1. To establish standards of qualification for otolaryngologists-head and neck surgeons who desire and request Board certification.
2. To determine which candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of otolaryngologist-head and neck surgeons.

The ABOHNS certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

# HISTORY

The American Board of Otolaryngology-Head and Neck Surgery (ABOHNS) was founded and incorporated in 1924 and is the second oldest of the twenty-four member boards of the American Board of Medical Specialties (ABMS). The Board is a 501 (c) 6 non-profit organization.

Founding members included two representatives from each of the following specialty organizations: the American Laryngological Association, the American Otological Society, the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Otolaryngology, and the Section on Laryngology, Otology and Rhinology of the American Medical Association. This group of ten founding members, delegated authority by the above organizations, was established as the ABOHNS.

Since then, several other organizations have become sponsoring organizations: the American Broncho-Esophagological Association (1947), the American Society for Head and Neck Surgery (1947), the American Academy of Facial Plastic and Reconstructive Surgery (1971), the American Society of Ophthalmologic and Otolaryngologic Allergy (1974), the American Society of Pediatric Otolaryngology (1989), the American Neurotology Society (1991), the American Rhinologic Society (1994), the Association of Academic Departments of Otolaryngology-Head and Neck Surgery (1995), and the Society of University Otolaryngologists-Head and Neck Surgeons (1995).

The ABOHNS is located in Houston, Texas, and is a separate and distinct organization from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) located in Alexandria, Virginia, which is the specialty's largest membership organization.

## DEFINITION OF A CERTIFIED SPECIALIST IN THIS FIELD OF MEDICINE

An otolaryngologist-head and neck surgeon is a physician who has been prepared by an accredited residency program to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems and related structures of the head and neck.

The otolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of:

- The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology and neurology as they relate to the head and neck;
- The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

## **CERTIFICATION, REJECTION AND REVOCATION**

### **(From the Bylaws, Article VIII)**

1. The Board may issue an appropriate certificate of qualification in Otolaryngology-Head and Neck Surgery (or in a subdivision thereof) to those who show themselves worthy of such certification according to the requirements of training, and experience as stated in the current *Booklet of Information*, and who successfully pass the required examination(s).
2. All certificates issued by this Board are the property of the Board, and they are issued pursuant to the rules and regulations as outlined in the current *Booklet of Information* (reviewed annually) of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate if the Board shall determine that the person involved:
  - a. did not possess the required qualifications and other requirements or is not eligible for examination, whether or not such deficiency was known to the Board or any member thereof, or could have been ascertained by the Board prior to examination or at the time of the issuance of a certificate as the case may be;
  - b. made a material misstatement or withheld information in his/her application or any other representation to the Board or any Committee thereof, whether intentional or unintentional;
  - c. has been convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine;
  - d. had a license to practice medicine revoked or shall have been disciplined or censured by any court or other body having proper jurisdiction or authority because of any act or omission arising from the practice of medicine.
  - e. has neglected to fulfill the requirements to maintain certification as established by the Board, or shall refuse to submit to reexamination by the Board.
  - f. has neglected to maintain appropriate professional standards in the practice of the specialty of otolaryngology, as established by the Board, and shall refuse to submit to reexamination by the Board;  
or
  - g. has failed to comply with the Continuing Certification process (for those certified in 2002 and thereafter).
3. If the Board determines to withhold or revoke any certificate for any reason set forth in Sections 1 and 2 above, the person affected thereby shall be given written notice of the reasons therefor. If circumstances warrant, the Board may request any physician so affected to appear before the Board of Directors, before any one or more of them, or before an individual designated by the Board upon not less than 20 days written notice, and to show cause at that time and place specified in the notice why the certificate may not be revoked on any one of the grounds specified in such notice. If such a hearing is convened, the physician may bring to this hearing persons or documents in defense of any action. Failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Directors, shall constitute cause for revocation of the certificate. The Board of Directors of the American Board of Otolaryngology shall have the sole power, jurisdiction and right to determine and decide whether the evidence and information before it is sufficient to constitute grounds for the withholding or revocation of any certificate issued by the Board. Any such action or determination by the Board shall be regarded as final.

# EXAMINATION PROCEDURE

The Board vigorously enforces the highest standards of honesty and integrity in its examination processes. Accordingly, the following are considered a breach of ABOHNS policy and are forbidden, and may be sufficient cause for the ABOHNS to terminate an applicant's participation in the examination, to invalidate the results of the examination, to withhold an applicant's score or certificate, to bar an applicant permanently from all future examinations, to revoke a certificate, or to take other appropriate action:

1. Falsification of the application or the submission of any falsified documents to the ABOHNS;
2. The giving or receiving of aid in the examination, including but not limited to, copying answers from another candidate or permitting one's answers to be copied, as evidenced by observation at the time of the examination or by statistical analysis afterward;
3. The offer of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABOHNS in return for any right, privilege or benefit which is not usually granted by the ABOHNS to other similarly situated candidates or persons;
4. The unauthorized possession, reproduction, recording, discussion or disclosure of any material, including but not limited to, written or oral examination questions or answers before, during, or after the examination.

Proctors and examiners are required to report any suspected irregularity during an examination. A candidate may be moved to a more isolated area, or his/her participation in the examination may be terminated. Additionally, the ABOHNS may undertake statistical studies of a candidate's answers compared with the answers of other participants in the examination to provide evidence that would support or fail to support a suspected irregularity. If, in the opinion of the ABOHNS, there exists a probability that an irregularity occurred, the ABOHNS will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.

The ABOHNS will not report scores or grant certification on the basis of scores which it determines to be invalid and reserves the right to take whatever legal action is indicated with regard to violation of ABOHNS copyright or examination violations.

## BOARD ELIGIBILITY

**Effective: July 1, 2012**

Residents entering otolaryngology training on or after July 1, 2013 will be termed board eligible upon successful completion of training. If these individuals do not become board certified by the end of the fifth annual exam cycle following residency completion, they are no longer termed board eligible.

Please contact the ABOHNS regarding re-admission into "board eligible" status, if applicable.

## **APPLICANTS WITH DISABILITIES**

The ABOHNS fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, the ABOHNS will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA should request detailed information concerning ABOHNS's policy regarding accommodation so that his or her special needs can be met in a timely manner. **Current documentation of the disability must accompany the request.**

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**OTOLARYNGOLOGY TRAINING EXAMINATION**

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# OTOLARYNGOLOGY TRAINING EXAMINATION

## STATEMENT OF PURPOSE

The Otolaryngology Training Exam (OTE) is intended to be used as an educational instrument to assist individuals in evaluating their educational progress as compared with others of the same level of expertise or training.

As such, it is appropriate for program directors to use the aggregate performance of their residents when evaluating the strengths and weaknesses of their educational program. It is inappropriate for program directors to use this measure of resident performance as the sole measure of assessment when evaluating residents for advancement.

## EXAMINATION

- The OTE is a closed-book, proctored, timed examination offered once a year to all interested practitioners and residents in the specialty.
- More than 100 test centers administer the exam annually throughout the US and Canada, and the exam is available in other countries. Interested parties located outside the US and Canada should contact the ABOHNS office for more information about the OTE.
- Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE. For residents currently in training programs, their residency programs typically register them for the examination.
- Test scores are confidential for practitioners; resident scores are available through their ABOHNS portal and additionally reported to their training programs.

## APPLICATIONS

The OTE application is completed online and is available by September 1 of each year.

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## **RESIDENT REQUIREMENTS**

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## TRAINING REQUIREMENTS

Training programs in otolaryngology-head and neck surgery in the United States are evaluated and accredited by the Accreditation Council for Graduate Medical Education (ACGME) Review Committee (RC) for Otolaryngology- Head and Neck Surgery, which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the American Board of Otolaryngology-Head and Neck Surgery (ABOHNS). Information concerning accredited training programs can be found on the website of the ACGME.

Individuals who enter otolaryngology-head and neck surgery training on or after **July 1, 2016** must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-accredited program(s):

### PGY1

The year must include six months of structured education on non-otolaryngology rotation designed to foster proficiency in the peri-operative care of surgical patients, inter-disciplinary care coordination, and airway management skills within the first year. **This must include an intensive care rotation (1 month).**

Six months of otolaryngology rotations designed to develop proficiency in basic surgical skills, general care of otolaryngology patients both in the inpatient and outpatient settings, management of otolaryngology patients in the emergency department, and cultivation of an otolaryngology knowledgebase.

The total time a resident is assigned to any one non-otolaryngology rotation must be at least four weeks and must not exceed two months.

Non-otolaryngology rotations must be selected from the following: intensive care (**required**), anesthesia, general surgery, neurological surgery, neuroradiology, ophthalmology, oral-maxillofacial surgery, pediatric surgery, plastic surgery, radiation oncology, emergency medicine, and vascular surgery.

PGY 2-5 years – at least 48 months of progressive education in the specialty. This training **must include a final year of senior experience**. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOHNS.

All residency training must be completed in a manner acceptable to the Director of that residency program.

## LEAVES OF ABSENCE

In addition to the above training requirements, other rules and regulations must be met such as the leaves of absence. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one PGY-year of training. If a circumstance occurs in which a resident absence exceeds the six weeks per PGY-year as outlined by the ABOHNS, the program director must submit a plan to the ABOHNS for approval on how the training will be made up, which may require an extension of the residency. Mission trips count toward the six weeks of allowed leave per PGY-year.

## RESIDENT REGISTRY

All residents must be registered with the ABOHNS during their first year of otolaryngology training in order to subsequently apply to take the certification examination.

A New Resident Form must be filed for each new resident by the Program Director by July 10 of the first year of otolaryngology-head and neck surgery training.

The Program Director subsequently submits a Resident Evaluation Form for each returning resident by July 10 of each year. It must be noted whether the previous year was successfully completed.

Resident Evaluation Forms become part of the individual's ABOHNS file and are a prerequisite for application for the certification examination. **Credit may not be granted by the ABOHNS for any year of training for which an Evaluation Form is not received.**

## MEDICAL DEGREES/TRANSCRIPTS

The ABOHNS verifies medical degrees conferred by U.S. medical schools via the American Association of Medical Colleges. All international medical school graduates must request that their medical school send an official certified transcript to the ABOHNS by September 1 of the first year of otolaryngology training. The transcript must show the degree and date conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOHNS.

## TRANSFERS

A resident wishing to transfer from one residency program to another must notify the ABOHNS in writing at least **six weeks** prior to the date of transfer and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current Program Director must verify the exact amount of training successfully completed in the program and explain the reason for the transfer.
- The letter from the prospective Program Director must verify that sufficient residency positions, accredited by the Accreditation Council for Graduate Medical Education (ACGME) Review Committee (RC) for Otolaryngology-Head and Neck Surgery, exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOHNS for certification.

Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOHNS certification process.

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**CERTIFICATION EXAMINATION**

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# INTRODUCTION

The ABOHNS certification process consists of two phases: a written qualifying examination (WQE), and an oral certifying examination (OCE).

All candidates must first take the WQE, which is offered in the fall of each year. Candidates who meet or exceed passing score on the WQE subsequently take the OCE, offered the following spring. Candidates who do not meet or exceed the minimum passing score on the WQE do not take the OCE and must reapply the subsequent year to take the WQE again if they wish to continue pursuing board certification.

Written and oral examination scores are not combined. An individual must successfully complete both the written and the oral exam in order to become Board certified. A certificate is granted by the ABOHNS to a candidate who has met all the requirements and has satisfactorily passed both examinations.

Requests for an appeal regarding a certification decision can be made to the ABOHNS. A copy of the Appeals Policy as related to the certification process is available upon request.

The Board makes no representation as to whether its certification process satisfies specialty certification requirements of any state medical licensing board. Any such determination must be made by the state medical licensing board.

The purpose of the examination is to determine the candidate's knowledge and understanding of the following (including, but not solely limited to):

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck.
2. Diagnosis and diagnostic methods including audiologic and vestibular assessments, electrophysiologic techniques, and other related laboratory procedures for diseases and disorders of the ears, the respiratory and upper alimentary systems, and the head and neck.
3. Therapeutic and diagnostic radiology, including the interpretation of medical imaging techniques relevant to the head, neck, and thorax, including the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus.
4. Diagnostic evaluation and management of congenital anomalies, allergy, sleep disorders, trauma, and other diseases in the regions and systems mentioned above.
5. The cognitive management, including operative intervention with its preoperative and postoperative care, of congenital, inflammatory, endocrine, neoplastic, degenerative and traumatic states, including:
  - a. temporal bone surgery
  - b. paranasal sinus and nasal surgery
  - c. skull-base surgery
  - d. maxillofacial surgery including the orbits, jaws and facial skeleton
  - e. aesthetic, plastic and reconstructive surgery of the face, head and neck
  - f. surgery of the thyroid, parathyroid, pituitary and salivary glands
  - g. head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
  - h. endoscopy, both diagnostic and therapeutic
  - i. surgery of the lymphatic tissues of the head and neck.
6. The habilitation and rehabilitation techniques and procedures pertaining to respiration, deglutition, chemoreception, balance, speech, and hearing.

7. The current literature, especially pertaining to the areas listed above.
8. Research methodology.

The ABOHNS reports the year of successfully attaining Board certification for each candidate on the residency program director and program coordinator's program specific portal, but does not report score reports or Pass/Fail decisions on exams for the individual candidates.

## **APPLICATION FOR EXAMINATION**

**All residency training must be successfully completed 6 weeks before the date of the examination** in any given year. The online application for the Written Qualifying Exam (WQE) is available in the spring each year.

The application consists of the following:

1. Resident Registry Evaluations, submitted annually by the Program Director, including the final year verification of successful completion of residency.
2. Application Form signed by the Program Director.
3. If more than one otolaryngology program was attended, per our Transfer Policy a Verification of Otolaryngology Residency Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
4. Verification of **ALL** state licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of state medical licensure, with the following exceptions:
  - Individuals who have completed residency training but who will enter a fellowship program utilizing an institutional license must submit a statement from the Program Director as evidence of this fact.
  - Individuals who have completed residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
5. The applicant must possess high moral, ethical and professional qualifications as determined by, and in the sole discretion of, the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications or abilities.
6. Applications are approved by the Credentials Committee, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.
7. Applications are valid for one written exam and two oral exams. At the end of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
8. The ABOHNS maintains the full, legal name of the applicant for its records. If, at any time after submission of the application, the legal name of the applicant changes due to marriage, divorce or other circumstances, the applicant must provide copies of the official documentation of the change. It is not possible to maintain two names (i.e., a legal name and a professional name) for any one individual. At the time of any examination, the name on the official identification (i.e., driver's license or passport) must match the name on record at the ABOHNS.

## **INTERNATIONAL RESIDENCY GRADUATES**

Any individual who graduated from an international otolaryngology program may qualify for board certification if they meet the guidelines set forth in our “Specially Qualified” pathway policy. These details are available upon request.

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**SUBSPECIALTY**  
**CERTIFICATION EXAMINATIONS**

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## **OBJECTIVES OF SUBSPECIALTY CERTIFICATION**

The objectives of the American Board of Otolaryngology-Head and Neck Surgery (ABOHNS) regarding subspecialty certification are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request subspecialty certification.
2. To determine which subspecialty candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of subspecialists.

The ABOHNS subspecialty certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

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**NEUROTOLOGY SUBSPECIALTY  
CERTIFICATION EXAMINATION**

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# DEFINITION OF A NEUROTOLOGIST

A neurotologist is an American Board of Otolaryngology-Head and Neck Surgery-certified otolaryngologist-head and neck surgeon who has successfully completed an ACGME-accredited subspecialty fellowship and subsequently passes the subcertification exam.

The neurotologist should have command of the core knowledge and understanding of:

- the basic medical sciences relevant to the temporal bone, lateral skull base and related structures; the communication sciences, including knowledge of audiology, endocrinology and neurology as they relate to the temporal bone, lateral skull base and related structures.
- advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.

A neurotologist has acquired expertise in the medical and surgical management of diseases and disorders of the temporal bone, lateral skull base, and related structures beyond that inherent to the practice of otolaryngology-head and neck surgery by virtue of either:

1. satisfactory completion of an ACGME-accredited neurotology subspecialty training program (Standard Pathway), or
2. satisfactory completion of a neurotologic practice over at least a seven-year period (Alternate Pathway – closed after the 2012 exam).

## INTRODUCTION

The ABOHNS neurotology subcertification process consists of an oral certifying examination (OCE). All candidates must successfully complete this examination to become Board certified. A certificate, which is valid for 10 years, is granted by the ABOHNS to a candidate who meets all requirements and satisfactorily passes this exam.

Requests for an appeal regarding a certification decision can be made to the ABOHNS. A copy of the Appeals Policy as related to the subspecialty certification process is available upon request.

The Board makes no representations as to whether its certification process will satisfy the specialty certification requirements of any state medical licensing board. Any such determination must be made by the state medical licensing board.

The purpose of the subspecialty examination in neurotology is to determine the candidate's knowledge and understanding in the following categories, which exceed that expected of an ABOHNS diplomate holding a primary certificate in Otolaryngology (including but not limited to):

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, allergy and immunology relevant to the temporal bone, lateral skull base and related structures; the communication sciences, including knowledge of audiology; endocrinology, and neurology as they relate to the temporal bone, lateral skull base and related structures; neurophysiology, neuropathophysiology, diagnosis, and therapy of advanced neurotologic disorders, including advanced audiology and vestibular testing; evaluation of cranial nerves and related structures; interpretation of imaging techniques of the temporal bone and lateral skull base; and electrophysiologic monitoring of cranial nerves VII, VIII, X, XI and XII.
2. Audiometric testing including auditory brainstem responses and otoacoustic emissions.
3. Vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base and related structures.

4. Diagnostic expertise and ability to develop medical and surgical management strategies, including intracranial exposure, and postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, allergic, immunologic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.
5. Diagnostic evaluation and management of the surgical revision procedures for the treatment of chronic otitis media; disorders of the vestibular system; otosclerosis; profound hearing loss; facial nerve disorders; and congenital, inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.
6. Advanced surgical techniques to deal with diseases and disorders of the auditory and vestibular systems; extradural skull base, including the sphenoid bone, temporal bone, and reconstructive techniques for repair of deficits in these areas.
7. The habilitation and rehabilitation techniques and procedures pertaining to vestibular disorders, hearing disorders (including but not limited to, hearing aids, cochlear implants and assistive listening devices), and cranial nerve neuropathies, as well as the speech rehabilitation of the hearing impaired.
8. The diagnosis and medical and surgical management of congenital, traumatic, inflammatory, degenerative, neoplastic, allergic, immunologic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.
9. The current literature, especially pertaining to the areas listed above.
10. Research methodology.

The ABOHNS does not report score reports or Pass/Fail decisions on the neurotology exams for the individual candidates to the Fellowship programs.

## **TRAINING REQUIREMENTS**

Subspecialty training programs in neurotology in the United States are evaluated by the ACGME Review Committee (RC) for Otolaryngology-Head and Neck Surgery, which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOHNS, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

All subspecialty fellowship training must be completed in ACGME-accredited programs in a manner acceptable to the Director of that subspecialty fellowship program.

## APPLICATION – STANDARD PATHWAY

There is no required time interval between completion of the subspecialty residency program and making application for examination. However, **all subspecialty residency training must be successfully completed before the date of the examination** in any given year.

Application materials for the examination are available in the Spring on the ABOHNS website at [www.abohns.org](http://www.abohns.org) and all components of the application must be completed by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology-Head and Neck Surgery Board certification.
2. Verification Form signed by the Fellowship Program Director.
3. If more than one neurotology program was attended, an additional Verification of Neurotology Subspecialty Fellowship Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
4. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of state medical licensure, with the following exception:

Individuals who have completed subspecialty residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.

5. The applicant must possess high moral, ethical and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications or abilities.
6. Applications are approved by the Credentials Committee and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

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**SLEEP MEDICINE SUBSPECIALTY  
CERTIFICATION EXAMINATION**

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# DEFINITION OF A SLEEP MEDICINE SPECIALIST

A sleep medicine specialist certified by the American Board of Otolaryngology-Head and Neck Surgery is a Board-certified otolaryngologist-head and neck surgeon who has successfully completed an ACGME-accredited subspecialty fellowship program and subsequently passes the sub certification examination. The sleep medicine specialist should have command of the core knowledge and understanding of: the basic medical sciences relevant to normal sleep and sleep disorders; advanced diagnostic expertise and advanced medical management skills for the care of diseases and disorders of patients with sleep disorders.

## INTRODUCTION

The American Board of Otolaryngology-Head and Neck Surgery is one of the six sponsoring boards of the ABMS Conjoint Board of Sleep Medicine. Otolaryngologists-Head and Neck Surgeons certified by the American Board of Otolaryngology-Head and Neck Surgery are eligible to apply to take the Sleep Medicine sub certification examination after successfully completing an ACGME-accredited fellowship in Sleep Medicine.

- The examination is a computer-based examination which is administered in various testing sites around the country.
- The examination covers the full spectrum of Sleep Medicine including obstructive sleep apnea as well as such topics as narcolepsy, insomnia, restless leg, etc. The examination is the same for all examinees regardless of the cosponsoring Board for primary certification.
- There are two pathways to become eligible to take the exam.

The Standard Pathway requires that the applicant complete an ACGME accredited fellowship.

The Alternate Pathway was open until the 2011 exam administration.

- Diplomates who are certified in Sleep Medicine will be required to participate in Continuing Certification for Sleep Medicine to maintain their Sleep Medicine certificate.

Anyone interested in more information should contact the ABOHNS office.

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**CONTINUING CERTIFICATION**

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# CONTINUING CERTIFICATION (FORMERLY MAINTENANCE OF CERTIFICATION)

Individuals certified in 2002 and thereafter receive certificates that are valid for ten years. Renewal of certification is accomplished by satisfactory completion of the ABOHNS Continuing Certification Program, which is outlined below and meets the 2015 standards established by the American Board of Medical Specialties.

To remain current in the CC process, diplomates must complete a brief form and submit a annual fee. A late fee will be assessed for latesubmissions.

## 1. PROFESSIONAL STANDING (Part I)

Participants in the Continuing Certification program must:

- a. hold a valid certificate issued by the American Board of Otolaryngology-Head and Neck Surgery.
- b. hold a valid, unrestricted license to practice medicine in all locations where licensed, as defined by ABOHNS policy.
- c. hold privileges to practice otolaryngology-head and neck surgery in hospitals or surgical centers accredited by The Joint Commission or AAAHC or must provide a letter of explanation why this requirement cannot be met.

## 2. LIFELONG LEARNING AND SELF-ASSESSMENT (Part II)

The participant is required to successfully complete one self-assessment activity per year. This can be done through participation in the ABOHNS CertLink program or by completing any single CME activity registered for CC credit through the ACCME (list can be found on the ACCME CME finder website)

**Primary Certification** – The annual CME requirement is 25 units per year. Sixty percent of the hours must be specifically related to otolaryngology. Random audits will be conducted by the ABOHNS to assure compliance. It is the diplomate’s responsibility to maintain the CME record.

or

**Neurotology Certification** - Participation in the Continuing Certification program will maintain both primary and neurotology certificates. The annual CME requirement is 25 units per year. Sixty percent of the hours must be either otology or neurotology subspecialty related. Random audits will be conducted by the ABOHNS to assure compliance. It is the diplomate’s responsibility to maintain the CME record.

or

**Sleep Medicine Certification** - Participation in the Continuing Certification program will maintain both primary and sleep medicine certificates. The annual CME requirement is 25 units per year. Sixty percent of the hours must be sleep medicine subspecialty related. Random audits will be conducted by the ABOHNS to assure compliance. It is the diplomate’s responsibility to maintain the CME record.

### 3. COGNITIVE EXPERTISE (Part III)

1. Those participating in Continuing Certification will be assessed on Knowledge, Judgement, and Skills to renew their ABOHNS Board certificate.
2. Continuing Certification participants can currently take a secure, closed-book exam. The exam becomes available during the last 3 years of the Continuing Certification (CC) cycle, providing three opportunities to pass the exam before the end of the ten-year time period. These exams are computer-based and are administered in secure testing centers around the country and internationally.

The exam consists of 80 clinically-oriented questions, 77 of which are specific to a practice focus area. Recognizing that many diplomates focus their practice on a limited area within otolaryngology, the ABOHNS has developed exams in a variety of areas so that someone who practices, for example, otology, will not have questions about laryngology. The current test options are:

General Otolaryngology	Allergy / Rhinology
Facial Plastic and Reconstructive Surgery	Head and Neck Surgery
Otology	Laryngology
Pediatric Otolaryngology	

Neurotology - for holders of the Neurotology Subspecialty Certificate. Successful completion of the CC Exam will result in renewal of both the primary and subspecialty certificates.

Sleep Medicine - for holders of the Sleep Medicine Subspecialty Certificate. Successful completion of the CC Sleep Exam will result in renewal of both the primary and subspecialty certificates.

Clinical Fundamentals are subjects all otolaryngologists should know, regardless of practice focus. There are three questions on the exam covering these topics. The remainder of the Clinical Fundamentals is covered in other CC activities rather than by multiple choice questions on the Part III exam.

3. Continuing Certification participants also have the option to participate in the CertLink pilot to renew their certificate. CertLink™ is an online program that presents approximately 10-15 practice focused questions per quarter that can be answered on the diplomate's schedule. This is a formative assessment. Successful completion of the 2-year pilot will renew the diplomate's ABOHNS Board certificate if the certificate expires in the period 2019 -2022. Regardless of when the diplomate's certificate expires, annual successful participation gives the Part II self-assessment credit.

### 4. IMPROVEMENT IN MEDICAL PRACTICE (Part IV)

Part IV is currently under development.