

THE AMERICAN BOARD OF OTOLARYNGOLOGY

Serving the Public and the Profession since 1924

BOOKLET OF INFORMATION

**Otolaryngology Training Examination
Primary Certification
Neurotology Subspecialty Certification
Sleep Medicine Subspecialty Certification
Maintenance of Certification**



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INCORPORATED IN 1924

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 serves the public by assuring that diplomates meet our standards of training, knowledge and professionalism through initial and continuing certification.

OBJECTIVES

The objectives of the ABOto are:

1. To establish standards of qualification for otolaryngologist-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 ABOto 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 (ABOto) 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 Board¹ is a non-profit corporation, and the directors and examiners receive no compensation, with the exception of the President and the Examination Chairs who receive an honorarium.

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 ABOto.

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 ABOto 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.

¹In this publication, "Board" refers to the American Board of Otolaryngology, Inc.

DEFINITION OF A CERTIFIED SPECIALIST IN THIS FIELD OF MEDICINE²

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.

² As printed in *Which Medical Specialist For You*, a publication of the American Board of Medical Specialties

CERTIFICATION, REJECTION AND REVOCATION (From the Bylaws, Article VII)

The Board may issue an appropriate certificate of qualification in otolaryngology (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* of the Board.

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* of the Board. The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical 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;
- d. has been convicted by a court of competent jurisdiction of any misdemeanor involving moral turpitude or, in the opinion of the Board, having a material relationship to the practice of medicine;
- e. 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, including, but not limited to, a state licensing board, a healthcare facility, or a medical staff;
- 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 Maintenance of Certification process (for those certified in 2002 and thereafter).

The Board may be required and, in any event, reserves the right to report revocation of a diplomate's certificate to accrediting, credentialing and licensing bodies and government agencies.

If the Board determines to withhold or revoke any certificate for any reason set forth above, the person affected thereby shall be given written notice of the reasons therefor. If circumstances warrant, the Board may require any physician so certified 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 one of the grounds for 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 ABOto policy and are forbidden, and may be sufficient cause for the ABOto 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 ABOto;
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 ABOto in return for any right, privilege or benefit which is not usually granted by the ABOto 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, oral or OTE examination questions or answers before, during, or after the examination.

Proctors 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 ABOto 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 ABOto, there exists a probability that an irregularity occurred, the ABOto will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.

The ABOto 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 ABOto copyright or examination violations.

BOARD ELIGIBILITY & STATUS INQUIRIES

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 ABOto regarding re-entry into "board eligible" status.

Individuals who completed otolaryngology training before July 1, 2013 will be termed board eligible until January 1, 2019 by which time they must have become board certified.

APPLICANTS WITH DISABILITIES

The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOto 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 law should request detailed information concerning ABOto'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 application.**

OTOLARYNGOLOGY TRAINING EXAMINATION

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 form 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 ABOto office for more information about the OTE.
- Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE.
- Test scores are confidential for practitioners; resident scores are reported to their training programs.

APPLICATIONS

The OTE application is completed online by all ACGME & OSTEOP programs, and is available by September 1 of each year. Others who wish to participate may contact the ABOto for application information.

CERTIFICATION EXAMINATION

INTRODUCTION

The ABOto certification process consists of two phases: a qualifying examination, and an oral certifying examination.

All candidates must take the Written Qualifying Examination, which is offered in the fall of each year. Candidates who achieve the minimum passing score on the Qualifying Exam take an oral exam, offered the following spring on either a Saturday or Sunday. Candidates who do not achieve the minimum passing score on the Qualifying Exam must reapply the subsequent year if they wish to pursue board certification.

Oral candidates are given three consecutive opportunities to take and pass the oral exam. If a passing score is not achieved after three exam cycles, the candidate must reapply to take the qualifying exam.

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

Requests for an appeal regarding a certification decision must be postmarked within forty days of the date exam results are postmarked at the ABOto office. 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 the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

The purpose of the examination is to determine the candidate's knowledge and understanding of the following:

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.

In order to assist otolaryngology Program Directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her senior resident year.

TRAINING REQUIREMENTS

Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory* published by the American Medical Association.

Individuals who enter otolaryngology-head and neck surgery training on or after **July 1, 2005** must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-approved program(s):

Residency programs must be of five years duration, with at least nine months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including 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 ABOto.

The first year of otolaryngology-head and neck surgery training should include a minimum of five months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, one month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of three months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year must be completed in an ACGME approved program, or rotations specifically approved by the RRC.

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

RESIDENT REGISTRY

All residents must be registered with the ABOto 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 ABOto file, and are a prerequisite for application for the certification examination. **Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received.**

TRANSCRIPT

The ABOto 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 ABOto 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 ABOto.

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 year. If a circumstance occurs in which a resident absence exceeds the six weeks per year outlined by the ABOto, the program director must submit a plan to the ABOto for approval on how the training will be made up which may require an extension of the residency.

TRANSFERS

A resident wishing to transfer from one residency program to another must notify the ABOto 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 Residency Review Committee for Otolaryngology of the Accreditation Council for Graduate Medical Education (ACGME), exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification.

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

FOREIGN TRAINING

An applicant who entered otolaryngologic training in the United Kingdom or the Republic of Ireland prior to July 1, 2000 in a program accredited by the Specialist Advisory Committee, and who received a certificate of accreditation in otolaryngology from the Joint Committee on Higher Surgical Training in the United Kingdom or the Republic of Ireland may be considered for examination.

An applicant who entered otolaryngologic training under the New Zealand program after January 1, 1984 but before July 1, 2000 and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

An applicant who entered otolaryngologic training under the Australian program after January 1, 1986 but before July 1, 2000 and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

Individuals who entered otolaryngologic training in Canadian programs prior to July 1, 2000 may be considered for examination.

APPLICATION FOR EXAMINATION

There is no required time interval between completion of the residency program and making application for examination. However, **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 Examination is available in the spring of each year.

The application consists of the following:

1. Resident Registry Evaluations, submitted annually by the Program Director.
2. Applicants who have not participated in the Resident Registry through their residency program must provide an official certified medical school transcript, submitted directly to the ABOto by the institution. The transcript must show the date the degree was conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
3. Residents entering otolaryngology training prior to July 1, 2005 must submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents who entered training on or after July 1, 2005 and who have prior surgery residency training must submit the verification form to the ABOto by November 1 of the first year of otolaryngology training.
4. Application Form, signed by the Program Director.
5. If more than one otolaryngology program was attended, a Verification of Otolaryngology Residency Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
6. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of 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.
7. 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.

8. 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.
9. Applications are valid for one written exam and three oral exams. At the conclusion of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
10. The ABOTO 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 ABOTO.

SUBSPECIALTY
CERTIFICATION EXAMINATIONS

OBJECTIVES OF SUBSPECIALTY CERTIFICATION

The objectives of the American Board of Otolaryngology (ABOto) with regard to 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 ABOto 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.

The Standard Pathway is open to ABOto diplomates in good standing who have satisfactorily completed an ACGME-accredited neurotology subspecialty residency program. Pre-requisite requirements are as follows:

**NEUROTOLOGY SUBSPECIALTY
CERTIFICATION EXAMINATION**

DEFINITION OF A NEUROTOLOGIST

A neurotologist is an American Board of Otolaryngology-certified otolaryngologist-head and neck surgeon who has been prepared by an ACGME-accredited subspecialty residency program (fellowship) or who meets the Alternate Pathway criteria to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the temporal bone, lateral skull base and related structures of the head and neck.

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).

NOTE: THE ALTERNATE PATHWAY WILL REMAIN VALID THROUGH THE 2012 EXAMINATION, APPLICATIONS FOR WHICH ARE DUE BY SEPTEMBER 1, 2011. AFTER WHICH THE STANDARD PATHWAY WILL BE THE ONLY ROUTE TO NEUROTOLOGY SUBSPECIALTY CERTIFICATION.

INTRODUCTION

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

Requests for an appeal regarding a subspecialty certification decision must be postmarked within forty days of the date exam results are postmarked at the ABOto office. 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 recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical 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 ABOto diplomate holding a primary certificate in Otolaryngology.

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 audiological 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.

In order to assist otolaryngology Program Directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her neurotology subspecialty residency training, if appropriate.

TRAINING REQUIREMENTS

Subspecialty training programs in neurotology in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory* published by the American Medical Association.

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

At this time, there are two pathways to achieving subspecialty certification in neurotology.

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 in any given year become available June 1 on the ABOto website at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Subspecialty Resident Registry Evaluations, submitted annually by the Program Director.
3. Application Form, signed by the Program Director and another ABOto diplomate.
4. If more than one neurotology program was attended, an additional Verification of Neurotology Subspecialty Residency Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
5. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of 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.

6. Operative Experience Report (print-out), which lists procedures assisted in and performed by the applicant during neurotology subspecialty residency, signed by the applicant and the Program Director.
7. 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.
8. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

APPLICATION: ALTERNATE PATHWAY

The Alternate Pathway allows ABOto diplomates in good standing who have not completed an ACGME-accredited neurotology subspecialty residency to sit for the neurotology subspecialty certification examination. **THIS PATHWAY IS VALID ONLY THROUGH THE 2012 EXAMINATION, APPLICATIONS FOR WHICH ARE DUE BY SEPTEMBER 1, 2011. THEREAFTER, ALL INDIVIDUALS WISHING TO SIT FOR THE NEUROTOLOGY SUBSPECIALTY CERTIFICATION EXAM MUST UTILIZE THE STANDARD PATHWAY** (see above).

Application materials for the examination in any given year become available June 1 on the ABOto website at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. The applicant must be an ABOto diplomate in good standing.
2. The applicant must have at least seven (7) years of clinical practice experience in neurotology.
3. The applicant must demonstrate that he/she has participated in at least ten (10) cases of intracranial exposures (i.e., translabyrinthine, middle cranial fossa, infratemporal fossa, and/or posterior fossa) over a two year period proceeding the year of application.

The applicant must enter and submit his/her operative experiences over the two-year period immediately preceding the date of application using the on-line Operative Experience Report. The report must be signed by the applicant and the chief of staff or hospital director.

4. Application Form, signed by two ABOto diplomates.
5. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration.
6. 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.
7. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

A fee of \$200 is charged for data and/or print-outs not received by the September 1 deadline.

**SLEEP MEDICINE SUBSPECIALTY
CERTIFICATION EXAMINATION**

DEFINITION OF A SLEEP MEDICINE SPECIALIST

A sleep medicine specialist certified by the American Board of Otolaryngology is a certified otolaryngologist-head and neck surgeon who has been prepared by an ACGME-accredited subspecialty residency program (fellowship) or who meets the Alternate Pathway criteria to provide comprehensive medical care of patients with diseases and disorders of sleep. 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 is one of the four sponsoring boards of the ABMS Conjoint Board of Sleep Medicine. Otolaryngologists certified by the American Board of Otolaryngology are eligible to apply to take the Sleep Medicine subcertification examination.

- 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 specialty.
- 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 will be open for five years, and in order to be eligible under this pathway, one of the following criteria must be met:

1. Current certification by the non-ABMS Board of Sleep Medicine
2. Completion of a one-year fellowship in Sleep Medicine
3. Demonstrate the equivalent of one year of practice in Sleep Medicine over a maximum of a five year period.

THIS PATHWAY IS VALID ONLY THROUGH THE 2011 EXAMINATION, APPLICATIONS FOR WHICH ARE DUE BY MAY 1, 2011. THEREAFTER, ALL INDIVIDUALS WISHING TO SIT FOR THE SLEEP MEDICINE SUBSPECIALTY CERTIFICATION EXAM MUST UTILIZE THE STANDARD PATHWAY (see above).

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

Anyone interested in more information should contact the ABOto office.

MAINTENANCE OF CERTIFICATION

MAINTENANCE OF CERTIFICATION

Individuals certified in 2002 and thereafter receive certificates that are valid for ten years. Revalidation is accomplished by satisfactory completion of the ABOto Maintenance of Certification Process, which is outlined below and meets the guidelines established by the American Board of Medical Specialties.

To remain current in the MOC process, diplomates with time-limited certificates and participants must complete a brief form and submit a fee annually. A penalty fee will be assessed for late submissions.

1. PROFESSIONAL STANDING

Participants in the Maintenance of Certification process must:

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

2. LIFELONG LEARNING AND SELF-ASSESSMENT

The participant is required to successfully complete one ABOto self-assessment module in a specialty area of his/her choice per year. Successful completion means achieving a score of 80% or higher on the module which the participant can take more than once.

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 ABOto to assure compliance. It is the diplomate's responsibility to maintain the CME record.

or

Neurotology Certification - Neurotology Subspecialty certified individuals need only participate in the Neurotology MOC program to maintain the 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 ABOto to assure compliance. It is the diplomate's responsibility to maintain the CME record.

or

Sleep Medicine Certification - Sleep Medicine Subspecialty certified individuals need only participate in the Sleep Medicine MOC program to maintain the 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 ABOto to assure compliance. It is the diplomate's responsibility to maintain the CME record.

3. COGNITIVE EXPERTISE

1. The Scope of Knowledge Study is the definition of the content for the specialty and is used for the development of the revalidation examination. The Exam is conducted at Pearson Vue testing centers.
2. MOC participants are required to pass a secure, closed-book exam once every 10 years. The exam becomes available during the last 3 years of the MOC 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 testing centers around the country.

The exam consists of 80 clinical (no basic science) 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 ABOto 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
Pediatric otolaryngology/bronchoesophagology	Laryngology

Neurotology - for holders of the Neurotology Subspecialty Certificate. Successful completion of both the core component examination and the Neurotology 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 both the core component examination and the Sleep Medicine 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 the topics of:

- Emergency airway management
- Local anesthesia / conscious sedation
- General post-op management (e.g. post-op MI recognition)

The remainder of the Clinical Fundamentals is better covered in education seminars rather than by questions on the exam.

4. EVALUATION OF PERFORMANCE IN PRACTICE

Part IV consists of three components:

1. A patient survey in which the participant will receive feedback on communications and the patients' experiences.
2. A professional survey in which the participant will receive feedback from other professionals with whom he/she interacts.
3. A performance Improvement Module (PIM) is based on the classic quality improvement cycle of measure, analyze, implement changes, and re-measure. The ABOto is developing a series of Performance Improvement Modules (PIMs) in which the diplomate will enter data into an online system about a series of patients with a given condition. At least two to three PIMs will be available in each of the practice focus areas. The diplomate will receive feedback comparing the results to available guidelines or measures, as well as other otolaryngologists who complete the PIM. If an area that could be improved is identified, the diplomate can use this information to improve his or her practice. The diplomate can then re-measure to show there has been

improvement in practice. In addition, there will be a link to an educational module for additional background information. Currently, the plan is to require completion of a PIM once every 3 – 5 years.