

American Board of Independent Medical Examiners

6470-A Merritts Creek Road, WV 25702

(304) 733-0095 or Fax: (304) 733-5243

Website: www.abime.org

Overview of the Re-certification Process

Physicians certified by the American Board of Independent Medical Examiners must maintain a high level of expertise and training in the field of disability medicine. ABIME requires re-certification every five years in order to ensure the continual upgrading of a physician's skills through continuing medical education.

The training program of the American Board of Independent Medical Examiners provides pre-eminent continuing medical education in impairment and disability evaluation. This education enhances physician knowledge, skills and ability, ensuring better impairment rating and disability evaluation. The ABIME certification examination assesses the skills and knowledge of candidates for certification. Physicians who pass the examination are certified and re-certified based on a standardized process. **Initial certification can be achieved through examination only.**

There are two options for re-certification:

Option 1: Re-examination

Option 2: Alternate Pathway (no examination)

Option 1 Re-examination:

To recertify by examination, follow these steps:

1. Complete at least 15 hours of ABIME sponsored/accredited coursework in the field of disability medicine and impairment rating.
2. Schedule and take the certification exam prior to your current expiration date. To schedule, complete an exam application and submit it to the ABIME office with the non-refundable exam fee of \$950.00.

To obtain course and exam information: Visit the ABIME website at www.abime.org to view a current schedule of courses and exams, and download an exam application packet, which includes a course registration form and the exam application OR Contact the ABIME office at 877-523-1415 or 304-733-0095.

Option 2 Alternate Pathway

Eligibility:

To obtain approval for the alternate pathway a candidate must have:

- a. Been certified initially by examination by ABIME, and be currently certified
- b. Maintained **continuous membership** in the ABIME Board of Registry since his/her certification

The fee for Alternate Pathway recertification is **\$950.00 US**, payable in two installments is non-refundable and non-transferrable. **\$500.00** is due with the intent to pursue form. The balance of **\$450.00** is due with the petition for recertification, when all pathway requirements have been met.

To recertify by Alternate Pathway, follow these steps:

1. Submit an **Intent to Pursue Form** to the ABIME office with the non-refundable fee of **\$500.00**.
2. Upon approval of the ABIME Board of Directors, complete the 2 components of the Alternate Pathway outlined on the next page.
3. Upon completion of the 2 components, submit a **Petition for Recertification Form** to the ABIME office with:
 - ✓ Final payment of **\$450.00**
 - ✓ Current curriculum vitae
 - ✓ Copy of your current medical license/registration certificate

2 Components of the Alternate Pathway

The Alternate Pathway is comprised of 2 components of continuing education: ABIME coursework and *Disability Medicine* CME questions from the Journal. (Please note all *Disability Medicine* CME questions can be downloaded from our website) Candidates must achieve **60 points** in total, broken down as follows:

- At least **23** points earned for ABIME coursework, 1 point granted for each hour of coursework. **Only courses given by ABIME are eligible for credit.**
- At least **25** points earned for submission of answers to CME questions published in *Disability Medicine*, 1 point granted for each correct answer.
- The remaining **12** points may be obtained from either category: ABIME courses or CME questions.

A candidate must earn **60 points** and submit documentation before his or her current expiration date unless the Board of Directors has approved a later completion date.

How to complete coursework and CME questions:

Courses:

Visit the ABIME website, www.abime.org, to view a current schedule of courses and download a course registration form OR contact the ABIME office at 877-523-1415 or 304-733-0095.

Current Course Offerings

| | <u>CME Hours</u> | <u>Course Fees</u> |
|---|------------------|--------------------|
| RVW – AMA Guides 6 th Edition Training Course | 15 hours | \$795 US Funds |
| IEW – A Workshop on Building A Successful IME/Expert Witness Practice | 8 Hours | \$495 US Funds |
| OVW – A Doctor’s Guide to Practical Use of the <u>AMA Guides 5th Edition</u> | 8 Hours | \$495 US Funds |
| MLG – Medicolegal Issues for IMEs and Expert Witnesses: A Workshop | 4 Hours | \$295 US Funds |
| RPT – How to Write Winning Reports Workshop | 4 Hours | \$295 US Funds |
| TBI – Traumatic Brain Injuries and Concussion Claims-How to Evaluate Them | 4 Hours | \$295 US Funds |
| CAS – Causation, What does the science say? A workshop | 4 Hours | \$295 US Funds |
| EXM – ABIME Certification Examination | N/A | \$950 US Funds |

Please Note that the above listed course fees are for registrations received 2 weeks before the event. Registrations received later than 10 days before the event and onsite registrations would result in an additional \$100 charge.

Visit the website at www.abime.org for dates/locations.

CME Questions:

Read *Disability Medicine* (your subscription is one of your Board of Registry member benefits) and answer the questions that appear either immediately following the articles or at the back of the issue under, “CME File”. You may use current and/or back issues, beginning with Vol. 2, No. 1. **(All issues can be downloaded from the ABIME website, www.abime.org)**

To submit your answers, simply photocopy/print the page(s), circle your answers, and fax to 304-733-5243 or mail to the ABIME office. Be sure to include your name.

Keep a record of the coursework and CME questions you have completed. You will need this information to complete your Petition for Recertification (sent to you with your approval for the Alternate Pathway).



American Board of Independent Medical Examiners

Intent to Pursue ABIME Re-certification by Alternate Pathway

I hereby file my application for re-certification of CIME/CICE status by the ABIME through the alternate pathway as approved by the Board of Directors.

I hereby announce my intention to pursue re-certification by meeting all established criteria for the Alternate Pathway, and receiving CIME/CICE re-certification by the approved deadline. I therefore respectfully request the ABIME Board of Directors approve a track of re-certification by alternate pathway and grant my re-certification upon presentation of evidence at the appropriate time.

A non-refundable payment of \$500 US is attached. I understand that this fee covers the record keeping and documentation of these points. I understand that I have the option to recertify by examination any time during the alternate track by notifying the ABIME in writing. I do agree that in such event the \$500 processing fee shall be non-refundable and non-transferable.

Original ABIME certificate No: _____ Certification Expiration Date: _____

Signature: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Degree(s): _____ Specialty: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Complete this form and mail OR fax it, along with payment of \$500.00 US to:

Payment by Check:

ABIME
6470 A Merritts Creek Rd.
Huntington, WV 25702

Payment by Credit Card:

(*Visa, MasterCard, American Express*)
Fax: (304) 733-5243

For Credit Card Payments:

Card Number: _____ Expiration Date: ___/___

Signature: _____ Date: _____

***For questions, please contact the American Board of Independent Medical Examiners at
Phone: (304)733-0095 or Fax: (304)733-5243 or Email: info@abime.org
Or Visit Our Website at www.abime.org***

American Board of Independent Medical Examiners

Petition for Re-Certification by Alternate Pathway

I hereby file my petition for re-certification of CIME/CICE status by the American Board of Independent Medical Examiners (ABIME) through Alternate Pathway as approved by the Board of Directors. *I have attained at least **60 points** as required, and am enclosing a \$450.00 US recertification fee, which I understand is non-refundable.*

A) ABIME Courses, 1 point per hour (minimum 23 hours):

ABIME Course Name and Date: _____ ***Hours Attended:*** _____

| | |
|--|--|
| | |
| | |
| | |
| | |

Total Hours of ABIME Course Work Completed: _____

B) Answers to CME Questions from *Disability Medicine*:
1 Point Per Correct Answer (Minimum 25, Maximum 37)

Number of Answers to Disability Medicine CME Questions Submitted: _____

Total points attained for A and B combined: _____

Name to appear on new ABIME certificate: (Please print your name)

Complete this petition form and mail OR fax, along with the following:

- Payment of \$450.00 US Funds
- Current Curriculum Vitae
- Copy of Current Medical License or License of Chiropractic Practice
- Any answers to *Disability Medicine* CME questions not previously submitted
- Completed ABIME National Survey (enclosed)

For Credit Card Payments:

Card Number: _____ Expiration Date: ___/___/___ Card Verification Code: _____

Signature: _____ Date: _____

Payment by Check:

ABIME
6470-A Merritts Creek Road
Huntington, WV 25702

Payment by Credit Card:

(Visa, MasterCard, American Express, Discover)
Fax: (304) 733-5243

Last Name: _____ First Name: _____ Middle Initial: _____

Degree(s): _____ Specialty: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Phone: (____) _____ Fax: (____) _____

***For questions, please contact the American Board of Independent Medical Examiners at
Phone: (304)733-0095 or Fax: (304)733-5243 or Email: info@abime.org
Or Visit Our Website at www.abime.org***



ABIME

American Board of Independent Medical Examiners

6470-A Merritts Creek Road
Huntington, WV 25702
Phone (304) 733-0095
Phone (304) 733-0096
Facsimile (304) 733-5243
Email info@abime.org
Web address:
www.abime.org

ABIME National Directory Survey

Please Print:

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Survey answers are used for the ABIME National Directory listing of each physician.

1. Specialties: _____

2. Number of Years of Residency Training: _____

3. Number of Years of Medical Practice: _____

(Minimum 5 years of practice required; however, if ABMS Board Certified, this requirement may be waived. Please provide proof of ABMS Board Certification.)

4. Years Experience in Performing Impairment and Disability Evaluations: _____

5. Approximate Number of Independent Medical Examinations You Have Performed: _____

6. Number of Times Deposed: _____

7. Additional Degrees in Health-Related Fields (E.G., M.P.H., Phd., Or Other):

8. Other Training In Impairment And Disability Evaluations:

9. Total Hours of AMA Category 1 CME training on impairment & disability evaluation completed within the past three years: _____

10. ABMS Board Certifications:

11. Memberships in Specialty Organizations:

12. Office Manager/Office Contact:

I Hereby Authorize ABIME To Request Information From Organizations Referred To In This Application, And To Verify Academic And/Or Clinical Training And Licensure Deemed Necessary.

Signature: _____ Date: _____