

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 for Non-Physician

Non-Physicians certified by the American Board of Independent Medical Examiners must maintain a high level of expertise and training in the Use of the AMA Guides to the Evaluation of Permanent Impairment. ABIME requires re-certification every **four years** in order to ensure the continual upgrading of skills through continuing medical education.

The training program of the American Board of Independent Medical Examiners provides continuing education in the Use of the AMA Guides to the Evaluation of Permanent Impairment. This education enhances Non-Physician knowledge, skills and ability, ensuring better understand of the AMA Guides impairment ratings and disability evaluations. The ABIME certification examination assesses the skills and knowledge of candidates for certification. Non-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 \$350.00**.

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 304-733-0095 or 304-733-0096.

Option 2: Alternate Pathway

Eligibility:

To obtain initial 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 **OR** 15 hours of additional ABIME sponsored/accredited coursework in the field of disability medicine and impairment rating during the certification cycle.

The fee for Alternate Pathway recertification is **\$350.00 US**, payable in two installments is non-refundable and non-transferrable. **\$250.00** is due with the intent to pursue form. The balance of **\$100.00** 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 **\$250.00**.
2. Upon approval of the Alternate Pathway application by ABIME Board of Governors, 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 **\$100.00**
 - ✓ Current curriculum vitae

2 Components of the Alternate Pathway

The Alternate Pathway is comprised of 2 components of continuing education: ABIME coursework and continued educational credit in your field of work. Candidates must achieve **40 points** in total, broken down as follows:

- At least **20** points earned for ABIME coursework, 1 point granted for each hour of coursework. **Only courses sponsored or accredited by ABIME are eligible for credit.** Course credit used in lieu of continued membership of ABIME Board of Registry requirement cannot be used again to fulfil this requirement.
- At least **20** points earned for continued education (CEU) credits in your field of work.

A candidate must earn **40 points** as outlined above 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:

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 304-733-0095 or 304-733-0096.

<u>Current Course Offerings</u>	<u>CME Hours</u>	<u>Course Fees</u>
RVW - AMA Guides 6th Edition Training Course	15 Hours	\$895 US Funds
OVW – A Doctor’s Guide to Practical Use of the AMA Guides 5th Edition	8 Hours	\$595 US Funds
IEW - A Workshop on Building A Successful IME/Expert Witness Practice	8 Hours	\$695 US Funds
AdvCs – Advanced AMA6 and AMA5 Case Studies	4 Hours	\$350 US Funds
MLG - Medicolegal Issues for IMEs and Expert Witnesses: A Workshop	4 Hours	\$350 US Funds
RPT - How to Write Winning Reports Workshop	4 Hours	\$350 US Funds
CPG - Evidence Based Clinical Practice Guidelines	4 Hours	\$350 US Funds
CAS - Causation, What does the science say? A Workshop	4 Hours	\$350 US Funds
RTW - Return to Work & Fitness for Duty Decisions ó How to Use a Function Based Approach Workshop	4 Hours	\$350 US Funds
TBI – Traumatic Brain Injuries & Concussions ó How to Evaluate Them Workshop	4 Hours	\$350 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.



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Intent to Pursue ABIME Re-certification by Alternate Pathway

I hereby file my application for re-certification of CAMAG 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 CAMAG 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 \$250 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 \$250 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 \$250.00 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 CAMAG 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 **40 points** as required, and am enclosing a **\$100.00 US** recertification fee, which I understand is non-refundable.*

A) ABIME Courses, 1 point per hour (minimum 20 hours):

<i>ABIME Course Name and Date:</i>	<i>Hours Attended:</i>
_____	_____
_____	_____
_____	_____
_____	_____

Total Hours of ABIME Course Work Completed: _____

B) I certify that I have obtained 20 hours of continued education (CEU) credits in your field of work over the last 3 years

CEU Points Claimed: _____

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 **\$100.00 US Funds**

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
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