

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 (without 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 \$995.00.

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 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 payable in two non-refundable installments and is non-transferrable. **\$500.00** is due with the intent to pursue form. The balance of **\$595.00** 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 **\$595.00**
 - ✓ 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 50 hours of continuous education in your own specialty from any entity/institution for approved CME or CPD over last 3 years. Each hour would qualify for 0.5 point. 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 sponsored or endorsed by ABIME are eligible for this category of credit.**
- ✓ At least **25** points earned for continuous education in your own specialty from any entity/institution for approved CME or CPD over last 3 years. Each hour would qualify for 0.5 point.
- ✓ The remaining **12** points may be obtained from either category: **ABIME courses** or **Continuous Education Courses in your specialty as described above.**

A candidate must earn **60 points** and submit documentation before his or her current expiration date unless the ABIME Board of Governors has approved a later completion date upon a plea of special circumstances.



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 **US \$500** is enclosed. 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: ____/____ CVV# _____

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*

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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 hereby certify that I have attained minimum total **60 points** as required including **25 points** minimum from the CME/CPD requirement as outlined in item **B** below which is subject to audit by ABIME. I am also enclosing a \$595.00 US recertification fee, which I acknowledge is non-refundable once paid.*

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) 50 hours of Continuous Education in Doctors own Specialty from any entity/institution approved for CME/CPD over the last 3 years: Each hour of Continuous Education would qualify for 1/2 point each

CME/CPD 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 **\$595.00** US Funds
- Current Curriculum Vitae
- Copy of Current Medical License or License of Chiropractic Practice

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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Or Visit Our Website at www.abime.org*