

Submitter: Test Application
Subspecialty: Addiction Medicine
Pathway: Practice
Application: 166
Application Status: Pending

Instructions

- Curriculum Vitae or Résumé
- Medical Degree
- Medical License
- Board Certification
- Fellowship
- Practice Activity
- Letter of Reference
- Additional Questions
- Policy on Cheating
- Signatures and Acknowledgements
- Application Summary

Instructions

Deadlines

Application deadline: 11:59 PM CST on 6/30/2023
Late application deadline: 11:59 PM CST on 7/15/2023
Documentation deadline for verifications, references, and transcript: 11:59 PM CST on 7/30/2023
Deadline for completion of residency or fellowship training program: 11:59 PM CST on 9/30/2023

Completing the Application

The Board stresses careful and complete preparation of the application. As you proceed through the online application, you will be asked to provide documentation of your medical training and/or practice. After carefully reviewing and confirming the information you have provided, you will be asked to pay for the application in order to submit it for review. Applications requiring corrections or additional information may be returned to the applicant. Returned applications must be re-signed and re-submitted by the applicant. The Board encourages applicants to login to their physician portal periodically to check the status of their application.

CONFIRM

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Curriculum Vitae or Résumé

Please upload your current Curriculum Vitae or Résumé in PDF format. If board reviewers are unable to open the document you will be required to resubmit in PDF format. This may delay the review of your application.



Preferred formats: pdf, png, jpg

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Medical Degree

Graduation from a medical school in the United States which at the time of the applicant's graduation was accredited by the Liaison Committee on Medical Education, a school of osteopathic medicine approved by the American Osteopathic Association, an accredited medical school in Canada, or from a medical school board located outside the United States and Canada that is deemed satisfactory to the Board is required.

Medical Degree

- D.O.
- M.D.
- MBBS
- Other

Medical School

If your Medical School is not in the above list then choose "Other" and provide the School Name here

Graduation Year

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Diplomates of the ABPM or physicians applying for certification by the ABPM must continuously hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in the United States, its territories, or Canada, and in each jurisdiction in which they practice. A physician may hold one or more additional licenses, each of which must be valid, unrestricted, and unqualified.

Clarification of Licenses That Are Not "Current, Active, Valid, Full, Unrestricted, and Unqualified"

A license to practice medicine is not "current, active, valid, full, unrestricted, and unqualified" if one or more of the following applies. The license is

- under probation
- conditioned: e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education
- limited: e.g., to specific practice settings
- inactive as a result of an action taken by or a request made by a medical licensing board
- institutional, educational, or temporary.

Previous Licenses

A physician may have expired licenses.

Licenses that were revoked or suspended or that the physician surrendered or did not renew as a result of or in order to terminate or settle disciplinary proceedings, do not qualify as meeting the *ABPM Policy on Medical Licensure*.

Reporting Medical Licensure Information to the Board

Each physician applying for certification must report to the Board all licenses they currently hold, including all inactive, temporary, and educational licenses, and all licenses previously held that do not meet the *ABPM Policy on Medical Licensure*.

Applicants with current or prior license action without an explanation will be returned to the applicant for additional information. Returned applications may result in a delayed application decision.

Physicians reporting licenses that have the following conditions must include an explanation of the status of the license:

- the license is inactive, whether voluntarily or involuntarily
- the license is invalid, restricted, or qualified
- the license was encumbered when it expired
- the license was revoked or suspended
- the physician surrendered or did not renew the license as a result of or in order to terminate or settle disciplinary proceedings.

The Board may, at its sole discretion, determine whether to investigate a license and the information provided. The Board reserves the right to determine if a license fulfills its policy. The Board will determine if the situation is cause to deny a physician's application, deny a physician access to an examination, or revoke a diplomate's certificate.

If the physician does not report the required information to ABPM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABPM examinations, invalidating examinations the physician took, and revoking the physician's certification.

Medical Licenses



No Medical Licenses found.

[Add New](#)

[Next](#)

a delayed application decision.

Medical Licenses

<p>Country *</p> <p>Choose a country ▼</p>	<p>State/Province *</p> <p>Choose a State/Province ▼</p>
<p>Expiration Date *</p> <p><input type="text"/> </p>	<p>Medical License Number *</p> <p><input type="text"/></p>
<p>Is your Medical License restricted? *</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Explanation for Medical License being restricted *</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

[Cancel](#) [Create](#)

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A specialty certification by a member board of the American Board of Medical Specialties is required.

Board Certifications

No Board Certifications found.

Add New

Next

Board Certifications

Board Certifications

Organization *	Board Type *
<input type="text" value="Choose an organization"/>	<input type="text" value="Choose a Board Type"/>
Specialty	Subspecialty
<input type="text" value="Choose a Specialty (Optional)"/>	<input type="text" value="Choose a Subspecialty (Optional)"/>
Certification Date *	Expiration Date *
<input type="text" value=""/> <input type="button" value="Calendar"/>	<input type="text" value=""/> <input type="button" value="Calendar"/>
Name as it appears on Certificate *	Certification Number *
<input type="text"/>	<input type="text"/>

Next

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For **ACGME-Accredited Fellowship Pathway** applicants, a 12 month, full-time ACGME-accredited fellowship in the subspecialty area is required. The fellowship may only be used to fulfill the criteria of one subspecialty.

For **Practice Pathway** applicants, fellowship activity that is not ACGME-accredited or less than 12 months in duration may be applied toward the practice time requirement. The actual training must be described for any fellowship activity. Your program director will need to verify your fellowship training.

Fellowship

No Fellowship has been entered. Please add your Fellowship.

Add New Fellowship

Next

Fellowship Form

Fellowship

Institution/Program *
Choose an Institution/Program

Start Date * End Date *

Have you completed this program? *
 Yes No

Program Contact

Director Name * Email Address * Phone Number *

Next

Fellowship Form

Organization Address

Address Line 1 * Address Line 2 (Optional)

Country * City Name *

State/Province/Region * Postal Code *

Phone Number *

Cancel Create Fellowship

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Practice Activity

Applicants must submit documentation of a minimum of 1,920 hours in which they were engaged in the practice of Addiction Medicine at the subspecialty level; this minimum of 1920 hours must occur over at least 24 of the previous 60 months prior to application. The minimum of 24 months of practice time need not be continuous; however, all practice time must have occurred in the five-year period preceding June 30 of the application year. Practice must consist of broad-based professional activity with significant Addiction Medicine responsibility.

Applicants must also demonstrate a minimum of 25% (or 480 hours) as Direct Patient Care in Addiction Medicine.

Addiction Medicine practice outside of direct patient care, such as research, administration, and teaching activities, may count for a combined maximum of 75% (or 1440 hours).

Only 25% (480 hours) of general practice can count towards the required hours for the Practice Pathway, and the remaining 75% must be specific Addiction Medicine practice.

Documentation of Addiction Medicine teaching, research and administration activities, as well as clinical care or prevention of, or treatment of, individuals who are at risk for or have a substance use disorder may be considered. Applicants should select from the drop-down menu listed below, the practice activity or activities that most closely describes their practice. The activity narrative should include a specific, detailed description that includes evaluation methods, types of treatments, therapies offered, practice settings (inpatient or outpatient), types or additions treated, and the number of patients treated per week.

If your practice includes general practice, the applicant should provide more detail about the subspecialty-level Addiction Medicine-specific practice and how this is separate from and/or in addition to general practice (a maximum of 480 of general practice hours can count towards the required 1920 hours for the Practice Pathway). This includes providing detail about prescribing buprenorphine to patients (if applicable), such as numbers of patients treated hands-on by the applicant and in what setting(s), and whether this is separate from the general practice.

A Fellowship that is not ACGME-accredited or less than 12 months in duration may be included in the Fellowship section. To be considered for practice time credit, the Addiction Medicine Fellowship must be described and will require verification from the Fellowship program.

Applications with an insufficient or incomplete practice description (ie: a two- or three-word description or the usage of copy/paste for each activity) may be returned to the applicant for clarification resulting in a delayed decision. ABPM recommends applicants submit full and detailed practice descriptions.

ABPM recommend applicants monitor their email and physician portal during the ABPM application cycle for additional communication.

Your verifier/supervisor will need to verify your practice.

Please select General Practice for your primary practice (ie: Emergency Medicine) in which you offer limited Addiction Medicine screening, prevention, or treatment to your general practice patients. Please select Addiction Medicine if your practice is exclusively focused on the treatment of Addiction Medicine. General practice may be counted towards 25% of time in the primary specialty field up to a limit of 480 hours.

Practice Activities

Please review and select the activities in the lists below that best represent your practice. There are two categories of activities: those involving direct patient care, and research/training/administration. After selecting an activity, please provide the average number of hours per week spent on that activity, and provide a detailed description of your work as it relates to that activity in the description box provided below. A detailed description should include types of treatments, therapies, number of patients treated, and a description of your prescriptive authority. An insufficient response may require a request for additional information and may result in a delay in the decision process. *Please make sure that hours per week entered for all activities adds up to the total hours per week that you entered above (or 40 if you chose full-time).*

You may select and add more than one activity to each category by clicking the "Add" button. For work activities other than those in the lists, please select "Other" from the dropdown.

Total Practice Hours

The hours listed in the application are represented in a calculator for illustrative purposes and as a visual guide for the applicant. Accordingly, all applications, including practice hours, remain subject to review and approval at the sole discretion of the ABPM.

Position Summary



No Practice Activity has been entered. Please add your Practice Activity.

[Add New Position](#)

ADM Practice Activity Totals

Total Months

(Minimum of 24 months)

0.0

Direct Patient Care Hours

(Minimum of 480 hrs)

0

General Practice Hours

(Maximum 480 hrs)

0

Total Hours

(Minimum of 1920 hrs)

0

Next

“Add New Position”

General practice may be counted towards 25% of time in the primary specialty field up to a limit of 480 hours.

Practice Activity Position

Practice Activity

Job Title/Position *	Company / Institution / Organization Name *
<input type="text"/>	<input type="text"/>
Start Date *	End Date
<input type="text" value=""/>	<input type="text" value=""/>

Verifier/Supervisor

Supervisor Name *	Email Address *
<input type="text"/>	<input type="text"/>
Title *	Phone Number *
<input type="text"/>	<input type="text"/>

Add New Position

General practice may be counted towards 25% of time in the primary specialty field up to a limit of 480 hours.

Practice Activity Position

Title *	Phone Number *
<input type="text"/>	<input type="text"/>

Is your supervisor a physician? *

No Yes

Please explain below why you cannot meet this requirement. *

The Practice Pathway requires Practice verification, and ABPM requires that a physician supervisor verify your practice. If you cannot meet this requirement, you must provide an explanation. In your explanation, you must provide the following information:

- Why is there no physician who can provide this verification in your situation?
- What have you done to seek verification from a physician for this practice activity?
- What are the qualifications and credentials of this supervisor/verifier within your subspecialty?

[Add New Position](#)

General practice may be counted towards 25% of time in the primary specialty field up to a limit of 480 hours.

Practice Activity Position

Organization Address

Address Line 1 *	Address Line 2 (Optional)
<input type="text"/>	<input type="text"/>
Country *	City Nm *
<input type="text"/>	<input type="text"/>
State/Province/Region *	Postal Cd *
<input type="text"/>	<input type="text"/>
Phone Number *	
<input type="text"/>	

[Add New Position](#)

Position Details

Was your practice considered full-time at this organization? *

Yes No

Position Summary

Activities	Job Title/Position	Company/Institution/Organization	Start Date	End Date	Supervisor Name	Supervisor Title	Direct Patient Care Hours	General Practice Hours
Please click HERE to add practice experience to your position	Chief Physician	Chicago Health Clinic	01/01/2021	02/01/2023	John Smith	Supervisor	0	0

ADM Practice Activity Totals

Total Months

(Minimum of 24 months)



Direct Patient Care Hours

(Minimum of 480 hrs)



General Practice Hours

(Maximum 480 hrs)



Total Hours

(Minimum of 1920 hrs)



“Please click HERE to add practice experience to your position”

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Please review and select the activities in the lists below that best represent your practice. There are two categories of activities: those involving direct patient care, and research/training/administration. After selecting an activity, please provide the average number of hours per week spent on that activity, and provide a detailed description of your work as it relates to that activity in the description box provided below. A detailed description should include types of treatments, therapies, number of patients treated, and a description of your prescriptive authority. An insufficient response may require a request for additional information and may result in a delay in the decision process. *Please make sure that hours per week entered for your activities adds up to 40 hours if you chose Full-Time.*

You may select and add more than one activity to each category by clicking the "Add New Activity" button. For work activities other than those in the lists, please select "Other" from the dropdown.

Total Practice Hours

The hours listed in the application are represented in a calculator for illustrative purposes and as a visual guide for the applicant. Accordingly, all applications, including practice hours, remain subject to review and approval at the sole discretion of the ABPM.

Position Detail

Job Title/Position	Company/Institution/Organization	Start Date	End Date	Supervisor Name	Supervisor Title	Direct Patient Care Hours	General Practice Hours
Chief Physician	Chicago Health Clinic	01/01/2021	02/01/2023	John Smith	Supervisor	0	0

Practice Activity

No data found.

Position Summary

Activities	Job Title/Position	Company/Institution/Organization	Start Date	End Date	Supervisor Name	Supervisor Title	Direct Patient Care Hours	General Practice Hours
 Please click HERE to add practice experience to your position	Chief Physician	Chicago Health Clinic	01/01/2021	02/01/2023	John Smith	Supervisor	3261	2174

[Add New Position](#)

ADM Practice Activity Totals

Total Months

(Minimum of 24 months)



Direct Patient Care Hours

(Minimum of 480 hrs)



General Practice Hours

(Maximum 480 hrs)



Total Hours

(Minimum of 1920 hrs)



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Reference

One letter of reference is required from a physician who holds current certification by a member board of the American Board of Medical Specialties and can attest to your experience in the subspecialty area for which the certification is being sought. Please enter the information for your reference below. Receipt of this documentation is necessary by 11:59 PM CST on 7/30/2023 in order to review your application.

Name

Company/Institution/Organization

Phone Number

Email Address

Title

Message to Reference

ABMS Member Board Certification

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Additional Questions

Following a final verification of exam scores and medical license, ABPM will issue certificates to applicants who meet the requirements for certification. Printed certificates will be shipped in May 2024. Please state your name as you would like it to appear on your certificate (if applicable).

Name on Certificate

Are you requesting ADA-compliant special accommodations for this examination?

Yes

No

Gender

Female

Male

Non-binary

Other

I prefer not to answer

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The applicant will then review ABPM’s policy on cheating, sign and acknowledge the application, and be taken to a summary. They will be prevented from submitting and paying for the application if anything is incomplete or not meeting requirements.

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Please ensure you have carefully reviewed your application before submitting.

The deadline to submit verifications is **11:59 PM CST on 7/30/2023**.

Summary

Item	Status	Message
CV or Resume Data Provided or Not Required	x	You are missing required elements on the Curriculum Vitae or Resume Tab
Medical Degree Provided	x	You are missing required elements on the Medical Degree Tab
Medical License Must Be Unexpired and Unrestricted	x	You must have an Unrestricted, Unexpired Medical License
Current Board Certification Provided	x	You are missing a required current ABMS Board Certification
A minimum of 24 months of combined Fellowship and Practice Activity is required	✓	
A minimum of 480 hours of combined Fellowship and Practice Activity Direct Patient Care is required	✓	
A minimum of 1920 hours of combined Fellowship and Practice Activity is required	✓	
Part Time Positions cannot total 40 hrs or more of Practice Activity per week	✓	
40 hours of Practice Activity is required for Fulltime Positions	✓	
Reference Provided or Not Required	x	You are missing required elements on the Letter of Reference Tab
Additional Questions Provided	x	You are missing required elements on the Additional Questions Tab
Special Accommodations Data Provided or Not Requested	✓	
Policy on Cheating Provided	x	You are missing required elements on the Policy on Cheating Tab
Signature and Acknowledgements Provided	x	You are missing required elements on the Signature and Acknowledgement Tab