

# American Board of Pathology

## 2025 BOOKLET OF INFORMATION



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## THE AMERICAN BOARD OF PATHOLOGY

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We appreciate your feedback. What other questions do you have? We are here to help.  
Check out our website [abpath.org](https://www.abpath.org) or follow us on social media.



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## MISSION AND PURPOSE

The mission of the American Board of Pathology, a member of the American Board of Medical Specialties, is to serve the public and advance the profession of pathology by setting certification standards and promoting lifelong competency of pathologists.

The ABPath accomplishes its mission through the following principal activities:

1. Establishing certification and continuing certification standards.
2. Assessing the qualifications of those seeking to obtain voluntary certification in the specialty of pathology.
3. Conducting voluntary primary and subspecialty certification examinations and awarding certificates to successful candidates.
4. Requiring diplomates with time-limited certification and encouraging diplomates with non-time-limited certification to participate in Continuing Certification as a credential that demonstrates a diplomate's commitment to keeping up to date in their knowledge and skills and to professionalism, lifelong learning and improving patient care.
5. Participating in the review of pathology training programs and supporting the directors and trainees of these programs.
6. Maintaining communication with the pathology community and other medical organizations, with our diplomates, and other stakeholders as appropriate.
7. Encouraging the study of pathology.
8. Maintaining a registry of our diplomates.

The ABPath does not confer a legal qualification or license to practice pathology and does not delineate who may or may not engage in the practice of pathology or obtain healthcare organization privileges. The ABPath does not define the scope of pathology practice.

The ABPath has adopted the AMA and AOA Code of Ethics, the ABMS definition of Medical Professionalism, and EPCOM's Guiding Principles as standards of conduct that define the essentials of ethical behavior for physicians. Diplomates must refrain from conduct that the Board determines, in its sole judgment, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician.



## VISION

The American Board of Pathology improves the health of the public by promoting excellence in the practice of pathology.

## VALUES

We are committed to the following values for our stakeholders who include: patients, the public, diplomates, trainees, specialty societies, Trustees, Program Directors, ABMS member boards, volunteers, colleagues, and employees.

### ***Integrity & Professionalism***

We are committed to the highest standards, ethics, and moral principles in our work, actions, and decisions to serve the best interests of stakeholders.

### ***Innovation***

We embrace new ideas and change through teamwork to continually improve our board certification programs and internal processes.

### ***Transparency***

We are open and responsive in our communications and collaborations with stakeholders.

### ***Service***

We are committed to delivering exceptional and friendly service.

### ***Stewardship***

We ensure the ABPath is led responsibly and that our resources are managed effectively to address the needs of stakeholders.

### ***Accountability***

We are dedicated to the continuous improvement of diplomates' practice and the quality of the pathology profession on behalf of stakeholders.

## POLICIES, PROCEDURES, AND REQUIREMENTS

This document supersedes all previous publications of the American Board of Pathology (ABPath) concerning its policies, procedures, and requirements for certification.

All candidates for ABPath certification are admitted to the examinations at the discretion of the ABPath.

The admission of a candidate to an ABPath certifying examination is governed by the policies, procedures, and requirements in effect during the current application period.

The ABPath reserves the right to make changes in fees, policies, procedures, and



requirements at any time, with or without prior notice.

## CERTIFICATION BY THE ABPath

The ABPath issues primary certificates in Anatomic Pathology and/or Clinical Pathology and Anatomic Pathology/Neuropathology.

Subspecialty certificates are issued in:

- Blood Banking/Transfusion Medicine
- Chemical Pathology
- Clinical Informatics (in cooperation with the American Board of Preventive Medicine)
- Cytopathology
- Dermatopathology (in cooperation with the American Board of Dermatology)
- Forensic Pathology
- Hematopathology
- Medical Microbiology
- Molecular Genetic Pathology (in cooperation with the American Board of Medical Genetics and Genomics)
- Neuropathology
- Pediatric Pathology

### I. The granting of a certificate by the ABPath denotes that the pathologist is a physician who has:

- A. Successfully completed a graduate medical education program in pathology or a pathology subspecialty accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in pathology accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).

AND

- B. Had the Program Director verify that they have demonstrated the six ACGME competencies and met Milestones to verify that they have demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice.

AND

- C. Successfully completed a voluntary assessment designed and administered by the ABPath to assure the public and other physicians that, at the time of certification, the candidate had the knowledge, skills, judgment, and other abilities that the ABPath deems important for the practice of pathology.



## II. Subspecialty Certification

Pathology is a broad discipline. Although subspecialty certification is not necessary for a certified pathologist to practice in a subspecialty area, it is appropriate that some certified pathologists seek greater knowledge and expertise in one or more subspecialties of pathology.

## III. Continuing Certification (CC) Program.

Beginning in 2006, all primary and subspecialty certificates issued by the ABPath are valid providing that the diplomates participate in the Continuing Certification (CC) Program to maintain their certification(s). Continuing certification status is contingent upon meeting all CC Program requirements and deadlines. Certificates issued prior to 2006 are non-time-limited certificates and do not require participation in CC; however, voluntary participation in CC is strongly encouraged. (See [CC Booklet of Information](#) for details of the program.)

## IV. Certification Status

Physicians with ABPath certificates are designated as Diplomates of the ABPath and are entitled to designate themselves in an ethical manner. All Diplomates are governed by policies for use of certification, and for expiration and revocation of certificates as the ABPath may, from time to time, adopt. Diplomates of the ABPath are required to accurately state their certification status in curriculum vitae, publications, directories, letterhead, etc. A diplomate whose certification has expired must not claim to be board certified, and all descriptions of certification status must be modified accordingly. If an individual represents that they are certified by the ABPath when such is not the case, the ABPath will notify appropriate authorities, including but not limited to hospital, healthcare, and credentialing organizations, licensing boards, and law enforcement agencies.

## V. Definitions and Board Eligibility

- A. **Applicant.** An applicant is a physician who has never applied for a certifying examination, or whose application was previously not approved for an examination.
- B. **Board Eligible Candidates.** When an applicant has received notice from the ABPath Credentials Committee approving their application to take the ABPath examination, the applicant is now a candidate for board certification and can declare themselves to be “board eligible”.
  - 1. Applicant’s board eligibility information will be posted in their





PATHway account on their “My Profile” tab.

2. A board eligible candidate may take the examination as many times as it is given during the period of board eligibility.
3. At any time after declaring an applicant board eligible for examination, the ABPath Credentials Committee, at its discretion, may withdraw such board eligibility or, as a condition, may require that the applicant satisfy specified conditions. In the exercise of its discretion under this regulation, the ABPath Credentials Committee will be entitled to act without reason assigned.
4. If it is determined that a candidate has:
  - a. falsified information or has withheld material information in connection with their application or in any other representation to the ABPath or any committee thereof, including, but not limited to an applicant’s failure to report any revocation or suspension of, or limitation to, his or her license as required in Medical Licensure Section II below,

OR

- b. misrepresented to any third party his or her status as a diplomate of the ABPath

AND/OR

- c. engaged in irregular behavior, the candidate will not be approved for the certifying examination and will be ineligible to file a new application for a period of up to 3 years.

- C. **Registration.** Registration is required for any individual whose application for an examination was previously approved, but the individual did not take or pass the examination. Registration consists of completing an online registration form, certificate form and submitting the required fee.

## REQUIREMENTS FOR PRIMARY AND SUBSPECIALTY CERTIFICATION

Candidates for certification must possess the requisite qualifications at the time of application, as established and published by ABPath. All applications for certification are evaluated by the Credentials Committee of the ABPath. The evaluation process includes consideration of undergraduate medical education, medical licensure, and graduate medical education as detailed below.



## I. UNDERGRADUATE MEDICAL EDUCATION (UME)

### A. UME Requirement

Applicants for certification by the ABPath must have graduated from:

a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education

OR

an osteopathic college of medicine accredited by the American Osteopathic Association

OR

a medical school outside the United States or Canada acceptable to the ECFMG.

### B. UME Documents Required with Application

1. Applicants must upload a copy of their medical school diploma (along with an English translation if issued in a language other than English), showing the medical degree and the date when it was awarded.

OR

2. If a copy of their diploma is not available, graduates of the United States or Canadian medical schools may upload a letter from the Dean's office of their medical school certifying that they graduated, stating the medical degree and the date when it was awarded.

## II. MEDICAL LICENSURE

***There are no exceptions to the licensure requirements.***

### A. Licensure Requirements for Primary and Subspecialty Certification

1. Applicants must possess or have applied for a full and unrestricted license in a state or jurisdiction of the United States or Canada at the time of submission of the application. The applicant must provide a copy of a full and unrestricted license that is valid at the time examination results are released.



2. Canadian applicants *must have applied* for a full and unrestricted license in a state or jurisdiction of the United States OR ***must have passed both*** the Licentiate of the Medical Council of Canada (LMCC) *and* the RCPSC examinations and obtained the appropriate licensure in a Canadian province.
3. An institutional, training, or temporary license is **not** acceptable.
4. If the applicant has applied for, but has not yet received a medical license, they must upload:
  - a. A copy of a letter or email received from the medical licensing board stating they are in receipt of the application for licensure.

AND

- b. Documentation of successful completion of USMLE Step 3 or COMLEX-USA Level 3 or equivalent.
5. Applicants who provided the documentation required in II.A.4 will have their examination results placed in a “*Withhold Results*” status.
  - a. “*Withhold Results*” means the examination results will not be released to the applicant or anyone else until a copy of a full and unrestricted medical license showing the expiration date is uploaded to the candidates “My Profile” tab in PATHway.
  - b. The applicant will still be allowed to take the examination with final approval of the application.

***If evidence of licensure is not uploaded within 2 years from the date of the examination, the examination results will be declared null and void.***

6. Applicants who have a license at the time they apply may be declared ineligible to take a certification examination due to the revocation, surrender, suspension, probation, or limitation of any medical license.

**B. An applicant may not be rendered ineligible when:**

- a. Any suspension, probation and/or limitation of the applicant’s license is due to their entry into, and successful participation in and/or completion of, a rehabilitation or diversionary program for chemical dependency, authorized by the applicable medical licensing authority.



OR

- b. The applicant voluntarily surrendered or allowed their license to lapse in a jurisdiction at a time the applicant was not practicing in the jurisdiction and did not surrender or allow the license to lapse to avoid disciplinary action by the jurisdiction's licensing authority.

OR

- c. The licensing authority of a jurisdiction in which the applicant does not currently practice terminates, suspends, places on probation or limits the diplomate's license in that jurisdiction and the licensing authority(ies) of the jurisdiction(s) in which the applicant currently practices and holds a full and unrestricted license has been fully apprised of the disciplinary actions against the applicant's license(s) and/or its surrender, in lieu of disciplinary action, in other jurisdictions.

### C. Notification of Action against a Medical License

1. Candidates and diplomates must notify the ABPath in writing within 60 days of the effective date of:
  - a. Any revocation, surrender, suspension, probation, or limitation of their medical license or right to practice by any licensing agency.
  - b. Voluntary surrender of such a license or right in connection with, or in lieu of, any disciplinary action or consent decree.
  - c. Entry into a rehabilitation or diversionary program for chemical dependency.
2. The candidate or diplomate must provide the ABPath with all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements.
3. Failure to report such an action may result in the denial of eligibility to sit for a certifying examination or the revocation of any and all certificates issued by the ABPath, as applicable (*see Section X.H. Revocation of Certification*).
4. Successful participation in a rehabilitation program for drug or other substance abuse authorized by the applicable medical licensing board will not,



by itself, disqualify an applicant from taking a certification examination.

### III. GRADUATE MEDICAL EDUCATION (GME) TRAINING REQUIREMENTS

#### A. General (Primary and Subspecialty Certification)

1. Applicants must have successfully completed a GME program in pathology or a pathology subspecialty accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a pathology program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
  - a) Only pathology training obtained in the United States or Canada is acceptable toward meeting ABPath requirements.
  - b) ABPath will not make an exception to this policy. Only ACGME or RCPSC accredited training can fulfill the training requirement for certification. This policy cannot be appealed.
  - c) The ABPath does not accept Canadian subspecialty training; except pathologists who are certified by the RCPSC in AP and NP (separate certificates) may apply for combined AP/NP or NP subspecialty certification.
  
2. Verification of the applicant's qualifications by the pathology training program director is required.
  - a. The ABPath will provide an online evaluation form to the most recent pathology residency training program director.
    - i. The most recent pathology residency training program director will be required to complete the online evaluation for certification in AP and/or CP.
    - ii. The program director must complete this evaluation, which verifies that ACGME or RCPSC-accredited training for the requested certification has been successfully completed.
    - iii. The program director must also confirm that the candidate has demonstrated adequate knowledge, skills, and behaviors, as denoted in the six ACGME competencies, and have met the Milestones necessary to verify that they are able to enter autonomous practice.
    - iv. If the most recent pathology residency training program director cannot attest to the above, the candidate will not be approved to take the board certification examination.
  
  - b. For applicants who have trained in more than one program, the ABPath will provide an additional online evaluation form to each pathology training program director responsible for any portion of the applicant's training. The program director(s)



completing this form must verify satisfactory performance during the training in that program.

### **3. Policy on Vacation, Sick, Parental, Caregiver, and Medical Leave During Training.**

Each sponsoring institution must have a policy for vacation and other leaves of absence (ACGME Common PR). Regardless of institutional policies, the ABPath policy is:

- a. One (1) year of training to meet ABPath certification requirements must be 52 weeks in duration, and the applicant must document an average of 48 weeks per year of full-time pathology training over the course of the training program.
- b. Any training less than 48 weeks must be made up with the following exception in III.A.3.c below (this exception does not apply to fellowships):
  - c. Parental, Caregiver and Extended Medical Leave  
This policy does not apply to fellowships.  
The ABPath will allow up to 6 weeks of time away from training for purposes of parental, caregiver, and extended medical leave without needing to extend the duration of training.
    - i. Parental leave includes all new parents, i.e., birthing and non-birthing parents, adoptive/foster parents, and surrogates.
    - ii. Caregiver leave includes care of an immediate family member (child, spouse or parent) with a serious health condition.
    - iii. This time away is in addition to vacation time, which may be accrued or averaged over the course of a training program.
    - iv. For candidates who use time away from training for parental, caregiver, and extended medical leave, the ABPath will require the candidate's program director and clinical competency committee to document and to attest that competency has been achieved without the need for an extension of training.
    - v. Training is expected to be extended when the clinical competency committee has determined that competency has not been achieved.
- d. The ABPath does not allow part-time training for primary certification. A one-year (12 month) subspecialty fellowship may be completed part-time over two years (24 months).
- e. With the approval of the Program Director, a resident is allowed up to 12 months away from training for any reason. The applicant is still required to complete on average 48 weeks per year of full-time training over the course of the training program.



The ABPath does not allow credit for student fellowships in pathology during medical school because this is not ACGME accredited training. The ABPath does not give “advanced credit” for any training outside of the US or Canada or for training in non-accredited programs for either primary or subspecialty certification.

## B. Primary Certification

### 1. Requirements for Primary Certification

- a. Applicants for primary certification must obtain certification within their period of eligibility, which is five years from the year of completion of training. The period of board eligibility would end on 12/31/XXXX of the fifth year after completion of training.

After five years, 12 months of additional training in an ACGME accredited training program or non-accredited training program affiliated with an ACGME accredited training program will be required. **The 12 months of additional training must be completed after the period of board eligibility. There are no exceptions to this requirement.**

- b. Applicants/candidates who completed residency training 10 years or more ago must complete additional training in an ACGME-accredited residency training program.
  - For APCP certification, the applicant must complete 36 months of additional full-time training. Training must include at least 18 months of structured AP and 18 months of structured CP training.
  - For AP only certification, the applicant must complete 24 months of additional full-time AP training.
  - For CP only certification, the applicant must complete 24 months of additional full-time CP training.
- c. Applicants for the Spring examination must anticipate completing their training by July 1 of the year of application. Applicants for the Fall examination must anticipate completing their training by November 1 of the year of application.
- d. AP and/or CP and AP/NP applicants may not apply for the examination until the year of completion of all AP and/or CP and AP/NP training requirements.
- e. The AP and CP examinations do not have to be taken within the same examination period (i.e. spring or fall), but both must be passed before an AP/CP candidate is considered certified and a diplomate.



## **2. Combined Anatomic Pathology and Clinical Pathology (AP/CP) Certification**

- a. The applicant must have 48 months of full-time training in an accredited AP/CP program. Training must include at least 18 months each of structured AP and CP training. The remaining 12 months are flexible and may include AP and/or CP rotations. Training may include up to 6 months of research during the pathology training program with the approval of the program director.
- b. The applicant must have completed at least 30 autopsies by the time the application for certification is submitted.
- c. A list of completed autopsies must be uploaded with the application (*see Appendix A: Autopsy Requirements*).
- d. Candidates for combined AP/CP certification will not be certified by the ABPath until both the AP and the CP examinations are passed and all requirements are met.

## **3. Combined Anatomic Pathology and Neuropathology (AP/NP) Certification**

- a. Applicants for combined AP/NP certification must complete 24 months of ACGME accredited training in anatomic pathology and 24 months of ACGME accredited training in neuropathology. Residents must complete at least one year of AP training before starting NP training.
- b. The applicant must have performed at least 30 autopsies by the time the application for certification is submitted (*see Appendix A: Autopsy Requirements*).
- c. Applicants for combined AP/NP certification must pass the AP examination before they will be allowed to sit for the NP examination.
- d. Applicants for combined AP/NP certification must complete the primary application for AP/NP and pay the required fee for the AP portion of the examination.
- e. Applicants must complete a separate registration for the NP portion of the examination when subspecialty registration becomes available and pay the required fee for the NP portion of the examination.
- f. Applicants who are certified by the Royal College of Physicians and Surgeons of Canada in AP and in NP (separate certificates) are eligible for ABPath combined AP/NP certification or NP subspecialty certification.





#### 4. Anatomic Pathology (AP) Certification

- a. The applicant must have 36 months of full-time training in an accredited AP/CP or AP program. Training must include at least 24 months of structured AP training. The remaining 12 months are flexible; and may include AP and/or CP rotations. Training may include up to 6 months of research during the pathology training program with the approval of the program director.
- b. **For Residents beginning training in 2025**, the applicant must have 36 months of full-time training in an accredited AP/CP or AP program. Training must include at least 18 months of structured AP training. The remaining 18 months may be satisfied with any combination of AP or CP rotations, with a research option available. Trainees may claim up to 6 months of research, if it occurred during their pathology training, toward their certification requirements with the approval of the program director.
- c. The applicant must have performed at least 30 autopsies by the time the application for certification is submitted (see Appendix A: Autopsy Requirements).
- d. Candidates already certified in CP must have an additional 24 months of ACGME full-time training in AP including 18 months of structured training in AP. The remaining 6 months are flexible but must be in one or more areas of AP. Candidates with a time-limited CP certification must be participating in CC and up to date with all CC reporting requirements.
- e. A diplomate certified in CP, who then applies for AP certification, cannot use any previous AP training if it is more than 9 years old, to qualify to take the examination. Additional training will be required.

#### 5. Clinical Pathology (CP) Certification

- a. The applicant must have 36 months of full-time training in an ACGME-accredited AP/CP program. Training must include at least 24 months of structured CP training. The remaining 12 months are flexible; and may include AP and/or CP. Training may include up to 6 months of research during the pathology training program with the approval of the program director.
- b. **For Residents beginning training in 2025**, the applicant must have 36 months of full-time training in an ACGME-accredited AP/CP program. Training must include at least 18 months of structured CP training. The remaining 18 months may be satisfied with any combination of AP or CP rotations, with a research



option available. Trainees may claim up to 6 months of research, if it occurred during their pathology training, toward their certification requirements with the approval of the program director.

- c. Candidates already certified in AP must have an additional 24 months of full-time ACGME training in CP including 18 months of structured training in CP. The remaining 6 months are flexible but must be in one or more areas of CP. Candidates with a time-limited AP certification must be participating in CC and up to date with all CC reporting requirements.
- d. A diplomate certified in AP, who then applies for CP certification, cannot use any previous CP training if it is more than 9 years old, to qualify to take the examination. Additional training will be required.

## C. Subspecialty Certification

### 1. Requirements for ALL Subspecialty Certifications

- a. Applicants must have current primary or subspecialty certification from the ABPath or another ABMS Board. Applicants may apply to take a subspecialty examination but will not be declared board eligible and not be allowed to take the exam until primary certification is achieved.
- b. Applicants participating in the CC Program must be up to date with all CC Program requirements.
- c. Applicants may not use training to qualify for subspecialty certification if all or part of that training was used to meet the training requirements for primary certification.
- d. Residents must complete at least 2 years of training in AP/CP, AP, or CP before beginning subspecialty fellowship training, except for Dermatopathology, for which completion of all primary certification training requirements is required prior to the fellowship.
- e. Subspecialty applicants who completed fellowship training **on or after January 1, 2019**, must obtain certification within their period of board eligibility, which is seven years from the completion of training.
- f. Subspecialty applicants who completed training **before 2019** must obtain



certification within their period of board eligibility which is 5 years from the completion of subspecialty training or primary certification, whichever is later.

- g. Applicants whose period of board eligibility has expired must complete 6 months of additional pathology training in an ACGME-accredited training program in the area(s) in which certification is desired.
- h. Part-time training for subspecialty certification is acceptable if the part-time training occurs in an approved position in an ACGME-accredited program. The duration of training may not exceed twice that required for qualification.
- i. Applicants who completed fellowship training 10 years or more ago must complete 12 months additional full-time training in an ACGME- accredited training in the subspecialty in which the applicant is seeking certification.
- j. Applicants applying for subspecialty examinations must anticipate completing their training by October 1 of the year of application.

## **2. Blood Banking/Transfusion Medicine**

- a. Applicants who are certified in AP/CP or CP or certified by another ABMS board must complete 12 months of training in an ACGME-accredited blood banking/transfusion medicine program.

## **3. Chemical Pathology**

- a. Applicants who are certified in AP/CP or CP or certified by another ABMS board must complete 12 months of training in an ACGME-accredited chemical pathology program.
- b. The ABPath encourages diplomates with ACGME-accredited training in Chemical Pathology to also consider obtaining certification by the American Board of Clinical Chemistry.

## **4. Clinical Informatics**



- a. Certification in clinical informatics is a joint and equal function of the ABPath and the American Board of Preventive Medicine (ABPM). Such function relates to qualification of applicants and standards of examinations.
- b. All applicants for certification in Clinical Informatics by the ABPath must possess current certification by the ABPath and meet the qualifications indicated in one of the following pathways to certification.
- c. **ACGME-accredited Fellowship Pathway**
  - 1) An applicant must have successfully completed 24 months in an ACGME-accredited Clinical Informatics fellowship program.

**OR**

- **An applicant may complete one of the following pathways. *Before beginning training for a), b) and c) the following pathways must receive prior approval from each fellowship program director and the ABPath.***
  - The applicant will be required to submit in writing to the ABPath the learning plan that denotes when the requirements for both fellowships will be completed, and a description of the Clinical Informatics Project/Learning/Research.
  - Approval and signatures of the plan by both the fellowship and Clinical Informatics program directors will be required prior to approaching this pathway.
  - This will protect the applicant and assure agreement by all parties concerning the timing of the completion of the requirements for both fellowships and the eligibility for certification.
- a) An applicant may simultaneously complete an additional one-year of ACGME, ABPath subspecialty fellowship, during the same two years as the Clinical Informatics fellowship. After completion of the two years of training the applicant is eligible to apply for board certification in both.
    - i. The additional one-year subspecialty fellowship should have focus, projects, or processes related to clinical informatics.
    - ii. **Example of Pathway a) with a Clinical Informatics fellowship and a one-year additional fellowship:**



OR

b) An applicant may simultaneously complete an additional ABPath one-year fellowship during the first year of the two-year Clinical Informatics fellowship. The applicant would be eligible to apply for board certification for the one-year subspecialty fellowship after the *first year of training* in Clinical Informatics and meeting the one-year subspecialty fellowship requirements. After completing the second year of Clinical Informatics training, the applicant would be eligible for board certification in Clinical Informatics.

i. A Clinical Informatics project, research, and/or learning that is related to the one-year fellowship must be undertaken for the full duration of the first year of Clinical Informatics training, completed and the requirements of the one-year fellowship must have been met to be eligible for certification in the one-year fellowship.

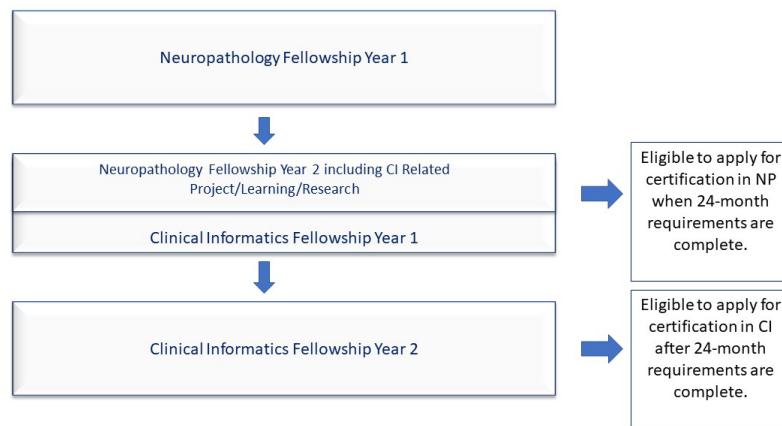
ii. **Example of Pathway b) with a Clinical Informatics fellowship and a one-year additional fellowship:**



c) An applicant may simultaneously complete a Neuropathology (NP) two-year fellowship during the Clinical Informatics fellowship.



- i) A Clinical Informatics project, research, and/or learning that is related to the two-year NP fellowship must be undertaken for the full duration of the second year of NP training, completed and the requirements of the NP fellowship must have been met to be eligible for certification in the two-year NP fellowship.
- ii) The applicant would be eligible to apply for board certification for the NP fellowship after the second year of NP training and meeting the requirements. After completing the second year of Clinical Informatics training, the applicant would be eligible for board certification in Clinical Informatics. This would be a total of three years of training.
- iii) **Example of Pathway c) with a Clinical Informatics fellowship and an NP fellowship:**



The following additional pathways to certification will be available until the end of 2025.

**d. Practice Pathway (in effect until the end of 2025)**

Applications for this Practice Pathway will be accepted until May 15, 2026.

Three years of practice in Clinical Informatics is required. Practice time must be at least 25% of a Full-Time Equivalent to be considered. 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 Clinical Informatics responsibility. Fellowship activity that is less than 24



months in duration or non-ACGME accredited may be applied toward the practice activity requirement. The actual training must be described for any fellowship activity. Clinical Informatics research and teaching activities may also be considered as practice time.

i. Masters or PhD in Biomedical Informatics:

Credit for completion of a 24-month master's or PhD program in Biomedical Informatics, Health Sciences Informatics, Clinical Informatics, or a related subject from a university/college in the US and Canada, deemed acceptable by the Board (e.g., NLM university-based Biomedical Informatics Training) may be substituted for the Time in Practice option above.

**e. Non-Accredited Fellowship Pathway (must begin before the end of 2025)**

An applicant may request credit for training in a non-ACGME accredited Clinical Informatics fellowship program. Training in a non-ACGME accredited program for less than two years duration will receive two years credit towards the three-year practice pathway (4.d.). The training received in the non-accredited fellowship must have been substantially equivalent to, or exceeded, the training required in ACGME accredited fellowships. The fellowship training curriculum and a description of the training experience must be submitted with the application. Diplomates who have started a nonaccredited fellowship before the end of 2025 must complete the non-accredited fellowship requirements and one year of practice in Clinical Informatics by the end of 2027.

Applications for this Non-Accredited Fellowship Pathway will be accepted until May 15, 2028.

## **5. Cytopathology**

- a. Applicants must be certified in AP/CP or AP and must complete 12 months of training in an ACGME accredited cytopathology program.

## **6. Dermatopathology**

- a. Certification and training in dermatopathology is a joint and equal function of the ABPath and the American Board of Dermatology (ABD). Such function relates to qualifications of applicants, standards of examinations, and ACGME Dermatopathology Program Requirements.



- b. The program requirements can be found on the ACGME website in sections IV.C3.a).(1) and IV.C3.b).(1). The requirements state each dermatopathology fellow should examine at least 5000 dermatopathology specimens. Fellows who are pathologists must each examine at least 500 dermatology patients, including children and adults.
- c. Applicants must be certified in AP/CP or AP or Dermatology and must have completed 12 months of training in an ACGME-accredited dermatopathology fellowship program.

## **7. Forensic Pathology**

- a. Applicants must be certified in AP/CP or AP and must complete 12 months of training in an ACGME-accredited forensic pathology program.

## **8. Hematopathology**

- a. Applicants who are certified in AP/CP, AP, or CP or who are certified by another ABMS member board must complete 12 months of training in an ACGME accredited hematopathology program.

## **9. Medical Microbiology**

- a. Applicants who are certified in AP/CP, AP, or CP or who are certified by another ABMS board must complete 12 months of training in an ACGME accredited medical microbiology program.
- b. The ABPath encourages diplomates with ACGME accredited training in Medical Microbiology to also consider obtaining certification by American Society for Microbiology's American Board of Medical Microbiology.

## **10. Molecular Genetic Pathology**

- a. Certification in molecular genetic pathology is a joint function of the American Board of Medical Genetics and Genomics (ABMGG) and the





ABPath. Such function relates to qualifications of applicants and standards of examinations, and the ACGME Molecular Genetic Pathology Program Requirements.

- b. Prerequisites
  - 1) Candidates must be certified in AP/CP, AP, or CP or certified by the ABMGG. Only ABMGG physician diplomates may be candidates for this exam.
  - 2) Applicants must complete 12 months of training in an ACGME accredited molecular genetic pathology program.

## **11. Neuropathology**

- a. Applicants who are certified in AP/CP or AP must complete 24 months of training in an ACGME-accredited neuropathology program.
- b. Applicants who are certified in CP or are certified by another ABMS member board must complete 12 months of ACGME-accredited training in anatomic pathology and 24 months of ACGME-accredited training in neuropathology.
- c. Combined Anatomic Pathology/Neuropathology certification (*see Section III.B.3.a-f.*)
- d. Applicants who are certified by the Royal College of Physicians and Surgeons of Canada in AP and in NP (separate certificates) are eligible for ABPath combined AP/NP certification or NP subspecialty certification. Eligibility is seven years from completion of training.

## **12. Pediatric Pathology**

- a. Applicants who are certified in AP/CP or AP or certified by the RCPSC in anatomic pathology or general pathology must complete 12 months of ACGME-accredited training in pediatric pathology.

### **D. Focused Practice Designation**

Applications are not available online for this in PATHway. Please refer to the ABPath website "[Focused Practice Designation](#)" for further information and the paper application. (For



diplomates who completed an ACGME-accredited training program in Chemical Pathology or Medical Microbiology, please see Section III.C.)

**1. The purpose of the focused practice designation is:**

- a. To recognize and provide a credential to diplomates who have successfully completed non-ACGME accredited training.

OR

- b. To recognize ABPath-certified physicians whose practice has been primarily or exclusively devoted to clinical chemistry or clinical microbiology.

**2. Focused Practice in Clinical Chemistry**

- a. All candidates for Clinical Chemistry Focused Practice designation must be certified in AP/CP or CP and meet one of the following eligibility requirements:

- 1) Successful completion of training in a Commission on Accreditation in Clinical Chemistry (ComACC) accredited 2-year training program,

OR

- 2) Be eligible for the practice pathway, which requires that a diplomate has spent at least 30% time (an average of 16 weeks per year) in three of the last five years practicing Clinical Chemistry.

- b. The ABPath strongly encourages ComACC-trained pathologists to obtain American Board of Clinical Chemistry certification. Note that ours is a Focused Practice Designation, not a certification, and is distinct from ABPath subspecialty certification in Chemical Pathology, which requires completion of ACGME-accredited training.
- c. Applicants participating in the Continuing Certification (CC) Program must be up-to-date with CC Program requirements.
- d. All candidates must take and pass a secure remote examination in Clinical Chemistry.



- e. After receiving this designation, diplomates must participate in the CC Program to maintain their focused practice designation.

### **3. Focused Practice in Clinical Microbiology**

- a. All candidates for Clinical Microbiology Focused Practice designation must be certified in AP/CP or CP and meet one of the following eligibility requirements:

- 1) Successful completion of training in an American Society for Microbiology Committee on Postgraduate Education Programs (CPEP) accredited 2-year training program,

OR

- 2) Be eligible for the practice pathway, which requires that a diplomate has spent at least 30% time (an average of 16 weeks per year) in three of the last five years practicing Clinical Microbiology.

- b. The ABPath strongly encourages ASM CPEP trained pathologists to obtain ASM American Board of Medical Microbiology certification. Note that ours is a Focused Practice Designation, not a certification, and is distinct from ABPath subspecialty certification in Medical Microbiology, which requires completion of ACGME-accredited training.
- c. Applicants participating in the Continuing Certification (CC) Program must be up to date with CC Program requirements.
- d. All candidates must take and pass a secure remote examination in Clinical Microbiology.
- e. After receiving this designation, diplomates must participate in the CC Program to maintain their focused practice designation.

### **4. Focused Practice designation applicants must obtain designation within their period of eligibility:**

- a. Which is five years from the completion of training; if more than five years from completion of training, an additional two years of



experience is required.

- b. Or if applying by experience, five years from the year of submission of the initial application.

#### IV. PHYSICIAN-SCIENTIST RESEARCH PATHWAY

##### A. Objectives

1. To increase the number of physician-scientists in pathology
2. To attract exceptional and committed young physician-scientists to pathology
3. To prepare trainees for careers in academic medicine centered on basic science or clinical research
4. To provide flexibility in training pathways, while assuring the clinical competency of trainees that select this pathway

##### B. General Requirements

1. The ABPath Physician-Scientist Research Pathway is intended for those physicians who are committed to contributing to new scientific knowledge in basic science, and clinical or translational medicine through a career that will involve funded research.
2. Training programs do not need ABPath approval or notification to offer this Pathway; however, a program will be asked to provide information regarding candidates completing this Pathway for purposes of tracking and outcomes assessment.
3. Residents may enter the Physician-Scientist Research Pathway while training in AP, CP, AP/CP, or AP/NP. A trainee may enter this program following completion of a subspecialty fellowship.
4. Trainees are encouraged to complete their core training prior to their research year(s) and to become ABPath certified as soon as they are eligible.
5. The GME training requirements to apply for board certification are the same as for trainees that are not in this Pathway (See section III). Trainees should apply to take the certification examination as soon as GME training requirements are completed.



6. Trainees must become certified within five years of completion of GME training.
7. A trainee may transfer into or out of the Pathway at any time without ABPath approval.
8. Current ABPath graduate medical education (GME) training requirements allow for up to six months of research during core training. ACGME Program Requirements must be followed during the six months of research that is part of the core GME training; however, the additional Pathway research time is not subject to ACGME Program Requirements. All additional research time must occur in blocks of at least six months and should be protected by not being commingled with substantial clinical training.
9. The Program Director is responsible for the core GME training and must approve the six months of research completed as part of the core.
10. Trainees in the Physician-Scientist Research Pathway must complete at least one additional year of research. Research is defined as scholarly activities expected to develop and contribute to generalizable knowledge, typically involving grants supporting the activities, and may include basic science, clinical, or translational research. Trainees may complete additional years of research, depending on their institution, and are encouraged to do so, especially if they wish to seriously pursue a career in basic science or clinical research.
11. Supervision of the trainee's additional year(s) of research should be the responsibility of a faculty research mentor. An ideal research mentor is a successful investigator with an active research program and peer-reviewed research funding. Establishment of a research review committee that meets at least every six months to provide advice and feedback to the trainee is strongly encouraged. Research may be done at more than one institution, but the experience should have oversight and coordination by a single mentor.
12. The ABPath will not oversee the research training. Applicants for ABPath certification are asked to indicate on their application that they are in the Physician-Scientist Research Pathway, what their research topic is, and the name of their research mentor. The Program Director must verify this information. The Program Director should notify the ABPath if a candidate/diplomate does not complete the Research Pathway.
13. The ABPath certification examination and ABPath certificates are the same for all candidates, whether they are in the Research Pathway or standard pathology training.



14. A research year, like a fellowship year, will meet the Continuing Certification Lifelong Learning and Improving Health and Healthcare requirements (except for peer evaluations) for that period of the CC cycle.

## V. CANDIDATES WITH DISABILITIES

### A. Policy

1. The ABPath will provide applicants/candidates who have documented disabilities reasonable accommodations in the administration of its examinations, including auxiliary aids and services, as appropriate.
2. Such accommodations must not fundamentally alter the measurement of the skills or knowledge the examination is intended to test or result in an undue burden.

### B. Documentation of Disability

1. The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A "qualified" individual with a disability is one who meets the requirements to take the examination and with or without reasonable accommodation, can perform the essential functions of a pathologist. ADA accommodation requests are reviewed by the ABPath ADA consultant.
2. Applicants/candidates requesting accommodation due to a disability must submit an Examination Accommodations Request Form with supporting documentation found on the [ABPath website](#).
3. Applicants/candidates who provide documentation that they have received, in the administration of the USMLE examinations, the same type of accommodations as they request for the ABPath certification examination, are not required to submit additional documentation with the Request Form.
4. Applicants/candidates who have not received accommodation on the USMLE examination must submit the information required in the request



form. Such documentation must include a professionally recognized diagnosis of the disability, medical records or other documentation of the diagnosis of the disability by a qualified healthcare professional and the appropriateness of the requested accommodation for the documented disability.

5. The ABPath reserves the right to request additional documentation as necessary.
6. If an applicant/candidate is given accommodation on an ABPath examination, he/she will automatically receive the same accommodation on any subsequent ABPath examinations.

### C. Type of Accommodation

1. Applicants/candidates requesting accommodation must identify the type of accommodation requested.
2. The ABPath will determine the type of accommodation to be made for a candidate with a verified disability.
3. Accommodations that fundamentally alter the measurement of skills or knowledge the examination is intended to test will not be offered.

### D. Examination Accommodation Request Form Deadline

1. Initial applicants and repeat candidates who are submitting their first request must submit the request form for accommodation and documentation no later than the application deadline.
2. Applicants/candidates denied a request for accommodation may appeal the denial in accordance with ABPath's appeals procedure.

## VI. SUBSTANCE ABUSE OR IMPAIRMENTS

- A. An applicant for certification who, within 3 years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a rehabilitation or diversionary program for drug or other substance abuse will be required to provide the following information to the ABPath:
  1. The applicant must show that he/she has successfully completed a



rehabilitation or diversionary program authorized by the applicable medical licensing authority or is successfully enrolled in such a program.

2. The applicant must show that they have successfully completed or are enrolled in a private treatment program and the responsible program administrators and physician must attest, to the satisfaction of the ABPath, that the applicant has been free of dependency or impairment for a period of time sufficient to establish that the individual is not currently engaged in the use of illegal drugs or other substance abuse and/or that the use of illegal drugs or other substance abuse is not an on-going problem that impairs the applicant's ability to practice safely and effectively.

## VII. MENTAL AND PHYSICAL IMPAIRMENT

An applicant who has a mental or physical impairment that affects the applicant's ability to practice safely and effectively will be required to provide medical evidence from the appropriate physicians, treatment centers and hospitals demonstrating to the ABPath that the impairment does not compromise the applicant's ability to practice safely and effectively.

## VIII. EXAMINATIONS PRIMARY AND SUBSPECIALTY

All primary and subspecialty examinations are computer based and are administered at Pearson VUE Professional Test Centers

1. Primary exams are administered two times a year in Spring and Fall.
2. All subspecialty examinations are given one time each year in the Fall.
3. Candidates will schedule their own examination date(s) with Pearson VUE.
4. An email will be sent to all candidates who have applied/registered for an examination through PATHway when the window to schedule their exam date(s) is available with Pearson VUE.
5. A candidate for the Spring primary examinations (AP and/or CP) who wishes to apply for a subspecialty examination in the same year must submit the subspecialty application prior to the subspecialty application deadline.
  - a. If the candidate is successful in the primary examination, the ABPath will automatically process the application for the subspecialty examination.
  - b. If the candidate is not successful in the primary exam, they will be notified and





the subspecialty examination fee minus a \$200 administrative fee will be refunded. A new subspecialty application must be completed for future examinations.

#### A. Application/Registration/Deadlines/Fees/Cancellation

1. Application forms for primary and subspecialty certification are available online through PATHway on the [ABPath website](#). All applications must be completed and submitted online, except for Clinical Informatics, completing the Practice Pathway or non-accredited fellowship pathway.
2. See "[Get Certified](#)" on the ABPath website for important dates and deadlines.

#### B. Honor Code

1. Applicants must sign an Honor Code when applying for certification. This is a legally binding contract between the physician and the ABPath.
2. Any violations of the Honor Code may be sufficient to bar a person from qualification, terminate participation in an examination, invalidate the results of an examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABPath. Violations include, but are not limited to:
  - a. The giving or receiving of aid in the examination as evidenced either by observation or by statistical analysis of candidates' answers.
  - b. The unauthorized possession, reproduction, or disclosure of any ABPath examination related materials, including, but not limited to, examination questions or answers, before, during, or after the examination.
  - c. The offering of any benefit to any agent of the ABPath or Pearson VUE in return for any right, privilege, or benefit that is not usually granted by the ABPath or Pearson VUE to other similarly situated candidates or persons.
  - d. Possession of notes, books, or any other examination aid in the examination area.
  - e. Engaging in irregular behavior in connection with the administration of the examination, including but not limited to:



- 1) Referring to notes, books, or any other examination aid at any time during the examination, including breaks,
  - 2) Transferring or receiving information relating to the contents or answers of the examination to or from another candidate or a third party before, during, or after the examination. This prohibition includes any transfer of information between a candidate and another person at any time during the examination, including breaks, and any recall or reconstruction of examination questions and answers, and the transfer of information concerning the same after the examination.
  - 3) Possession of a cell phone, watch, or any other electronic device at the testing workstation.
3. The ABPath may withhold a candidate's scores and require that the candidate retake one or more portions of the examination if there is evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of the candidate's personal involvement in such activities.
  4. To view the complete Honor Code please refer to the [ABPath website](#).

### C. Fees

1. The examination application fee includes a nonrefundable administrative fee of \$200.
2. If an AP/CP applicant takes the AP and CP examinations in different exam windows, there is a separate examination fee for each exam.
3. The full examination application fee minus \$200 administrative fee will be refunded if circumstance or occurrence beyond the candidate's or ABPath's control which makes it impossible, inadvisable, illegal, or commercially impracticable, for either party to take or administer the exam as planned, including, without limitation: (i) acts of God, (ii) disasters (including, but not limited to, fire, flood, severe weather, avalanche, tsunami, and earthquake), (iii) war, (iv) civil disorder, (v) suspected or actual terrorism in or near the borders of the continental United States, (vi) government action and regulation (including, but not limited to, declared states of emergency), (vii) national or international public health authorities' (including, without limitation, state departments of health, the Centers for Disease Control or the World Health Organization) declaration of public health emergencies, communicable



disease, epidemic or pandemic advisories or alerts, (viii) strikes or work stoppages (other than those involving the parties' staff ), (ix) curtailment of transportation services (including, without limitation, travel bans and advisories), (x) public or private policies which restrict or prohibit participants traveling to or taking the exam.

4. See Exam Fee Schedule on the ABPath website [“Get Certified”](#).
5. The ABPath accepts credit card payments only (MasterCard, Visa, and American Express). Checks are not accepted.

#### D. Cancellation of an Examination

If a candidate chooses to cancel their examinations(s) they must cancel by the cancellation date for the exam(s) they will be taking. Please refer to the [ABPath website](#), for cancellation dates.

If a candidate cancels the exam(s) on or before the cancellation date, ABPath will refund the application fee minus a \$500 cancellation fee.

If a candidate applying for the combined ACP examination chooses to cancel one portion (AP or CP) of the examination, there will be no refund of fee.

1. If the following occurs, a candidate will forfeit the entire examination fee:
  - If the candidate cancels after the cancellation deadline date.
  - If the candidate registers for an exam(s) with ABPath and does not schedule an exam date with Pearson VUE by the scheduling deadline date.
  - If the candidate does not appear for the scheduled examination(s) on the scheduled exam date(s).
2. If a candidate cancels or does not appear for an exam due to personal illness or quarantine at the time of the examination, verified by the candidate's personal physician, or due to a travel ban issued by their institution, the examination fee minus a \$200 administrative fee will be refunded to the candidate's credit card. Documentation must be submitted and received by ABPath within 30 days of the scheduled examination.

If you choose to cancel your examination(s) you must notify the ABPath by email at [Mary@abpath.org](mailto:Mary@abpath.org) for the Primary certification exam(s) or [Renee@abpath.org](mailto:Renee@abpath.org) for Subspecialty certification exam(s).

\*\*Refunds cannot be transferred to a future examination.



## E. Reporting of Examination Results to Candidates

1. When all requirements for certification are met, the candidate will receive a letter posted on their Board Correspondence screen in PATHway approximately 6 weeks following the last day of examination(s) indicating their examination results.
2. An engraved certificate will be mailed to a successful diplomate approximately 4 months after release of the exam results.
3. Examination score(s) and information regarding relative performance in areas of the examination is provided to only those candidates that are not successful with their exam(s).
4. If a candidate has not submitted all requirements for certification (e.g., current, full medical license), examination results will be withheld by the ABPath until evidence of completion of these requirements has been received and evaluated by the ABPath.

**If all requirements are not met within 2 years from the date of the examination, the examination results will become null and void.**

## F. Reporting of Examination Results to Training/Fellowship Programs

1. In January of each year, residency and fellowship training program directors receive, via PATHway, a report of the board examination performance of all residents or fellows, by name, who have done all or part of their training in the program during the previous seven years.
2. The most recent seven-year cumulative board performance report, without names, is sent annually to the ACGME Pathology Residency Review Committee for use in accreditation of the training/fellowship program. The ACGME report includes only residents/fellows who completed all of their training in the program.

## G. Unsuccessful Candidates

### 1. Primary and Subspecialty

- a. An AP and/or CP candidate who is not successful in becoming certified during their five-year period of board eligibility must complete an additional year of ACGME-accredited training or non-ACGME accredited training affiliated with



an ACGME-accredited training program in the area(s) in which he/she is unsuccessful before reapplying for the examination.

The additional year of training must be completed after the period of board eligibility terminates, but no later than 10 years after the completion of initial training.

- b. If the candidate has passed either the AP or CP examination, but not the other, they may apply for single certification in that discipline provided the certification requirements are met (*see Section VIII.*).
  
- c. A subspecialty candidate who is not successful in becoming certified in the subspecialty examination during his/her period of board eligibility must complete at least an additional six months of training in an ACGME-accredited fellowship or non-ACGME accredited training affiliated with an ACGME-accredited training program in the subspecialty before reapplying for the examination.

The additional six months of training must be completed after the period of board eligibility terminates, but no later than 10 years after the completion of initial training.

#### H. Examination Scoring

- 1. Failing examination scores cannot be appealed. Manual rescoring for failure of an examination cannot be done. All examination scores have been reviewed and confirmed to be accurate by a second psychometric consultant.

Examination scores are a scaled score, and the pass point is 500. One point does not necessarily correspond to one question right or wrong. The scaled score, in addition to reflecting the number of questions a candidate gets right or wrong, also depends on the difficulty of the questions that were answered right or wrong and the overall difficulty of the examination.

- 2. The detailed performance report provided only to unsuccessful candidates can help identify areas of weakness. The performance report indicates how a candidate did relative to all other candidates taking the exam in each practice area on the exam blueprint.
  - a. The first part of the report indicates whether a candidate was in the upper, middle, or lower third of all candidates who took the exam that session.



- b. The second part of the report indicates to a candidate how they did in relation to a criterion of more or less than 50% of questions correct. It is possible to get more than 50% of questions correct, but still be in the lower third if the questions were easy and by the same reasoning, a candidate could be in the upper third but get less than 50% of questions correct if they were difficult questions.

## IX. SINGLE CERTIFICATION FOR CANDIDATES BOARD ELIGIBLE FOR COMBINED CERTIFICATION WHO ARE SUCCESSFUL IN ONLY ONE OF THE EXAMINATIONS

- A. Candidates who are board eligible for certification in AP/CP must pass both examinations to become certified.
- B. Candidates successful in only one of the primary examinations (AP or CP), but not the other, have the option to request that the ABPath award a single certificate in the primary area (AP or CP) in which they were successful if all training requirements have been met.
  - 1. Original applications and any subsequent training will be evaluated for compliance with single certification requirements. All requirements for certification in Anatomic Pathology or Clinical Pathology must be satisfied as described in Sections III.A and III.B.
  - 2. Candidates must sign the Attestation included with the application for single certification stating that they are relinquishing their board eligibility in AP/CP and are requesting primary certification in the area in which they were successful (AP or CP).
  - 3. Candidates must complete the application for single certification, which is available on the [ABPath website](#) and submit the appropriate fee. This application must be downloaded, completed and mailed to the ABPath office so that it is received no later than the published deadline. **An online application is not available.**
  - 4. Training used to satisfy the requirements for a single certificate may not be used subsequently to obtain additional certification. If a candidate applies for the other primary certificate at a later date, they will be expected to satisfy existing requirements for the other primary certificate at the time of application, which may require additional training in an ACGME accredited training program.



5. Application for single certification must be submitted within **3 years of expiration of the period of board eligibility** in which the primary examination was passed.
  6. Candidates who are board eligible for combined AP/NP certification must pass both examinations to receive a combined certificate. Candidates successful in the primary examination (AP) but not in the NP examination may apply for a single primary (AP) certificate as outlined above.
- C. Applications for single certification are evaluated in May and in November. Applications received by March 1 will be evaluated in May. Applications received by October 1 will be evaluated in November. The fee for single certification is \$1200.00.

## X. CERTIFICATES

- A. All certificates issued by the ABPath in 2006 and after remain valid contingent upon the diplomate's participation in the Continuing Certification Program (CC).
- B. Certificates issued prior to January 1, 2006, are non-time-limited.
- C. After meeting all certification requirements, a candidate is issued a certificate by the ABPath. Engraved certificates are mailed approximately 4 months after the results of the examination are posted. It is the diplomate's responsibility to keep their mailing address and email current in PATHway.
- D. Candidates eligible for combined certification (AP/CP or AP/NP) receive one certificate indicating that the pathologist is certified in both disciplines. This certificate is issued only after both examinations have been passed.
- E. The ABPath does not issue or retain copies of the original certificate.
- F. Replacement Certificates
  1. If a certificate is lost or destroyed, the diplomate can request a replacement, stating on the order form the reason for replacement of the original certificate.
  2. The replacement certificate will indicate that the certificate is a replacement and the date of the replacement.
  3. The fee for a replacement certificate is \$-100 payable by credit card. Both the order form and payment form are available on the [ABPath website](#).



G. Verification of Certification

1. Requests for verification of a pathologist's certification should be made via the [ABPath website](#) and must include enough demographic information to identify the pathologist.
2. The fee for each verification is \$35.

H. Revocation or Expiration of Certification

1. At its discretion, the ABPath may revoke a certificate for cause, including but not limited to:
  - a. The diplomate did not possess the required qualifications or did not fulfill the requirements for examination, whether or not such deficiency was known to the ABPath or any committee thereof prior to examination or at the time of the issuance of the certificate, as the case may be.
  - b. The diplomate made a material misrepresentation or withheld material information in the application or in any other representation to the ABPath or any committee thereof, whether intentional or unintentional.
  - c. The diplomate violated the Honor Code and/or engaged in irregular behavior in connection with an examination of the ABPath (as described under Honor Code Section VIII.B), whether or not such practice had an effect on his or her performance on an examination.
  - d. The diplomate was convicted by a court of competent jurisdiction of a felony or of a misdemeanor that involves moral turpitude and that, in the opinion of the ABPath, has a material relationship to the practice of medicine.
  - e. The diplomate made a misrepresentation to the ABPath or any third party as to his or her status as a diplomate of the ABPath.
  - f. The diplomate engaged in conduct that the Board determines, in its sole judgement, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician.





g. The ABPath receives information that an adverse licensure action has been taken against a diplomate.

1) For purposes of this policy, adverse licensure action will mean:

a) a final action by one of the licensing authorities of the United States or Canada that revokes, suspends, or limits (including the imposition of any requirement of probation, surveillance, supervision, or review, except as provided in Section II.C.4) any license or right associated with the practice of medicine issued by one of the licensing agencies of the United States or Canada and that resulted from or is based on misconduct involving patient care and/or ethical practice;

OR

b) the voluntary surrender of a license or associated right in connection with, or in lieu of any disciplinary action by, or consent decree or settlement agreement with, one of the licensing authorities of the United States or Canada.

2. A diplomate's certificate will expire in the event a diplomate fails to meet the ABPath's Continuing Certification (CC) Program requirements.
3. A diplomate may appeal a revocation or early expiration of their certificate pursuant to the ABPath appeals procedure set forth in Section XIV.
4. If a diplomate's certificate is revoked and the diplomate subsequently regains a full and unrestricted license to practice medicine, they may provide proof of such to the ABPath and request that the certificate be reinstated.
5. If a diplomate's certificate expires because of failure to meet CC Program requirements and the diplomate subsequently meets all requirements for CC, they may request that the certificate be reinstated. (See the [CC Booklet of Information](#) regarding expiration of certification and policies for reinstatement.)
6. If a request for reinstatement of certification is approved, certification will be restored subject to all rules in force at the time of the restoration, including certification and mandatory participation in the Continuing Certification Program.



## XI. DIPLOMATES RETIRING FROM ACTIVE PRACTICE

- A. Certification with an ABMS member board is a significant achievement. ABPath wishes to continue recognizing physicians as diplomates after they have stopped actively practicing medicine and no longer wish to maintain their medical license and certifications.
- B. Retired status is a status any current diplomate may request from ABPath or another ABMS Member Board. Eligibility for Retired status with ABPath requires the following:
  - 1. No longer being actively engaged in direct, indirect, and/or consultative patient care, overseeing medical laboratories, or supervising/ teaching in a medical field.
  - 2. Not performing any function for which board certification is required.
  - 3. Being a current diplomate of ABPath in good standing:
    - a. Good standing for the purpose of the Retired status means the following:
      - i. No medical license restrictions or disciplinary issues, pending or otherwise, in any jurisdiction where the diplomate holds a medical license.
      - ii. No disciplinary actions, pending or otherwise, by the ABPath.
      - iii. Current participation in the Continuing Certification (CC) Program if applicable.
- C. The first step to obtaining retired status through ABPath requires submitting the Request for Retired Status Application located on the [ABPath website](#).
- D. Opting into the retirement status publicly lists the physician as Retired. Physicians listed as retired no longer need to hold a medical license or maintain certification in ABPath's CC Program to be a diplomate of ABPath. Retired diplomates will be disenrolled from the CC Program.
- E. Retirement status is shared across all ABMS Member Boards. It is not possible to be certified by other ABMS boards and hold a different status with each. ABPath will notify ABMS of a diplomate's retired status and similarly receives notice if one of our diplomates opts into retired status with another ABMS board.
- F. If a diplomate no longer meets the Retired status criteria listed under section XI.B the diplomate must report the change to ABPath and all ABMS Member Boards for which



they currently hold certification. Only after all applicable boards update the change in status will the physician no longer be publicly listed as Retired.

- G. Removal of Retired status with ABPath requires passing an examination for all time-limited certifications held prior to retirement status change. Passing the required examinations will enroll the diplomate in the CC Program the year the examination was passed.
- H. A diplomate exiting Retired status must wait two years from the year of CC Program enrollment to request Retired status with ABPath again.
- I. Failure to notify ABPath of a change in retired status within a timely manner may result in certification revocation.

## XII. PUBLIC REPORTING OF CERTIFICATION

- A. The American Board of Pathology provides the American Board of Medical Specialties (ABMS) with a listing of diplomates, which ABMS publishes online at [abms.org](http://abms.org). This information is available to the public and published in a directory that is routinely used by credentialing organizations. Candidates are given reporting options at the time of application for examination.
- B. The ABPath also releases certification information to Cooperating Societies of the ABPath and on request to recognized pathology societies.

## XIII. CONTINUING CERTIFICATION (CC) PROGRAM

- A. For complete and detailed information on the CC program, please refer to the [Continuing Certification \(CC\) Booklet of Information](#) found on the ABPath website.

## XIV. APPEALS PROCEDURES

- A. Failing examination scores cannot be appealed. (*Refer to section VIII H.*) All examination scores have been reviewed and confirmed to be accurate by a second psychometric consultant.
- B. ABPath will not make an exception to the policy that only ACGME or RCPSC accredited training can fulfill the training requirement for certification. This requirement cannot be appealed. (Refer to section III.A.2.)
- C. An individual who has received an unfavorable ruling from the ABPath or a



committee of the ABPath may appeal such ruling by sending a notice of appeal to the ABPath within 60 days of the date such ruling was made available to the individual.

- D. On receipt of a notice of appeal, the applicable ABPath committee:
  - 1. Will invite the individual to submit, in writing, such information as the individual feels appropriate in support of the appeal.
  - 2. May make further investigation as it deems appropriate.
  - 3. May request the individual to submit additional information.
  - 4. Will reconsider the unfavorable ruling and report its decision to the individual and the President of the ABPath.
  - 5. Will specify the grounds for any unfavorable action.
  - 6. In the case of an unfavorable ruling, will inform the individual that he/ she may request a hearing before an appeals committee of the ABPath by doing so in writing within 30 days of the date the notice of unfavorable action was mailed.
  
- E. On receipt of a request for a hearing, the Chief Executive Officer will inform the President of the ABPath, who will appoint an ad hoc appeals committee consisting of three trustees who are not members of the committee whose ruling is being appealed.
  - 1. The chairperson of the ad hoc committee will convene a meeting of the committee within 90 days of the date of its appointment to conduct a hearing at which the individual may appear in person with a legal and/or other representative to present such information deemed appropriate in support of the individual's position.
  - 2. Not less than 30 days prior to the hearing, the Chief Executive Officer will send written notice to the ad hoc committee and to the appellant stating the time and place of the hearing and will provide them copies of written material and a list of witnesses that the concerned committee intends to present at the hearing.
  - 3. The Chief Executive Officer will also specify any information and documents the individual is required to produce at the hearing.
  - 4. Not less than seven days prior to the hearing, the appeals committee will



provide the Chief Executive Officer and the individual with copies of any written reports, affidavits, or statements of experts the committee intends to present at the hearing.

5. Not less than seven days prior to the hearing, the appellant will provide the Chief Executive Officer with such written information concerning his or her position as he or she deems appropriate; a list of witnesses, if any, whom he or she expects to call to testify; and copies of any written reports, affidavits, or statement of experts he or she intends to present at the hearing.
6. The Chief Executive Officer will submit the written material referred to in C.4. and C.5. above to the members of the appeals committee prior to the hearing.
7. At the hearing, the concerned ABPath committee and its legal or other representatives will present such relevant information and evidence as it deems appropriate to support its previously made determination. The committee will not have the right to present any information or evidence not previously provided as required in C.4. and C.5. above. The committee may call, examine, and cross-examine witnesses.
8. The individual will have the right to be represented at the hearing by legal counsel or any person of his or her choice. He/she may present such relevant information and evidence as he/she deems appropriate in support of his/her position. The individual will not have the right to present any information or evidence not previously provided as required in C.4. and C.5. above. The failure of the individual to produce information or documents requested by the concerned ABPath committee as required in paragraph C.5. above will be grounds for upholding and affirming the determination of the concerned ABPath committee.
9. The individual and the concerned ABPath committee may submit written statements at the close of the hearing.
10. A written record of the hearing will be made available to the individual at one-half the cost of its preparation.
11. The decision of the appeals committee will be by a majority vote of the committee members based on the information presented at the hearing.
12. The committee may affirm, modify, or overrule the decision of the ABPath committee.
13. The appeals committee will inform the individual, the concerned



committee, and the President of the ABPath, in writing, of its decision and the reasons therefore within a reasonable time of the hearing.

14. The decision of the appeals committee will be final and binding.

## XV. APPENDIX A: Autopsy Requirements

- 1) For residents who have trained in an ACGME accredited program, the ABPath will only accept an uploaded copy of their ACGME “Autopsy Log” .
- 2) The applicant must have completed at least 30 autopsies by the time the application for certification is submitted.
- 3) The autopsy log must include age group, gender, primary pathology diagnosis (e.g. as would be reported on a death certificate) and PGY year the autopsy was performed. Age group must be listed as: fetal; infant (up to 12 months); child (1-12 years old); adolescent (13-18 years old) and adult (>18 years old).
- 4) DO NOT INCLUDE the deceased’s name, age, case ID’s on the autopsy log submitted.**
- 5) Only RCPSC-trained residents may use and upload the ABPath Autopsy form. The autopsy submission form for **RCPSC trained residents only** is available on the [ABPath website](#).
- 6) Autopsy Policies:
  - a. All autopsies, except medical legal cases, must have a signed consent form.
  - b. In order to report an autopsy (including shared and medical legal autopsies) to the ABPath, the applicant must have actively participated in all of the following (as appropriate to the case):
    - 1) review of the clinical history and circumstances of death
    - 2) external examination of the body
    - 3) gross dissection, including organ evisceration
    - 4) review of the microscopic (as appropriate to the case) and laboratory findings
    - 5) preparation of a written description of gross and microscopic findings
    - 6) development of an opinion as to the cause of death
    - 7) clinical-pathologic correlation
    - 8) review of the autopsy report with a faculty member.



- c. There is no limit on the number of medical legal autopsies, however there should be a variety of case types.
- d. The ABPath policy on the use of fetal autopsies to satisfy the 30-autopsy requirement is:
  - 1) A fetal autopsy is defined as one that is performed on a fetus dying in utero or born dead.
  - 2) There must be a signed autopsy consent form. An anatomic disposal permit is not acceptable.
  - 3) The fetus should be intact. Gross and microscopic examination of the placenta must be part of the autopsy report.
  - 4) No more than 5 fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities (Final Anatomic Diagnosis = intrauterine fetal demise) can count toward the 30 required autopsy cases.
  - 5) Macerated fetuses can only count for 2 of the 5 fetal autopsies with a diagnosis of intrauterine fetal demise.
  - 6) Fetal autopsies of fragmented fetuses from pregnancy terminations for malformations or genetic diseases are acceptable provided the examination uses a standardized protocol (such as that described by Ernst L et. al. Arch Pathol Lab Med. 2013, Mar;137:326-37. Arch Pathol Lab Med. 2013;137:326–337. doi: 10.5858/arpa.2012-0090-RA) and all the other criteria above, including autopsy consent, are met.
- e. The ABPath policy on shared autopsies:
  - 1) There is no limit to the number of shared autopsies; no more than two residents can share an autopsy.
  - 2) The maximum number of single organ autopsies (e.g., brain only, heart only) allowed is five and cannot be shared.
  - 3) The maximum number of limited autopsies (e.g., chest or abdomen only) allowed is ten and can be shared.
  - 4) Effective July 2021: Some shared autopsies should be conducted by a more experienced resident working with a less experienced resident to promote



graduated responsibility.

5) Effective July 2022:

-The maximum number of limited autopsies (e.g. chest or abdomen only) allowed is five, including single organ autopsies (e.g. brain only, heart only) and cannot be shared.

-The program director will attest in the resident's final evaluation that they are competent in the performance of autopsies.

f. The ABPath reserves the right to audit autopsy cases submitted by applicants as part of the certification requirements.

## COOPERATING SOCIETIES OF THE ABPATH

- Academy of Clinical Laboratory Physicians and Scientists
- American Association of Neuropathologists (AANP)
- American Medical Association Pathology Section Council
- American Society for Clinical Pathology
- American Society of Dermatopathology
- American Society for Investigative Pathology
- American Society of Cytopathology
- Association of Directors of Anatomic and Surgical Pathology
- Association for Molecular Pathology
- Association of Pathology Chairs
- Association for the Advancement of Blood and Biotherapies
- College of American Pathologists
- National Association of Medical Examiners
- Society for Cardiovascular Pathology
- Society for Hematopathology
- Society for Pediatric Pathology
- United States and Canadian Academy of Pathology

## ACCREDITATION OF PATHOLOGY TRAINING PROGRAMS

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of all graduate medical education pathology training programs in the United States. The member organizations of ACGME are: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.





The responsibility for evaluating the quality of residency training programs in pathology is delegated to the ACGME Review Committee (RC) for Pathology. RC members are appointed by the ACGME. Nominations are made by the American Medical Association, the ABPath and the Association of Pathology Chairs. The RC is responsible for the “Program Requirements for Residency Training in Pathology” and the pathology “Milestones”.

### **Program Accreditation Review Process**

Requests for information regarding accreditation of Pathology residency training programs should be directed to:

Cindy Riyad, PhD, Executive Director  
criyad@acgme.org  
312/755-7416

For detailed and specific information about the general requirements for Pathology residency training programs, consult the ACGME Web site at [acgme.org](http://acgme.org) or the AMA’s Graduate Medical Education Directory (available from the AMA bookstore at <https://commerce.ama-assn.org/store/ui>). An online Directory of Pathology Training Programs is available from the Intersociety Council for Pathology Information, Inc. at [pathologytraining.org](http://pathologytraining.org).

## LOGO

Revised in 2015, the logo of the American Board of Pathology depicts the origin and evolution of pathology. The traditional microscope in the foreground symbolizes cellular pathology and laboratory medicine. In the background, the double helix reflects the evolving discipline in the molecular era.



**Updated Logo**



**Original Logo**



## ORGANIZATIONAL HISTORY

The sophisticated practice of anatomic and clinical pathology emerged in the late 1800s and during the first decades of the 20th century. As pathologists performed autopsies to define the anatomic manifestations and extent of disease, examined specimens from living patients, and reported their diagnostic findings to surgeons, their value to the delivery of patient care began to gain appreciation and respect.

At first, pathologists were not considered “equal” in medical practice by their clinical colleagues. Finally, in 1926 clinical pathologists received significant enhanced recognition when the American College of Surgeons revised its Minimal Standards to require that clinical laboratories be under the direction of MD physicians with special training in clinical pathology and that “all tissue removed at operations shall be examined in the laboratory and reports rendered thereon”.

Recognition of pathologists as physicians and pathology as a medical profession was reinforced in June 1935 when a joint committee of the American Medical Association Section on Pathology and Physiology and the American Society of Clinical Pathologists agreed unanimously that a Board of Pathology should be established. In July 1936, the American Board of Pathology (ABPath) was incorporated in Michigan and approval was granted by the Advisory Board of Medical Specialties and the AMA Council on Medical Education and Hospitals. On July 19, 1936 the ABPath met for the first time in Chicago.

The original Trustees were:

F. W. Hartman, E. B. Krumbhaar, H. T. Karsner, and J. J. Moore from the AMA and A. H. Sanford, F. H. Lamb, A. G. Ford, and R. R. Kracke from the ASCP. Elected officers were: A. H. Sanford, President; F.H. Lamb, Vice President; F.W. Hartman, Secretary-Treasurer.

## ABPath BOOKLETS

### BOOKLET OF INFORMATION

Discusses the entire board application process. Your guide to all things related to board certification in pathology.

### CONTINUING CERTIFICATION

This booklet focuses on the Continuing Certification Program requirements and lifelong learning in Pathology.





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We appreciate your feedback. What other questions do you have? We are here to help.  
Check out our website ([abpath.org](http://abpath.org)) or follow us on social media.