American Board of Pathology

CONTINUING CERTIFICATION (CC) PROGRAM BOOKLET OF INFORMATION

REVISED November 2026

THE AMERICAN BOARD OF PATHOLOGY

MISSION OF THE AMERICAN BOARD OF PATHOLOGY
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.

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POLICIES, PROCEDURES, AND REQUIREMENTS

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

The ABPath reserves the right to make changes to its fees, policies, procedures, and requirements at any time, with or without prior notice.

HISTORIC CONTEXT

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.

CONTINUING CERTIFICATION OVERVIEW

The ABPath, as one of the 24 member boards of the American Board of Medical Specialties (ABMS), is committed to continuous professional development through its CC program. CC assists physicians in maintaining standards necessary for them to provide quality care throughout their careers. CC assures the public that the physician is committed to lifelong learning and competency in pathology. The program requires ongoing assessment of the six competencies adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS to ensure that all aspects of practice are evaluated and outcomes are measured. The six competencies are:

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Diplomates of the ABPath are required to accurately state their certification status in curriculum vitae, publications, directories, letterheads, etc. A diplomate whose certificate has lapsed or been revoked must not claim to be board certified, and all descriptions of certification status must be modified accordingly. If an individual falsely claims to be certified by the ABPath, the Board will notify the appropriate authorities. This includes but is not limited to credentialing agencies, licensing boards, and law enforcement agencies.

RECIPROCITY FOR CONTINUING CERTIFICATION

The **Royal College of Physicians and Surgeons of Canada** (RCPSC) has recognized the ABPath's CC Program as substantively equivalent to the MOC program in Canada. This means that Fellows of the Royal College who are living and practicing in the United States can use the ABPath's CC Program to maintain their membership and Fellowship with the Royal College without having to also participate in the Royal College's MOC program.

The ABPath has adopted a reciprocity policy for diplomates participating in the **Royal College of Physicians and Surgeons of Canada** (RCPSC) MOC program. Diplomates participating in MOC with the RCPSC can submit documentation of current participation in lieu of reporting the Lifelong Learning & Improvement in Health and Healthcare (IHHC) requirements. Diplomates must be living and practicing outside the United States to have these requirements waived.

The ABPath has adopted a reciprocity policy for diplomates maintaining their primary certification with another ABMS member board's MOC program. These diplomates can submit documentation of current MOC participation with another ABMS member board in lieu of reporting all Lifelong Learning and Improvement in Health and Healthcare (IHHC) requirements of the ABPath's CC program.

CONTINUING CERTIFICATION PROGRAM SUMMARY

All primary and subspecialty certificates issued in 2006 and thereafter by the ABPath are valid as long as 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.**

The ABPath's CC Program consists of the following requirements which are described in greater detail under CC Requirements and Policies.

Reporting Requirements

Professionalism and Professional Standing

Diplomates must hold a valid, unrestricted medical license and meet the ABPath's professionalism expectations. 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 judgement, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician.

Lifelong Learning and Self-Assessment

Diplomates must meet the ABPath's continuing medical education requirements.

Improvement in Health and Healthcare

Diplomates must engage in specialty-relevant performance-in-practice assessment and improvement activities.

Assessment Requirement

Diplomates must continually assess their pathology-specific knowledge, judgment, and skills.

All CC Program requirements and deadlines are based on the year of enrollment in the CC program. Diplomates issued certificates after 1/1/2006 are automatically enrolled in the CC program. Diplomates with non-time limited (lifetime) certificates issued prior to 1/1/2006 may voluntarily enroll in the entire CC Program, or only the ABPath CertLink® longitudinal assessment, at any time.

All Trustees and the Chief Executive Officer of the ABPath are currently participating in the CC Program.

A diplomate issued a primary certificate by ABPath (AP/CP, AP only, CP only, AP/NP, or AP/FP) after 1/1/2006 must maintain their primary certificate in order to maintain their ABPath subspecialty certification. If a diplomate holds primary certification with another ABMS board and an ABPath subspecialty certification, and that primary certification is no longer active, the subspecialty ABPath certification can be maintained by participation in ABPath's CC Program.

Diplomates with more than one certificate do not have separate CC Program deadlines per certificate. Requirements and deadlines are set by CC Program enrollment year. CC Program requirements start in January of the year following enrollment.

All CC Program fee payments must be made online by major credit card (MasterCard, Visa, or American Express). Paper forms and checks are not accepted.

CC PROGRAM REQUIREMENTS AND POLICIES

The ABPath is committed to the continuous professional development of our diplomates through the Continuing Certification (CC) Program, a program designed for physicians to maintain their board certification. The CC Program is an ongoing process that assists physicians in maintaining standards necessary for them to provide quality care throughout their career.

The goal of the ABPath's Continuing Certification (CC) Program is to support our diplomates in keeping their skills and knowledge up-to-date and identifying gaps for improvement in their knowledge. CC is a credential that demonstrates a diplomate's commitment to professionalism, lifelong learning, and improving patient health and healthcare. The CC Program aligns with ABPath's mission to promote the lifelong competency of pathologists.

CC Program Enrollment

Enrollment in the CC Program occurs when a pathologist receives their first certification issued in 2006 or later, or when a lifetime certification holder voluntarily enters the program. The requirements of the CC Program begin in January of the calendar year following CC Program enrollment.

The year of enrollment sets the pattern of continuous two-year periods for that diplomate. For example, a diplomate enrolled in the CC Program in 2024 will have their CC Program requirements start in 2025 and their first two-year period will be 2025 and 2026. Please see section XI (Enrollment and Fees) for more information.

CC Program Participation Summary

Participating in the CC Program is defined as meeting Reporting requirements and continuously answering ABPath CertLink® (ABPCL) questions during a two-year period. Reporting forms and ABPCL both cover all certifications in the CC Program. Individual certifications do not have separate deadlines, timelines, or assessment cycles.

Please note - If you are completing a residency or fellowship you must participate in ABPath CertLink and submit your two-year CC Reporting form.

Missing CC Program Requirements Summary

A diplomate will be reported as "Not Participating" in the CC Program if at least one of the following occurs. Please refer to section IV (Inactive Certification) for the complete policy related to missed CC Program requirements and effects on certification.

- A reporting form is not submitted before the end of a two-year period.
- Three or more ABPCL quarters are missed within a two-year CC Program period.
- A diplomate's performance score at the end of an assessment cycle does not meet expectations.
- ABPath does not have a full medical license on file in PATHway for several months

Diplomates who are not current in CC Program participation will have primary or subspecialty examination(s) results withheld.

I. CC Program Participation

A. A diplomate is enrolled in the Continuing Certification (CC) Program upon receiving their first continuous ABPath board certification. See section XI (Enrollment and Fees).
   1. A two-year period's requirements cover all certifications maintained in the CC Program. Individual certifications do not have separate deadlines, requirements, or ABPCL question assignments.

B. Diplomates are expected to remain current in the Continuing Certification (CC) Program by satisfactorily completing all CC Program requirements and deadlines.
   1. Reporting: Requirements must be met during a two-year period via electronic reporting form submission.
      a. If a reporting form is not submitted by its due date, CC participation status will be publicly reported as "Not Participating" starting the following year.
      b. All requirements must be completed, and submission of the late reporting form must occur, no later than December 31st of the following year (grace period) to revert CC participation status to "Participating".
   2. Assessment: The ABPath CertLink® (ABPCL) participation requirement must be met during the diplomate's two-year period.
      a. Diplomates are required to meet the participation and performance requirements in ABPath CertLink while completing a residency or fellowship.
      b. If six quarters are not completed in the two-year period, CC Program participation status will be publicly reported as "Not Participating" starting the following year.
         i. A quarter is counted as completed if all assigned questions have been attempted.
      c. Diplomates may request permission for time off for a quarter (sabbatical). Only two quarters may be requested for a sabbatical per two-year period. A quarter given as sabbatical will count towards participation.
         i. An ABPCL support ticket requesting sabbatical must be received before the quarter's deadline passes.
      d. Three ABPCL quarters must be completed in the following ABPCL year (grace period) to revert CC participation status to "Participating".
      e. A diplomate in a remediation period (see section III.C) will have their CC participation status publicly reported as "Not Participating" until the remediation requirements have been met.

C. Diplomates who are not current in CC Program participation will have Primary or Subspecialty examination(s) results withheld.

D. CC participation status will not revert until all applicable grace period requirements are met.
   1. Any certifications in the CC Program will become Inactive and the diplomate will be publicly reported as "Not Certified" if CC requirements are not met by the end of a grace period or remediation period. Please see section IV (Inactive Certification) for complete information.

II. Reporting Requirements

Reporting forms cover medical license and practice information, continuing medical education, and quality assurance activities during a two-year period. Diplomates in the Continuing Certification (CC) Program must meet Reporting requirements every two years with the submission of a reporting form. The first two-year period begins the following January after CC Program enrollment.

The ABPath reserves the right to audit any CC reporting form and the activities reported therein, even after the form has been approved.

Professionalism and Professional Standing

A. Medical Licensure

1. Diplomates must maintain a full and unrestricted license to practice medicine at all times, and in all the jurisdictions in which they practice. A two-month grace period will be given if it is noted that no medical license information is available or on file.
2. Diplomates in fellowship training may hold a training license.
3. Diplomates may be declared ineligible to participate in CC or to take CC assessments due to the revocation, surrender, suspension, probation, or limitation of any medical license. However, a diplomate may not be rendered ineligible when:
    a. Any suspension, probation and/or limitation of the diplomate'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 diplomate voluntarily surrendered or allowed their license to lapse in a jurisdiction at a time the diplomate 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 diplomate 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 diplomate currently practices and holds a full and unrestricted license has been fully apprised of the disciplinary actions against the diplomate's license(s) and/or its surrender, in lieu of disciplinary action, in other jurisdictions.
4. Diplomates practicing outside the United States or Canada must maintain a full and unrestricted license in the local jurisdiction in which they practice.
5. Each diplomate must provide the ABPath with complete information concerning any revocation, surrender, suspension, probation, or limitation of their license or right to practice within sixty (60) days of the action's effective date. This information must include, but shall not be limited to, the identity of the medical licensing authority imposing the restriction, the restriction's duration, basis, specific terms, conditions, whether the diplomate is certified by any other ABMS Member Boards, and all relevant documentation. Failure to report such an action may result in a diplomate being declared ineligible to participate in CC or take the CC examination or may result in revocation of certification.

6. Diplomates will report to ABPath any actions or events that may constitute a breach of professional norms within sixty (60) days of the action or event and inform ABPath whether they are certified by any other ABMS Member Boards.
7. An English translation must accompany all documents that are written in another language.

B. Substance Abuse or Impairments
    1. A diplomate who, within the last three years, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered into a rehabilitation or remediation program for drug or other substance abuse will be required to provide the ABPath with documentation showing that they have successfully completed a rehabilitation or remediation program authorized by the applicable medical licensing authority or is successfully enrolled in such a program.
    2. In the case of a private treatment program, the diplomate must show that they have successfully completed or are enrolled in a private treatment program. The responsible program administrators and treating physician must attest, to the satisfaction of the ABPath, that the diplomate has been free of dependency or impairment for a period of time sufficient to establish that the individual is not currently impaired, dependent, or 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 ongoing problem that impairs the diplomate's ability to practice safely and effectively.
    3. A diplomate who has a mental or physical impairment that affects their 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 diplomate's ability to practice safely and effectively.

C. Medical Staff Privileges
    1. Diplomates must provide the ABPath with information regarding medical staff membership and the scope of health care organization privileges.

D. Description of Practice
    1. Diplomates must provide the ABPath with a brief description of their current scope of practice.
    2. The description should include all areas and subspecialties of pathology and medicine that are part of the diplomate's current practice.

E. Peer Attestations/Evaluations
    1. All diplomates are required to provide peer attestations as to their interpersonal and communication skills, professionalism, ethics, and effectiveness in systems-based practice.

2. In the second two-year period after CC Program enrollment and every other period thereafter, each diplomate will be asked to provide the ABPath with the names and email addresses of two references who can attest to their ability and effectiveness in practice.
    a. Diplomates will provide two of the following four reference options:
        i. An ABPath-certified pathologist
        ii. Confirmation from the medical staff office, the Chair of the Credentials Committee (or designate), Chief Medical Officer, Department Chair, or Chief of Staff that the diplomate is a credentialed member of the medical staff in good standing at the primary health care facility where the diplomate practices OR another ABPath-certified pathologist OR another ABPath-certified pathologist
        iii. A board-certified physician in another specialty
        iv. A technologist/CLS or pathologists' assistant
3. Other references who are familiar with the diplomate's practice may be substituted with prior ABPath approval on a case-by-case basis.
4. The ABPath will provide a secure link to the evaluation forms via email to the diplomate's references. It is the responsibility of the diplomate to ensure that this Professionalism requirement is completed. CC reporting forms will not be reviewed for approval until the evaluations have been submitted to ABPath.
5. To update, correct, or replace a reference name or email address, email a request to CC@abpath.org.

Lifelong Learning

A. Fellowships and Residencies
    1. Completion of an ACGME-accredited fellowship during a two-year period will meet all Lifelong Learning and Improvement in Health and Healthcare requirements for that period.
        a. If a fellowship is not accredited by the ACGME then the Program Director, Designated Institutional Official, or GME Committee must provide a signed letter to the diplomate, to be uploaded to a reporting form, indicating:
            i. That the diplomate completed the fellowship
            ii. The time frame in which the fellowship was completed
            iii. That the fellowship is reviewed by the GME committee and is held to the same standards and applicable program requirements as an ACGME-accredited fellowship
    2. Being in or completing an ACGME-accredited residency during a two-year period will meet all Lifelong Learning and Improvement in Health and Healthcare requirements for that period as well as the Peer Attestations/Evaluations for the Professionalism and Professional Standing requirement.
B. Physician Scientist Research Pathway
    1. Objectives
        a. To increase the number of physician-scientists in pathology.
        b. To attract exceptional and committed young physician-scientists to pathology.
        c. To prepare trainees for careers in academic medicine centered on basic science or clinical research.

d. To provide flexibility in training pathways, while assuring the clinical competency of diplomates that select this pathway.

2. General Requirements
    a. The ABPath Physician-Scientist Research Pathway is intended for those diplomates 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.
    b. A diplomate may transfer into or out of the pathway at any time without ABPath approval.
    c. A diplomate has until the third two-year period after CC Program enrollment in which to report the completion of the Pathway. The completion of the Pathway may only be reported once.
    d. A Physician-Scientist research year, like a fellowship year, will meet the Lifelong Learning and Improvement in Health and Healthcare requirements for that period.
3. Supervision
    a. Supervision of the diplomate'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 diplomate is strongly encouraged. Research may be done at more than one institution, but the experience should have oversight and coordination by a single mentor.
    b. ABPath will not oversee the research training. A diplomate may indicate on their reporting form that they completed one year in the Physician-Scientist Research Pathway, what their research topic was, and the name of their research mentor. The mentor must verify this information and should notify the ABPath if a diplomate did not complete the Research Pathway.

C. Continuing Medical Education (CME)
1. Diplomates must obtain a minimum of 70 CME credits from any combination of accepted credit types during each two-year period if not meeting the Lifelong Learning requirement in another way. Accepted credits for ABPath are American Medical Association (AMA) PRA Category 1 CME credits and/or American Osteopathic Association (AOA) Category 1A CME credits.
2. Diplomates may claim AMA Category 1 CME credits for certain activities from the American Medical Association (AMA), including successfully completing an ABMS member board certification. Diplomates must apply directly to the AMA and provide documentation. Information and the AMA's Direct Credit Application can be found on the AMA's website.
3. Eighty percent of required CME must be directly related to the diplomate's scope of practice. The remainder may be in areas of general relevance to medicine (e.g., ethics, practice management, informatics, etc.)
4. The ABPath reserves the right to audit a diplomate's CME data and require copies of CME certificates. Diplomates should retain documentation of CME activities for at least three years.

Improvement in Health and Healthcare

A. Pathologist Performance Improvement and Quality Assurance (PI/QA)
   1. Each pathologist must participate in at least two PI/QA activities or programs per two-year period appropriate for their principal professional activities. An activity or program can only be reported once per year.
   2. Activities and programs that meet this requirement are:
      a. Participation in CLIA-mandated cytology proficiency testing with a passing result.
      b. Participation as an inspector for a laboratory accreditation agency.
      c. Active participation in a departmental or institutional quality committee (e.g., transfusion, infection control, patient safety, etc.).
      d. Participation in an ABPath-approved society's slide review program (e.g., CAP PIP and PAP programs; ASCP CheckPath, Cytology Assessment, and Proficiency Testing programs).
      e. Participation in a Pathology Quality Registry.
      f. Participation in a PI/QA activity that has been approved through ABPath's IHHC Application. (e.g., test utilization projects, case consensus conferences). (Application for approval is located on the board's website)
      g. Participation in an ABPath-approved society-sponsored PI/QA improvement activity.
      h. Participation in an activity reported through the ABMS Portfolio Program.
      i. Implemented a Choosing Wisely, and/or other test utilization, recommendation/initiative at your practice or institution.
      j. Use of Joint Commission Ongoing Professional Practice Evaluation (OPPE) QI/QA activities that have been approved using the ABPath's Joint Commission OPPE IHHC Activity Approval form. (Application for approval is located on the board's website)
      k. Volunteering as an ABPath Test Development and Advisory Committees (TDAC) member
      l. Submission of at least twenty-one items into the ABPCL voluntary item submission process.
      m. Participation in the Merit-based Incentive Payment System (MIPS) or completed an activity through an organization which is an Accountable Care Organization (ACO) for an Alternative Payment Model (APM).
      n. Referral of a case to Consumer Protection or other safety group, or for workman's compensation.
      o. Referral of a case to NTSB, FAA, or OSHA for a work-related accident.
      p. A peer-reviewed publication that improves practice or patient care where the diplomate is the first, second, or senior author. Diplomate must provide DOI name or PubMed ID.
      q. Program Director or Associate Program Director for an ACGME-accredited residency or fellowship program who initiates an activity that improves medical education.
   3. ABPath reserves the right to audit a diplomate's participation in PI/QA activities and may require documentation to be submitted by the diplomate.

III. Assessment Requirement

ABPath CertLink® (ABPCL) is a continuous, online, longitudinal assessment that diplomates complete each quarter (three months). Questions are assigned every quarter and should be answered before the end of the quarter's deadline. A summative decision will be made based on a diplomate's ABPCL performance during an assessment cycle. An assessment cycle is four years or two CC Program two-year periods. ABPCL is designed to support continuous learning and professional development.

ABPCL Performance

A. ABPCL has separate and distinct participation requirements and performance requirements. Only by meeting both will the overall Assessment requirement be met. See Section I.B.2 for the ABPCL participation requirement.
B. There is one summative decision each assessment cycle covering all certifications being maintained in the CC Program at the time of the decision.
C. Diplomates are required to have a cumulative score of at least 60% by the end of an assessment cycle.
    1. If a diplomate's ABPCL performance score does not meet the ≥60% requirement at the end of the assessment cycle, they will receive a one-year remediation period.
    2. A diplomate in a remediation period will have two opportunities to take and pass the CC reinstatement exam. They may also be required, at ABPath's discretion, to complete targeted remediation education.
    3. The next four-year assessment cycle will begin on schedule. A diplomate in a remediation period is still expected to participate in ABPCL.
D. An assessment cycle is a four-year period. Assessment cycles repeat continuously.
        a. Diplomates enrolled in the CC Program in an even year prior to 2022 will have a five-year cycle for their first cycle only due to starting in 2022 (2022-2026).
E. The first summative decision will be made after 2025 for diplomates enrolled in the CC Program in odd-numbered years prior to 2023.
F. The performance decision for all certifications in the CC Program is made on overall ABPCL performance, evaluated as a whole, not for each certificate.
G. All unattempted questions are recorded as incorrect unless the quarter was approved for sabbatical.
H. The ABPath recognizes the breadth and variation of pathology practice. Each certification registered in ABPCL has a mandatory core component of items. Percentages of assessment assigned to core and elective Practice Areas are shown in Appendix A.

IV. Inactive Certification

A. Inactive Certification Conditions and Reinstatement Process
   1. If a pathologist no longer holds certification(s) with ABPath they may no longer state that they are a diplomate of the America Board of Pathology.
   2. Failure to meet CC participation requirements before the end of a grace period will result in certification(s) being maintained in the CC Program becoming Inactive, and publicly reported as such.
      a. Reinstatement of Certification: Once a certification becomes Inactive due to non-participation in CC, the diplomate must bring all CC requirements up to date within a two-year reinstatement period.
         i. The physician must complete and submit all past due CC Reporting requirements with documentation supporting all activities reported (e.g. CME certificates).
         ii. The physician must take and pass the CC Reinstatement exam if an APBCL grace period participation requirement was not met.
            1. Passing the exam will count as meeting the ABPCL performance requirement for the assessment cycle in which the certification(s) in question became Inactive.
         iii. Pay outstanding annual fees and a $500 administrative fee.
         iv. If CC reporting and applicable Assessment requirements are met, the physician's certification(s) will be reinstated, and the diplomate will be publicly reported as certified.
      b. If reinstatement of certification does not occur within two years as outlined above from loss of certification for failure to meet CC Program participation requirements, the physician must meet the requirements under Section VI.B to receive a new certification with a new certification date.
      c. Certifications which became Inactive under prior policy may be reinstated under the policy from the time of becoming Inactive.
   3. Failure to meet ABPCL performance requirements at the end of a remediation period will result in any certification(s) being maintained in the CC Program becoming Inactive, and publicly reported as such.
      a. The physician must meet the requirements under Section IV.B to receive a new certification with a new certification date.

B. Certification Examinations and Remediation After Reinstatement
   1. A pathologist who is required to pass the initial certification examination(s) to regain certification(s) is not required to regain all of their initial certifications, but must regain at least a type of primary certification (i.e., AP, CP, or AP/CP). Regaining a relevant primary certification is required in order to regain subspecialty certification(s) (e.g., CP or AP/CP primary certification would be required to regain a subspecialty certification in Blood Bank/Transfusion Medicine).
   2. Active practice is defined as any activity that is representative of the content assessed in the primary and/or subspecialty examinations and conducted at least 25% of a full-time equivalent (FTE) on average over the past two years. A physician may send a list of their activities and frequency of practice for ABPath determination.

3. Initial Certification Examination
    a. If the physician has remained in active practice since losing certification, the requirement for additional ACGME-accredited training before sitting for the initial certification examination(s) will be waived. The physician must provide an attestation letter stating they are currently in active practice and have been for the past two years and a description of their practice; proof of activity may be requested at ABPath's discretion. If approved the physician will receive a five-year period of board eligibility to take the exam(s). If successful completion is not achieved within this five-year period of board eligibility, the physician will be required to complete additional training.
        i. The physician must take and pass the initial primary certification exam(s) followed by, if applicable and desired, the initial subspecialty certification exam(s) in the area(s) in which they were previously certified (e.g., AP/CP, AP only, CP only, MB), since this reflects the training requirements completed for initial eligibility for certification.
        ii. After successful completion of the initial examination(s) the physician will receive new certificate(s) with a new certification date.
    b. If the physician has not been in active practice since losing certification, they must complete one of the following forms of education/training to be eligible for the given board examination. The remediation strategy needs to be reviewed and approved by the office of the American Board of Pathology.
        i. one additional year of training in an ACGME-accredited pathology training program for AP and/or CP certification.
            1. If an AP-oriented Fellowship (e.g., Surgical Pathology) is taken to meet the combined AP/CP certification training requirement, then the training must include a minimum of 4 months of CP training verified by the program director.
            2. In a CP-oriented Fellowship (e.g., Medical Microbiology) is taken to meet the combined AP/CP certification training requirement, then the training must include a minimum of 4 months of AP training verified by the program director.
        ii. six months of additional training in an ACGME-accredited pathology fellowship for each subspecialty certification.
        iii. complete a course of remedial education, consisting of continuing medical education (CME) and interactive courses, approved by the ABPath. The course of remedial education must be completed within two years upon approval.
            1. The education should be a mixture of continuing medical education (CME) and interactive courses. ABPath prefers the interactive courses to be hands-on and they should be in the area(s) of active practice of the candidate.
            2. The CME/courses taken must match the certification examination's blueprint at the time the remedial education starts.

3. The CME/courses amount will be equivalent to the accredited training time of one year (2,080 hours) for AP and/or CP and six months (1,040 hours) for each subspecialty.
4. Combined AP/CP certifications will split the 2,080 hours evenly between the AP and CP examination blueprints with 1,040 hours in each specialty.
5. A pathologist will only be given one opportunity to complete a course of remedial education.

c. The physician will receive five years' board eligibility to take the AP and/or CP initial certification examination(s) and seven years to take the subspecialty initial examination(s) from the completion of the appropriate education/training option.
d. The physician must have a full and unrestricted medical license by the end of their remedial education or additional training in order to receive examination board eligibility.

4. Remediation Program
   a. A pathologist with an Inactive certification after the reinstatement period, or if no reinstatement period was given, who has been in active practice for the past two years may complete a remediation program to receive a new certification with a new certification date. To receive a new certification, the following requirements must be met by a date designated by ABPath.
      i. Provide ABPath with a practice profile and an attestation letter stating they are currently in active practice and have been for the past two years; proof of activity may be requested at ABPath's discretion.
      ii. Complete the outstanding Reporting requirements of the two most recent CC periods (i.e., 140 hours CME and four IHHC activities). It must include educational content relevant to the practice of pathology and the pathologist's Inactive certification(s).
      iii. Proof of CME completion must be emailed to ABPath.
      iv. Pay any outstanding annual CC fees.
      v. Pass the Reinstatement exam - assessment must cover content from their applicable primary and subspecialty certification(s), as well as that related to their practice profile.
      vi. Pay the reinstatement administrative fee.
   b. A pathologist will be given one opportunity to complete a remediation program to regain certification(s). If unsuccessful, the only option is to take the initial primary and/or subspecialty certification exam(s).

V. CC Reinstatement Examination

A. The CC Reinstatement Examination is available to pathologists during a reinstatement period, remediation period, remediation program, to diplomates with only non-time limited certifications who need a secure examination for licensure, or diplomates wishing to exit Retired status.
B. The examination is a proctored assessment based on practical, need-to-know, day-to-day knowledge that a competent practitioner would be expected to possess.

C. Examination Registration
    1. The examination registration form is available on a diplomate's CC Program page in PATHway if needed or requested by the diplomate.
    2. An examination date is scheduled as part of the registration form. Any weekday between March and November may be requested for ABPath approval.
    3. The exam may be taken up to four times in a two-year reinstatement period or remediation program.
    4. The exam may be taken up to two times in a one-year remediation period.
    5. At least thirty days must pass between exam attempts.
D. Taking the Examination
    1. Diplomates take the secure, proctored CC Reinstatement Examination at the ABPath office in Tampa, FL.
    2. Any resources or reference material may be used during the exam except communicating with another person.
    3. Exams covering a single certification will be 150 questions with three hours and forty-five minutes to answer the questions. Exams covering multiple certifications will be 200 questions with five hours to answer the questions. There are no breaks once the exam starts and the exam timer does not pause if the pathologist takes a break.
E. Cancellation of an Examination
    1. If the ABPath receives a cancel request via email at least one month prior to the approved examination date, a full refund of the fee will be made.
    2. If the ABPath receives a cancel request via email less than one month, but more than 48 hours prior to the start of the exam, the examination fee will be refunded minus a $200 administrative fee.
    3. If the ABPath receives a cancel request via email less than 48 hours prior to the start of the exam, the entire examination fee will be forfeited with the following exception:
        a. Personal illness or quarantine at the time of the examination, verified by the diplomate's personal physician, or due to a travel ban issued by their institution. The examination fee will be refunded minus a $200 administrative fee. Documentation must be submitted and received by the ABPath within 30 days of the examination date.
    4. ABPath, at its sole discretion, may cancel an examination due to concerns including, but not limited to, hurricanes, tornados, other natural disasters, and public health emergencies. The ABPath will follow guidance from local, state, and national governmental authorities.
        a. Examination fees minus a $200 administrative fee will be refunded unless the exam is rescheduled in the same calendar year.

VI. Revocation of Certification

A. At its discretion, the ABPath may revoke a certificate for cause, including but not limited to:
   1. 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.
   2. 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.
   3. The diplomate fails to provide ABPath with requested information.
   4. The diplomate violated the Honor Code and/or engaged in irregular behavior in connection with an examination of the ABPath whether or not such practice had an effect on his or her performance on an examination.
   5. 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.
   6. The diplomate made a misrepresentation to the ABPath or any third party as to his or her status as a diplomate of the ABPath.
   7. 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.
   8. The ABPath receives information that an adverse licensure action has been taken against a diplomate.
      a. For purposes of this policy, adverse licensure action will mean:
         i. 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 Professionalism and Professional Standing.A.2.a) 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
         ii. 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.

B. A diplomate's certification will become Inactive in the event a diplomate fails to meet the ABPath's Continuing Certification (CC) Program requirements.

C. A diplomate may appeal a revocation or Inactive status of their certificate pursuant to the ABPath appeals procedure set forth in Section XII.

D. 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.

E. If a diplomate's certificate becomes Inactive because of failure to meet CC requirements and the diplomate subsequently meets all requirements for CC, they may request that the certificate be reinstated.
F. 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 continuous certification and mandatory participation in Continuing Certification.
G. Honor Code
    1. Diplomates must sign an Honor Code when taking the ABPath CertLink® (ABPCL) assessment or Reinstatement exam. This is a legally binding contract between the physician and the ABPath.
        a. See Appendix B for the ABPCL Honor Code
    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 a diplomate's examination, cause the withholding or revocation of scores or certificates, or merit other appropriate action by the ABPath.

VII. Diplomates with Disabilities

A. Policy
    1. The ABPath will provide Diplomates 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.
    2. Diplomates requesting accommodation due to a disability must submit an Examination Accommodations Request Form found at http://www.abpath.org and provide documentation of the disability and the appropriateness of the requested accommodation for the documented disability.
    3. Diplomates 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. Diplomates who have not received an 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 and medical records or other documentation of the diagnosis of the disability by a qualified healthcare professional.
    5. The ABPath reserves the right to request additional documentation as necessary.

6. If an applicant/candidate is given accommodation on an ABPath examination, they will automatically receive the same accommodation on any subsequent ABPath examination.

C. Type of Accommodation
   1. Diplomates requesting accommodation must identify the type of accommodation requested.
   2. The ABPath will determine the type of accommodation to be made for a diplomate 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 Diplomates and repeat Diplomates who are submitting their first request must submit the request form for accommodation and documentation no later than the registration deadline.
   2. Diplomates denied a request for accommodation may appeal the denial in accordance with ABPath's appeals procedure.

VIII. Diplomates Who Are Clinically Inactive

A. The designation clinically inactive may be used by any diplomate who reports to the ABPath that they were not involved in direct or consultative patient care for the majority of a two-year period.
   1. Working forensic pathologists are <u>not</u> clinically inactive.
   2. Diplomates in fellowship or residency programs are <u>not</u> clinically inactive.
   3. Pathologists working only in an academic, administrative, or research position may report as clinically inactive.

B. Diplomates reporting as clinically inactive will not be required to report IHHC requirements as these diplomates have no practice from which to draw data. All other CC Program requirements must continue to be met.

IX. 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(s) and certification(s).

B. Retired status may be requested by any current diplomate of ABPath. Eligibility for Retired status with ABPath requires the following:
   1. For all certifications held:
      a. No longer being actively engaged in direct, indirect, and/or consultative patient care, overseeing medical laboratories, or supervising/teaching in a medical field.
      b. Not performing any function for which board certification is required.
   2. For an individual certification:
      a. Not performing any function for which the specific board certification is required.
      b. Diplomates may not retire a primary certification while maintaining a subspecialty certification that requires ABPath primary certification.

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. Payment of outstanding CC Program fees if being removed from the program

C. The first step to obtaining retired status through ABPath requires submitting the Request for Retired Status Application found on abpath.org.
D. Opting into the Retired status publicly lists the diplomate and/or certification as Retired. Diplomates listed as retired no longer need to hold a medical license to be a diplomate of ABPath. Retired diplomates, or those who no longer hold any certifications issued in 2006 or later, will be disenrolled from the CC Program.
E. ABPath will notify ABMS of a diplomate's Retired status.
F. If a diplomate no longer meets the Retired status criteria listed under section IX.B the diplomate must report the change to ABPath and all ABMS Member Boards for which they currently hold certification.
G. Removal of Retired status with ABPath is determined by the year any certifications were issued and how long a diplomate and/or certification has held the Retired status with ABPath.
    1. A diplomate with only certifications issued prior to 2006 may exit the Retired status at any time if they hold an active and unrestricted medical license and submit the license information to ABPath.
    2. A diplomate retires any active certification issued in 2006 or later must:
        a. Hold an active and unrestricted medical license and submit the license information to ABPath.
        b. If a diplomate and/or certification has held the Retired status with ABPath for less than two years, exiting the Retired status requires submission of documentation to ABPath of thirty-five CME credits, of accepted CC Program CME credit types, per year from the date of Retired status with ABPath.
        c. If a diplomate and/or certification has held the Retired status with ABPath for between two and four years, exiting the Retired status requires passing the Reinstatement examination for all certifications issued in 2006 or later.
        d. If a diplomate and/or certification has held the Retired status for more than four years, exiting the Retired status requires either:
            i. Becoming board-eligible through the appropriate training to retake the initial exam(s) for all certifications issued in 2006 or later.
            ii. Complete a remediation program as described in section IV.B.4 excluding any active practice considerations.
    3. Submitting the appropriate CME documentation or passing the Reinstatement examination will enroll the diplomate in the CC Program, if not already, for any certifications issued in 2006 or later when exiting the Retired status.

H. A diplomate and/or certification that is enrolled into the CC Program again after exiting the Retired status must meet the CC Program participation requirements of their first two-year period before requesting the Retired status again.

I. Failure to notify ABPath of a change in Retired status within a timely manner may result in certification revocation.

X. Diplomates with Non-Time Limited Certificates

A. Although the ABPath does not require diplomates with non-time limited (lifetime) certificates to participate in the Continuing Certification (CC) Program, it strongly encourages them to do so. Voluntary participation in either the entire CC Program or only ABPath CertLink® (ABPCL) will in no way place lifetime certifications in jeopardy.

B. Voluntarily completing any aspect of the CC Program requires access to a diplomate's PATHway profile. A link to the PATHway home page can be found on abpath.org. Requests for assistance accessing PATHway should be emailed to CC@abpath.org.

C. Voluntary Enrollment in the CC Program
   1. To voluntarily enroll in the CC Program, a diplomate must enroll through their PATHway account and pay a $100 enrollment fee. A voluntarily enrolled diplomate will have the same requirements for the CC Program as diplomates who are enrolled automatically. While a diplomate is voluntarily meeting CC Program participation requirements they will be publicly reported as participating in the CC Program.
   2. A voluntarily enrolled diplomate will have no mention of CC Program participation given while in a participation grace period.
   3. Voluntarily enrolled diplomates who enter a participation grace period and do not meet requirements will be removed from the CC Program.

D. Voluntary Registration in ABPath CertLink® (ABPCL)
   1. Non-time limited diplomates may register to participate in ABPCL without voluntarily enrolling in the CC Program. There is no cost for voluntary ABPCL participation.
   2. A diplomate voluntarily participating in ABPCL only is not publicly reported as participating in the CC Program.

XI. Enrollment and Fees

A. As of January 1, 2006, diplomates will be automatically enrolled in the Continuing Certification Program upon issuance of a certification if they are not already enrolled.

B. CC Program requirements start in January of the year following enrollment.
   1. As an example, enrollment in 2024 would see requirements start in January 2025.

C. Each diplomate in the CC Program is assessed an annual fee for administrative costs and maintenance of an electronic record of certification via PATHway. The annual fee is $150. The fee is per physician (not per certificate) and is paid electronically in PATHway. All payments must be made by major credit card (MasterCard, Visa, or American Express).
   1. The annual fee is assessed in February of each year and must be paid in the year it is assessed.
   2. An additional $100 late fee will be added along with a newly assessed annual fee if any previously assessed fees were unpaid.

3. A pathologist in the CC Program with past due fees will be unable to submit reporting forms or access their ABPCL assessment until all fees have been paid.

D. Annual fees are assessed until a pathologist no longer has active certifications in the CC Program.
E. An administrative fee of $500, plus any unpaid annual CC fees, will be assessed to any diplomate that allows certification to become Inactive due to non-participation in CC and then is approved for reinstatement by the CC Credentials Committee during a two-year reinstatement period.
F. The registration fee for the CC Reinstatement Examination is $1500 when taken to complete reinstatement or remediation. The registration fee is $1000 for diplomates taking the exam for other reasons. The fee covers all examinations scheduled at the time of registration.

XII. Appeals Procedure

A. An individual who has received an unfavorable ruling from the ABPath or a Committee of the ABPath may appeal such determination by sending a notice of appeal to the ABPath within 60 days of the date such ruling was made available to the individual.
B. 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 such 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 they 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.
C. 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 determination 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 concerned ABPath committee will provide the Chief Executive Officer and the individual with copies of any written reports, affidavits, or statements of experts the concerned ABPath committee intends to present at the hearing.
    5. Not less than seven days prior to the hearing, the individual will provide the Chief Executive Officer with such written information concerning their position as they deem appropriate; a

list of witnesses, if any, whom they expect to call to testify; and copies of any written reports, affidavits, or statement of experts they intend to present at the hearing.

6. The Chief Executive Officer will submit the written material referred to in XIV.C.4 and XIV.C.5 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. However, the committee will not have the right to present any information or evidence not previously provided as required in XIV.C.4 and XIV.C.5. 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 their choice. They may present such relevant information and evidence as they deem appropriate in support of their position. However, the individual will not have the right to present any information or evidence if not previously provided as required in XIV.C.4 and XIV.C.5. The failure of the individual to produce information or documents requested by the concerned ABPath committee as required will be grounds for upholding and confirming 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 vote of a majority 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.

XIII. Vision Statement, Values, and ABPath Logo

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.

The ABPath LOGO

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.

APPENDIX A - ABPath CertLink® Assessment Design

ABPath CertLink® (ABPCL) assessment design options are determined by the number and type of certifications registered. Diplomates with separate AP and CP certificates will have the certificates considered as a single AP/CP certificate for ABPCL assessment design purposes.

Core Content includes items relevant to a diplomate's certification(s) and is required to maintain certifications. See the table that reflects the type and number of certificates that you possess to understand how your assessment is designed.

I. Only One Certification
(either primary or subspecialty)

Required Core Content	Twenty percent of questions
Elective Content	Eighty percent of questions

II. One Primary Certification and One Subspecialty Certification

Required Core Content	Twenty percent for primary certification, twenty percent for subspecialty certification
Elective Content	Sixty percent of questions

III. One Primary Certification and More Than One Subspecialty Certifications

Required Core Content	Twenty percent for primary certification, ten percent for each subspecialty certification
Elective Content	Up to sixty percent of questions

IV. More Than One Subspecialty Certifications with No Primary Certifications

Required Core Content	Ten percent for each subspecialty certification
Elective Content	Up to eighty percent of assessment design

APPENDIX B - ABPath CertLink® Honor Code

I hereby attest that I have met all certification requirements in accordance with and subject to the bylaws, policies, and registration fees of the American Board of Pathology (ABPath) in force at this time.

I understand and agree that to maintain a fair and secure assessment process that:

- The assessment and all questions are the exclusive property of the ABPath. I agree not to retain, copy, disclose, discuss, share, reveal, or distribute any part of these questions, including memorized, reconstructed and recalled items.
- The following actions may be sufficient cause for ABPath, in its sole discretion, to take action to terminate or bar for a period of time my participation in ABPath CertLink, to invalidate the results of my assessment, to revoke my certificate, or to take other appropriate action.
    - The giving or receiving of aid during participation, as evidenced either by observation or by statistical analysis, including, but not limited to:
        - Seeking assistance from any other person or giving assistance to another person in answering questions during assessment.
    - The unauthorized possession, reproduction, disclosure, discussion, or distribution of any ABPath CertLink materials, including, but not limited to, questions, answers, critiques, reconstructed and recalled items at any time before, during, or after the assessment.
    - The ABPath may require me to take an examination if presented with sufficient evidence that the security of the assessment has been compromised, notwithstanding the absence of any evidence of my personal involvement in such compromise.

I understand and agree that as a Diplomate:

- I have the responsibility to update ABPath with contact information and any information in connection with my certification, including any relating to an adverse action against my medical license(s) within 60 days of such action.
- All decisions as to my qualification for participating in ABPath CertLink rest solely and exclusively in the ABPath, that its decision is final, and my exclusive appeal from any adverse decision is pursuant to the ABPath's policies and procedures.

I hereby release, discharge, covenant not to sue, and hold harmless the ABPath, its trustees, officers, members, examiners, representatives, agents, and any person who supplies information regarding my credentials from any actions, suits, claims, demands, or damages arising out of, or in connection with any action taken by any of them regarding the gathering, collecting, and use of information about my practice or education, the results given with respect to any examination or performance, the failure of the ABPath to recertify me, or the revocation of any certificate.