

SPECIAL CONSIDERATION PATHWAY A:

International Medical Graduates Who Are Full-Time U.S. or Canadian Faculty

Please submit the following documentation with your complete and signed application:

- A proposal letter from the Chair of the Department of Medicine or the internal medicine or subspecialty program director
- A letter from the internal medicine and/or subspecialty program director and/or academic office abroad documenting:
 - Three or more years of training in internal medicine or a subspecialty, including the exact starting and ending dates of training
 - Please note that the Board does not accept certificates of completion for training or certification by other certifying boards in fulfillment of this requirement.
- · A current curriculum vitae and bibliography including:
 - Internal medicine or subspecialty training with the name of institution(s), program director(s), and exact training starting and ending dates
 - Full-time U.S. or Canadian faculty experience with academic title(s), name of institution(s), and exact starting and ending dates
- · A copy of a valid ECFMG certificate

Complete Self-Evaluation Requirements

Upon approval of your application, please complete 100 points in self-evaluation requirements from the list of ACCME CME Activities approved for MOC credit*, which can be found in your Physician Portal.

 You will receive an ABIM ID, if you do not already have one, with access to Physician Portal upon approval of your application.

*Additional fees may apply

Approved Faculty Pathway candidates will be notified by email and must successfully complete the self-evaluation requirements by August 1 to be eligible for admission to a certification examination during the same administration year.

Register for the Certification Examination

You may register for certification examinations by signing in to your ABIM Physician Portal at abim.org/signin.

For current exam registration periods, visit abim.org. Please note that late registration fees may apply.

Pathway Fees:

- Non-refundable application fee \$1,200.00
 Due at time of application. Please send a check payable to ABIM to the address listed below.
- Examination registration fee Visit abim.org

 Due at time of registration. Please pay by credit card via your Physician Portal.

Contact ABIM with Questions:

American Board of Internal Medicine 510 Walnut Street, Suite 1700 Philadelphia, PA 19106-3699

- (p) 1-800-441-2246
- (e) AcademicAffairs@abim.org



Certification Type: Internal Medicine or Subspecialty (please identify):

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| Note: All candidates seeking certification in | a subspecialty must first become certified by ABIM in Internal Medicine. |
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| First Name: | Last Name: |
| Date of Birth: | Last 4 Digits of SSN or ABIM ID: |
| Current Academic Rank/Title: | |
| Years in Full-Time Faculty Appointmen | nt: |
| Email: | |
| Primary Phone Number: | |
| Mailing Address: | |
| | |
| Employment Details: | |
| Institution: | |
| Institution Mailing Address: | |
| | |
| Phone: | |
| Name of Chair of the Department of M | edicine or Program Director: |
| ECFMG Certificate Number (must be v | alid indefinitely): |
| If you do not possess an ECFMG certificate, | please submit a copy of your MCC pass letter. |
| Licensure De you hold a modical license? | s No |
| Do you hold a medical license? Yes | S No d States or Canada where you hold a license to practice medicine: |
| The second secon | a classes of carriage times you more a reserve to present meaning. |
| If you are licensed outside of the Unite | ed States or Canada, please enter the country names: |
| Please indicate the year you would like t | to sit for the initial Internal Medicine or Subspecialty Certification Examination: |

Terms and Conditions

The Special Consideration Pathway for International Medical Graduates who are Full-time US or Canadian Faculty is a mechanism to establish certification examination admission standards and criteria for physicians without ACGME-accredited training. Your application for certification through this pathway does not guarantee that ABIM will determine that there is a reasonable basis to permit you to become ABIM Board Certified.

You understand that by applying for the Special Consideration Pathway, you are agreeing to be bound by the terms and conditions set forth in this application, as well as the terms, conditions and rules set forth in ABIM's Policies & Procedures for Certification and on the ABIM website, as they may be amended from time to time. You understand that ABIM may make subjective professional judgments in its evaluation of your application and eligibility for ABIM Board Certification, and that ABIM's judgments will be final and binding and not subject to further review or appeal. You further agree to indemnify, release, and hold harmless ABIM and its directors, officers and employees, and others who may work with ABIM in connection with the Special Consideration Pathway from and against all claims, liability, damages, expenses and attorney's fees arising from your application, your participation in the Special Consideration Pathway, and ABIM examinations.

I agree to be legally bound by the foregoing terms and conditions.

| Signature: | Date: |
|---------------|-------|
| Printed Name: | |

Please submit completed application, including all documentation, to:

AcademicAffairs@abim.org

Please mail your check to:

American Board of Internal Medicine Attention: Academic Affairs 510 Walnut Street, Suite 1700 Philadelphia, PA 19106-3699