

## 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 (depending on the exam for which you are applying). If applying for Internal Medicine, the letter must come from either the Chair of the Department of Medicine or the internal medicine program director.

The main points that should be included in the proposal letter are:

- Duration of faculty appointment and starting date
- Academic rank at time of application (must be ranked Assistant Professor or higher)
- Confirmation of an ACGME- or LCME-accreditation of the program for which you serve as faculty (provide the ACGME program code, if applicable)
  - Also confirm that the faculty position involves training medical students, residents, or fellows in a program for which ABIM certifies
- Verification of full-time status at same institution during entire 3+ years
- Any additional attestations of clinical competence or words of support are welcome
- 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 points\*, which can be found in your Physician Portal or by visiting the [CME Passport](#). Learn more about [CME that earns MOC](#).

- You will receive an ABIM ID, if you do not already have one, and access to the 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](https://abim.org/signin).

For current exam registration periods, visit [abim.org](https://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](https://www.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  
ATTN: Academic Affairs  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699  
(p) 1-800-441-2246  
(e) [AcademicAffairs@abim.org](mailto:AcademicAffairs@abim.org)

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**Certification Type:** Internal Medicine or Subspecialty (*please identify*):*Note: All candidates seeking certification in a subspecialty must first become certified by ABIM in Internal Medicine.***First Name:****Last Name:****Date of Birth:****Last 4 Digits of SSN or ABIM ID:****Current Academic Rank/Title:****Years in Full-Time Faculty Appointment:****Email:****Primary Phone Number:****Mailing Address:****Employment Details:****Institution:****Institution Mailing Address:****Phone:****Name of Chair of the Department of Medicine or Program Director:****ECFMG Certificate Number (must be valid indefinitely):***If you do not possess an ECFMG certificate, please submit a copy of your MCC pass letter.***Licensure****Do you hold a medical license?** Yes No**Please list each jurisdiction of the United States or Canada where you hold a license to practice medicine:****If you are licensed outside of the United States or Canada, please enter the country names:****Please indicate the year you would like 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](mailto: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