

THE AMERICAN BOARD OF OTOLARYNGOLOGY

Serving the Public and the Profession since 1924

BOOKLET OF INFORMATION

**Primary Certification
Neurotology Subspecialty Certification
Maintenance of Certification**



Updated: June 2005

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IMPORTANT DATES & FEES

Dates	Process	Fees Paid by Credit Card	Fees Paid by Check/Money Orders	Late Fee
July 11, 2005	Resident Registry Due	None	None	\$200
	Maintenance of Certification Updates Due	\$206	\$200	\$200
September 1, 2005	Written Applications Due	\$1,571	\$1,525	\$200
	Neurotology Applications, Operative Report Data and Print-outs Due	\$2,307	\$2,250	\$200
	OTE Site Applications Available	\$380	\$370	\$200
	OTE Applications Available	\$288 per applicant	\$280 per applicant	\$50 each
September 17, 2005	Last Day Written Applications Accepted with Late Fee			
October 15, 2005	OTE Site and Candidate Applications Due			
	Written & Neurotology Applicants Notified of Acceptance			
	Oral Re-examinee Application Due			
November 1, 2005	Medical School Transcripts and Verification of General Surgery Forms Due from New Residents	None		\$200
December 1, 2005	Remaining ½ of Written Application Fee Due	\$1,571	\$1,525	\$200
	Remaining ½ of Neurotology Fee Due	\$2,307	\$2,250	
March 4, 2006	Otolaryngology Training Examination			
April 7, 2006	Written Qualifying Examination			
April 8 & 9, 2006	Oral Certifying Examination			
April 10, 2006	Neurotology Subspecialty Examination			

GENERAL INFORMATION REGARDING FEES

- One-half of exam fee for candidates applying for the combination Written/Oral Exam or Neurotology Exam is due September 1. The balance is due December 1.
- Fees are subject to change at the discretion of the board.
- Fees are NOT REFUNDABLE, nor can they be "held-over" to a subsequent exam.
- A late fee is applied if the document is not postmarked by the due date.
- All fees must be paid in US Funds, drawn on a US bank. Applicants residing outside the United States must submit payment by International Money Order.

SPONSORING ORGANIZATIONS

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology-Head and Neck Surgery
American Broncho-Esophagological Association
American Laryngological Association
American Laryngological, Rhinological and Otological Society
American Neurotology Society
American Otological Society
American Rhinologic Society
American Head and Neck Society
American Society of Pediatric Otolaryngology
Association of Academic Departments of Otolaryngology-Head and Neck Surgery
Section of Otolaryngology-Head and Neck Surgery of the American Medical Association
Society of University Otolaryngologists-Head and Neck Surgeons

MISSION

The mission of the American Board of Otolaryngology (ABOto) is to assure that, at the time of certification, Diplomates certified by the ABOto have met the ABOto's professional standards of training and knowledge in otolaryngology-head and neck surgery.

OBJECTIVES

The objectives of the ABOto are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request Board certification.
2. To determine which candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of otolaryngologist-head and neck surgeons.

The ABOto certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

HISTORY

The American Board of Otolaryngology (ABOto) was founded and incorporated in 1924, and is the second oldest of the twenty-four member boards of the American Board of Medical Specialties (ABMS). The Board¹ is a non-profit corporation, and the directors and examiners receive no compensation, with the exception of the President and the Examination Chairs who receive an honorarium.

Founding members included two representatives from each of the following specialty organizations: the American Laryngological Association, the American Otological Society, the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Otolaryngology, and the Section on Laryngology, Otology and Rhinology of the American Medical Association. This group of ten founding members, delegated authority by the above organizations, was established as the ABOto.

Since then, several other organizations have become sponsoring organizations: the American Broncho-Esophagological Association (1947), the American Society for Head and Neck Surgery (1947), the American Academy of Facial Plastic and Reconstructive Surgery (1971), the American Society of Ophthalmologic and Otolaryngologic Allergy (1974), the American Society of Pediatric Otolaryngology (1989), the American Neurotology Society (1991), the American Rhinologic Society (1994), the Association of Academic Departments of Otolaryngology-Head and Neck Surgery (1995), and the Society of University Otolaryngologists-Head and Neck Surgeons (1995).

The ABOto office is located in Houston, Texas, and is separate and distinct from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) in Alexandria, Virginia, which is the specialty's largest membership organization.

¹In this publication, "Board" refers to the American Board of Otolaryngology, Inc.

DEFINITION OF A CERTIFIED SPECIALIST IN THIS FIELD OF MEDICINE²

An otolaryngologist-head and neck surgeon is a physician who has been prepared by an accredited residency program to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the ears, the respiratory and upper alimentary systems and related structures of the head and neck.

The otolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of:

- The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology and neurology as they relate to the head and neck;
- The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

² As printed in *Which Medical Specialist For You*, a publication of the American Board of Medical Specialties

CERTIFICATION, REJECTION AND REVOCATION (From the Bylaws, Article VII)

The Board may issue an appropriate certificate of qualification in otolaryngology (or in a subdivision thereof) to those who show themselves worthy of such certification according to the requirements of training and experience as stated in the current *Booklet of Information* of the Board.

All certificates issued by this Board are the property of the Board, and they are issued pursuant to the rules and regulations as outlined in the current *Booklet of Information* of the Board. The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate if the Board shall determine that the person involved:

- a. did not possess the required qualifications and other requirements or is not eligible for examination, whether or not such deficiency was known to the Board or any member thereof, or could have been ascertained by the Board prior to examination or at the time of the issuance of a certificate as the case may be;
- b. made a material misstatement or withheld information in his/her application or any other representation to the Board or any Committee thereof, whether intentional or unintentional;
- c. has been convicted by a court of competent jurisdiction of any felony;
- d. has been convicted by a court of competent jurisdiction of any misdemeanor involving moral turpitude or, in the opinion of the Board, having a material relationship to the practice of medicine;
- e. had a license to practice medicine revoked or shall have been disciplined or censured by any court or other body having proper jurisdiction or authority, because of any act or omission arising from the practice of medicine, including, but not limited to, a state licensing board, a healthcare facility, or a medical staff;
- f. has neglected to maintain appropriate professional standards in the practice of the specialty of otolaryngology, as established by the Board, and shall refuse to submit to reexamination by the Board; or
- g. has failed to comply with the Maintenance of Certification process (for those certified in 2002 and thereafter).

The Board may be required and, in any event, reserves the right to report revocation of a diplomate's certificate to accrediting, credentialing and licensing bodies and government agencies.

If the Board determines to withhold or revoke any certificate for any reason set forth above, the person affected thereby shall be given written notice of the reasons therefor. If circumstances warrant, the Board may require any physician so certified to appear before the Board of Directors, before any one or more of them, or before an individual designated by the Board upon not less than 20 days written notice, and to show cause at that time and place specified in the notice why the certificate may not be revoked on any one of the grounds specified in such notice. If such a hearing is convened, the physician may bring to this hearing persons or documents in defense of any action. Failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Directors, shall constitute cause for revocation of the certificate. The Board of Directors of the American Board of Otolaryngology shall have the sole power, jurisdiction and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the grounds for withholding or revocation of any certificate issued by the Board. Any such action or determination by the Board shall be regarded as final.

EXAMINATION PROCEDURE

The Board vigorously enforces the highest standards of honesty and integrity in its examination processes. Accordingly, the following are considered a breach of ABOto policy and are forbidden, and may be sufficient cause for the ABOto to terminate an applicant's participation in the examination, to invalidate the results of the examination, to withhold an applicant's score or certificate, to bar an applicant permanently from all future examinations, to revoke a certificate, or to take other appropriate action:

1. Falsification of the application or the submission of any falsified documents to the ABOto;
2. The giving or receiving of aid in the examination, including but not limited to, copying answers from another candidate or permitting one's answers to be copied, as evidenced by observation at the time of the examination or by statistical analysis afterward;
3. The offer of any financial or other benefit to any director, officer, employee, proctor, or other agent or representative of the ABOto in return for any right, privilege or benefit which is not usually granted by the ABOto to other similarly situated candidates or persons;
4. The unauthorized possession, reproduction, recording, discussion or disclosure of any material, including but not limited to, written, oral or OTE examination questions or answers before, during, or after the examination.

Proctors are required to report any suspected irregularity during an examination. A candidate may be moved to a more isolated area, or his/her participation in the examination may be terminated. Additionally, the ABOto may undertake statistical studies of a candidate's answers compared with the answers of other participants in the examination to provide evidence that would support or fail to support a suspected irregularity. If, in the opinion of the ABOto, there exists a probability that an irregularity occurred, the ABOto will afford the suspected individual(s) procedural due process in order to assure fairness in the determination as to whether an irregularity occurred.

The ABOto will not report scores or grant certification on the basis of scores which it determines to be invalid, and reserves the right to take whatever legal action is indicated with regard to violation of ABOto copyright or examination violations.

BOARD ELIGIBILITY & STATUS INQUIRIES

The ABOto does not recognize or use the term "board eligible." The Board states whether an individual is certified, is not certified, or is in the process of being examined (i.e., between written and oral examinations).

APPLICANTS WITH DISABILITIES

The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOto's policy regarding accommodation so that his or her special needs can be met in a timely manner. **Current documentation of the disability must accompany the application.**

OTOLARYNGOLOGY TRAINING EXAMINATION

OTOLARYNGOLOGY TRAINING EXAMINATION

STATEMENT OF PURPOSE

The Otolaryngology Training Exam (OTE) is intended to be used as an educational instrument to assist individuals in evaluating their educational progress as compared with others of the same level of expertise or training.

As such, it is appropriate for program directors to use the aggregate performance of their residents when evaluating the strengths and weaknesses of their educational program. It is inappropriate for program directors to use this measure of resident performance as the sole form of assessment when evaluating residents for advancement.

EXAMINATION

- The OTE is a closed-book, proctored, timed examination offered once a year to all interested practitioners and residents in the specialty.
- More than 100 test centers administer the exam annually throughout the US, Canada, and limited locations outside North America.
- Any resident, practicing otolaryngologist-head and neck surgeon, or other interested physician may register for the OTE.
- Test scores are confidential for practitioners; resident scores are reported to their training programs.

APPLICATIONS

The OTE application form is mailed to all ACGME programs. Others who wish participate may download a copy of the application from the ABOto website at www.aboto.org. The application becomes available September 1 of each year.

CERTIFICATION EXAMINATION

CERTIFICATION EXAMINATION

The ABOto certification process consists of two phases: a written qualifying examination, and an oral certifying examination.

All candidates must take a written examination which is offered in the spring of each year on a Friday. All candidates then take an oral exam, offered on Saturday or Sunday. Candidates who do not achieve the qualifying score on the written exam fail, and their oral exam is not scored. They may retake the written and oral exam in a subsequent year.

Oral exam results for candidates who meet or exceed the qualifying score on the written exam are then processed. Candidates are given three consecutive opportunities to take and pass the oral exam. If a passing score is not achieved after three exam cycles, the candidate must reapply to take the written exam.

Written and oral examination scores are not combined. An individual must successfully complete both the written and the oral exam in order to be certified. A certificate is granted by the ABOto to a candidate who has met all the requirements and has satisfactorily passed its examinations.

Requests for an appeal regarding a certification decision must be postmarked within forty days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the certification process is available upon request.

The Board makes no representation as to whether its certification process satisfies the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

TRAINING REQUIREMENTS

Training programs in otolaryngology-head and neck surgery in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory* published by the American Medical Association.

Individuals who entered otolaryngology-head and neck surgery training between **July 1, 2000 - June 30, 2005** must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-approved program(s):

- At least ONE YEAR of general surgical training. It is preferred that the general surgical residency be taken prior to otolaryngologic training, but it may not be taken after otolaryngologic training.
- At least FOUR YEARS of residency training in otolaryngology-head and neck surgery. This training must involve increasing responsibility each year and **must include a final year of senior experience**. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.

Individuals who enter otolaryngology-head and neck surgery training on or after **July 1, 2005** must satisfactorily complete a minimum of five years of training, as specified below, in an ACGME-approved program(s):

Residency programs must be of five years duration, with at least nine months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training **must include a final year of senior experience**. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained from the ABOto.

The first year of otolaryngology-head and neck surgery training should include a minimum of five months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, one month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery. An additional maximum of three months of otolaryngology-head and neck surgery is optional, and any remaining months of the PGY-1 year must be completed in an ACGME approved program, or rotations specifically approved by the RRC.

All residency training must be completed in a manner acceptable to the Director of that residency program.

LEAVES OF ABSENCE

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a longer leave of absence is granted in any year, the required period of graduate medical education may be extended accordingly.

FOREIGN TRAINING

An applicant who entered otolaryngologic training in the United Kingdom or the Republic of Ireland prior to July 1, 2000 in a program accredited by the Specialist Advisory Committee, and who received a certificate of accreditation in otolaryngology from the Joint Committee on Higher Surgical Training in the United Kingdom or the Republic of Ireland may be considered for examination.

An applicant who entered otolaryngologic training under the New Zealand program after January 1, 1984 but before July 1, 2000 and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

An applicant who entered otolaryngologic training under the Australian program after January 1, 1986 but before July 1, 2000 and who passed the examination leading to Fellowship in the Royal Australasian College of Surgeons may be considered for examination.

Individuals who entered otolaryngologic training in Canadian programs prior to July 1, 2000 may be considered for examination.

PRE-REQUISITE REQUIREMENTS

1. RESIDENT REGISTRY

All residents must be registered with the ABOto during the first year of otolaryngology training in order to subsequently apply to take the certification examination.

A New Resident Form must be filed for each new resident by the Program Director by July 10 of the first year of otolaryngology-head and neck surgery training.

New residents then receive instructions on the procedure and deadline for submitting an official medical school transcript and documentation of previous training (see Section 2 below).

The Program Director subsequently submits a Resident Evaluation Form for each returning resident by July 10 of each year. It must be noted whether the previous year was successfully completed.

Resident Evaluation Forms become part of the individual's ABOto file, and are a prerequisite for application for the certification examination. **Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline for submission of forms will be assessed a late fee.**

2. TRANSCRIPT and SURGICAL TRAINING VERIFICATION

The resident must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association, and must request that their medical school send an official certified transcript to the ABOto by November 1 of the first year of otolaryngology training. The transcript must show the degree and date conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.

Residents entering training prior to July 1, 2005 must also submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents who entered training after July 1, 2005 and who have prior residency training must submit the verification form to the ABOto by November 1 of the first year of otolaryngology training. **Residents not meeting the November 1 deadline for submission of transcripts and surgery forms will be assessed a late fee.**

PRE-REQUISITE REQUIREMENTS (cont'd)

3. TRANSFERS

A resident wishing to transfer from one residency program to another must notify the ABOto in writing at least six weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current Program Director must verify the exact amount of training successfully completed in the program and explain the reason for the transfer.
 - The letter from the prospective Program Director must verify that sufficient residency positions, accredited by the Residency Review Committee for Otolaryngology of the Accreditation Council for Graduate Medical Education (ACGME), exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification.
- ☞ Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOto certification process.

APPLICATION FOR EXAMINATION

There is no required time interval between completion of the residency program and making application for examination. However, **all residency training must be successfully completed before the date of the examination** in any given year.

Application materials for the written examination in any given year become available June 1 on the ABOto web site at www.aboto.org and must be completed and postmarked by September 1 of that year. The application consists of the following:

1. Resident Registry Evaluations, submitted annually by the Program Director.
2. Applicants that have not participated in the Resident Registry through their residency program must submit an official certified medical school transcript, submitted directly to the ABOto by the institution. The transcript must show the date the degree was conferred. If the transcript is in a language other than English, the resident will subsequently be billed for translation expenses incurred by the ABOto.
3. Residents entering training prior to July 1, 2005 must submit a Verification of Surgery/Verification of Additional Residencies Form to the ABOto by November 1 of the first year of otolaryngology training. Residents who entered training after July 1, 2005 and who have prior residency training must submit the verification form to the ABOto by November 1 of the first year of otolaryngology training.
4. Application Form, signed by the Program Director and the Program Chair.
5. If more than one otolaryngology program was attended, a Verification of Otolaryngology Residency Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
6. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exceptions:
 - Individuals who have completed residency training but who will enter a fellowship program utilizing an institutional license must submit a statement from the Program Director as evidence of this fact.
 - Individuals who have completed residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
7. Operative Experience Report (print-out), which lists procedures assisted in and performed by the applicant during otolaryngology residency, **which must be signed by the Program Director and Resident.**
8. The applicant must possess high moral, ethical and professional qualifications as determined by, and in the sole discretion of, the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications or abilities.

APPLICATIONS (cont'd)

9. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.
10. Applications are valid for one written exam and three oral exams. At the conclusion of this period, or upon failure of the written exam, the application expires, and the individual is required to submit new forms.
11. The ABOto maintains the full, legal name of the applicant for its records. If, at any time after submission of the application, the legal name of the applicant changes due to marriage, divorce or other circumstances, the applicant must provide copies of the official documentation of the change. It is not possible to maintain two names (i.e., a legal name and a professional name) for any one individual. At the time of any examination, the name on the official identification (i.e., driver's license or passport) must match the name on record at the ABOto.

PURPOSE OF EXAMINATION

The purpose of the examination is to determine the candidate's knowledge and understanding of the following:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, and immunology relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck.
2. Diagnosis and diagnostic methods including audiologic and vestibular assessments, electrophysiologic techniques, and other related laboratory procedures for diseases and disorders of the ears, the respiratory and upper alimentary systems, and the head and neck.
3. Therapeutic and diagnostic radiology, including the interpretation of medical imaging techniques relevant to the head, neck, and thorax, including the temporal bone, skull, nose, paranasal sinuses, salivary and thyroid glands, larynx, neck, lungs, and esophagus.
4. Diagnostic evaluation and management of congenital anomalies, allergy, sleep disorders, trauma, and other diseases in the regions and systems mentioned above.
5. The cognitive management, including operative intervention with its preoperative and postoperative care, of congenital, inflammatory, endocrine, neoplastic, degenerative and traumatic states, including:
 - a. temporal bone surgery
 - b. paranasal sinus and nasal surgery
 - c. skull-base surgery
 - d. maxillofacial surgery including the orbits, jaws and facial skeleton
 - e. aesthetic, plastic and reconstructive surgery of the face, head and neck
 - f. surgery of the thyroid, parathyroid, pituitary and salivary glands
 - g. head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
 - h. endoscopy, both diagnostic and therapeutic
 - i. surgery of the lymphatic tissues of the head and neck.
6. The habilitation and rehabilitation techniques and procedures pertaining to respiration, deglutition, chemoreception, balance, speech, and hearing.
7. The current literature, especially pertaining to the areas listed above.
8. Research methodology.

In order to assist otolaryngology Program Directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her senior resident year.

**NEUROTOLOGY SUBSPECIALTY
CERTIFICATION EXAMINATION**

OBJECTIVES OF SUBSPECIALTY CERTIFICATION

The objectives of the American Board of Otolaryngology (ABOto) with regard to subspecialty certification are:

1. To establish standards of qualification for otolaryngologist-head and neck surgeons who desire and request subspecialty certification in neurotology.
2. To determine which subspecialty candidates fulfill these standards of qualification.
3. To examine such candidates and issue certificates upon satisfactory completion of requirements.
4. To encourage development and maintenance of the highest standards in the teaching and training of neurotologists.

The ABOto subspecialty certificate carries with it no legal qualification or license to practice medicine. There is no intention by the Board to interfere with or limit the professional activities of any licensed physician, whether certified or not. It is neither the intent nor the purpose of the Board to define requirements for membership on the staffs of hospitals or similar institutions or to confer special privileges upon its diplomates.

DEFINITION OF A NEUROTOLOGIST

A neurotologist is an American Board of Otolaryngology-certified otolaryngologist-head and neck surgeon who has been prepared by an ACGME-accredited subspecialty residency program (fellowship) or who meets the Alternate Pathway criteria to provide comprehensive medical and surgical care of patients with diseases and disorders that affect the temporal bone, lateral skull base and related structures of the head and neck.

The neurotologist should have command of the core knowledge and understanding of:

- the basic medical sciences relevant to the temporal bone, lateral skull base and related structures; the communication sciences, including knowledge of audiology, endocrinology and neurology as they relate to the temporal bone, lateral skull base and related structures.
- advanced diagnostic expertise and advanced medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.

A neurotologist has acquired expertise in the medical and surgical management of diseases and disorders of the temporal bone, lateral skull base, and related structures beyond that inherent to the practice of otolaryngology-head and neck surgery by virtue of either:

1. satisfactory completion of an ACGME-accredited neurotology subspecialty training program (Standard Pathway), or
2. satisfactory completion of a neurotologic practice over at least a seven year period (Alternate Pathway).

NOTE: THE ALTERNATE PATHWAY WILL REMAIN VALID THROUGH THE 2012 EXAMINATION, APPLICATIONS FOR WHICH ARE DUE BY SEPTEMBER 1, 2011. AFTER WHICH THE STANDARD PATHWAY WILL BE THE ONLY ROUTE TO NEUROTOLOGY SUBSPECIALTY CERTIFICATION.

EXAMINATION

The ABOto neurotology subcertification process consists of an oral examination. All candidates must successfully complete this examination in order to become certified. A certificate, which is valid for 10 years, is granted by the ABOto to a candidate who meets all requirements and satisfactorily passes this exam.

Requests for an appeal regarding a subspecialty certification decision must be postmarked within forty days of the date exam results are postmarked at the ABOto office. A copy of the Appeals Policy as related to the subspecialty certification process is available upon request.

The Board makes no representations as to whether its certification process will satisfy the recertification or specialty certification requirements of any state medical board. Any such determination must be made by the state medical board.

TRAINING REQUIREMENTS

Subspecialty training programs in neurotology in the United States are evaluated by the Residency Review Committee for Otolaryngology (RRC), which consists of representatives from the American Medical Association (AMA), the American College of Surgeons (ACS) and the ABOto, and are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Information concerning approved educational programs can be found in the *Graduate Medical Education Directory* published by the American Medical Association.

All subspecialty residency training must be completed in ACGME-approved programs in a manner acceptable to the Director of that subspecialty residency program.

PRE-REQUISITE REQUIREMENTS

At this time, there are two pathways to achieving subspecialty certification in neurotology. The pre-requisite requirements for each are outlined below.

A. STANDARD PATHWAY

The Standard Pathway is open to ABOto diplomates in good standing who have satisfactorily completed an ACGME-accredited neurotology subspecialty residency program. Pre-requisite requirements are as follows:

1. RESIDENT REGISTRY

All subspecialty residents must be registered with the ABOto during the first year of neurotology subspecialty training in order to subsequently apply to take the subspecialty certification examination.

A New Subspecialty Resident Form must be filed for each new subspecialty resident by the Program Director by July 10 of the first year of neurotology training.

The Program Director subsequently submits a Subspecialty Resident Evaluation Form for each returning subspecialty resident by July 10 of each year. It must be noted whether the previous year was successfully completed.

Subspecialty Resident Evaluation Forms become part of the individual's ABOto file, and are a prerequisite for application for the certification examination. **Credit may not be granted by the ABOto for any year of training for which an Evaluation Form is not received. Programs not meeting the July 10 deadline will be assessed a \$200 late fee.**

2. TRANSFERS

A subspecialty resident wishing to transfer from one subspecialty residency program to another must notify the ABOto in writing at least six weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer.

Letters from the current and prospective directors of training must also be submitted:

- The letter from the current Program Director must verify the exact amount of training successfully completed in the program and the reasons for the transfer.
- The letter from the prospective Program Director must verify that sufficient subspecialty residency positions, accredited by the Accreditation Council for Graduate Medical Education (ACGME), exist in the program to provide the transferring subspecialty resident with the training necessary to meet the requirements of the ABOto for neurotology certification.

Failure to comply may result in loss of eligibility to participate in the ABOto subspecialty certification process.

3. LEAVES OF ABSENCE

Leaves of absence and vacation may be granted to subspecialty residents at the discretion of the Program Director in accordance with local rules. The total of such leaves and vacation may not exceed six weeks in any one year. If a longer leave of absence is granted in any year, the required period of graduate medical education may be extended accordingly.

B. ALTERNATE PATHWAY

The Alternate Pathway allows ABOto diplomates in good standing who have not completed an ACGME-accredited neurotology subspecialty residency to sit for the neurotology subspecialty certification examination. **THIS PATHWAY IS VALID ONLY THROUGH THE 2012 EXAMINATION, APPLICATIONS FOR WHICH ARE DUE BY SEPTEMBER 1, 2011.. THEREAFTER, ALL INDIVIDUALS WISHING TO SIT FOR THE NEUROTOLOGY SUBSPECIALTY CERTIFICATION EXAM MUST UTILIZE THE STANDARD PATHWAY** (see above).

1. The applicant must be an ABOto diplomate in good standing.
2. The applicant must have at least seven (7) years of clinical practice experience in neurotology.
3. The applicant must demonstrate that he/she has participated in at least ten (10) cases of intracranial exposures (i.e., translabyrinthine, middle cranial fossa, infratemporal fossa, and/or posterior fossa) over a two year period proceeding the year of application.
4. The applicant must enter and submit his/her operative experiences over the two-year period immediately preceding the year of application using the on-line Operative Experience Report. The report must be signed by the applicant and the chief of staff or hospital director.

The Alternate Pathway applicant uploads data to the ABOto and also submits the signed, printed copy by September 1. Data from individual reports is transferred to a master database for review by the Credentials Committee.

A fee of \$200 is charged for data and/or print-outs not received by the September 1 deadline.

APPLICATION FOR EXAMINATION

At this time, there are two pathways to achieving subspecialty certification in neurotology. The application requirements for each are outlined below.

A. STANDARD PATHWAY

There is no required time interval between completion of the subspecialty residency program and making application for examination. However, **all subspecialty residency training must be successfully completed before the date of the examination** in any given year.

Application materials for the examination in any given year become available June 1 on the ABOto website at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Subspecialty Resident Registry Evaluations, submitted annually by the Program Director.
3. Application Form, signed by the Program Director and another ABOto diplomate.
4. If more than one neurotology program was attended, an additional Verification of Neurotology Subspecialty Residency Form must be signed by the previous Program Director, attesting to satisfactory completion of training in that program.
5. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration of each. All applicants must submit evidence of medical licensure, with the following exception:

Individuals who have completed subspecialty residency training but who will go on to practice medicine in a foreign country not requiring licensure must make a written request to be accepted for the examination without medical license. Such requests must be submitted with the application.
6. Operative Experience Report (print-out), which lists procedures assisted in and performed by the applicant during neurotology subspecialty residency, signed by the applicant and the Program Director.
7. The applicant must possess high moral, ethical and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications or abilities.
8. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

B. ALTERNATE PATHWAY

Application materials for the examination in any given year become available June 2 on the ABOto website at www.aboto.org and must be completed and returned (postmarked) by September 1 of that year. The application consists of the following:

Applications for the Alternate Pathway must be received by September 1, 2011 (for the 2012 exam). After this date, the Alternate Pathway will close, and thereafter, the Standard Pathways will be the only route to Neurotology Subspecialty Certification. The application consists of the following:

1. Verification of American Board of Otolaryngology certification.
2. Application Form, signed by two ABOto diplomates.
3. Verification of **ALL** licenses to practice medicine, showing non-restricted status and date of expiration.
4. Operative Experience Report for the two years immediately proceeding the year of application, signed by the applicant and the hospital Chief of Staff or Director.
5. The applicant must possess high moral, ethical and professional qualifications as determined by, and in the sole discretion of the Board. Additional information may be requested by the Board from the following: Federation of State Medical Boards, local medical society, board certified otolaryngologists from the geographical area in which the applicant practices, the director of the applicant's training program, hospital chiefs of staff, and/or other individuals and entities who may have knowledge of the applicant's moral and ethical standing, qualifications or abilities.
6. Applications are approved by the Credentials Committee in October, and applicants are then notified if they have been approved for examination. The Board reserves the right to reject any application.

APPLICANTS WITH DISABILITIES

The ABOto fully supports the intent of the Americans with Disabilities Act (ADA). Upon request, ABOto will make reasonable accommodations in its examination procedures for candidates with documented disabilities. An applicant who believes that he or she is disabled within the meaning of the ADA law should request detailed information concerning ABOto's policy regarding accommodation so that his or her special needs can be met in a timely manner. **Current documentation of the disability must accompany the application.**

PURPOSE OF EXAMINATION

The purpose of the subspecialty examination in neurotology is to determine the candidate's knowledge and understanding in the following categories, which exceed that expected of an ABOto diplomate holding a primary certificate in Otolaryngology.

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, allergy and immunology relevant to the temporal bone, lateral skull base and related structures; the communication sciences, including knowledge of audiology; endocrinology, and neurology as they relate to the temporal bone, lateral skull base and related structures; neurophysiology, neuropathophysiology, diagnosis, and therapy of advanced neurotologic disorders, including advanced audiologic and vestibular testing; evaluation of cranial nerves and related structures; interpretation of imaging techniques of the temporal bone and lateral skull base; and electrophysiologic monitoring of cranial nerves VII, VIII, X, XI and XII.
2. Audiometric testing including auditory brainstem responses and otoacoustic emissions.
3. Vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base and related structures.
4. Diagnostic expertise and ability to develop medical and surgical management strategies, including intracranial exposure, and postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, allergic, immunologic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, and craniovertebral junction.
5. Diagnostic evaluation and management of the surgical revision procedures for the treatment of chronic otitis media; disorders of the vestibular system; otosclerosis; profound hearing loss; facial nerve disorders; and congenital, inflammatory, neoplastic, idiopathic, and traumatic disorders of the extradural petrous bone and apex, occipital bone, sphenoid bone, and related structures.
6. Advanced surgical techniques to deal with diseases and disorders of the auditory and vestibular systems; extradural skull base, including the sphenoid bone, temporal bone, and reconstructive techniques for repair of deficits in these areas.
7. The habilitation and rehabilitation techniques and procedures pertaining to vestibular disorders, hearing disorders (including but not limited to, hearing aids, cochlear implants and assistive listening devices), and cranial nerve neuropathies, as well as the speech rehabilitation of the hearing impaired.
8. The diagnosis and medical and surgical management of congenital, traumatic, inflammatory, degenerative, neoplastic, allergic, immunologic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.
9. The current literature, especially pertaining to the areas listed above.
10. Research methodology.

In order to assist otolaryngology Program Directors in evaluating their programs, the Board reports each applicant's examination results to the director of the program in which the applicant completed his/her neurotology subspecialty residency training, if appropriate.

MAINTENANCE OF CERTIFICATION

MAINTENANCE OF CERTIFICATION

Individuals certified in 2002 and thereafter receive certificates that are valid for ten years. Revalidation is accomplished by satisfactory completion of the ABOto Maintenance of Certification Process, which is outlined below and meets the guidelines established by the American Board of Medical Specialties.

To remain current in the MOC process, diplomates with time-limited certificates and participants must complete a brief form and submit a fee annually. A penalty fee will be assessed for late submissions.

1. PROFESSIONAL STANDING

Participants in the Maintenance of Certification process must:

- a. hold a valid certificate issued by the American Board of Otolaryngology.
- b. hold a valid, unrestricted license to practice medicine in all locations where licensed, as defined by ABOto policy.
- c. hold privileges to practice otolaryngology-head and neck surgery in hospitals or surgical centers accredited by the Joint Commission on the Accreditation of Health Care Organizations or AAAHC, or must provide a letter of explanation why this requirement cannot be met.

2. LIFELONG LEARNING AND SELF-ASSESSMENT

- a. **Primary Certification** - Participants in the Maintenance of Certification process are required to complete 100 credits of ACCME-approved Category I continuing medical education every two years, of which 60% must be specialty related, as evidence of lifelong learning. CME credits are calculated on the calendar year for reporting purposes. Periodic audits will be conducted by the ABOto to assure compliance. It is the responsibility of the individual diplomate to maintain the CME record.

or

Neurotology Certification - Neurotology Subspecialty certified individuals need only participate in the Neurotology MOC program to maintain the primary and neurotology certificates. Participants in the Neurotology Maintenance of Certification process are required to complete 100 credits of ACCME-approved Category I continuing medical education every two years, of which 60% must be either otology or neurotology subspecialty related, as evidence of life-long learning. CME credits are calculated on the calendar year for reporting purposes. Periodic audits will be conducted by the ABOto to assure compliance. It is the responsibility of the individual diplomate to maintain the CME record.

- b. Participation in the AAO-HNSF Home Study Course is a recommended form of participation in lifelong learning with periodic self-assessment.

3. COGNITIVE EXPERTISE

1. The Scope of Knowledge Study is the definition of the content for the specialty and will be used for the development of the revalidation examination, which will be conducted in a secure, proctored environment and will be subject to psychometric and statistical analysis.
2. Candidates will be required to complete a core component examination which includes knowledge fundamental to the practice of otolaryngology-head and neck surgery, as well as knowledge of practice environment issues such as quality assurance, safety, regulations, ethics of practice, professionalism, legal and reimbursement issues, AND one module, to be selected by the candidate, which focuses on a specific area. The exact modules are yet to be determined. Neurotology subspecialty certified diplomates will take the neurotology module.

4. EVALUATION OF PERFORMANCE IN PRACTICE

This area remains under development.