



THE AMERICAN BOARD OF
PHLEBOLOGY

Certification Exam Application Requirements & Policies

Revised
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INTRODUCTION AND GENERAL INFORMATION

The American Board of Phlebology (ABPh) Certification Exam is open to licensed physicians who meet rigorous prerequisite qualifications in phlebology training or experience. Physicians who wish to sit for the examination are required to submit a completed application form, all fees and required supporting documentation before eligibility will be determined. The application and materials must be submitted by the official deadline.

All applicants are responsible for knowing and meeting American Board of Phlebology certification examination prerequisites prior to submitting their application.

All applications are to be submitted online. A link to the online application may be found at the ABPh website, www.americanboardofphlebology.org, during the application period.

At the time a person submits an application to the ABPh and at all times thereafter, the person shall have a continuing obligation to promptly disclose to the ABPh the existence or occurrence of any circumstances causing the person to fail to satisfy the foregoing conditions of eligibility to apply for and take the examination administered by the ABPh.

Official notification of eligibility to sit for the exam will not be provided by telephone, fax or electronic transmission (e-mail). Applicants will be notified of eligibility to sit for the exam via an official letter from the ABPh office.

Questions regarding this process may be directed to an ABPh Staff member in the following ways:

Mail: Presidio of San Francisco, P.O. Box 29920, 572B Rucker Street, San Francisco, CA 94129-0920 **E-mail:** info@theabph.org

GENERAL APPLICATION REQUIREMENTS

All applicants must submit the following items before their application will be considered complete.

1. All information and fees required in Section I of the application, to include:
 - Name (First, Middle, Last)
 - Date of Birth
 - Designations (MD, RVT, FACP, etc.)
 - Primary medical specialty, and whether you are Board certified in that specialty
 - Date of certification, and the name of the certifying Board
 - Number of years in Phlebology practice

- Name to appear on your ABPh Diplomate certificate
 - All current contact information, including home and office address, phone number, mobile number, fax number and e-mail address. This is necessary to ensure that ABPh Staff may contact you with questions related to your application.
 - Indicate how payment of the exam fee and application fee will be made. All fees must accompany the application. Current fees are listed on the application form. **Refer to the policy statement in “Application Policies and Prerequisites – Section I” for full details.**
 - List all medical degrees earned. A copy of an allopathic or osteopathic degree from an accredited college of medicine, or letter of verification from the institution where the degree was earned, must accompany this application. **Refer to the policy statement in “Application Policies and Prerequisites – Section I” for full details.**
 - List of all medical licenses held, with license number and date(s) of expiration. Applicants must also supply a copy of a current, valid, full and unrestricted license to practice medicine in the United States, its territories or a Canadian province in which the applicant’s practice of medicine is regularly conducted. **Refer to the policy statement in “Application Policies and Prerequisites – Section I” for full details.**
 - Submit other required materials, including two passport-sized photographs (or a high-quality electronic copy), a current Curriculum Vitae, and a copy of your Residency training confirmation of completion. **See “Application Policies and Prerequisites – Section I” for full details.**
2. Choose an application PATH, as required in Section II of the application. Depending on the path you choose, other documentation will be required. **Detail regarding each path may be found in “Application Policies and Prerequisites – Section II”.**
 3. Document continuing medical education (CME) credits earned as shown in Section II of the application. **Refer to the policy statements in “Application Policies and Prerequisites – Section II” for full details.**
 4. Meet professional standing requirements as described in Section III of the application.
 5. Verify understanding and agree to the policies outlined in Section III & IV.
 6. In Section V, certify that the information on the foregoing application is true and complete.

APPLICATION POLICIES AND PREREQUISITES – SECTION I

MEDICAL LICENSE

Applicants must submit a copy of a current, valid, full and unrestricted license to practice medicine in the United States, its territories or a Canadian province in which the applicant's practice of medicine is regularly conducted. All unexpired licenses held from other jurisdictions must meet this requirement, and copies must be provided. Individuals in the military will meet the valid and unrestricted licensing condition if they are on full-time active duty as a physician at a military installation in any branch of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

MEDICAL DEGREE

A copy of an allopathic or osteopathic degree (MD or DO) or letter of verification from the institution where the degree was earned from a medical school in the United States accredited by the Liaison Committee for Medical Education (LCME), an accredited medical school in Canada or an accredited osteopathic school in the United States must be submitted. In the case of foreign medical schools other than Canada, an English translation of the document is required. Graduates of foreign medical schools who practice in the US must also include a copy of their ECFMG Certificate.

RESIDENCY TRAINING

Applicants must have completed Residency training in a program approved by the Accreditation Council of Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) in the United States, or the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada. A letter from the Chair indicating successful completion is required. A form will be provided by ABPh for this purpose. Alternatively, applicants must now be or ever have been board certified in an ABMS- or AOA-recognized specialty. Proof of such certification is required.

PAYMENT OF FEES

Application fee - An application fee is due at the time of application and is non-refundable.

Examination fee - An exam fee is due at the time of application. However, this fee will be fully refunded if the applicant is deemed ineligible to sit for the exam. If an applicant is eligible but cancels on or before the posted Full Refund Cutoff date (see current application for dates), the exam fee is fully refundable. Cancellations after that date, including failure to appear, will result in a \$500.00 administrative fee, and the balance of the Exam Fee will be refunded. Applicants may petition the Board for a cancellation fee

waiver if there are special circumstances.

ADDITIONAL POLICIES

Additional documentation may be required, depending on the applicant's circumstances.

APPLICATION POLICIES AND PREREQUISITES – SECTION II

Please read these prerequisite requirements carefully. All applicants are responsible for knowing and meeting American Board of Phlebology certification application prerequisites.

Applicants must choose and meet **ONE** of the following four paths to qualify:

PATH ONE – FELLOWSHIP ROUTE

Applicant must substantiate successful completion of a one year or longer Fellowship program in the United States or Canada by providing two letters of reference from the completed Fellowship program.

One letter shall be provided by the office that administers the program and should confirm successful completion.

The second letter should be an attestation of satisfactory completion of the Fellowship from the program director. This letter should:

1. Reference the six general competencies identified by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Describe the phlebology training provided.
3. Verify the candidate has provided active phlebology care under supervision and with demonstrated competence. Active care means direct participation in patient care that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies, and forming and carrying out a treatment plan.
4. Verify that the candidate has been supervised and demonstrated competence in diagnostic peripheral venous duplex ultrasound.
5. Verify the candidate has been supervised and demonstrated competence in at least one of the following categories (the letter should specify all categories that apply):

Categories:

Category I - Varicose vein ablation

Sclerotherapy, ambulatory phlebectomy

Category II - Saphenous vein ablation

Modalities include surgical, endoscopic, endovenous thermal or ultrasound-guided chemical ablation.

Category III - Perforator vein ablation

Modalities including surgical, endoscopic, endovenous thermal and ultrasound-guided chemical ablation.

Category IV - Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma). Modalities include thrombectomy, thrombolysis, venous stenting and deep venous reconstruction.

Category V - Management of pelvic venous insufficiency

Modalities including surgical therapy, embolization and chemical ablation.

Category VI - Management of vascular malformation/AV fistula

Modalities including surgical therapy, embolization and chemical ablation.

Category VII - Management of chronic venous ulceration (CEAP C4- C6)

Non-operative, i.e. compression therapy

PATH TWO – RESIDENCY ROUTE

Applicant must substantiate successful completion of a Residency program that is recognized by either the Accreditation Council for Graduate Medical Education (ACGME) in the United States, the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada or the American Osteopathic Association (AOA) in the United States by providing two letters of reference from the completed Residency program. One of these letters shall be an attestation of satisfactory completion of the Residency program from the office that administers the program. The second letter shall come from the program Chair. This letter shall:

1. Reference the six general competencies identified by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Describe the phlebology training provided.
3. Verify the candidate has provided active phlebology care under supervision and with demonstrated competence. Active care means direct participation in patient care that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies, and forming and carrying out a treatment plan.

4. Verify that the candidate has been supervised and demonstrated competence in diagnostic peripheral venous duplex ultrasound.
5. Verify the candidate has been supervised and demonstrated competence in **at least one** of the following categories (the letter shall specify all categories that apply):

Category I - Varicose vein ablation

Sclerotherapy, ambulatory phlebectomy

Category II - Saphenous vein ablation

Modalities include surgical, endoscopic, endovenous thermal or ultrasound-guided chemical ablation.

Category III - Perforator vein ablation

Modalities including surgical, endoscopic, endovenous thermal and ultrasound-guided chemical ablation.

Category IV - Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma). Modalities include thrombectomy, thrombolysis, venous stenting and deep venous reconstruction.

Category V - Management of pelvic venous insufficiency

Modalities including surgical therapy, embolization and chemical ablation.

Category VI - Management of vascular malformation/AV fistula

Modalities including surgical therapy, embolization and chemical ablation.

Category VII - Management of chronic venous ulceration (CEAP C4-C6)

Non-operative, i.e. compression therapy

PATH THREE – EXPERIENCE ROUTE

Applicant must provide or document the following.

1. A description of your phlebology training and experience with dates. This shall be supplied in the form of a letter, written by the applicant.
2. Complete and submit a Reference Contact Form, listing three physicians. All references shall be current ABPh diplomates or certified by a member board recognized by the American Board of Medical Specialties (ABMS), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Bureau of Osteopathic Specialists (BOS). No more than one reference may be from a partner or associate, and at least two references must be from physicians who are familiar with your practice through either referral or direct observation but are not partners or associates.
3. Complete and submit an ABPh Case Log, documenting your direct participation in the active phlebology care of the last consecutive 100 cases in the categories listed

below. The case mix may include any combination of Category I-VII cases (see category descriptions below), but must be applicant's last 100 consecutive cases from these categories, and must be from a period not to exceed 2 years prior to the date of application. Multiple procedures done on the same patient at the same time only count as one case. Active care means direct participation in the care of a patient that would include, at a minimum, gathering a history, performing a physical examination, assessing pertinent diagnostic studies, and forming and carrying out a treatment plan. Active care can be provided in the context of being the primary physician, supervising physician or a trainee in an ACGME-, RCPSC- or AOA- accredited Residency or Fellowship program.

Category I - Varicose vein ablation

Sclerotherapy, ambulatory phlebectomy

Category II - Saphenous vein ablation

Modalities include surgical, endoscopic, endovenous thermal or ultrasound- guided chemical ablation.

Category III - Perforator vein ablation

Modalities including surgical, endoscopic, endovenous thermal and ultrasound- guided chemical ablation.

Category IV - Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma).

Modalities include thrombectomy, thrombolysis, venous stenting and deep venous reconstruction.

Category V - Management of pelvic venous insufficiency

Modalities including surgical therapy, embolization and chemical ablation.

Category VI - Management of vascular malformation/AV fistula

Modalities including surgical therapy, embolization and chemical ablation.

Category VII - Management of chronic venous ulceration (CEAP C4- C6)

Non-operative, i.e. compression therapy

4. Ultrasound Training / Experience Qualifications

Ultrasound Training and Experience requirements must be met in **at least one** of the following three ways:

- a. Hold an active RVT, RVS, RPVI or RPhS credential.
- b. Document peripheral venous duplex ultrasound training in an ACGME-, RCPSC- or AOA- accredited Residency or Fellowship that includes didactic and clinical vascular laboratory/ultrasound interpretation as an integral part of the program. This documentation should be in the form of a letter from the program director or supervisor verifying length of ultrasound experience or successful completion of a sonography program.

- c. Complete an ABPh Case Log documenting diagnostic peripheral venous duplex ultrasound experience of a minimum of 100 cases from a period not to exceed two years prior to the date of your application. “Experience” can consist of performing or interpreting the exam.

The Board may conduct random audits and reserves the right to ask for copies of the patient records used for your case log.

CME REQUIREMENTS

All applicants must have obtained a minimum of 45 CME credit hours, in the area of phlebology, in any “three-year window” in the four year time period prior to the date of application for exam. Applicants must specify the three-year window on their application form. CMEs may be earned in one of three ways:

- a) Phlebology-related educational conferences or courses, including education in peripheral vascular ultrasound or ultrasound physics. *Note:* If a meeting was not solely dedicated to phlebology or venous disease, but it had component parts that apply to phlebology, those parts may be reported for the number of non-concurrent hours in the program, which you personally attended. (Industry-sponsored education, unless accredited, does not apply.)
- b) Teaching activities in phlebology (teaching physicians) may be used for up to a maximum of 6 hours in the three-year window. Teaching would include preceptorships, oral presentations/courses at an accredited CME program, or teaching in the context of Residency or Fellowship training.
- c) Individual educational activities, not formally accredited, may be reported as follows:
 - 1) Medical journal reading related to phlebology: up to 4 hours/year.
 - 2) Review of manuscripts for publication in a peer-reviewed medical journal: up to 3 hours per manuscript, with no more than 10 hours claimed in the three-year window.
 - 3) Publication of a phlebology article in a peer-reviewed medical journal; up to 10 hours per article, with no more than 20 hours claimed in the three-year window.

The Board may conduct random audits and reserves the right to ask for documentation of attendance/completion of CME credit hours, verification of teaching activities, or documentation for manuscripts reviewed or articles published.

APPLICATION POLICIES AND PREREQUISITES – SECTION III

This section relates to Section III of the phlebotomy examination application, Professional Standing.

DISCIPLINARY ACTIONS

Applicants are required to answer the following questions on the application:

1. Have you ever been convicted of a felony?
2. Has your license to practice in any jurisdiction been revoked, suspended or subject to limitation or supervision, or have you agreed to the voluntary surrender or suspension of your license in lieu of disciplinary action by way of consent decree, agreed order or otherwise?
3. Have your privileges at any hospital been denied, suspended, reduced, limited, revoked or voluntarily relinquished for a reason other than moving?
4. Have you ever resigned from any hospital, institute or health care facility in lieu of disciplinary action?
5. Has your DEA number to prescribe controlled substances been reversed, suspended, revoked, or restricted in any way or voluntarily or involuntarily relinquished?

Applicants who answered yes to any of these questions will be asked to submit an addendum with a complete explanation.

CHEMICAL DEPENDENCY OR SUBSTANCE ABUSE

Applicants are required to answer several questions related to chemical dependency or substance abuse.

An applicant who, within three years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the Board that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the Board, that the applicant has been free of chemical dependency for a period sufficient to establish that the applicant is not currently using illegal drugs and/or that the use of illegal drugs or other substance is not an on-going problem. This documentation must accompany the completed application form.

APPLICATION POLICIES AND PREREQUISITES – SECTION IV

This section relates to Section IV of the phlebology examination application, Candidates With Disabilities

Applicants may request an accommodation in the administration of the examination under the Candidates with Disabilities Policy. Documentation required under the Policy must be submitted with the application.

In accordance with the Americans with Disabilities Act (ADA) issued by the government of the United States of America, it is the policy of the American Board of Phlebology (ABPh) to provide reasonable accommodations in its examination procedures to qualified candidates with documented disabilities. The ABPh will not grant accommodations that alter the requirements for certification or the measurement of the knowledge, skills and abilities the examination is designed to evaluate.

QUALIFIED APPLICANTS

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 sit for the examination and, with or without reasonable accommodation, can perform the essential functions of a phlebologist.

REASONABLE ACCOMODATION

Reasonable Accommodation means a modification in the examination administration that does not fundamentally alter the requirements for certification or the measurement of the knowledge, skills and abilities that the examination is designed to evaluate, and that does not impose an undue hardship.

ACCOMODATION PROCEDURES

Candidates with disabilities may request consideration for an accommodation in the administration of the examination by submitting a signed, written request prior to a specific examination. The information to be included in the signed, written request is described below in the section, "Documentation and Request for Consideration."

To ensure sufficient time to process the request and arrange for accommodations, candidates should submit their written requests when they submit their certification

application. Appropriate supporting documentation is required and should be sent to ABPh headquarters office with the letter and application documents. Requests for accommodations and supporting materials will be maintained separately from the application and registration materials and used only for the consideration of the request.

DOCUMENTATION AND REQUEST FOR CONSIDERATION

Candidates requesting accommodations must provide the following materials to ABPh:

1. A signed, written request for accommodations, describing in detail the specific accommodation(s) requested. The request shall include contact information such as phone number, address, and e-mail address, as well as birth date, which will be used for identification purposes only.
2. Signed, current documentation of the disability by a qualified professional. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability. The documentation must include:
 - a. A current, valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable. To be considered current, such documentation generally must be based on evaluations conducted no more than five years prior to the request for an accommodation.
 - b. Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
 - c. Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
 - d. Specific information about the significance of the impact the disability has on the candidate in the testing environment.
 - e. A history of any accommodations previously granted in any educational program or examination.
 - f. Specific recommendations for accommodations.
 - g. An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the certification examination.

The ABPh reserves the right to request additional information at anytime from the candidate requesting accommodations for its examinations.

REVIEW OF REQUESTS AND NOTIFICATION OF DECISION

The ABPh Board of Directors will consider requests for special accommodations

following the receipt of all necessary materials. The Board will make every effort to process requests promptly. The candidate has the responsibility to submit the required documentation in a timely manner. If a request is not approved, notification will include the reason it was denied.

APPEAL PROCESS

In the event the ABPh Office or Executive Officers denies a request for accommodation, the candidate may submit a written statement of appeal to the Full ABPh Board of Directors. The notice of appeal must be postmarked within 60 days of the postmark on the Board's decision letter.

Upon receipt of an appeal from an ABPh candidate, the Full Board will review the appeal at its next regularly scheduled meeting. The candidate will be notified by certified mail of the Board's decision and the reasons for it within 45 days following the meeting at which the appeal is considered. The decision of the full ABPh Board shall be final and binding on both the candidate and ABPh.

APPLICATION POLICIES AND PREREQUISITES – SECTION V

ATTESTATIONS

In Section V, applicants must certify that the information on the foregoing application is true and complete.

ADDITIONAL POLICIES

CERTIFICATION PERIOD

After passing the written examination, the physician will be awarded a certificate that acknowledges that he or she has met specific standards and qualifications and has passed the examination conducted by the Board. The certificate is for a ten- year time-limited certificate, subject to fulfilling the Maintenance of Certification (MOC) program requirements.

MAINTENANCE OF CERTIFICATION (MOC)

Maintenance of Certification is a program of education and professional development designed to assess the competence of Diplomates on an ongoing basis. This program is expected to be launched in 2012.

The Phlebology Maintenance of Certification (Ph-MOC) program will be based on the

six general competencies identified by the Accreditation Council for Graduate Medical Education (ACGME) and the ABMS: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. For Maintenance of Certification these six competencies are placed into four areas of assessment:

1. Evidence of Professional Standing
2. Evidence of Commitment to Lifelong-Learning and Periodic Self-Assessment
3. Evidence of Cognitive Expertise
4. Evaluation of Performance in Practice

If the Diplomate does not successfully complete the Maintenance of Certification process as directed, he or she will cease to be Board-certified until the process is successfully completed.

RECERTIFICATION EXAM

A Diplomate may apply to sit for the recertification exam in year 9 of the 10-year certificate. The Diplomate must have successfully completed the Maintenance of Certification process, and meet all other prerequisites and requirements for exam eligibility. If the Diplomate passes the recertification exam, a new certificate will be issued for 10 years commencing immediately following the expiration date of the prior certificate.

SUSPENSION, REVOCATION OR EXPIRATION OF CERTIFICATE

Each certificate is subject to revocation or suspension in the event that:

1. The Diplomate was not eligible to receive the certificate, whether or not the facts concerning ineligibility were known to the Board when the certificate was issued;
2. The Diplomate made any material misrepresentation or omission in the application for certification or in any other statement to the Board or has failed provide timely information with respect to criminal conduct, loss or suspension of a medical license, medical staff privileges, or medical society membership;
3. The Diplomate is convicted of, or pleads nolo contendere to a crime, which in the judgment of the Board relates to the practice of medicine;
4. The Diplomate is found by the Board to have (a) engaged in irregular behavior in connection with the examination, (b) had a license to practice medicine revoked or suspended, (c) been expelled from a medical society for reasons other than non-payment of dues or failure to attend meetings,
5. (d) had medical staff privileges revoked or suspended for reasons relating to the practice of medicine, (e) taken other action reasonably deemed by the Board to be inconsistent with Diplomate status, or (f) materially violated any rule or policy of the Board.

Once the certificate has been suspended, revoked or expires, the physician may not represent himself/herself to the profession or the public as being certified until successfully recertified by the American Board of Phlebology. 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.

The physician may reapply for a future recertification examination, but must meet all the criteria in effect at that time. A physician whose certification has been revoked may apply for reinstatement as a Diplomate when the physician believes that the circumstances underlying the Board's action have been satisfactorily resolved. The physician shall apply by providing a written statement providing the changes in circumstances. The Board shall consider such statement and determine whether to reinstate the physician's certification.

DISPUTE RESOLUTION POLICY

The Board of Directors of the American Board of Phlebology has the sole authority to determine the eligibility of a candidate to sit for the examination, to determine whether a candidate passed the examination, to issue a candidate a certificate or revoke or take any other action with respect to a certificate issued by the ABPh.

A candidate or Diplomate who has received an adverse ruling from the Executive Officers of the Board or any Committee of the ABPh may appeal such determination to the full Board of Directors by mailing a notice of appeal by registered mail within 60 days of the postmark date on which such determination was mailed.

On appeal, the candidate or Diplomate may submit a statement and any documents in support of the appeal.

Upon receipt of an appeal, the Full Board of Directors will review the appeal at its next regularly scheduled meeting. The candidate will be notified by certified mail of the Board's decision and the reasons for it within 45 days following the meeting at which the appeal is considered. The decision of the Full ABPh Board shall be final and binding on both the candidate and ABPh.