



THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

Certification Process Application Requirements & Policies

Revised
February 2024

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INTRODUCTION AND GENERAL INFORMATION

The American Board of Venous & Lymphatic Medicine (ABVLM) Certification Process is open to licensed physicians who meet rigorous prerequisite qualifications in venous and lymphatic medicine training or experience. Physicians who wish to apply for certification 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 as stated on the website.

All applicants are responsible for knowing and meeting American Board of Venous & Lymphatic Medicine certification process prerequisites prior to submitting their application.

All applications are to be submitted online. A link to the online application for either first time applications or re-take applications may be found at the ABVLM website, www.ABVLM.org, during the application period.

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

Official notification of eligibility to sit for the exam will not be provided by telephone or fax. Applicants will be notified of eligibility to sit for the exam via an official letter from the ABVLM office, and applicants may be notified by email transmission as well.

Questions regarding this process may be directed to an ABVLM staff member in the following ways:

Mail: 1800 M Street NW, Suite 400-S, Washington DC 20036

E-mail: info@ABVLM.org

Phone: (877) 699-4114

GENERAL APPLICATION REQUIREMENTS

All applicants must submit the following items before their application will be considered complete. All submissions of documents is done via a digital file upload process to the ABVLM secure servers on the Certemy platform. All information is completed via an online application form.

Prior to starting an online application, the applicant must choose between two pathways: Educational (Path 1) or Experiential (Path 2).

EDUCATIONAL PATHWAY (PATH 1)

To qualify, the physician must have successfully completed, **WITHIN FIVE YEARS of the certification examination application date**, a residency or fellowship program (collectively, “educational programs”) for which venous disease, venous interventional treatment and venous ultrasound training was included in the core curriculum.

Educational programs may be: an approved venous & lymphatic medicine (VLM) fellowship; or an educational program meeting the above criteria and approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CCFP), or Collège des médecins du Québec.

Applicant must substantiate successful completion of the educational program by: (1) providing proof of program completion (via a certificate or a secondary letter from the office that administers the program); and (2) the Program Director completing a reference (via the application system) from the completed program.

NOTE: The exam is offered annually in August and early September, and programs ending in the same year as the exam are eligible. Therefore, an applicant with a program that finishes in September (for example) can apply and sit for the exam, provided that the applicant ultimately provide proof of successful completion of the educational program before diplomate status can be awarded.

More details on substantiation of the educational programs are below.

EXPERIENTIAL PATHWAY (PATH 2)

All applicants who do not qualify for the Educational Pathway as described above must apply via the Experience Pathway.

PATH DIFFERENCES

The primary (but not the only) difference in the two pathways are the required minimum clinical cases required of the applicant: 100 vs. 200 cases in the past three years for educational and experiential pathways, respectively.

ONLINE APPLICATION

There are 13 steps to be completed in the online application, 12 of which are completed by the applicant, and the last step is completed by the HQ staff after verification that all other steps are completed. Those steps are detailed on the pages that follow.

Note that until Steps 12 (payment of application and exam fees) is completed, HQ staff will not start reviewing any of the submitted information. If an applicant needs to change a response after a step is verified, please contact the HQ Office for assistance.

Most of the steps are identical for the two pathways. Where pathways *diverge* in requirements, the **Educational Path will be in red text**, and the **Experiential Path will be in blue text**.

Steps for PATH 1 – Educational (A)	Steps for PATH 2 – Experiential (B)
1. Application	1. Application
2. Program Director Reference	2. Training & Experience
3. Applicant Reference	3. Applicant Reference
4. Medical Education	4. Medical Education
5. Residency Program Information	5. Residency Program Information
6. Ultrasound Training / Experience Qualifications	6. Ultrasound Training / Experience Qualifications
7. ABVLM Case Log	7. ABVLM Case Log
8. Licensure	8. Licensure
9. CME Credits	9. CME Credits
10. Professional Standing	10. Professional Standing
11. Attestation of all Information	11. Attestation of all Information
12. Application & Examination Fee	12. Application & Examination Fee
13. Final Verification (HQ staff only)	13. Final Verification (HQ staff only)

DETAILED INFORMATION FOR ONLINE STEPS

Step 1. Information required in Step 1 of the application includes:

- Name (First, Middle, Last).
- Designations (MD, DO).
- Name to appear on your ABVLM Diplomate certificate, if certified.
- Date of Birth.
- National Provider Identifier (NPI) number.
- Number of years in practice incorporating venous medicine.

- Primary medical specialty(ies), and whether you are Board certified in that (those) specialty(ies).
- Date of certification(s), and the name(s) of the certifying Board(s).
- Proof of Board Certification.

BOARD CERTIFICATION

Applicants must currently be or have ever been certified by a member board of the American Board of Medical Specialties (ABMS), Bureau of Osteopathic Specialists (BOS), the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada (CCFP), or the Collège des médecins du Québec. Proof of such certification is required.

- A current headshot (a high-quality photograph in JPG format, taken in full-face view directly facing the camera).
- A current Curriculum Vitae.
- 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 ABVLM staff may contact you with questions related to your application. All information is kept private and confidential.
- Medical membership organizations to which applicant belongs.
- How the applicant heard about the certification process.

Step 2. (A) For the Educational Path, this step is a Program Director Reference. Applicants will complete the invitation form for their most recent program director, and the Program Director will sign in to complete the actual reference form online.

The reference form from the program director is an attestation of satisfactory completion of the educational program. This form requires the Program Director to:

- Indicate the applicant's competency level is 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.
- Describe the training provided in venous and lymphatic medicine.
- Verify the candidate has provided active venous or venous and lymphatic 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.
- Verify that the candidate has been supervised and demonstrated competence in diagnostic peripheral venous duplex ultrasound.

- Verify the candidate has been supervised and demonstrated competence in venous disease, venous interventional treatment and peripheral venous ultrasound.

[In addition to the Program Director reference, two additional references, for a total of three, are required. See Step 3 **REFERENCES (VIA ONLINE FORM)** below.]

(B) For the Experiential Path, this step is to write and upload a description of your training and experience in venous and lymphatic medicine with dates. This shall be supplied in the form of a letter, written by the applicant, describing dates, the type of training, and with whom your training in VLM took place.

Step 3. (A) For the Educational Path, this step is to provide two (2) *additional* references (besides the Program Director reference above) per the information below.

(B) For the Experiential Path, this step is to provide three (3) references per the information below.

REFERENCES (VIA ONLINE FORM)

All references must either be current ABVLM diplomates, OR be physicians certified by any member board recognized by the American Board of Medical Specialties (ABMS), the Bureau of Osteopathic Specialists (BOS), the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CCFP), or the Collège des médecins du Québec. The reference(s) must come from physicians who practice in the community and are familiar with the applicant based on referral and/or observation. **No more than one reference may be from a partner or associate.**

If you have hospital privileges, one reference must come from the Chief of the Service.

It is your responsibility to contact your references prior to submitting their reference information and to inform them that the American Board of Venous & Lymphatic Medicine via Certemy will be sending a reference form or link on your behalf. You are also responsible for confirming with your reference that the reference form is completed. However, we will inform you if we are missing any of your reference forms.

Follow the detailed instruction in the online application regarding references.

Step 4. You must have received your medical degree in order to apply for certification.

MEDICAL EDUCATION

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 uploaded. In the case of diplomas in a language other than English, an English translation of the document is required. Graduates of foreign medical schools who practice in the United States must also include a copy of their ECFMG Certificate.

In the step for the Educational Path, applicants are also asked if they are applying after completing a Residency only, or after completing Residency and a Fellowship.

Step 5. (A) For the Educational Path, this step is to provide Residency Program information and optionally Fellowship Program information, if a fellowship was completed.

(B) For the Experiential Path, this step is to provide Residency Program information only.

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), the College of Family Physicians of Canada, or the Collège des médecins du Québec. A copy of the Residency Certificate indicating successful completion is required.

BOARD ELIGIBLE ALTERNATIVE (not a Step)

For both pathways, there is a *Board Eligible Alternative*. This option allows for the deferral of Step 6 and/or Step 7 (Ultrasound and/or Clinical Case Log submission) for up to two exam cycles.

Applicants who meet all criteria *except* for the case experience requirements may apply to sit for the examination. If the candidate passes the exam they will have Board Eligible status. The candidate will be required to document fulfillment of experience requirements by completing an ABVLM Case Log for clinical procedures and an attestation or proof of ultrasound experience within the following two exam cycles. Board Eligible status will expire if the applicant fails to document the case requirements within two additional exam cycles.

Board Eligible statuses will be reviewed and potentially updated only annually when the general application period is open. If the candidate fulfills the case log requirements during that application period, they will be certified with the next set of diplomates.

Board Eligible candidates have no additional requirements related to

Maintenance of Certification (MOC) program, and they will not be listed on the ABVLM website or verified as diplomates of the board. However, they remain bound by all agreements and attestations from their original application. Their 10-year certification period will commence once they are converted from Board Eligible to Diplomate of the Board.

Step 6. (A) For the Educational Path, this step attests to your Ultrasound training / experience: Applicants applying via the Educational Path must attest to the performance and documentation of the findings in the clinical record of a minimum of 100 cases of focused, limited, or complete diagnostic venous duplex ultrasound examinations performed during the previous three years prior to application. Diagnostic ultrasounds performed as part of a residency or fellowship may be included.

This attestation should be in the form of a signed statement from the applicant: stating that the applicant performed and documented findings of at least 100 cases as described above; documenting the timeframe of the diagnostic ultrasound cases; and stating where, in general terms, the exams were performed (such as a specified named hospital, a specified named physicians' office or lab, etc.).

(B) For the Experiential Path, this step substantiates your Ultrasound Training / Experience Qualifications. These requirements must be met in at least one of the following three ways:

a. *Hold an active RVT, RVS, RPVI or RPhS credential and submit an attestation.* Applicants applying via an ultrasound credential must attest to the performance and documentation of the findings in the clinical record of a minimum of 100 cases of focused, limited, or complete diagnostic venous duplex ultrasound examinations performed during the previous three years prior to application.

This attestation should be in the form of a signed statement from the applicant: stating that the applicant performed and documented findings of at least 100 cases as described above; documenting the timeframe of the diagnostic ultrasound cases; and stating where, in general terms, the exams were performed (such as a specified named hospital, a specified named physicians' office or lab, etc.).

b. *Formal ultrasound training and submit an attestation.* Applicants who obtained peripheral venous duplex ultrasound training in an ACGME-, RCPS- or AOA-accredited residency or fellowship that includes didactic and clinical vascular laboratory/ultrasound as an integral part of the program may state that. In addition, applicants must attest to the performance and documentation of the findings in the clinical record of a minimum of 100 cases of focused, limited, or complete diagnostic venous duplex ultrasound examinations performed during the previous three years prior to application.

This attestation should be in the form of a signed statement from the applicant: stating that the applicant performed and documented findings of at least 100 cases as described above; documenting the timeframe of the diagnostic ultrasound cases; and stating where, in general terms, the exams were performed (such as a specified named hospital, a specified named physicians' office or lab, etc.).

- c. *Complete an ABVLM Ultrasound Case Log* attesting to the performance and documentation of the findings in the clinical record of a minimum of 100 cases of focused, limited, or complete diagnostic venous duplex ultrasound examinations performed during the previous three years prior to application. Some of these cases may not be billable directly by the applicant and therefore may not be on a EMR report. In such cases, the applicant should use the Ultrasound Case Log to document the required cases with EMR supporting documentation, if any, for the billable cases and attest to the other diagnostic procedures. Please download the PDF document **Case Log Template Option #2 – Dx Ultrasound Cases by CPT Codes or Attestation** found on the *Reference Materials* page of the website for details.

Step 7. Clinical Case Logs are used substantiate the applicant's clinical experience.

In this step, we will discuss both the *definition* of clinical cases and the *number* of cases required. Later we will discuss the *two templates* that applicants may use to report their cases.

For both pathways, applicants must complete and submit an ABVLM Case Log, including outcomes, documenting applicant's direct participation in the active venous care in a specific number of cases (quantity below) over the 3 years prior to the date of the application. Cases performed as part of a residency or fellowship may be included if within the appropriate time frame.

For the compilation and submission of their cases, applicants **MUST** use one of the two Case Log Templates provided on the website: Excel-based Case Reporting (manual entry); or EMR / EHR Summary Reporting (summary figures with backup reports).

The "case mix" may include exclusively superficial venous disease cases, exclusively deep venous/pelvic/vascular malformation cases, or a mix thereof, as described in the Case Log Minimum Counts section below.

Multiple same procedures done on the same patient at the same time only count as one case. For example, endovenous thermal ablation done on two veins in the same patient on the same day count as one endovenous thermal ablation case. Conversely, an endovenous thermal ablation and an ambulatory phlebectomy done on the same patient on the same day are two cases, as they are not the same procedure.

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.

(A) Educational Path “Specifics”

For the Educational Path, the minimum number of cases performed in the past three years is **100**, subject to the “case mix” defined in the table immediately below.

Case Log Minimum Counts (“Case Mix”)

<i>Type of Cases</i>	<i>Additional Information</i>
Superficial Only	Must have at least 25 cases each in two of the four Superficial categories below. The additional 50 cases can come from any of the four Superficial categories.
Deep/Pelvic/VMs Only	All 100 cases must come from the three Deep/Pelvic/Vascular Malformations categories below.
Superficial and Deep Mixed	Must have at least 25 cases each in two of the four Superficial categories below. The additional 50 cases can come from any of the seven case categories below.

Superficial Venous Disease Experience

Saphenous vein ablation (Modalities include surgical, endoscopic, endovenous thermal, and ultrasound-guided chemical ablation)

Sclerotherapy

Ambulatory Phlebectomy

Management of chronic venous ulceration (CEAP C5-C6)

Non-operative, i.e. compression therapy

Deep Venous/Pelvic/Vascular Malformation Experience

Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma)

Modalities include thrombectomy, thrombolysis, venous stenting, IVC filter placement, and deep venous reconstruction.

Management of pelvic venous insufficiency

Modalities including surgical therapy, embolization, and chemical ablation.

Management of vascular malformation

Modalities including surgical therapy, embolization, and chemical ablation.

(B) Experiential Path “Specifics”

For the Experiential Path, the minimum number of cases performed in the past three years is **200**, subject to the “case mix” defined in the table immediately below.

Case Log Minimum Counts (“Case Mix”)

<i>Type of Cases</i>	<i>Additional Information</i>
Superficial Only	Must have at least 50 cases each in two of the four Superficial categories below. The additional 100 cases can come from any of the four Superficial categories.
Deep/Pelvic/VMs Only	All 200 cases must come from the three Deep/Pelvic/Vascular Malformations categories below.
Superficial and Deep Mixed	Must have at least 50 cases each in two of the four Superficial categories below. The additional 100 cases can come from any of the seven case categories below.

Superficial Venous Disease Experience

Saphenous vein ablation (Modalities include surgical, endoscopic, endovenous thermal, and ultrasound-guided chemical ablation)

Sclerotherapy

Ambulatory Phlebectomy

Management of chronic venous ulceration (CEAP C5-C6)

Non-operative, i.e. compression therapy

Deep Venous/Pelvic/Vascular Malformation Experience

Management of deep venous disease (including VTE, deep venous insufficiency, venous obstruction, venous aneurysm, venous trauma)

Modalities include thrombectomy, thrombolysis, venous stenting, IVC filter placement, and deep venous reconstruction.

Management of pelvic venous insufficiency

Modalities including surgical therapy, embolization, and chemical ablation.

Management of vascular malformation

Modalities including surgical therapy, embolization, and chemical ablation.

For both pathways, there is a choice of two Case Log templates to use, each of which can be found on the ABVLM website on the *Reference Materials* page. Details on how to complete the specific form are contained within the form itself. Here are overviews of the two options.

(1) Excel-based Case Reporting (manual entry)

This has been the traditional methods of documenting cases since the exam’s inception in 2008. This option requires the applicant to document their clinical cases with a variety of information from each case, including a unique Case ID, Date, PT age, Applicant Role, Facility, ICD-9/10 Code, CPT Code, Procedure Category, and Complications. Please download the Excel document **Case Log Template Option #1 – Excel Format** found on the *Reference Materials* page of the website for details.

(2) *EMR / EHR Summary Reporting (summary figures with backup reports)*

New in 2023 applicants may use summary reports from an EMR / EHR system to substantiate cases performed based on CPT codes. This option requires applications to complete a summary form based on EMR reports using searches that include the applicant name, date range, and CPT code(s) searched. Please download the PDF document **Case Log Template Option #2 – EMR / EHR Summary Format** found on the *Reference Materials* page of the website for details.

NOTE for Steps 6 & 7 : The Board may conduct random audits and reserves the right to ask for copies of the patient records used for your case logs and/or supporting documentation for your reported figures.

Step 8. Submit a copy of all unexpired medical licenses.

MEDICAL LICENSURE

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.

The copy should include an expiration date that is no earlier than the exam date window. 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.

Step 9. Continuing Medical Education (CME) Requirements.

All applicants must have obtained a minimum of 45 CME credits in any “three-year window” in the four-year time period prior to the date of application for exam.

At least 40 of those CME credits must be directly related to the field of venous and lymphatic medicine. No more than 5 credits counted toward the 45 can be related to general medical practice (examples of which are: patient safety, systems, quality improvement, risk management, informatics, etc.). *Note:* If an educational activity was not solely dedicated to venous disease, but it had

component parts that apply to venous disease, those parts that you attended may be reported.

Applicants who have completed their residency or fellowship (in which venous disease, venous interventional treatment and venous ultrasound training was included in the core curriculum) within the past 4 years are deemed to have met the 45-credit minimum from their educational activities. They should claim 45 credits of Category 1 CME from their accredited institution on the application form.

CMEs may be earned and reported in the following three ways (types) with limitations stated:

- (1) Venous- or lymphatic-related educational conferences or courses, including education in peripheral vascular ultrasound or ultrasound physics, sponsored by accredited CME providers for an **unlimited number of credits** in the past three years.
 - a. Full course or meeting related to venous and/or lymphatic disease
[document full course or meeting hours]
 - b. Partial course or meeting related to venous and/or lymphatic disease
[document only hours that apply to venous and/or lymphatic disease that you attended]
- (2) Teaching activities in venous and/or lymphatic disease (teaching other physicians) may be used for up to a **maximum of 6 credits** (aggregated) in the past three years.

These activities can include:

- Teaching at a Live CME activity that has been certified by an ACCME-accredited organization and/or for AMA PRA Category 1 Credit™, or by the Royal College of Physicians and Surgeons of Canada;
 - Poster presentations, as the first author, at an activity certified for AMA PRA Category 1 Credit™; and
 - Test Item Writing for items developed for board examinations with content related to venous and lymphatic medicine.
- (3) Individual educational activities, not formally accredited and not industry-based (generally Type 2 CME):
 - a. Medical journal reading related to venous and/or lymphatic disease: **up to 5 hours/year**.
 - b. 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 past three years**.
 - c. Publication of a venous and/or lymphatic disease article in a peer-reviewed medical journal: **up to 10 hours per article**, with **no more than 20 hours claimed in the past three years**.

Depending on the type of CME reported, the data in *Information 1* and *Information 2* will vary. Use the following chart to determine what data should be supplied for the specific type of CME activity.

CME Type	Information 1	Information 2
1.a.	Program Name	Sponsoring Entity
1.b.	Program & Course Name	Sponsoring Entity
2.	Course Name (or similar)	Sponsoring Entity
3.a.	Journal Name	Publisher
3.b.	Title & author of manuscript	Journal Name & Publication Date
3.c.	Title & author of article	Journal Name & Publication Date

Do not provide any additional documentation at this point (e.g. certificates). You may be contacted to supply proof of activity at a future time.

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

Step 10. Professional Standing Questions regarding disciplinary actions and chemical dependency or substance abuse.

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.

Applicants are also 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.

Step 11. This step is an attestation by the applicant certifying that all the information on the foregoing application is true and complete, as well as agreeing to several paragraphs of other requirements and certification processes of the ABVLM.

Step 12. This is the step for payment of application and exam fees. These fees are paid for via the Stripe credit card processing system, or via check. If you are utilizing any type of promotional or discount code, please follow the prompts in the payment step.

Application Fee - An application fee is due at the time of application and is non-refundable. If an applicant is applying for any type of waiver, then the complete application and payment must be made prior to the waiver review process.

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 website for cutoff dates), the exam fee is fully refundable.

Additional Fees – Other fees including cancellations after the posted cutoff date, failure to appear, failure to cancel a PearsonVUE exam fee, rescheduling and exam within two weeks of an exam date, or a rescore request are all listed on the ABVLM website. Applicants may petition the Board for a cancellation fee waiver if there are special circumstances. These fees may be deducted from a refund, or they may be billed in addition to the other fees.

Step 13. The Final Verification is an administrative step for the headquarters' staff. You do not have access to that step. It will be completed by staff once all application materials have been reviewed and approved by ABVLM staff.

ADDITIONAL DOCUMENTATION, WAIVER REQUESTS

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

If there are one or more specific requirements that an applicant feels should be waived in their specific case due to extenuating and/or extraordinary circumstances, they may submit an *Application for Waiver of Certification Exam Requirements* form which can be found on the website on the Reference Materials page under Online Application.

For any waiver to be considered and evaluated by the Application Review Committee, the applicant is required to complete their full application, **including the non-refundable application fee**, as well as any waiver forms. All materials will be evaluated once the application is completed, and the applicant will be informed of the committee's decision as soon as possible thereafter.

A separate waiver form should be submitted for each requirement for which the applicant is requesting a waiver. Submission of a waiver form does not guarantee that a waiver will be granted. All waivers are subject to denial for any reason. If the applicant is deemed ineligible to sit for the exam, the exam fee paid will be refunded, but the non-refundable application fee will be retained by the ABVLM to cover the costs of application processing.

CANDIDATE ADA ACCOMODATIONS

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 via email to the HQ Office and concurrent with the completion of 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 Venous & Lymphatic Medicine (ABVLM) to provide reasonable accommodations in its examination procedures to qualified candidates with documented disabilities. The ABVLM 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 physician specializing in venous medicine.

REASONABLE ACCOMMODATION

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.

ACCOMMODATION 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 ABVLM 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 ABVLM:

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 ABVLM 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 ABVLM will consider requests for special accommodations following the receipt of all necessary materials, and it 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 ABVLM Office or Executive Officers denies a request for accommodation, the candidate may submit a written statement of appeal to the Full ABVLM 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 ABVLM 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 ABVLM Board shall be final and binding on both the candidate and ABVLM.

MOC POLICY AND DISPUTE POLICY

ADDITIONAL POLICIES

Certification Period

After submitting all requisite application materials (including case logs) and 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 subject to fulfillment of 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.

The MOC program is 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***

The diplomate will be required to list all medical licenses currently held and document a valid, full and unrestricted medical license corresponding to the state of his/her professional address.

2. ***Evidence of Commitment to Lifelong-Learning and Periodic Self-Assessment***

The diplomate will be required to complete a minimum of 20 hours of CME every 2-year period (average of 10 hours per year). These CME hours should be from programs that are related to venous and lymphatic medicine and that conform to the [ABVLM CME policy](#). This requirement will continue indefinitely with *Continuous Certification* until the diplomate retires or otherwise becomes no longer certified by the ABVLM.

3. ***Evidence of Cognitive Expertise***

The ABVLM does not offer or require a recertification exam. Upon achieving diplomate status, the physician will be enrolled in an Online Learning & Assessment (OLA) program commencing the January after being awarded diplomate status. Details of the OLA program can be found on the ABVLM's website or by inquiring of staff.

4. ***Evaluation of Performance in Practice***

This component is under development at the current time, and therefore there are no requirements. When there are Performance in Practice requirements developed, all diplomates will be informed of this addition to the MOC policy.

There is an Annual MOC Fee billed commencing the year immediately following the year in which the diplomate certified.. Please inquire of staff as to the current rate for this fee.

If the Diplomate does not successfully complete the Maintenance of Certification process as directed, his or her certification is subject to suspension or revocation until the process is successfully completed.

Recertification Exam

The ABVLM does not offer or require a recertification exam. Please refer to item 3 immediately above (*Evidence of Cognitive Expertise*).

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; or
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, (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, including but not limited to the MOC Program.

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 Venous & Lymphatic Medicine. 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 certification 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 Executive Officers of the Board of Directors of the American Board of Venous & Lymphatic Medicine have 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 ABVLM.

A candidate or Diplomate who has received an adverse ruling from the Executive Officers of the Board or any Committee of the ABVLM 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 ABVLM Board shall be final and binding on both the candidate and ABVLM.