Certification Exam
Application Requirements & Policies

Revised
Janaury, 2018

TABLE OF CONTENTS

INTRODUCTION AND GENERAL INFORMATION 3
GENERAL APPLICATION REQUIREMENTS 4
APPLICATION POLICIES AND PREREQUISITES – SECTION I 6
APPLICATION POLICIES AND PREREQUISITES – SECTION II 8
Path One – Fellowship 8
Path One – Fellowship (Board Eligible Alternative) 10
Path Two – Residency 11
Path Two – Residency (Board Eligible Alternative) 13
Path Three – Experience 14
Path Three – Experience (Board Eligible Alternative) 16
CME Requirements (All Pathways) 17
Request for Waiver of Policies or Prerequisites (All Pathways) 18
APPLICATION POLICIES AND PREREQUISITES – SECTION III 19
Disciplinary Actions 19
Chemical Dependency or Substance Abuse 19
APPLICATION POLICIES AND PREREQUISITES – SECTION IV 20
Qualified Applicants 20
Reasonable Accommodation 20
Accommodation Procedures 20
Documentation and Request For Consideration 21
Review of Requests and Notification of Decision 21
Appeal Process 22
APPLICATION POLICIES AND PREREQUISITES – SECTION V 22
Attestations 22
Additional Policies 22
Certification Period 22
Maintenance of Certification (MOC) 22
Recertification Exam 23
Suspension, Revocation or Expiration of Certificate 23
Dispute Resolution Policy 24

INTRODUCTION AND GENERAL INFORMATION

The American Board of Venous & Lymphatic Medicine (ABVLM) Certification Exam is open to licensed physicians who meet rigorous prerequisite qualifications in venous and lymphatic medicine 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 as stated on the website.

All applicants are responsible for knowing and meeting American Board of Venous & Lymphatic Medicine certification examination 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 take the examination 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: 781 Beach Street, Suite 302, San Francisco, CA 94109-1245
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. Some information is completed via an online application form. Alternatively, some information may be faxed in, however digital upload is the preferred method for submitting documentation.

1. All information and fees required in Section I of the application, to include:

   - Name (First, Middle, Last)
   - Date of Birth
   - Designations (MD, RVT, etc.)
   - Primary medical specialty, and whether you are Board certified in that specialty.
   - Date of certification, and the name of the certifying Board.
   - Medical membership organizations to which applicant belongs.
   - Number of years in practice incorporating venous medicine.
   - Name to appear on your ABVLM Diplomate certificate, if certified.

   - 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.

   - 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 website. Refer to the policy statement in "Application Policies and Prerequisites – Section I" for full details including refund information.

   - 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. All expiration dates must NOT be earlier than the scheduled exam date. 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 a high-quality digital photo (head shot), 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 explained 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. Optionally, request a waiver of any requirements due to extenuating or extraordinary circumstances. Waivers are subject to approval and may be denied. See “Application Policies and Prerequisites – Section II” for full details.

6. Verify understanding and agree to the policies outlined in Section III & IV.

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

PHOTOGRAPH

Applicants must submit a high-quality photograph in JPG format, taken in full-face view directly facing the camera.

CURRICULUM VITAE

Applicants must submit a current CV.

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) or the Collège des Médecins du Québec. A copy of the Residency Certificate indicating successful completion is required.

BOARD CERTIFICATION

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

REFERENCES (VIA ONLINE FORM)

Submit (via the Online Application Form) the names, addresses, phone numbers, and email addresses of your references. Three references are required. 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), or the Collège des Médecins du Québec.

If the physician has hospital privileges, one reference must come from the Chief of the Service.

If the physician is applying via the Fellowship or Residency Path, one reference should come from the completed fellowship's/Residency's program director (see Section II below).

The remaining 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.

Your references will be contacted by ABVLM staff via the email address you provide, and they will be asked to complete a very short reference form. The applicant need not send them anything, and the reference does not send anything to the Board. This process is completed fully online. You should make your references aware they should expect an email from the ABVLM asking them to complete an online form on your behalf. It is the applicant's responsibility to be sure the references complete the form.

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 website for cutoff 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 Venous & Lymphatic Medicine certification application prerequisites.

Applicants must choose and meet **ONE** of the following three paths to qualify (and each of the three paths has a "Board Eligible" option):

PATH ONE – FELLOWSHIP

To qualify, the physician must have successfully completed, **within five years of the certification examination application date**, a fellowship for which venous disease, venous interventional treatment and venous ultrasound training was included in the core curriculum.

Fellowship programs may be an approved phlebology fellowship, venous and lymphatic medicine fellowship, or a fellowship approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada (RCPSC), or Collège des Médecins du Québec.

Applicant must substantiate successful completion of a one year or longer fellowship program in the United States or Canada by providing: (1) a reference form from the completed fellowship's program director, and (2) proof of program completion (via a certificate or a secondary letter from the office that administers the program).

NOTE: The exam is offered annually in April, and fellowships ending in the same year as the exam are eligible. Therefore, an applicant with a fellowship that finishes in June can apply and sit for the April exam, provided that the applicant provide proof of successful completion of the fellowship program before diplomate status can be awarded.

The reference form from the program director is available on the ABVLM website, and it is an attestation of satisfactory completion of the fellowship. This form requires the Program Director to:

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 training provided in venous and lymphatic medicine.
3. 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.

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 venous disease, venous interventional treatment and peripheral venous ultrasound.

Two additional references (for a total of three) are required. Please see the REFERENCES paragraph in Section I above.

Note: there is a template letter available on the ABVLM website's Online Application (under Reference Materials) that can be provided by the applicant to the program director for this attestation.

Those applying via the Fellowship Path must also complete and submit an ABVLM Case Log, including outcomes, documenting your direct participation in the active venous care of 100 cases over the 3 years prior to the date of the application. Cases performed as part of a residency or fellowship may be included.

Applicants MUST use the Case Log Template provided on the website for the compilation and submission of their cases.

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.

Case Log Minimum Counts

Type of Cases	*Additional Information*
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.

Ultrasound training/experience: Applicants applying via the Fellowship 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. Cases 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.).

PATH ONE – FELLOWSHIP (BOARD ELIGIBLE ALTERNATIVE)

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 both procedures and an attestation of ultrasound experience within the following 2 exam cycles. Board Eligible status will expire if the applicant fails to document the case requirements within 2 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.

PATH TWO – RESIDENCY

To qualify, the physician must have successfully completed, **within five years of the certification examination application date**, a residency for which venous disease, venous interventional treatment and venous ultrasound training was included in the core curriculum.

Residency programs must be approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Royal College of Physicians and Surgeons of Canada (RCPSC) or a Collège des Médecins du Québec.

Applicant must substantiate successful completion of a residency program by providing: (1) a reference form from the completed residency's program director, and (2) proof of program completion (via certificate or a secondary letter from the office that administers the program).

NOTE: The exam is offered annually in April, and residencies ending in the same year as the exam are eligible. Therefore, an applicant in a residency that finishes in June can apply and sit for the April exam, provided that the applicant provide proof of successful completion of the residency program before diplomate status can be awarded.

The reference form from the program director is available on the ABVLM website, and it is an attestation of satisfactory completion of the residency. This form requires the Program Director to:

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 training provided in venous and lymphatic medicine.
3. 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.
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 venous disease, venous interventional treatment and peripheral venous ultrasound.

Two additional references (for a total of three) are required. Please see the REFERENCES paragraph in Section I above.

Note: there is a template letter available on the ABVLM website's Online Application (under Reference Materials) that can be provided by the applicant to the program director for this attestation.

Those applying via the Residency Path must also complete and submit an ABVLM Case Log, including outcomes, documenting your direct participation in the active venous care of 100 cases over the 3 years prior to the date of the application. Cases performed as part of a residency may be included.

Applicants MUST use the Case Log Template provided on the website for the compilation and submission of their cases.

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.

Case Log Minimum Counts

Type of Cases	*Additional Information*
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.

Ultrasound training/experience: Applicants applying via the Residency 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. Cases 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.).

PATH TWO – RESIDENCY (BOARD ELIGIBLE ALTERNATIVE)

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 both procedures and an attestation of ultrasound experience within the following 2 exam cycles. Board Eligible status will expire if the applicant fails to document the case requirements within 2 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.

PATH THREE – EXPERIENCE

Applicant must provide or document the following.

1. 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.

2. Complete and submit an ABVLM Case Log, including procedure outcomes, documenting your direct participation in the active venous care of 200 cases over the 3 years prior to the date of the application.

   Applicants MUST use the Case Log Template provided on the website for the compilation and submission of their cases.

   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.

Case Log Minimum Counts

Type of Cases	*Additional Information*
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.

3. 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. 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. Document peripheral venous duplex ultrasound training in an ACGME-, RCPSC- or AOA-accredited residency or fellowship that includes didactic and clinical vascular laboratory/ultrasound as an integral part of the program. 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 Case Log documenting 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.

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

4. Three references are required. Please see the REFERENCES paragraph in Section I above.

PATH THREE – EXPERIENCE (BOARD ELIGIBLE ALTERNATIVE)

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 both procedures and ultrasound experience within the following 2 exam cycles. Board Eligible status will expire if the applicant fails to document the case requirements within 2 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.

CME REQUIREMENTS (ALL PATHWAYS)

All applicants must have obtained a minimum of 45 CME credit hours 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.

- At least 40 of those CME hours must be directly related to the field of venous and lymphatic medicine. No more than 5 hours 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-hour minimum from their educational activities. They should claim 45 hours of Category 1 CME from their accredited institution on the application form.

CMEs may be earned per the following guidelines and limits:

Category 1 CME Credit

1. Venous and lymphatic medicine-specific certified educational activities, live or virtual, sponsored by accredited CME providers. (unlimited hours)
2. Activities recognized by the AMA as valid educational activities:
    a. 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. (up to 10 CME credit hours/year)
    b. Publishing an article, as the lead author, in a peer-reviewed article in a journal included in the MEDLINE bibliographic database. (up to 10 CME credit hours/year)
    c. Poster presentations, as the first author, at an activity certified for AMA PRA Category 1 Credit™. (up to 5 CME credit hours/year)
    d. Test Item Writing: for items developed for board examinations with content related to venous and lymphatic medicine. (up to 10 CME credit hours/year)
    e. Manuscript review, done at the invitation of editors for peer-reviewed Medline-indexed journals. (up to 3 CME credit hours/year)
    f. Internet Point of Care Learning (PoC) is a certified CME activity structured by an accredited CME provider in which a physician engages in self-directed, online learning on topics relevant to their clinical practice. The cycle must include the following: review original clinical questions, identify the relevant sources from among those consulted, and describe the application of their findings to practice. Physicians conducting structured online searches on clinical topics may claim one CME credit for documented completion.

g. Performance Improvement: (PI) activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance. CME credits are allowed for completing each cycle.

Category 2 CME Credit

Category 2 Credit is self-claimed by physicians for participating in venous and lymphatic medicine-related activities not certified for AMA PRA Category 1 Credit™ that comply with the AMA definition of CME, and are not industry-based.

Examples include: (up to 5 CME credit hours/year combined)

1. Teaching other health professionals
2. Reading Medline-indexed journal articles
3. Preceptorships

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.

REQUEST FOR WAIVER OF POLICIES OR PREREQUISITES (ALL PATHWAYS)

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.

APPLICATION POLICIES AND PREREQUISITES – SECTION III

This section relates to Section III of the 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 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 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.

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 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 for a ten-year, time-limited certification, 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.

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***
   During the 10-year cycle the diplomate will be required to complete a minimum of 30 hours of CME every 3-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.
   As part of the CME requirements, one must complete at least four hours of a qualifying self-assessment module in each of years 1-4 and 5-8 in the 10-year MOC cycle.
3. ***Evidence of Cognitive Expertise***
   At the end of each 10-year MOC cycle, a diplomate must successfully complete a recertification examination of cognitive expertise (the exam may be taken in year 9 or 10.) This secure, timed and proctored examination will cover the field of venous and lymphatic medicine, including basic science, venous diseases and syndromes, diagnostic tools and screening, duplex ultrasound and other imaging modalities, treatment/therapy and professional standards.
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 in the first year of the 10-year MOC period and annually thereafter. 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. The Diplomate will be enrolled in an Online Longitudinal Assessment (OLA) program beginning 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.

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 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 Venous & Lymphatic Medicine 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 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.