



American Board of Headache Medicine Examination Application

Application Fee: \$250 (non-refundable)

Please print legibly or type all information. ALL items, including tables, must be completed.

I. PERSONAL INFORMATION

1. Name _____
Last First Middle

2. Degree MD DO Other _____

3. Mailing address

Office			Home		
_____			_____		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		

Telephone _____ Telephone _____

E-mail _____ E-mail _____

Check preferred address to send materials Office Home

4. Date of Birth _____

II EDUCATION

List all undergraduate, medical school, ACGME residency training, and ACGME pain fellowship if applicable.

	Name of Institution	Dates	Degree
Undergraduate			
Medical School			
Residency			
Pain Fellowship			
Headache Fellowship			

III PRIMARY BOARD CERTIFICATION

Board(s)	Certification		Recertification		
	Date	Number	Date	Number	N/A

IV SUBSPECIALITY CERTIFICATION IN PAIN MEDICINE

Board(s)	Certification		Recertification		
	Date	Number	Date	Number	N/A

V PROFESSIONAL PRACTICE & PRACTICE EXPERIENCE

Current practice setting

- | | |
|---|--|
| <input type="checkbox"/> Hospital based | <input type="checkbox"/> Medical school |
| <input type="checkbox"/> Private practice, solo | <input type="checkbox"/> Private practice, group |
| <input type="checkbox"/> Military | <input type="checkbox"/> Other _____ |

List all practice experience in chronological order

Dates (from – to)	Position	Name of Practice Setting

VI LICENSURE

Please enclose a copy of the primary license. If your license expires prior to examination, please send a copy after renewal.

State/Country	License Number	Date of Original Issue	Expiration Date

VII SCOPE OF PRACTICE

In the last 3 years; what percentage of your clinical practice is in the field of Headache medicine? _____%

Each physician should be capable of performing independently a wide variety of interventional headache management procedures.

Headache and Neck Pain Diagnosis and Management	Number/Last Full Year
i. Outpatient visits– New patient	
ii. Outpatient visits– Established patient	

Head and Neck Procedures		Yes/No	Number/ Last year
<u>I Peripheral structures</u>	Greater/Lesser occipital nerves block		
	Greater auricular nerve block		
	Auriculo-temporal nerve block		
	Supraorbital nerve block		
	Infraorbital nerve block		
	Mental nerve block		
	Other trigeminal peripheral nerve block		
<u>II Ganglia block</u>	Gasserian ganglion block		
	Sphenopalatine ganglion block		
	Stellate ganglion block		
	Cervical Sympathetic ganglion block		
<u>III Cervical Spine Procedures</u>	Cervical facet articular injection		
	Cervical medial branch nerve block		
	Third occipital nerve block		
	C1-2 joint injection		
	C2-3 joint injection		
	Cervical discogram		

<u>IV Denervation and Neuromodulatory procedures</u>	Botulinum toxin injection and chemical denervation		
	Peripheral nerves radiofrequency		
	Cervical facet nerves radiofrequency		
	Gasserian ganglion radiofrequency		
	Sphenopalatine ganglion radiofrequency		
	Trigeminal peripheral nerve stimulation trial/implant		
	Occipital peripheral nerve stimulation trial/implant		
	Gasserian ganglion stimulation trial/implant		
	Sphenopalatine ganglion stimulation trial/implant		
<u>V Intravenous infusion therapy</u>	IV DHE		
	IV Lidocaine		
	IV Ketamine		
	Other IV infusion therapy		

VIII CME REPORT

Please include only CME hours specific to headache medicine and interventional headache, in the last 3 years. ***Please include a copy of all CME certificates.***

Name of Activity	Dates	CME Hours

IX. CONFIDENTIAL PROFESSIONAL INFORMATION

	Yes	No
1. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your DEA or state controlled substances registration ever been restricted, limited, suspended or revoked, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied hospital privileges or have you ever had any hospital privileges revoked, suspended, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have any disciplinary proceedings ever been instituted against you, or are any disciplinary actions now pending with respect to your hospital privileges or your license?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been denied certification/recertification, or has your eligibility status changed with respect to certification/recertification by your specialty board?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been sanctioned for professional misconduct by any hospital, healthcare institution, Medicare/Medicaid or any medical organization?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been convicted of a felony or do you have any pending criminal charges other than for minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a medical/psychiatric condition which in any way may impair or limit your ability to perform the essential job functions with or without reasonable accommodations as delineated by the practice of your specialty or privileges you will be requesting? (Please describe any accommodations required). _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any judgments or settlements been made against you in professional liability cases?	<input type="checkbox"/>	<input type="checkbox"/>

X. DECLARATION AND CONSENT

I, _____, hereby apply for certification offered by ABHM subject to its rules. The information provided in this application is true, accurate and complete to the best of my knowledge at the time of this application. I will notify the ABHM immediately with any changes to my clinical privileges or my license to practice medicine. I understand that any attempt to mislead or misrepresent an application for this certificate program is strictly prohibited and may result in permanent loss of the certificate or the ability to apply, test, or hold the certificate in the future.

I understand and agree that in the consideration of my application, the ABHM may review and assess my moral, ethical, and professional standing. I understand that the ABHM may use information accrued in the certification process for statistical purposes and for evaluation of the certification program.

I hereby pledge to adhere to the highest standards of personal conduct; promote and encourage the highest standards of ethics in medical practice; adhere to all applicable federal, state, and local laws; and adhere to all up to date requirements in regard to the practice of procedures, techniques, and standards represented by this certification process. I understand and agree that failure to comply with the statements and standards agreed to herein be grounds for revocation of the certificate and may be grounds for refusal to apply, test, or hold the certificate in the future.

Verification of the applicant's signature

Signature of applicant _____

DATE _____

Seal of Notary or equivalent _____

Expiration Date _____

Signature of Notary or equivalent _____

Date of Signature _____

ABHM Exam Policies and Procedures

I, _____, hereby confirm that I have read and will abide by the ABHM Exam Policies and Procedures listed below.

Signature

Name - Please Print

Date

I. Exam Requirements and Eligibility

In order to apply for the ABHM exam to attain the ABHM certificate, the candidate must fulfill all of the following six requirements:

1. Physician in good standing with a current valid and unrestricted license to practice medicine in USA or practicing country.
2. The physician should satisfy one of these 3 tracks.
 - A) Holds a board/diplomat of a primary specialty approved by the ABMS/AOA, or an equivalent AND -Minimum of total 100 hours of AMA category 1 continuing medical education in the subspecialty of headache medicine, including a minimum of 25 hours devoted to head and neck procedures workshop offered by AIHS approved workshops. (During the last 3 years)
 - B) Certified by ABMS approved pain medicine specialty examination offered by the American Board of Anesthesiology, American Board of Physical Medicine and Rehabilitation, the American Board of Psychiatry and Neurology, or an equivalent. AND - Minimum of total 50 hours of AMA category 1 continuing medical education in the subspecialty of headache medicine, including a minimum of 25 hours devoted to head and neck procedures workshop offered by AIHS approved workshops. (During the last 3 years)
 - C) Holds a neurology board certificate by American Board of Psychiatry and Neurology, or an equivalent. AND -Minimum of total 50 hours of AMA category 1 continuing medical education in

the subspecialty of headache medicine, including a minimum of 25 hours devoted to head and neck procedures workshop offered by AIHS approved workshops. (During the last 3 years)

3. Each physician should have at least 25% of his/her clinical practice in the field of headache medicine and is capable of performing independently a broad scope of the practice of interventional headache management. Each physician must fill and sign the scope of practice form.
4. Letters of recommendation from two colleagues (one letter of recommendation from the chair of the applicant's department or equivalent) who can testify to the applicant's ethical and professional standards, and to his/her experience in headache medicine and headache interventions.
5. Have a professional standing satisfactory to American Board of Headache Medicine (ABHM).
6. Confirmation of adherence to ethical and professional standards as per Ethical Considerations below.

II. Ethical Considerations

Certification may be denied, suspended, or revoked, if an individual is not in compliance with this Ethical Considerations. By submitting an application for ABHM examination, each candidate is confirming that:

1. The information provided in the application is true and accurate to the best of my knowledge at the time of this application. I understand that any attempt to mislead or misrepresent an application for this certificate program is strictly prohibited and may result in permanent loss of the certificate or the ability to apply, test, or hold the certificate in the future.
2. My license to practice, my clinical privileges, my employment status, and my prescribing privileges have never been limited, suspended, revoked, denied, or subject to probation in any jurisdiction, nor have I ever voluntarily relinquished my clinical privileges or license to practice for any reason.
3. I have never been convicted of a felony relating to the practice of medicine or patient care.
4. I have never been sanctioned for professional misconduct by any hospital, healthcare institution, or medical organization.

5. I have not received a malpractice judgment or been involved in a malpractice settlement in the last five years.
6. I do not and have not had a substance abuse problem, mental health condition, or physical condition that has impacted my ability to practice medicine.
7. I hereby pledge to adhere to the highest standards of personal conduct; promote and encourage the highest standards of ethics in medical practice; adhere to all applicable federal, state, and local laws; and adhere to all ABHM requirements in regard to the practice of procedures, techniques, and standards represented by this certification process.
8. I understand and agree that failure to comply with the statements and standards agreed to herein are grounds for revocation of the certificate and may be grounds for refusal to apply, test, or hold the certificate in the future.

III. Rescheduling, Cancellations and Refunds

The application, supporting material, and \$250 non-refundable application fee must be submitted together with the official application form. Forms submitted without all required materials will not be considered. Only complete applications that are received by the deadline will be considered. If the application is approved, the applicant will be notified that he or she has been approved as a Candidate for ABHM exam. Applicants not accepted as Candidates will not be refunded their application fee. Approved Candidates must submit the exam fee prior to being scheduled for the exam. If the Candidate must reschedule his/her scheduled exam, he/she must submit a written request with detailed explanation and it is up to the ABHM board committee to accept a reschedule or deny it. No shows will not receive a refund.

IV. Protection Policy

ABHM does not discriminate against any legally recognized basis (protected class) including, but not limited to: race, color, religion, genetic information; national origin; sex, pregnancy, childbirth, or related medical conditions; age; disability; citizenship status; uniform service member status; or any other protected class under federal, state, or local law.

V. Special Arrangements

ABHM complies with the Americans with Disabilities Act (ADA, 1990, updated, 2010) and works with testing facility to provide reasonable and appropriate examination arrangements for candidates with a disability who submit appropriate documentation.

VI. Other Considerations

ABHM takes reasonable precautions to protect confidential information. Private information will be used for the purposes of certification and verification. Exam results are mailed to the Candidate's address on file within 6 – 8 weeks after the examination. Results will not be shared by phone or email. All examination answer sheets will be destroyed six months after administration.

VII. Exam Format

The examination and all correspondence related to the examination will be in English. It consists of 3 parts and is offered twice per year. The examination takes 4 – 5 hours to complete and consists of these parts:

Written Part : The written part consists of multiple-choice questions assessing the physician's knowledge of headache medicine. Candidates will be given up to 90 minutes to complete this part of the examination.

Practical Part: The practical part of the examination will be held in a one-on-one setting with an examiner and will consist of multiple stations (cadavers and models) assessing knowledge and necessary set of skills in head and neck interventions. Candidates will be given up to two hours to complete this part of the examination. You will be tested on the procedures that you use in practice, corresponding to the procedures you indicated on the "Procedure List" portion of the application.

Oral part : Candidates will be given a clinical scenario and be asked to demonstrate critical thinking, medical knowledge, clinical judgment, and communication. Candidates will be given up one hour to complete this part of the examination.

VIII. Taking the Exam

All candidates are required to present a government official photo identification in order to sit for the exam. Each examinee will be assigned a number that is used

the ABHM certificate number if he/she have successfully passed the examination. Test security begins at sign in and applies during breaks which are limited to scheduled times. Tests are in timed sessions which cannot be stopped. Breaks should not be taken during these times. Trained proctors and/or ABHM staff will supervise the examination administration. All electronic devices including smart watches must be stored out of sight. Do not bring any unauthorized material (e.g. written notes, books, and paper). Please bring a pen or pencil only.

IX. Exam Integrity and Security

Examinations are highly confidential materials. Any attempts to willfully compromise the integrity of the examination, the examination process, or the certification process shall be taken seriously. Cheating will not be tolerated. Candidate agrees that all answers submitted in completing the exam and are entirely his or her own. Candidate will neither provide nor accept improper assistance. In addition, any certification credential may be revoked immediately if a breach is proven to have been made by a certified individual. Upon completion of the exam, all exam materials and scoring sheets will be placed in a sealed envelope. A chain of custody form for exams will be maintained at all times.

X. Exam and Score Report

Exam results are mailed to the candidate at the address on file within 6 – 8 weeks. Results will not be shared by phone or email. Exam results will only be provided to the candidate showing the minimum passing scores and his/her own scores in each examination section as well as the total score. Candidates must have a total passing score above the minimum passing score to earn the certificate. Candidates who do not pass will be notified of their scores, the minimum passing score, and areas for improvement. These Candidates may reapply for the next testing period.

XI. Notice of Determination

Applicants who do not meet application eligibility criteria may appeal their denied application for the initial or renewal of certification within 30 days of denial notification. Supporting and complete documentation must be submitted before the appeal can be reviewed. Notice of determination will be provided to applicant within 14 business days. All correspondence should be addressed to info@headacheboard.com.

XII. Repeated Attempts

Candidates who fail to pass the ABHM exam are eligible to reapply for the next available test by completing and submitting all required forms by deadline and paying all fees again. No fees will be refunded from the failed attempt. Feedback will be provided from each examination taken to assist the candidate in preparing for subsequent attempts. There is no limit to the number of times a candidate may apply for the certificate.

XIII. Certification Validity and Renewal

The ABHM certificate is valid for a period of 10 years, after which time the physician may renew the certificate. Candidates wishing to renew the certificate will be required to provide documentation of practice and CME and pay a renewal fee. More information may be found at www.headacheboard.com.

XIV. Liability and Endorsement Disclaimer

Eligibility standards, exam content, exam standards, fees, and guidelines are subject to change. ABHM reserves the right to modify documents prior to accepting any application. Most up-to-date version of this document is posted at www.headacheboard.com.