

## SPECIAL CONSIDERATION PATHWAY

Graduates of an AOA-Accredited Training Program Completing ACGME-Accredited Fellowship Training

### Submit the following documentation with your complete and signed application

- A letter from the AOA internal medicine program director documenting:
  - Three or more years of training in internal medicine or a subspecialty, including the exact starting and ending dates of training
  - A copy of your AOBIM certificate
- A current curriculum vitae and bibliography including:
  - Internal medicine or subspecialty training with the name of institution(s), program director(s), and specific training starting and ending dates.

**Note:** Eligibility for ABIM Certification in Internal Medicine is dependent upon successful completion of an ACGME-accredited subspecialty fellowship, in its entirety, documented by the program in ABIM's FasTrack Clinical Competence Evaluation System. ABIM Certification in Internal Medicine is required for ABIM Certification in a Subspecialty. AOBIM Certification does not meet the underlying certification requirement for ABIM Certification in a Subspecialty.

### Register for the Certification Examination

You may register for certification examinations by signing in to your ABIM Physician Portal at [abim.org/signin](https://abim.org/signin).

For current exam registration periods, check [abim.org](https://abim.org). Please note late registration fees may apply.

### Pathway Fees:

- **Non-refundable application fee** **\$300.00**  
Due at time of application. Send check made payable to ABIM.
- **Examination registration fee** **Visit [abim.org](https://abim.org)**  
Due at time of registration, payable by credit card

### Contact ABIM with questions:

American Board of Internal Medicine  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699  
(p) 1-800-441-2246  
(e) [AcademicAffairs@abim.org](mailto:AcademicAffairs@abim.org)



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**Certification Type:** IM or Subspecialty? If subspecialty, please identify:

*Note: All candidates for certification in a subspecialty must first become certified in Internal Medicine by ABIM.*

**First Name:**

**Last Name:**

**Date of Birth:**

**Social Security Number or ABIM Number:**

**Email:**

**Gender:**

**Primary Phone Number:**

**Mailing Address:**

**Name and Address of institution where you completed ACGME-accredited fellowship training:**

**Name:**

**Address:**

**Phone:**

**Name of Program Director:**

### Licensure

**Do you hold a medical license?** Yes No

**Please list each jurisdiction of the United States, or Canada where you hold a license to practice medicine (city, state):**

**Please indicate the year you would like to sit for the initial Internal Medicine or Subspecialty Certification Examination.**

## Terms and Conditions

The Special Consideration Pathway for Graduates of an AOA-Accredited Training Program Completing ACGME-Accredited Fellowship Training is a mechanism to establish certification examination admission standards and criteria for physicians without ACGME-accredited training. Your application for certification through this pathway does not guarantee that ABIM will determine that there is a reasonable basis to permit you to become ABIM Board Certified.

You understand that by applying for the Special Consideration Pathway, you are agreeing to be bound by the terms and conditions set forth in this application, as well as the terms, conditions and rules set forth in ABIM's Policies & Procedures for Certification and on the ABIM website, as they may be amended from time to time. You understand that ABIM may make subjective professional judgments in its evaluation of your application and eligibility for ABIM Board Certification, and that ABIM's judgments will be final and binding and not subject to further review or appeal. You further agree to indemnify, release, and hold harmless ABIM and its directors, officers and employees, and others who may work with ABIM in connection with the Special Consideration Pathway, from and against all claims, liability, damages, expenses and attorney's fees arising from your application, your participation in the Special Consideration Pathway, and ABIM examinations.

I agree to be legally bound by the foregoing terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please submit completed application, including all documentation, to:

[AcademicAffairs@abim.org](mailto:AcademicAffairs@abim.org)

Please mail your check to:

Special Consideration for Certification  
American Board of Internal Medicine  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699