

Spring 2010 **F** **CUS**

News on Certification, Maintenance of Certification and Board Activities

Maintenance of Certification is for everyone

“Doctor, if this was your mother, what would you do?”

How many times have you been asked this question by one of your patients? Did you think it was a fair question that deserved an honest answer?

Now, ask yourself another question: Would you want your mother to be cared for by a physician who has not kept up with current medical knowledge?

In 1992, noted science historian Derek Price calculated that scientific knowledge doubled every 10 years since the 1660s; by 2003, it was doubling every 2.7 years. In 2009, this information explosion (as measured by data storage) was doubling every 11 hours!

What does all of this have to do with Maintenance of Certification (MOC)? If you finished your training more than 10 years ago, much of what you do in practice today is different than what you were taught during residency, making a lifelong process of continuous education a necessity. Today's sophisticated patient population understands the rapid rate at which science and technology advance, rendering a one-time certificate, no matter how recent, an insufficient patient resource for determining whether a physician is staying current in medical knowledge and practice.

Developed according to standards established by the American Board of Medical Specialties (ABMS), the umbrella organization of the American Board of Ophthalmology and 23 other recognized medical specialty boards, in conjunction with the Accreditation Council for Graduate Medical Education (ACGME), MOC assesses six general competencies integral to providing quality care: patient care, medical knowledge, practice-based learning and improvement, interpersonal and

“Today's sophisticated patient population understands the rapid rate at which science and technology advance, rendering a one-time certificate, no matter how recent, an insufficient patient resource for determining whether a physician is staying current in medical knowledge and practice.” — Dr. Martin Wand, ABO Chair



communication skills, professionalism, and systems-based practice.

MOC components are not designed by a government agency, a for-profit corporation, or even a group of retired practitioners. Every component of MOC is developed by clinically active physicians - our peers and colleagues who volunteer considerable time to the development of a fair and accurate tool to log new knowledge and measure improvement, for the benefit of the public and the profession.

I suspect the major barrier for non time-limited certificate holder participation in MOC has been anxiety about the closed-book exam. Since every ABO Director participates in MOC, we are cognizant of these concerns. There is no denying that preparation for the exam demands the valuable resources of time and energy. That is what the MOC process is based on - our commitment as a profession to do all that is required to keep current in knowledge and skills and deliver exceptional patient care. The exam is designed to test what you need to know to practice and allows the examinee to select the topic areas in which they will be examined. This formula of professional commitment and evaluation of clinically-relevant, practice-specific knowledge has resulted in an examination in which less

than one percent of all examinees fail. Further, unless a violation of ABO policy occurs, a non time-limited certificate always remains valid, even if a physician chooses to enroll in MOC. In reality, a lifetime certificate holder has nothing to lose and everything to gain through MOC.

A number of years ago, I gave a talk on MOC at the New England Ophthalmological Society and at the end of the talk, one doctor in the audience asked me, “Well, if less than 1% of the test takers fail, why bother going through the whole MOC process?” My answer, without any hesitation, was, “Because candidates study and keep current with medical knowledge, no one should fail the MOC exam except those who truly should not be taking care of patients.” The ABO's goal is not to limit the number of ophthalmologists in practice; it is to make sure that only competent ophthalmologists are taking care of patients.

Among hospitals and healthcare organizations, MOC is becoming increasingly important. For example, completion of MOC is accepted by the American Medical Association (AMA) for credit towards its Physician Recognition Award. Through a new collaboration between ABMS and the Blue Cross Blue Shield Association (BCBSA), the 24 specialty boards will collectively

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Who is ABOphthalmology?

- ABOphthalmology serves the public.
- We are an independent, not-for-profit 501c(6) organization and the nation's oldest medical specialty certifying board, founded in 1916.
- ABOphthalmology is one of 24 specialty boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA).
- The Board of Directors includes 17 practicing ophthalmologists and two public directors; and relies on the dedication and expertise of more than 600 volunteer examiners and item writers.

What does ABOphthalmology do?

- Our mission is to improve the quality of eye and vision care in the United States through rigorous certification and maintenance of certification processes.
- We provide a resource for patients to learn whether their ophthalmologist is Board Certified, and how certification impacts patient care.
- The ABOphthalmology certifies both allopathic and osteopathic physicians (MDs and DOs) who specialize in ophthalmology and meet the eligibility and examination requirements.
- ABOphthalmology certification and continued maintenance of certification processes demonstrate to patients and to peers in the medical community: competency in medical knowledge; excellence in professional skills; commitment to high standards in patient care; and evidence of continual learning and improvement.
- We encourage all diplomates to participate in the process of lifelong learning and continuous improvement known as Maintenance of Certification.

To learn more, visit www.abop.org.

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THE DIRECTORS OF THE AMERICAN BOARD OF OPHTHALMOLOGY



Standing (L to R): David M. Meisler, M.D., Cleveland, OH; J. Douglas Cameron, M.D., Washington, D.C.; Paul P. Lee, M.D., J.D., Durham, NC; Keith H. Baratz, M.D., Rochester, MN; James C. Orcutt, M.D., Vice-Chair, Seattle, WA; Ivan R. Schwab, M.D., Sacramento, CA; Anthony C. Arnold, M.D., Los Angeles, CA; John E. Sutphin, Jr., M.D., Prairie Village, KS; Wallace L.M. Alward, M.D., Iowa City, IA; and Suzanne T. Anderson, Public Director, Issaquah, WA.

Seated (L to R): R. Michael Siatkowski, M.D., Oklahoma City, OK; H. Culver Boldt, M.D., Iowa City, IA; Nancy A. Hamming, M.D., Lake Forest, IL; Christine W. McEntee, Public Director, Washington, D.C; Martin Wand, M.D., Chair, Farmington, CT; John G. Clarkson, M.D., Executive Director, Miami, FL; Martha G. Farber, M.D., Director Emeritus, Albany, NY; David T. Tse, M.D., Director Emeritus, Miami, FL; Janet L. Davis, M.D., Miami, FL; Marilyn B. Mets, M.D., Chicago, IL; David J. Wilson, M.D., Portland, OR; and Philip L. Custer, M.D., St. Louis, MO.

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embark on a patient information campaign to promote the value of MOC participation and how it impacts patient care. Your department chairs may even be recommending MOC as a quality improvement project for incorporation into your annual review.

State medical licensing boards and the federal government have also taken note of the impact of MOC. The Federation of State Medical Licensing Boards (FSMB) is currently pursuing options for the completion of MOC as part of the impending Maintenance of Licensure process. Some states allow ophthalmologists to use the ABO's Demonstration of Ophthalmic Knowledge (DOCK) examination to satisfy the testing requirement for licensure. Language in the Senate Health Care Reform Bill allows MOC to qualify for the Centers for Medicaid and Medicare Services (CMS) Physician Quality Reporting Initiative (PQRI).

Related to the increasing value of MOC, you've told us that you want the ABO to do more to educate your patients about its value. In response, we will embark on a more aggressive communications campaign to get the word out about MOC. In the coming months, you'll have online access to customizable tools to promote your participation in MOC to your patients and your community. We're also looking forward to increasing our dialogue with you at major society and association gatherings.

Based on your feedback, the steps involved

ENROLL IN MOC TODAY

Just visit abop.org/moc and complete the enrollment form. Non time-limited diplomates who complete the MOC process will receive a certificate valid for 10 years **in addition to their non time-limited certificate, which will not be affected.**

Former diplomates whose certification has lapsed can complete the MOC process to receive a new certificate valid for 10 years.

in the completion of MOC will continue to evolve and improve. For example, a more outcome-driven Office Record Review (ORR), or Part IV, will be available in 2012. The Board is also working on a more flexible menu of options for completing the Lifelong Learning and Self Assessment component or MOC Part II, which currently involves CME credit and Periodic Ophthalmic Review Tests (PORTs). I hope you will continue to share your suggestions for improving the MOC process.

However, MOC in its present form remains an accessible and professionally-recognized program that satisfies the obligation inherent to us as physicians to continuously learn and improve. Because the ABO stands behind the principles of MOC, as well as our diplomates engaged in this process, we will begin to share with the public whether each certified physician is, or is not, participating in MOC. ABMS Member Boards in other medical specialties are doing the same.

Access to the names of physicians in your area who are keeping current in medical knowledge and skills through MOC will undoubtedly make choosing a physician for each of our loved ones a more-informed process.

Dr. Martin Wand is Chair of the ABO, Clinical Professor of Ophthalmology at the University of Connecticut School of Medicine and in private practice in Farmington, CT.

Lifelong Certification in Ophthalmology

Initial Certification

The ABO's three-step certification process is designed to assess the knowledge, skills and experience requisite of high standards in the delivery of patient care. Certification requires a minimum of one and one-half to two years to complete, during which time the candidate is usually involved in clinical practice or in a fellowship program acquiring advanced training in one of the subspecialties of ophthalmology. Fees and deadlines are listed on the back page of this publication.

**STEP 1:
POSSESS THE
TRAINING & LICENSURE**

Satisfactorily complete an accredited residency training program in ophthalmology. Possess a valid and unrestricted license to practice medicine.

**STEP 2:
PASS THE
WRITTEN EXAM**

Register for and pass the computer-based Written Qualifying Examination (WQE), held annually in March. Login and register online at www.abop.org.

**STEP 3:
PASS THE
ORAL EXAM**

Register online and pass the Oral Examination. Oral Exams are offered twice per year in cities on the east and west coasts (assigned depending on your location).

Visit abop.org/cert for more information about initial certification



Maintenance of Certification (MOC)

Completion of initial certification earns an ophthalmologist status as a Diplomate of the American Board of Ophthalmology and a 10-year time-limited certificate. Certification signals the start of the Maintenance of Certification process, which is required of all diplomates certified after 1992 and strongly encouraged for every diplomate. MOC is completed in four parts over a 10-year cycle and is designed to ensure that certified physicians continue educational activities, keep current in information and skills, and practice in a contemporary and safe manner.

PART 1: Professional Standing
Possess a valid and unrestricted license to practice medicine at all times throughout the MOC process.

PART 2: Lifelong Learning and Self Assessment
Earn 300 Continuing Medical Education (CME) credits over the 10-year cycle., including three credits in ethics. Complete two self-assessment tests, known as Periodic Ophthalmic Review Tests (PORTs), online at your convenience.

PART 3: Cognitive Expertise
Pass one closed-book exam, called the Demonstration of Ophthalmic Cognitive Knowledge (DOCK) exam, based on the Practicing Ophthalmologists Curriculum (POC). The POC was developed by 100 clinical ophthalmologists in comprehensive and subspecialty areas and is published by the American Academy of Ophthalmology (AAO).

PART 4: Practice Performance Assessment
Complete a self-review of patient charts known as the Office Record Review (ORR) online, on-demand. The ORR helps physicians evaluate clinical practice utilizing self-selected modules that encompass practice patterns related to different diagnoses.

Visit abop.org/moc for more information about Maintenance of Certification

Incentive for PQRI Participation through MOC Included in Healthcare Reform Legislation

A provision in the health care reform bill recently signed into law includes participation in an American Board of Medical Specialties Maintenance of Certification® (ABMS MOC®) program as an incentivized option for physicians to fulfill requirements of the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI).

The American Board of Ophthalmology is one of 24 medical specialty boards recognized by the ABMS and the American Medical Association (AMA). ABMS assists these 24 boards in setting quality standards for its certification and MOC processes.

The MOC pathway for physician participation in quality reporting begins in 2011, and provides an increased incentive payment beyond the PQRI bonus to physicians who choose to voluntarily participate. It represents the first time MOC is an option within the Federal accountability framework.

“MOC reporting will give patients, health plans and others the information they need to choose physicians based on performance and other key qualifications, including diagnostic acumen, clinical reasoning and medical knowledge,” said Kevin B. Weiss, MD, ABMS president and CEO. This bill’s approval is a significant step forward in recognizing the value of MOC in advancing health care quality for the benefit of patients.”

The ABO will work toward the creation of a diplomate participation option through its own MOC program in 2011.

ABMS Collaborates with Blue Cross/Blue Shield to Promote Certification and MOC

The American Board of Medical Specialties (ABMS) and the Blue Cross and Blue Shield Association (BCBSA) recently announced a formal collaboration to improve healthcare delivery, optimize professional development and enhance consumer understanding of the value of certification.

Initially, the focus of the relationship between ABMS and BCBSA will be promoting to patients the value of certification and Maintenance of Certification. Over time, the collaboration will expand to include other ways of ensuring patient safety.

BCBSA will explore ways to support ABMS in communicating the value of certification to the public and educate consumers and key stakeholders about ABMS’ commitment to career-long professional development and quality within the physician community. Concurrently, ABMS will work to increase public knowledge and understanding of board certification, Maintenance of Certification and how it differs from state licensing requirements, and make its certification process more transparent.

A message from the Executive Director on Examination Integrity

John G. Clarkson, M.D.

Board certification has never been more important than it is today, and the American Board of Ophthalmology, as an ABMS Member Board, works diligently to ensure its position among the gold standard in certification. Part of our efforts include preserving the integrity of the examination processes that lead to certification. We rely on our diplomates to uphold the ethics and values outlined in the ABO Rules and Regulations — sometimes, however, situations arise that come into conflict with those values.

In 2007, the ABO received a list of 162 items, many in the form of examination questions with multiple choice answers. This list was forwarded to the ABO by a resident in a training program who was concerned that the existence and circulation of such a list was in violation of ABO rules. The ABO was able to determine all 162 items came directly from the 2002 Written Qualifying Examination (WQE). Following an investigation, the individual responsible for creating the list was identified, and acknowledged that the list had been created from memory. This individual used the list to conduct an “OKAP” review course and specifically requested at least one resident to research specific items and to prepare a report on those questions to be distributed as part of a review course.

Both individuals appeared before our Hearing Committee in 2008. Ultimately, the Board decided the certification of each individual should be revoked effective January 1, 2010 unless the following steps were completed:

1. Submission of a written apology to the ABO, acknowledging the breach of ABO rules and regulations.
2. Formal presentations by each individual at specified training programs.
3. Satisfactory completion of the Initial Certification program or the Maintenance of Certification program (depending upon the status of the individual involved) within calendar year 2009.
4. Restitution of the legal expenses and other costs incurred by the ABO for this investigation and the hearings.

I am pleased to report that both individuals fully complied with these sanctions and retained their certification. **The Rules and Regulations of the ABO specifically state that the content of the examinations cannot be reproduced in any way.** Regardless of intent, reproduction of examination material is prohibited because all candidates for certification must be able to participate on a level playing field.

We appreciate the fact that these individuals fully complied with the sanctions and have retained their Board certification. The ABO also owes a debt of gratitude to the former resident who reported the incident, as well as to two other former residents who assisted in the investigation.

Questions regarding this or other Board related issues should be directed to the Board Office in Bala Cynwyd, Pennsylvania, Phone: 610-664-1175. Anyone who is aware of the circulation of any examination content, or any attempts to collect such content, is encouraged to report that information to the Board.



Strategic Retreat Outcomes: We Hear You and We're Taking Action

In order to shape the future of certification in ophthalmology in a way that will continue to improve the quality of patient care and positively impact the profession, the ABO spent 2009 listening to your feedback about our processes and our progress. Working with current and emeritus Board Directors, staff and a professional strategic planner, the ABO surveyed all diplomates* about the value and impact of Board Certification.

In response, ABO directors heard you:

- express inherent support for certification and Maintenance of Certification processes that are meaningful to individual practice, accessible, and not overly burdensome;
- assign tremendous value to your hard-earned certification and ask the ABO to provide greater assistance and tools to promote your certification to your patients;
- indicate that the disparity between those who are required to maintain their certificates and those who hold certification for a lifetime continues to be a major concern.
- express concern that the public is unaware of the differences in training and certification processes between ophthalmologists and optometrists.

Your input formed the basis for an ambitious January 2010 strategic retreat agenda that required directors to evaluate the ABO's mission, current role in medicine, responsibilities to the public, and relationship with the profession.

Directors emerged from this retreat with a renewed commitment to the ABO's mission to serve the public by improving the quality of ophthalmic practice through a certification and maintenance of certification process that fosters excellence and encourages continual learning.

* Diplomates with current email addresses were surveyed.

Initiatives and programs discussed during the retreat support the ABO's mission, without increasing its scope, and focus on the areas listed below:

1. **Strategic collaboration with related organizations** that provide ophthalmologists with the ability to participate in a process of lifelong learning and Board Certification that is a seamless part of daily practice; provide the information and tools to improve practice; and eliminate duplication of effort. The ABO will work with the American Academy of Ophthalmology and residency programs to align training, lifelong learning and initial certification. The ABO will also work to gain greater recognition for participation in certification and MOC within government and third-party incentive programs, e.g., payors, policy makers, and malpractice carriers.
2. **Effective promotion of the value of Board Certification to the public and third-party payors**, including informational kits that educate patients about the value of certification and a direct communications campaign with third-party payors. The ABO will also develop a free public verification system on its website to allow patients to view the history and current status of their doctor's certification and participation in Maintenance of Certification. Participation in an ABMS-Board MOC program will be an option to fulfill requirements of the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) beginning in 2011. The ABO has already begun work to facilitate this pathway for ophthalmologists and will keep diplomates informed of its progress.
3. **Education within the profession about the Board's role in public safety and the fortification of our unique ability to establish and assess the highest standards of knowledge and care in ophthalmology.** The survey revealed some misconceptions about the ABO, specifically who we are and what we do. Directors and volunteer examiners are an ever-changing group of practicing ophthalmologists and are women, men, academicians, private practitioners, and specialists and non-specialists. All volunteer a significant amount of time to the development and implementation of certification processes. And all Directors commit to the MOC process upon acceptance of the appointment. In the next few months, you will have opportunities to meet and communicate with current and past Board Directors and volunteer examiners at ophthalmology meetings, and through ABO publications and interactive features on the ABO website.
4. **Profession-wide commitment to Maintenance of Certification.** This goal is integrated in the plans for better alignment with related organizations and increased value through public recognition and effectiveness studies. In tandem with this commitment is the ABO's dedication to provide streamlined processes, keep fees low, and solidify our professional commitment as the gold standard of ophthalmic care.

The Directors of the American Board of Ophthalmology thank all of you who participated in the web-based survey regarding the value of Board Certification processes in fall 2009. In the cover story, Dr. Martin Wand describes the reality of information inundation, and we are truly grateful for all of those who took the time to provide candid and thoughtful responses. This survey represents the foundation of what the ABO hopes will become an open dialogue between colleagues committed to provide excellent patient care and improve public health.

Board Transitions: Directors Emeritus Honored

DR. MARTHA G. FARBER



Dr. Martha Farber, affectionately known as "Marty", was dedicated to the mission of the American Board of Ophthalmology, improving the quality of care for the protection of patients. She worked tirelessly as the Chair of the Oral Committee, Vice-

chair and the Chair of the ABO. During this time she was also a member of the Ophthalmology Residency Review Committee, representing the

ABO's interests.

While her air miles grew, also did her dedication. She was the Chief of Ophthalmology at the Albany VA Medical Center as well as President of the American Society of Ophthalmic Pathologists. During this time her daughter became involved in hockey, so Marty became a true "hockey mom". It will be impossible to replace her.

Marty was very interested in developing a means of evaluating all competencies in the ABO certification process. She worked very hard to develop test questions which could evaluate patient safety, ethics and communication. This work is a central concept in the strategic planning

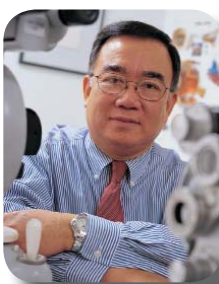
for the next decade. She also had a strong desire to preserve ophthalmic pathology as a component of the training of Ophthalmology residents.

The Maintenance of Certification program really developed during her term on the ABO. She actively participated in the inception and implementation of the MOC process and subsequent changes. Her approach to quality care is exceptional and thus was able to incorporate quality improvement into the MOC process.

Marty is a wonderful friend. She left a legacy which is much appreciated.

—Dr. James C. Orcutt

DR. DAVID T. TSE



It is difficult to honor adequately a man of so many accomplishments. What does one say about someone who holds three patents (including one to change high ceiling light bulbs!), has introduced a new life-saving treatment for cancer, and is developing an extraocular muscle prosthesis and new treatments for traumatic optic neuropathy? As a result of these achievements, as well as his renowned clinical, surgical, and teaching skills, he is the deserving recipient of the Dr. Nasser Al-Rashid Distinguished Chair in Ophthalmic Plastic, Orbital Surgery, and Oncology at the Bascom Palmer Eye Institute.

During his tenure on the ABO, David has played many important roles, including distinguished service on the Nominating, Admissions, and Written Examinations Committees. He also served as the ABO representative to the American College of Surgeons and was a member of the Conflict of Interest Committee. However, perhaps his greatest service to the Board (and to our entire profession) has been his work as Chair of the MOC Committee. From the start, David's passion has been to create a constantly evolving MOC process that will provide valuable feedback to the Diplomates and assist them in improving their practice of ophthalmology. Early in his ABO service, David was instrumental in ushering in MOC, and in later years was a guiding force behind modifications necessary to achieve his intended goals. Many of the changes in the process that will debut in 2012 are a direct result of his tireless

and selfless efforts.

In addition to his myriad professional accomplishments, David is a devoted husband and father, as well as an avid (if occasionally erratic) golfer. He and his lovely wife of 28 years, Jean, have two sons, Brian and Jeffrey. Jeff is a biomedical engineer working with David on his EOM prosthesis. Brian is an intern and will start his ophthalmology residency next year. Perhaps David's ultimate accolade comes from Brian:

"He is exactly the type of physician that I aspire to become. I realize my incredible good fortune in having had the opportunity to know David Tse as both a father and an ophthalmologist."

It is an honor to count David Tse as a colleague and a friend. Despite his departure from the ABO, he will unquestionably continue to positively impact our profession for years to come.

—Dr. R. Michael Siatkowski

MEET THE NEWEST ABO DIRECTORS



Keith H. Baratz, MD, is Associate Professor in the Department of Ophthalmology at the Mayo Clinic School of Medicine in Rochester, MN and serves on the editorial board of Archives of

Ophthalmology. He is also the former Residency Director and former Director of Research in Mayo's Department of Ophthalmology. Dr. Baratz's training includes a medical degree from Duke University School of Medicine in Durham, NC; residency at the Mayo Graduate School of Medicine; and a fellowship at Duke University. His areas of interest include Cornea, External Disease, and Anterior Segment Surgery. Dr. Baratz, who resides in Rochester, MN, was certified by the ABO in 1992 and participates in the Maintenance of Certification (MOC) process.



J. Douglas Cameron, MD, MBA, is Chief of the Division of Ophthalmic Pathology at the Armed Forces Institute of Pathology in Washington, DC and Professor Emeritus of Ophthalmology at the Mayo Clinic School of Medicine. His training

includes a medical degree from Northwestern University Medical School in Chicago, IL; residency at Scheie Eye Institute at the University of Pennsylvania in Philadelphia; and fellowships in ophthalmic pathology at Scheie Eye Institute and the Armed Forces Institute of Pathology. Dr. Cameron also holds a master's degree in Business Administration from the University of St. Thomas in Minneapolis, MN. He resides in Washington, DC. Dr. Cameron was certified by the ABO in 1979 and participates in the Maintenance of Certification (MOC) process.



Paul P. Lee, MD, JD, is Vice-Chairman of the Department of Ophthalmology and Senior Advisor to the Chancellor & Director of Applied Health Systems Research at Duke University School of Medicine in Durham, NC.

His training includes a medical degree from the University of Michigan Medical School; residency at Johns Hopkins Hospital in Maryland; and fellowship training in glaucoma at the Massachusetts Eye and Ear Infirmary in Boston. Dr. Lee also holds a degree in law from Columbia University Law School. He serves on the Board of Governors of the Association for Research in Vision and Ophthalmology (ARVO) Foundation for Eye Research and is the primary investigator for Duke's Expanding Quality Care for Glaucoma Through a Provider-Patient Partnership clinical research project. Dr. Lee, of Chapel Hill, NC, was certified in 1991 and participates in the Maintenance of Certification (MOC) process.

2009 Examiners Serving As Mentors

Adelman, Ron A., Hamden, CT
 Afshari, Natalie A., Durham, NC
 Antoszyk, Andrew N., Charlotte, NC
 Arffa, Robert C., Bridgeville, PA
 Chung, Sophia M., St. Louis, MO
 Cowan, Claude L., Washington, DC
 Danyluk, Andrew W., Williamstown, MA
 Davis, John S., Galveston, TX
 Davitt, Bradley V., St. Louis, MO
 Emerick, Geoffrey T., West Hartford, CT
 Fanous, Maher M., Gainesville, FL
 Gans, Lawrence A., Hazelwood, MO
 Heatley, Gregg A., Madison, WI
 Herman, David C., Rochester, MN
 Heuer, Dale K., Milwaukee, WI
 Kay, Marilyn C., Milwaukee, WI
 Kline, Lanning B., Birmingham, AL
 Moreno, Raul J., Jacksonville, FL
 Orengo-Nania, Silvia D., Houston, TX
 Prater, Thomas G., Springfield, MO
 Ruttum, Mark S., Milwaukee, WI
 Sheth, Bhavna P., Milwaukee, WI
 Shetlar, Debra J., Houston, TX
 Stevens, Rosalind A., Lebanon, NH
 To, King W., Barrington, RI
 Ventura, Lori M., Miami, FL

2009 Examiners

Aaron, Maria E.M., Atlanta, GA
 Adelman, Ron A., Hamden, CT
 Afshari, Natalie A., Durham, NC
 Agarwal, Anita, Nashville, TN
 Antoszyk, Andrew N., Charlotte, NC
 Arffa, Robert C., Bridgeville, PA
 Arrindell, Everton L., Nashville, TN
 Arun, Veena V., Burr Ridge, IL
 Bailey, Robert S., Wyndmoor, PA
 Barbe, Maria E., Orwigsburg, PA
 Barr, Charles C., Louisville, KY
 Berkow, Joseph W., Baltimore, MD
 Berler, David K., Washington, DC
 Bhatti, M. Tariq, Durham, NC
 Bloom, Jeffrey N., Pepper Pike, OH
 Bloom, Lawrence H., Philadelphia, PA
 Bobrow, James C., St. Louis, MO
 Bowie, Esther M., Charleston, SC
 Bradford, Yasmin, Madison, WI
 Bradford, Geoffrey E., Morgantown, WV
 Bradford, James D., Little Rock, AR
 Braunstein, Richard E., Roslyn Heights, NY
 Brown, Leslie A., Bala Cynwyd, PA
 Brown, Steven V. L., Glenview, IL
 Browning, David J., Charlotte, NC
 Bruno, Christina A.M., Arlington, VA
 Campagna, John A., San Antonio, TX
 Capo, Hilda, Miami, FL
 Chacko, Joseph G., Little Rock, AR
 Chalam, Kakarla V., Jacksonville, FL
 Challa, Pratap, Durham, NC
 Chodosh, James, Boston, MA
 Chomsky, Amy S., Nashville, TN
 Christian, Colleen J., Lansdale, PA
 Christiansen, Stephen P., Boston, MA
 Chung, Sophia M., St. Louis, MO
 Cuvant, Joseph M., Harvey, IL
 Conrad, James F., Nashville, TN
 Cook, Laura D., Charlottesville, VA
 Coppoletti, Richard T., Rockford, IL
 Cowan, Claude L., Washington, DC
 Cruz, Oscar A., St. Louis, MO
 Cullom, Mary Ellen P., Newport News, VA
 Danyluk, Andrew W., Williamstown, MA
 Davis, John S., Galveston, TX
 Davitt, Bradley V., St. Louis, MO
 Donahue, Sean P., Brentwood, TN
 Downing, John E., Bowling Green, KY

Dunn, James P., Baltimore, MD
 Edward, Deepak P., Akron, OH
 Eiseman, Andrew S., Olney, MD
 Eller, Andrew W., Pittsburgh, PA
 Emerick, Geoffrey T., West Hartford, CT
 Estes, Robert L., Nashville, TN
 Fanous, Maher M., Gainesville, FL
 Fechtner, Robert D., Newark, NJ
 Feldon, Steven E., Rochester, NY
 Fezza, John P., Sarasota, FL
 FitzGerald, Judith E., Madison, WI
 Flowers, Brian E., Fort Worth, TX
 Forster, Susan H., New Haven, CT
 Foster, Jill A., Columbus, OH
 Fulton, Anne B., Boston, MA
 Fung Dante, Karen, Haddonfield, NJ
 Gallin, Pamela F., New York, NY
 Gans, Lawrence A., Hazelwood, MO
 Gearinger, Matthew D., Rochester, NY
 Gedde, Steven J., Miami, FL
 Gilbert, C. Mitchell, Farmington, CT
 Gittinger, John W., Boston, MA

Kay, Marilyn C., Milwaukee, WI
 Ker, Natalie C., Memphis, TN
 Kersten, Robert C., Denver, CO
 Kimura, Alan E., Denver, CO
 Kitchens, John W., Lexington, KY
 Kline, Lanning B., Birmingham, AL
 Krolicki, Thaddeus J., Wausau, WI
 Kurz, Daryl E., Indianapolis, IN
 Lee, Michael S., Minneapolis, MN
 Lee, William B., Atlanta, GA
 Levada, Andrew J., Waterbury, CT
 Liggett, Peter E., Hamden, CT
 Lim, Jennifer L., Chicago, IL
 Liu, Don, Columbia, MO
 Lustbader, Jay M., Washington, DC
 Mahr, Michael A., Rochester, MN
 Malinowski, Susan M., Southfield, MI
 Manzo, Thomas L., Pottstown, PA
 Martin, Timothy J., Winston-Salem, NC
 McCulley, James P., Dallas, TX
 McDermott, John A., New York, NY
 Menacker, Sheryl J., Holland, PA

Ruttum, Mark S., Milwaukee, WI
 Samuelson, Thomas W., Minneapolis, MN
 Sauer, Stephen K., Madison, WI
 Schiff, William M., New York, NY
 Schrier, Amelia, Old Westbury, NY
 Schultze, Robert L., Delmar, NY
 Schuman, Joel S., Pittsburgh, PA
 Schwartz, Gary S., Woodbury, MN
 Schwartz, Stephen G., Naples, FL
 Schwartz, Terry L., Morgantown, WV
 Sears, Jonathan E., Cleveland, OH
 Seddon, Johanna M., Boston, MA
 Semchysyn, Taras J.M., Winston Salem, NC
 Shaw, Harold E., Greenville, SC
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The ABO is grateful to the many current Examiners who assist in the examination process and who do so without compensation. The costs associated with preparing and administering a national standardized examination are high. For many years, to help offset these costs, the ABO has been the recipient of an extraordinary act of beneficence by hundreds of ophthalmologists throughout the country. Without this voluntary participation, the candidates' expenses would be considerably higher. In recognition of their contribution to the ABO's mission to maintain the highest quality of ophthalmic care, the ABO would like to recognize and thank those who served as Examiners in 2009. The Board would also like to specially recognize those examiners who have shown unwavering commitment to the ABO by examining at more than 15 exams.

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 Expiration Date: 12/31/2015

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 You currently do not have any alerts at this time.

MOC components that you are eligible for are highlighted. To register for or continue a component click on the component name.

MOC Cycle	Learn More About the MOC Process	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Office Record Review (ORR)												
Periodic Ophthalmic Review Tests (PORT)												
Demonstration of Ophthalmic Cognitive Knowledge (DOCK)												

■ = Successful completion of this component is required at least once during this timeframe.
 Registered: R In Progress: P Completed: C Incomplete: I

Continuing Medical Education Credits [Log CME into the CME Tracking Table](#)

Total CME credits submitted:	0
Balance of credits to be earned:	300
Ethics credits received (3 required):	0

There are two options for CME submission. One option may reduce the total number of CME required, click here for more information. [Update/View CME Credits](#)

Certification and MOC Dates and Deadlines — 2010-11

Initial Certification Components	Dates Available	Registration Deadline, Fees & Information
2010 Fall Oral Examination - San Francisco, CA	Nov. 5-7, 2010	July 15, 2010 - \$1650
2011 Written Qualifying Examination (WQE) - Nationally-distributed testing centers	March 29, 2011	Aug. 1, 2010 - \$1650. <i>Late applications with additional \$300 fee accepted through Sept. 1, 2010</i>
2011 Spring Oral Examination - Cambridge, MA	June 3-5, 2011	Feb. 15, 2011 - \$1650
MOC Components - 2010	Dates Available	Registration Deadline, Fees & Information
Office Record Review (ORR)	through Dec. 2010	Online, on-demand. \$775
Periodic Ophthalmic Review Tests (PORTs)	through Dec. 2010	Online, on-demand. No cost for two; additional PORTs \$100 each.
Demonstration of Ophthalmic Knowledge (DOCK) Exam	Sept. 1-30, 2010	May 1, 2010. <i>Late applications accepted with \$300 late fee through Aug. 1, 2010.</i> Eligible diplomates must register and pay online.

Did you know?

ABO Exam fees have not increased for four consecutive years. Fees are established annually by the Board of directors based on actual and anticipated costs of exam development and the administration of ABO business. The ABO estimates that MOC costs diplomates \$155-200 annually during the 10-year cycle. MOC fees are currently broken down into two payments of \$775, once at the time of registration for the Office Record Review and again at the time of Demonstration of Ophthalmic Cognitive Knowledge (DOCK) exam registration.

What's new at www.abop.org?

The ABO website serves as your portal for all certification and Maintenance of Certification activities. Login information is supplied by the ABO during residency.

Lost your login? Here's how to retrieve it:

- If you have a valid email address on file with the ABO, you can retrieve your username and password at anytime through the new "Retrieve My Login" link on the ABO homepage. You will be asked to confirm your identity before you can obtain your information.
- If you do not have an email address on file, you can contact the ABO office at 610-664-1175 or info@abop.org to add this information to your profile in order to obtain your login.

Beginning this spring, all users will be asked to create three security questions upon login, which will be stored by the ABO and used to authorize changes to your personal profile, such as email address changes.