
AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Part I Board Qualification



American Board of Foot and Ankle Surgery®

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This document contains information specific only to the 2019 examinations.

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Americans with Disabilities Act. In compliance with the *Americans With Disabilities Act*, the American Board of Foot and Ankle Surgery® will make reasonable accommodations for individuals with disabilities provided the candidate submits a written request and all required documentation no later than thirty (30) days prior to the date(s) of the examination. Candidates will find additional information including how to apply on the ABFAS website.

The Part I Board Qualification Process

Individuals with a Doctor of Podiatric Medicine (DPM) degree and who have completed at least three (3) years of a CPME-approved residency program are eligible to begin the Board Qualification process. You must be Board Qualified before you can begin the Board Certification process.

What does it mean to be Board Qualified?

Board Qualification in Foot Surgery

Board Qualification in Foot Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot conditions, deformities, and/or traumatic injuries.

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery

Board Qualification in Reconstructive Rearfoot/Ankle (RRA) Surgery indicates a demonstrated level of capability in the diagnosis of general medical problems, including the diagnosis and surgical management of pathologic foot and ankle conditions, deformities, and/or trauma, and of structures that affect the foot, ankle, and leg. ***Board Qualification in Foot Surgery is a prerequisite for Board Qualification in RRA.***

Board Qualification is a Two-Step Process

There are two steps to the Board Qualification process: Residency Completion/Licensure Documentation and the Board Qualification Examinations.

1. Documentation

Residency Completion Certificate and State License

Upon completion of your residency, submit a photocopy of both the residency completion certificate and a current, valid, state license to ABFAS. You can do so by scanning and emailing your documents to certifications@abfas.org or faxing to 415.553.7801. Your program does not automatically send the certificate to ABFAS. You must do so. You have one year after passing the board qualification exam to submit your documentation, but we recommend that you submit as soon as you can.

Surgical Case Logs

During residency, log all surgical cases via [Podiatry Residency Resource \(PRR\)](#). Logs must list all cases you performed or participated in during your residency program and must meet minimum surgical training requirements as delineated in the applicable CPME 320. The residency program director must verify and sign your logs, thus verifying within the PRR system the diversity and volume of surgical activity required for Board Qualification. If you pass the Part I board qualification examinations, but have not met the diversity requirements, you will not be able to become board qualified.

2. Part I Board Qualification Examinations

The Board Qualification examinations demonstrate your cognitive knowledge and clinical reasoning skills in the medical, intraoperative, and perioperative care of foot and ankle surgery patients. They are offered in March and October each year. Residents that are in their final residency year may take the March examination. Candidates that have completed their residency may take the exam in March and/or October

The Didactic Examination

The didactic examination component of the In-training Examination consists of single best-answer multiple-choice questions that evaluate clinical knowledge and treatment skills acquired during a podiatric surgical residency. The didactic examination is an adaptive test where the computer dynamically presents multiple-choice questions that adjust in item difficulty based on the examinee's demonstrated ability level. As each question is answered, the computer assesses the response and selects the next question based on whether the previous answer was answered correctly. The questions become progressively more or less difficult as the software assesses and establishes the ability level of the examinee.

Didactic Examination Structure

The examination contains 80 multiple-choice items. Of those 80 items, some may be in the process of field testing and will not count toward the reported score. Examinees are given 120 minutes to complete the examination.

Didactic Examination Structure	
Examination Type	Computer Adaptive (CAT)
Time Allotted	120 minutes
Item Type	Didactic/Multiple-Choice
# of Questions	80

Didactic Examination Subject Areas

Table 1 *Didactic Subject Areas* shows the broad topics for the didactic examination, as applied to the practice of podiatric surgery. The *Definition* and *Sample Topics* help to describe the topics covered in each *Subject Area*. The Exam Weight is the percent of total items that are expected to appear on the examination. For example, the subject area *Surgical principles* is weighted at 20% of the examination for the Foot and RRA examinations, so approximately 16 of the 80 items on the examination will be in that subject area. The precise number in each subject area may vary slightly. The didactic examination subject areas are based on a practice analysis which is a systematic collection of data describing the knowledge, skills, and competencies required to practice as a foot and ankle surgeon.

[Table 1] Part I Didactic Examination Subject Areas (Foot & RRA)

Diagnostic studies/medical imaging

Foot Exam Weight = 10%
RRA Exam Weight = 15%

Definition:
Interpretation of specific studies of diseases, disorders, and conditions of the lower extremity. RRA subject areas may be tested on the Foot exam.

Sample Topics:

- Diagnosis or differential based on laboratory studies, imaging, or other diagnostic studies.
- Diagnosis based on a specific imaging study.

[Table 1] Part I Didactic Examination Subject Areas (Foot & RRA), Continued	
Surgical Principles	
Foot Exam Weight = 20% RRA Exam Weight = 20%	
<p>Definition: General principles standard to all surgical disciplines and applicable to podiatric surgery. RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Preoperative, intraoperative, or postoperative decision-making or management. ▪ Not procedure-specific.
Surgical procedures/ techniques	
Foot Exam Weight = 20% RRA Exam Weight = 25%	
<p>Definition: Intraoperative aspects of specific surgical procedures.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Relevant (normal or abnormal) anatomy encountered and surgically altered during the performance of a surgical procedure. ▪ Anatomy that is encountered and surgically altered. ▪ Incision placement and dissection technique. ▪ Orientation of bone cuts. ▪ Selection and application of fixation devices and bioimplants. ▪ Placement and fixation of tissue transfers. ▪ Selection and application of closure materials, drains, and surgical dressings. ▪ Complications that are assessed and/or managed intraoperatively.
Procedural perioperative management	
Foot Exam Weight = 20% RRA Exam Weight = 20%	
<p>Definition: Procedure-specific and preoperative or postoperative in nature (not intraoperative). RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Selection of a specific procedure based on findings. ▪ Diagnosis that requires a surgical management decision. ▪ Postoperative management of a specific procedure.
Complications	
Foot Exam Weight = 20% RRA Exam Weight = 20%	
<p>Definition: Procedure- or injury-specific postoperative or post-traumatic conditions. RRA subject areas may be tested on the Foot exam.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Identification and/or management of lower extremity procedure-specific postoperative complications. ▪ All-inclusive subject categories dealing with diagnosis and/or treatment.
General Medicine	
Foot Exam Weight = 10% RRA Exam Weight = 0%	
<p>Definition: All general medical diagnostics and treatments exclusive of lower-extremity pathology.</p>	<p>Sample Topics:</p> <ul style="list-style-type: none"> ▪ Systemic complications. ▪ Diagnosis that requires a medical management decision. ▪ Medical management: diagnosis and treatment of diseases, disorders, and conditions, exclusive of the lower extremity. ▪ Interpretation of history and physical examination and diagnostic studies relating to non-lower extremity pathology. ▪ Anesthesia: local, regional, spinal, epidural, IV sedation, and general anesthesia topics, including related peri-anesthesia assessment and pharmacologic management. ▪ Emergency medicine: diagnosis and treatment of urgent or emergent diseases, disorders and conditions exclusive of lower extremity

Tables 2 and 3 describe the various conditions that may be tested under one or more *Subject Areas*. Each examination question is tied to a specific *Subject Area* and *Subcategory*. For example, a question could be within the Surgical Principles subject area and specifically about the acquired digital deformities subcategory. There is no specific weighting for the subcategories.

[Table 2] Part I Didactic Examination Subcategories - Foot Surgery	
Foot surgery subcategories can apply to any of the Subject Areas in Table 1, with exceptions noted below.	
Deformities	
<ul style="list-style-type: none"> ▪ Acquired digital deformities. ▪ Hallux abductovalgus. ▪ Hallux limitus. ▪ Central metatarsal deformities. ▪ Fifth metatarsal deformities. ▪ Other common forefoot deformities. ▪ Complex/combined forefoot deformities. ▪ Common rearfoot deformities. ▪ Congenital digital deformities (polydactyly, syndactyly, macrodactyly, overlapping digits). ▪ Congenital forefoot deformities (brachymetatarsia, clawfoot, hallux varus). ▪ Metatarsus adductus 	<p>The following subcategories are covered in all Subject Areas except "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> ▪ Metatarsus adductus/skewfoot ▪ Pes planus ▪ Pes cavus ▪ Clubfoot ▪ Tarsal coalition ▪ Vertical talus ▪ Calcaneovalgus ▪ Equinus deformities ▪ Complex leg/ankle deformities
Infections	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone/joint. 	<ul style="list-style-type: none"> ▪ Systemic.
Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone. 	
Other conditions	
<ul style="list-style-type: none"> ▪ Vascular disorders. ▪ Focal neuropathies (entrapments, neuroma, TTS) and CRPS. ▪ Neuropathic bone, joint, or soft-tissue derangements. ▪ Neuromuscular disorders. 	<ul style="list-style-type: none"> ▪ Arthritic disorders. ▪ Metabolic bone disease. Tendinopathies. ▪ Other soft-tissue disorders (plantar fasciitis). ▪ Nail and dermatologic disorders. ▪ Chronic post-traumatic disorders. ▪ Osteochondroses/AVN.
Acute trauma	
<ul style="list-style-type: none"> ▪ Digital and sesamoidal fractures/dislocations. ▪ Metatarsophalangeal joint dislocations. ▪ Metatarsal fractures. ▪ Tarsometatarsal fractures/dislocations. ▪ Acute tendon ruptures/lacerations. ▪ Acute nerve/vascular injury (including compartment syndrome). ▪ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns). ▪ Pediatric fractures/growth-plate injuries. 	<p>The following subcategories are covered in all Subject Areas except "Surgical Procedures/Techniques":</p> <ul style="list-style-type: none"> ▪ Midfoot fractures/dislocations ▪ Rearfoot fractures/dislocations ▪ Ankle fractures ▪ Acute soft-tissue ankle Injuries
Nonspecific	
<ul style="list-style-type: none"> ▪ Joint implants. ▪ Fixation devices. ▪ Bone grafts/bone substitutes/bone healing. ▪ Suture materials. ▪ Soft tissue/anchor/skin graft/healing. 	<ul style="list-style-type: none"> ▪ Anatomy. ▪ Medicine (illnesses/therapeutics). ▪ Anesthesia. ▪ Other.

[Table 3] Part I Didactic Examination Subcategories - RRA Surgery	
RRA surgery subcategories can apply to any of the Subject Areas in Table 1	
Deformities	
<ul style="list-style-type: none"> ▪ Metatarsus adductus/skewfoot ▪ Pes planus ▪ Pes cavus ▪ Clubfoot ▪ Tarsal coalition 	<ul style="list-style-type: none"> ▪ Vertical talus ▪ Calcaneovalgus ▪ Equinus deformities ▪ Complex leg/ankle deformities
Infections	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone/joint. 	<ul style="list-style-type: none"> ▪ Systemic.
Neoplasms/tumors/masses (primary benign, primary malignant, metastatic)	
<ul style="list-style-type: none"> ▪ Soft tissue. ▪ Bone. 	
Other conditions	
<ul style="list-style-type: none"> ▪ Vascular disorders. ▪ Focal neuropathies (entrapments, neuroma, TTS) and CRPS. ▪ Neuropathic bone, joint, or soft-tissue derangements. ▪ Neuromuscular disorders. 	<ul style="list-style-type: none"> ▪ Arthritic disorders. ▪ Metabolic bone disease. Tendinopathies. ▪ Other soft-tissue disorders (plantar fasciitis). ▪ Nail and dermatologic disorders. ▪ Chronic post-traumatic disorders. ▪ Osteochondroses/AVN.
Acute trauma	
<ul style="list-style-type: none"> ▪ Midfoot fractures/dislocations ▪ Rearfoot fractures/dislocations ▪ Ankle fractures ▪ Acute soft-tissue ankle Injuries ▪ Acute tendon ruptures/lacerations. ▪ Acute nerve/vascular injury (including compartment syndrome). 	<ul style="list-style-type: none"> ▪ Miscellaneous acute trauma (degloving injury, foreign body, gunshot wounds, crush injury, contusions, burns). ▪ Pediatric fractures/growth-plate injuries.
Nonspecific	
<ul style="list-style-type: none"> ▪ Joint implants. ▪ Fixation devices. ▪ Bone grafts/bone substitutes/bone healing. ▪ Suture materials. ▪ Soft tissue/anchor/skin graft/healing. 	<ul style="list-style-type: none"> ▪ Anatomy. ▪ Medicine (illnesses/therapeutics). ▪ Anesthesia. ▪ Other.

Didactic Practice Exam & Study Guide

To access the Part I Board Qualification Didactic Examination online study guide, login to the StepUp eLearning website (<http://www.stepupelearning.org>) using your ABFAS username and password. The guide contains information about subject areas covered in ABFAS examinations and examples of examination questions. The practice examination demonstrates the types and formats of questions to expect on the didactic examination. It is not designed to predict performance on the actual examination or identify knowledge gaps.

The CBPS Examination

CBPS assesses case management skills in a simulated clinical environment. The examination requires you to demonstrate your accumulated knowledge and experience by analyzing information presented in a case and arriving at a diagnosis and treatment plan in a simulated clinical situation. The initial case information is presented as a brief written passage that describes the patient's current condition and may include medical history, images, and/or other pertinent information. You then gather additional information by selecting options from dropdown lists that relate to physical exam tasks, imaging, laboratory tests, and/or diagnostic procedures. As the options are selected, more information may be displayed that could be helpful in arriving at a diagnosis and treatment plan. Next, you arrive at a diagnosis after which options to develop a treatment plan are selected. Follow-ups and/or an additional diagnosis may appear in the case.

How CBPS Cases are Developed

A committee of Board-Certified foot and ankle surgeons trained and assessed in case development write the CBPS cases. The cases are actual cases from real patients that allow candidates to exercise and demonstrate critical thinking and analytical skills. Cases are scored on exams only after they have demonstrated statistical quality through field testing. The entire process to develop a CBPS case takes about two years and is conducted under the guidance of a psychometrician with expertise in certification examination development.

CBPS Examination Structure

The CBPS component uses eight case scenarios to evaluate clinical reasoning skills, content knowledge, problem-solving ability, and clinical decision-making, i.e., ability to reason logically and arrive at a diagnosis or treatment plan for a specific patient presentation.

CBPS Examination Structure	
Examination Type	Computer-based Patient Simulation
Time Allotted	15 minutes per case 120 minutes total
Item Type	Case-specific Multiple Response
# of Cases	8

CBPS Examination Subject Areas

The broad topics for the CBPS examination, as applied to the practice of foot and ankle surgery, are shown in the **Table 4 CBPS Subject Areas**. The content percent is the target proportion of the examination points in each subject area tested on the examination. The precise number in each subject area varies for each case, as well as for the overall examination and is subject to change.

[Table 4] CBPS Subject Areas – Foot Surgery & RRA Surgery		
Subject Area	CBPS Content Percent	
	Foot Surgery	RRA Surgery
A. Physical examination	20%-40%	30%-50%
B. Diagnostic procedures/labs/imaging	10%-30%	10%-30%
C. Diagnosis	10%-30%	10%-30%
D. Treatment (application of surgical principles and medical management to determine treatment of patient)	30%-50%	20%-40%
Cases in each Subject Area may cover any of the following: <ul style="list-style-type: none"> • Trauma • Deformities/biomechanics • Medicine/perioperative management (infection/metabolic disease/arthritis disorders/emergency medicine) • Complications/revisions • Neoplastic disorders • Neurovascular disorders • Congenital disorders/pediatrics 		

CBPS Practice Exam

ABFAS offers a practice CBPS exam that functions exactly like the real CBPS examination. It is important that you practice CBPS examinations during the weeks prior to the actual examination. You should become familiar with the computer screens and functionality of the simulations so that you can efficiently move through the actual examination.

You may access the practice examinations as many times as you wish. Obviously, the more times you practice, the more familiar you will become with the user interface and how the CBPS system responds to entries. It is very important to become familiar with searching the list of selections, making selections, navigating from tab to tab, and viewing and zooming images. With practice, you can be better prepared to take the actual CBPS examination and will be able to focus your attention on demonstrating your case management skills during the examination rather than figuring out the CBPS interface.

The following CBPS practice exam and related resources can be found on the ABFAS web site:

- [CBPS practice examination.](#)
- [CBPS practice test instructions.](#)
- [CBPS practice examination key and feedback.](#)
- [CBPS tips for success video.](#)

Recommended Approach to the CBPS Examination

You should complete the CBPS to the best of your abilities by considering the relevant aspects of patient management such as case history, physical examination, imaging, labs, diagnostic procedures, diagnosis, treatment, and in some cases, follow-up diagnoses and treatments. For example, if you are hesitant about whether a procedure is warranted, you should make the decision based on clinical indications.

Physical examination and patient work-ups are as important as diagnosis and treatment. While collecting patient information, you must balance thoroughness with efficiency, as well as balancing quality versus quantity. Only information that is specific to the problem that is presented in the case should be selected. Since there are a limited number of choices, it is important to be very specific to demonstrate to the Board that you have the ability and knowledge to manage the case in an appropriate manner.

Time Management

You will need to pace yourselves and be careful to not take too much time on any one point or decision during the 15 minutes allotted per case. Field testing has demonstrated that users who have practiced the CBPS will have ample time to complete each case.

Earning Score Points

Score points are earned on the examination based on the selections made. To earn score points, a selection must be specifically relevant to the management of the case. For example, routine preoperative evaluations, that are not specific to the case, would not typically earn score points.

Scored responses are based on the relevancy of the processes or actions performed. There is no penalty for a selection that is not pertinent or does not turn out to be specifically helpful. For example, there is no penalty for requesting an MRI if the MRI option is listed as “not available”. However, there may be a penalty for a selection that is harmful or unsafe to the patient such as an unnecessary invasive procedure.

Common CBPS Pitfalls

Jumping to a Diagnosis and Treatment.

One of the most common mistakes made on the CBPS is to jump to a diagnosis and move to treatment without providing evidence that the diagnosis and treatment were selected in a thoughtful manner. For example, seeing an image of a patient with a bunion and saying “I’m going to take an x-ray and then do this procedure” would be a mistake. ABFAS cannot assume an appropriate case-focused physical examination has been performed. This must be demonstrated by selecting the physical examination options that relate specifically to the problem presented and/or support the determination of a diagnosis and treatment plan, where applicable.

Providing a Surgical Work-up.

Working up the patient to prepare the patient for surgery is not the purpose of the examination. The purpose is to come up with a diagnosis and a treatment plan that is pertinent to the case itself. As case-related evidence is gathered, you should use it to determine any other evidence that may be needed for the diagnosis and treatment of the case. There are only 10 selections each for physical examination, imaging, and diagnostic procedures, so it is important to focus on the management of the case, not the surgical work-up.

Registering for an Exam

Log into the ABFAS website. Click “Register for an Exam” under exam quick links. Submission of registration certifies agreement and compliance with the ABFAS Bylaws. If you are taking both Foot Surgery and RRA Surgery Board Qualification examinations, you may sit for both examinations on the same day.

Testing Sites

ABFAS contracts with Pearson VUE to administer examinations. Pearson VUE offers 200 testing sites in the United States and abroad (see <http://www.pearsonvue.com/abps/>). ABFAS strongly encourages early registration to ensure availability of a convenient testing site.

Failure to Appear

Candidates who fail to appear for their scheduled examination(s) without completing the formal withdrawal process forfeit all fees.

Scoring

ABFAS scores examination components separately. You must pass both components to achieve Board Qualified status. If you only pass one component, you will receive credit for that component but will have to retake and pass the second component on a subsequent test date before achieving Board Qualified status. Passing credits expire 7 years after test date.

ABFAS will email you when your test results have been posted (login to see your results). Copies of the test items are not available.

Your results (for failed examinations) will be available on your profile page. Examinations are not graded on a curve. The Board of Directors sets passing scores based on an independent psychometric evaluation of the examinations. ABFAS does not have an appeal process for its examinations. An independent psychometric consultant rescues and reviews all failed examinations. Candidates may write to examconcerns@abfas.org if they have questions about their exam score reports.

Statute of Limitations

If your Board Qualified status in Foot Surgery expires before your Board Qualified status in RRA Surgery, ABFAS will suspend your RRA status until you have successfully reestablished the required status in Foot Surgery (provided that your RRA status has not expired prior to the reestablishment of Foot Surgery status).

If you attained Board Qualified status prior to 2014, you may requalify for Board Qualification in either Foot or RRA Surgery until expiration of the initial Board Qualified status, but you may only requalify once, i.e., may hold Board Qualified status for no more than 14 years. To requalify, you must (1) submit proof of current active hospital surgical privileges commensurate with the requested level of qualification, (2) meet Board Qualification requirements, and (3) pass the Board Qualification examination.

Confidentiality

ABFAS considers the status of an individual's participation in and the stage of completion of all Certification components, including an individual's certification status and certification history, to be public information. ABFAS reserves the right to publish and share public information in any and all public forums determined by ABFAS to be reasonable, including the posting of public information on the ABFAS website, sharing the public information with medical licensure boards, managed care organizations, third party payers, or others. While ABFAS generally regards all other information about individuals as private and confidential, there are times that ABFAS must release certain information to fulfill its responsibilities as a medical specialty board.

ABFAS specifically regards the results of an individual's Qualification, Certification, or Recertification examination (score and whether the individual passed or failed) as private and confidential.

Board Qualification Letter

When you meet all Part I Board Qualification requirements and pass the Part I Board Qualification examination, ABFAS will issue you a letter bearing the embossed ABFAS seal and update your status to Board Qualified. Board-Qualified surgeons may not promote their status on letterhead, publications, or other advertisements. [ABFAS Advertising Policies](#)

Calendar

A full calendar for all ABFAS examinations and deadlines is available at [Exam Calendar](#). The dates that pertain to the Part I Board Qualification Examination are repeated below for convenience.

	Spring	Fall
Registration opens	November 1, 2018	August 15, 2019
Registration closes	February 26, 2019	October 4, 2019
Last day to withdraw without late withdrawal penalty*	March 5, 2019	October 11, 2019
Examination Day	March 12, 2019	October 18, 2019
*Refunds are only for exam fees. The Application fee is nonrefundable. Requests to withdraw must be received and approved by ABFAS no less than seventy-two (72) hours prior to the scheduled exam start time (local Testing Center time). No exam fee refunds will be authorized after that time.		

Fees

A full list of all ABFAS application, examination, and other fees is at [Exam Fees](#). The fees that pertain to the Part I Board Qualification Examinations are repeated below for convenience.

Application Fee (NON-REFUNDABLE). Paid once per calendar year, regardless of number of exams.	\$225
Examination Fees	
Part I Board Qualification Didactic Examination	\$425
Part I Board Qualification CBPS Examination	\$425
Late Withdrawal Penalty	
Total of One Examination	\$150
Total of Two or more Examinations	\$250

**BOARD QUALIFICATION ELIGIBILITY FOR
CANDIDATES WHO COMPLETED RESIDENCY BEFORE JUNE 30, 2014**

Less Than Three-Year CPME-Approved Residency Programs

Residency Types No Longer Eligible to Take ABFAS Qualification Examinations	Caveats
PSR-12, plus any other residency (PPMR/POR/RPR) PM&S-24/PSR-24	Must be board qualified by December 31, 2018. May pursue board certification until December 31, 2020. Beginning January 1, 2021, such candidates are ineligible for ABFAS certification.

Three-Year CPME-Approved Residency Programs

Residency Type	Currently Board Qualified?	Can Requalify?	Caveats
PM&S-36 PMSR PMSR/RRA	No <i>Or, if qualified once previously and that qualification status is now Expired – may requalify and caveats apply.</i>	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.
PM&S-36 PMSR PMSR/RRA	Yes	Yes	Qualification limited to a total of 14 years (may only qualify twice). May pursue board certification until expiration of board qualified status.

**BOARD QUALIFICATION ELIGIBILITY FOR
CANDIDATES WHO COMPLETED RESIDENCY ON OR AFTER JUNE 30, 2014**

Residency Type	Currently Board Qualified?	Can Requalify?	Caveats
PM&S-36 PMSR PMSR/RRA	Yes or No	No	Limited to seven years to achieve Board Certified status after becoming Board Qualified.