



AMERICAN BOARD OF BARIATRIC MEDICINE
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INTRODUCTION

The American Board of Bariatric Medicine is an independent medical specialty board responsible for certifying physicians in the field of bariatric medicine. Organized as a committee of the American Society of Bariatric Physicians (ASBP) in 1970, the ABBM was incorporated in the state of Colorado in 1997 as an independent entity. Although the ABBM is not a medical specialty board of the American Board of Medical Specialties, the ASBP was granted a seat in the AMA House of Delegates in 2001, which, in effect, recognizes the ASBP as a specialty medical society.

The ABBM Board of Directors consists of nine board certified physicians who serve two-year terms. The ABBM chair is appointed for a two-year term by the president of the American Society of Bariatric Physicians. The ABBM chair in turn then appoints three board members in both odd and even years. The ASBP president additionally appoints two members to the ABBM Board of Directors in even years.

All appointments by the ASBP president (with the exception of chair) and the ABBM chair are subject to the approval of the ABBM Board of Directors. Additional officers, the ABBM vice chair and the secretary/treasurer, are elected by a vote of the ABBM Board of Directors.

Description of Bariatric Medicine

Bariatric medicine is the medically-supervised treatment of obesity and its associated conditions. In 1985, the National Institutes of Health, at its Health Consensus Development Conference on the Health Implications of

Obesity, stated that obesity is a specific disease entity that should be treated and monitored medically by a trained physician.

Overweight and obesity is believed to affect more than 97 million people across the nation and its prevalence is increasing. Approximately one-quarter of adults are estimated to be obese and more than one-half are estimated to be overweight. Obesity has also been established as a major risk factor for hypertension, cardiovascular disease, diabetes mellitus and some cancers in both men and women.

In accordance with the ASBP/ABBM Bariatric Practice Guidelines, the American Board of Bariatric Medicine advocates a comprehensive, multi-faceted approach to the treatment of obesity. This includes medical assessment and monitoring, as well as behavioral and dietary counseling, exercise, and, at the physician's discretion, appetite suppressants.

Purpose of Certification

The purpose of certification by the American Board of Bariatric Medicine is to provide assurance to the public and the medical profession that a bariatrician has successfully completed a minimum base of accredited bariatric educational programs, has successfully completed an evaluation, including an examination and an onsite review, and possesses the knowledge, skills and experience requisite to the provision of high-quality care in bariatric medicine.

ABBM certification in bariatric medicine signifies achievement within the field. Candidates must pass both a written and oral examination to show comprehensive knowledge in the treatment of obesity as well as an onsite Patient Care Review (PCR) to demonstrate adherence to the ASBP/ABBM Bariatric Practice Guidelines.

Standards of certification are distinct from those of licensure; possession of an ABBM certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of other physicians not so certified. It is not the purpose of ABBM to define requirements for membership on hospital staffs, nor to gain special recognition or privileges for its Diplomates in the practice of bariatric medicine. ABBM in no way claims to be capable of defining and does not intend to define who may or may not practice bariatric medicine. It is neither a source of censure nor an entity for the resolution of ethical or medico-legal problems. ABBM makes no representations about the value, character, quality or competence of certificants other than that they have met or exceeded the minimum requirements for certification by ABBM. ABBM is not responsible for how third parties interpret or evaluate the fact that an individual is or is not ABBM certified.

Function of the ABBM

The American Board of Bariatric Medicine was established to serve the public and the field of bariatric medicine through the establishment and maintenance of criteria and procedures for examination and certification of candidates who seek recognition of their accomplishments in bariatric medicine. Physicians who complete the ABBM certification process in bariatric medicine are designated Diplomates of the American Board of Bariatric Medicine.

GENERAL INFORMATION

This booklet has been prepared to supply information concerning requirements for certification by the American Board of Bariatric Medicine. ABBM reserves the right to make changes in its policies, procedures and fees at any time, without notice. The provisions of this publication are not intended to be or in anyway imply a contract between any candidate and ABBM.

All queries concerning the requirements for certification, etc., should be directed to the executive director of ABBM. In view of the nature and significance of the decisions made, communications between the executive director and the candidates should be made in writing and sent to the following address:

American Board of Bariatric Medicine
5453 E Evans Place
Denver, CO 80222-5234
info@abbmcertification.org

SEQUENCE OF APPLICATION REQUIREMENTS AND FEES

Qualifications for Certification

In order to apply for certification as a Diplomate of the American Board of Bariatric Medicine, a candidate must satisfy the following requirements prior to submission of the application for certification and must continue to meet the following qualifications throughout the application process, and if granted, throughout the individual's certification:

- Hold a qualified MD and/or DO degree.
- Possess a current state or provincial license (or the equivalent of the jurisdiction in the United States or Canada) to practice medicine and submit a letter from this granting body confirming license is current and without any restrictions.
- Possess a current federal Drug Enforcement Agency (or the equivalent government agency for the jurisdiction) registration number.
- Have completed fifty (50) credit hours of Category 1 ACCME-approved, postgraduate education in bariatric medicine, supported by valid certificates of completion, within the preceding twenty-four (24) months. At least 50% of the CME requirements (25 credits) must be obtained from an ABBM or ASBP-sponsored CME activity.
- Pay all applicable fees as determined by ABBM when making official application for ABBM certification.

Any candidate whose license to practice medicine has been revoked, restricted or suspended in any way shall be ineligible for certification until such time as the encumbered license is reinstated in full. Should a license be revoked, restricted, or suspended following the submission of an application for certification, but prior to the notification of Diplomate status, the application and certification will be simultaneously invalidated.

It is the responsibility of the candidate to inform ABBM in writing immediately upon a change in licensure status. If the candidate fails to notify ABBM of any revocation, restriction, suspension, or probation within 60 days after the effective date, he or she shall be ineligible to seek certification for up to one year following the reinstatement of full and unrestricted licensure.

For purposes of ABBM certification, a medical license is considered to be restricted if it is currently subject to any adverse action by a state or provincial licensing agency which encumbers the ability of a physician to diagnose, manage, and/or treat patients. Questions about licensure should be presented to the ABBM in writing.

Application for Board Certification

Applications for ABBM board certification may be obtained by contacting the headquarters office at (303) 779-0279 or info@abbmcertification.org. Applications may also be downloaded from the ABBM web site at www.abbmcertification.org. A non-refundable candidacy application fee must accompany the completed application and supporting material upon submission to the ABBM office. CME documentation may be submitted after candidacy and exam/PCR applications have been made, however, all documentation must be submitted to the ABBM headquarters office no later than September 1, 2004.

Examination

After candidates have satisfied the qualifications for certification and made official candidacy application to the ABBM for board certification, including paying both the application and examination fees, they are eligible for the annual ABBM certification exams (note: The exam fee covers both the exams and the onsite Patient Care Review). The exams are given annually at times and locations selected by ABBM. ABBM specifically reserves the right to alter the frequency, location, time and date of exam administrations.

Patient Care Review (PCR)

Applicants must successfully complete a Patient Care Review administered by the board within two years of passage of the written and oral examinations. If the Patient Care Review is not passed the first time, the applicant may submit for another review after six months' time by resubmitting the Patient Care Review questionnaire and the applicable re-inspection fee.

Conference of Diplomate Status

Once a person has met all the qualifications for certification, including passage of the written and oral examinations and the Patient Care Review, the person's name shall be submitted to the Board for certification as a Diplomate. Certification shall require a three-fourths vote of the ABBM Board of Directors. The final determination of whether a candidate shall be granted certification is the sole discretion of ABBM.

Time Limit of Certification

Board certification by the American Board of Bariatric Medicine is time-limited effective February 8, 1997. Those who were awarded Diplomate status after that time have time-limited board certification status for five years from the date that certification was first granted. Diplomates may initiate the recertification process in the fourth year of their certification.

The recertification process consists of the following: submission of a formal application, documentation of continuing medical education (see "Continuing Requirements"), assessment of licensure status, and a mail-in cognitive examination. A Diplomate applying for recertification may retest for three years in succession if necessary to pass and retain Diplomate status.

Physicians who became board certified by ABBM before February 8, 1997, may elect to voluntarily recertify to demonstrate continued achievement within the field. Their certification will not be affected if they are not successful in completing the recertification process.

Continuing Requirements

Once a person has received the Diplomate designation, the Diplomate shall be required to meet the following on-going requirements:

- Earn twenty-five (25) hours of accredited category 1 ACCME-approved continuing medical education ("CME") in bariatric medicine every two years. At least 50% of the CME requirement shall be obtained from an ASBP or ABBM-sponsored CME activity.
- Remain in compliance with the following initial qualification requirements for board certification:
 - Hold a qualified MD and/or DO degree.
 - Possess a current state or provincial license (or the equivalent of the jurisdiction) to practice medicine without any restrictions.

Maintenance Renewal Fee

An annual Maintenance Renewal fee (\$100 ASBP members, \$150 nonmembers) is assessed to Diplomates of ABBM each year to support the administrative operations of the certification board. ABBM Diplomates receive two significant benefits in exchange for the annual maintenance renewal fee: 1) a portion of the fee will be applied toward the certificant's recertification fees, and 2) certificants who have paid the annual fee will receive enhanced listings in the ABBM referral section of the board's web site. Fees are due by January 31 of each year.

APPLICATION FOR ABBM BOARD CERTIFICATION

Application forms for ABBM certification may be obtained from the ABBM office. The completed application must contain:

- A copy of the applicant's medical degree diploma or certificate.
- A copy of each of the state, providence or jurisdictional licenses in which the applicant is entitled to practice medicine.
- A letter from the applicant's state medical board confirming the candidate's license is full and unrestricted.
- A copy of the applicant's CME certificates relating to bariatric medicine for the previous 24 months. Applicants must have a minimum of 50 credit hours in category 1 AMA PRA- courses in this 24-month time span. Half of the required 50 CME must be obtained from educational programs provided by the American Society of Bariatric Physicians or the American Board of Bariatric Medicine. (Please request an extension if additional time is needed to submit this material. Candidates may go ahead and submit their exam/PCR application and fees, however, all CME documentation must be submitted to the ABBM headquarters office no later than September 1, 2004).
- A copy of the applicant's DEA registration certificate.

The ABBM will notify applicants if they are, or are not, accepted as candidates for certification. ABBM, acting as a committee of the whole, reserves the right to deny or revoke certification if granting certification or permitting continuance of certification would adversely affect ABBM or is not in the best interest of patient health or public welfare or safety. If the applicant wishes to exercise the right to appeal this decision, the applicant must inform ABBM in writing of this intention within ninety (90) days of the date of receipt of written notification of the decision not to accept the application.

ABBM reserves the right to revoke certification erroneously granted to unqualified candidates, including certification granted as a result of clerical errors.

The application form includes the following Declaration and Consent which the applicant shall be required to submit to the ABBM headquarters office with their notarized signature:

Declaration

I _____ hereby make application to the American Board of Bariatric Medicine for the issuance to me of a certificate, and for examinations and Patient Care Review relative thereto, all in accordance with and subject to its rules and regulations, and the fees requested. I certify that all information contained in my application for ABBM certification is true and accurate to the best of my knowledge. I agree to denial for eligibility for certification, revocation or other limitation of my certification if any statement made on this application or hereafter supplied to ABBM is false or inaccurate or if I violate any of the rules or regulations of ABBM. I understand that if I receive ABBM certification, it will be my responsibility to remain in compliance with all ABBM requirements for certification as they presently exist and as they may be revised, to keep my certification current and to submit a valid renewal application and fee within sixty (60) days of my certification expiration date.

In addition, I hereby authorize ABBM, its officers, directors, committee members, employees, and agents (the "above-designated parties"), to review my application for eligibility for ABBM certification, and, if I receive ABBM certification, to initiate review of my continued eligibility for ABBM certification. I agree to cooperate promptly and fully in any such review, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any ABBM application and review thereof including but not limited to pendency or outcome of disciplinary proceedings to state and federal authorities, and others by means of newsletter or otherwise.

I understand that ABBM may use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination or review, and respond to any inquiry about my status in its examination or review system in accordance with its policy as then constituted. I authorize any and all repositories to grant access to or to produce copies for the American Board of Bariatric Medicine of all documents and records containing information and data pertaining to my practice of medicine.

I certify that I am the candidate whose signature appears below. Because of the confidential nature of the ABBM examination, I will not take any examination materials from the test site,

reproduce the examination materials, or transmit the examination questions or answers in any form to any other person. I understand that I may only seek admission to sit for the ABBM examination for the purpose of seeking ABBM certification, and for no other purpose. I understand that ABBM reserves the right to refuse admission to any ABBM examination to me if I do not have the proper identification (valid acknowledgment card), or if administration has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will receive no refund of the application or examination fees and there will be no credit for future examinations. I authorize the proctors at my assigned test site to maintain a secure and proper test administration at their discretion. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

If I do anything which is not authorized or which is prohibited by ABBM in connection with any ABBM examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

I understand that review of the adequacy of the examination materials will be limited to computing any scoring correction. I waive all further claims of examination review and agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of ABBM with regard to this application and/or my certification.

By signing, I hereby certify that I have read and understand this information, and that I am in compliance and will remain in compliance with all of the Articles of Information and Bylaws of the American Board of Bariatric Medicine, as then constituted or as amended.

Consent

I, the undersigned, in connection with my application for certification by ABBM, hereby authorize the American Board of Bariatric Medicine, now and in the future, to request, procure and review any information regarding my medical practice, professional standing and character, including but not limited to any information related to any disciplinary action related to the practice of medicine by any state licensing agency or any institution in which I have practiced medicine and any information related to any history of alcoholism or illegal use of drugs and any treatment or rehabilitation related thereto.

I hereby authorize the American Board of Bariatric Medicine, now and in the future, to request and procure such information from any individual or institution, each of which shall be absolutely immune from civil liability arising from any act, communication, report, recommendation or disclosure of any such information even where the information involved would otherwise be deemed privileged so long as any such act, communication, report, recommendation or disclosure is performed or made in good faith and without malice.

I hereby authorize the American Board of Bariatric Medicine to supply a copy of this consent, which has been executed to me, to any individual or institution from which it requests information relating to me.

The ABBM must receive all documentation it requires to make a determination about an applicant's qualifications for admission to examination no later than the stated deadline. An application will not be accepted if the required documentation is not received by that date. It ultimately is the responsibility of every applicant to assure that the ABBM receives all required documentation and fees in a timely manner.

A determination on any application that requires lengthy review, correspondence and follow-up may not be accomplished by the cut-off date for the current year's written certification examination. Such applications will continue to be processed for possible seating in a future certification examination.

Any application for which ABBM has requested additional information and/or is experiencing difficulty with verification letters cannot be guaranteed seating to a specific examination, if that information is not received prior to the examination registration deadline.

Candidates whose applications are found to fulfill the credential requirements after the registration deadline date will be offered the opportunity to sit for the next available examination administration.

Appeals

Candidates whom ABBM has declared ineligible to sit for the certifying examination on the basis of qualifications may appeal such decisions by written request within 90 days of the date of notification of the Board's ruling.

ORAL AND WRITTEN EXAMINATIONS

The oral and written examinations will be conducted once a year in the Fall or at any other time deemed suitable by the Board. The examinations will be given on the date and time specified and administered only in English. Both the oral and written examinations administered by ABBM cover those areas of bariatric science and patient care consistent with current, accepted standards as reflected in the ASBP/ABBM Bariatric

Practice Guidelines. A score of 75 percent is required on both the written and the oral examinations individually in order to successfully pass the examination requirement for certification by the ABBM Board.

The oral exam generally takes between 20 and 30 minutes, is held before a panel of board-certified bariatricians, and covers practical clinical topics relevant to the practice of bariatric medicine. The oral examination is designed to measure those aspects of the candidate's ability not readily tested by written examination. Specifically, it is designed to assess the candidate's skill in managing bariatric patients. The candidate's decision-making ability is evaluated with particular emphasis on the scientific and clinical rationale

that lead to those decisions. The principal thrust is to determine whether candidates recognize the pertinent aspects of a clinical problem, make rational diagnoses and develop appropriate treatment protocols.

The written exam is a one-day exam consisting of 500 multiple choice and true/false questions designed to assess the knowledge base and the cognitive and deductive skills of the candidates.

General areas covered in the written examination include:

- Overview & Theories of Obesity
- Health Consequences of Obesity
- Nutrition & Metabolism in Obesity
- History & Physical Exam
- Behavioral Evaluation
- Dietary Management in Obesity
- Exercise in Obesity Treatment
- Behavior/Lifestyle Management Changes in Obesity
- Pharmacotherapy in Obesity Treatment
- Bariatric Surgery
- Maintenance of Weight Loss
- Childhood/Adolescent Obesity Management

Specific areas covered in the written examination include:

- Obesity epidemiology
- Pathophysiology
- Obesity syndromes
- Obesity co-morbidities
- Feeding / satiety
- Body fat composition and analysis
- Anthropomorphic measurement (including BMI, W / H ratio)
- Behavioral predictors associated with obesity treatment
- Principles of behavioral therapy
- Eating disorders, diagnosis, complications and treatment
- Common behavioral disorders of bariatric patients
- Epidemiology
- Co-morbidities
- Coronary atherosclerosis
- Dyslipidemias
- Hypertension
- EKG interpretation
- Initial patient evaluation and follow-up
- Basic principles of dietary treatment
- Diet selection
- Protein sparing modified fast (PSMF)
- Very low calorie diet (VLCD)
- Diabetes mellitus, types I and II
- Thyroid evaluation and treatment of hypothyroidism
- Neuroendocrine causes of obesity
- Laboratory testing
- Hyperinsulinemia and insulin resistance
- Syndrome X
- Energy measurement
- Energy content of food
- Resting metabolic rate (RMR)
- Thermogenesis
- Carbohydrate metabolism
- Fat metabolism
- Protein metabolism

- Neurotransmitters
- Energy requirements and sources
- Basic principles of exercise physiology
- Influences of exercise on metabolic rate
- Relationship of exercise to obesity management
- The exercise prescription
- Macronutrients
- Vitamins and minerals
- Essential amino acids
- Essential fats
- Nutritional requirements
- Nutritional deficiency diseases: vitamins, minerals, macronutrients
- Digestion, absorption, and food distribution
- Food composition
- Fiber
- Vegetarianism
- Patient selection for specific anti-obesity medications
- Potential benefits, limitations and adverse reactions of anti-obesity medications
- Anti-obesity medications: availability, prescribing principles, dosing and follow-up
- ASBP "Anorectic Usage Guidelines"
- Anti-obesity medication clinical trials
- DEA regulations for prescribing and dispensing
- Selection criteria for bariatric surgery
- Bariatric surgical procedures
- Benefits and complications of bariatric surgery

ABBM reserves the right to conduct and report research studies of its examinations and its examination data for purposes of quality assurance, examination development, and benefit to the specialty.

ABBM reserves the right to include in any examination certain questions or cases for the purpose of research and validation. Such items will not enter into the scoring for the purposes of certification.

All examination materials are copyrighted as the sole property of the ABBM and must not be removed by the candidate from the test area or reproduced in any way. Any reproduction of the test booklet in whole or in part, is a federal offense and also may subject the candidate to immediate removal from the examination and other punitive and/or legal action. No notes, textbooks, other reference materials, scratch paper or electronic devices may be taken into either the written or oral certification examination.

ABBM has no connection with, nor does it endorse or participate in the preparation of any of the following:

- Any programs, other than those sponsored by the ABBM, which involve mock training sessions for the written or oral portions of the board examination.
- Books or other publications which purport to instruct candidates how to take the examination except for those programs and written materials that the board itself conducts or issues.

Smoking is not permitted in any examination room.

Retesting

Applicants are entitled to retake the examination one time, upon payment of a retesting fee, without resubmitting evidence of compliance with the qualifications stated previously. Any additional retesting will require a reapplication for board certification.

Rescoring and Appeals

A candidate failing a certifying examination may request in writing that his or her examination be rescored by hand to verify the accuracy of the results as reported. Such requests must be received in the board office within 90 days of the date of mailing of the examination results to the candidates. A check in the amount of \$40 payable to the American Board of Bariatric Medicine must accompany this written request. There shall be no further appeal from failure of an examination.

Reapplication

ABBM declares void the application of a candidate who has failed to satisfy the examination requirement after two attempts. The physician may reapply by submitting a new application. Such application shall be subject to the fees, rules, privileges and requirements that apply at the time of reapplication. Applicants whom ABBM determines meet existing eligibility requirements will be permitted to sit for the ABBM certification examination.

Irregular Behavior

ABBM acts to maintain the integrity of its examination and certification process and to ensure the equitable and objective administration of its examinations to all candidates.

All board examinations are supervised by proctors who are required to report any behavior which ABBM considers a violation of the integrity of its examination and certification process. Irregular behavior includes, but is not limited to, giving or obtaining unauthorized information or aid before, during, or after the examination as evidenced by observation or subsequent statistical analysis of answer sheets. Offering financial or other benefit to a proctor, employee, or agent of ABBM is forbidden.

The examination of a candidate whose conduct, in the Board's judgment, violates or attempts to violate the integrity of its examination and certification process will be invalidated and no results will be reported. In that event, the candidate would be informed of the reasons for the Board's actions and could request an opportunity to present information deemed relevant to the issue and to petition the Board to reconsider its decision.

Unforeseeable Events

In the event inclement weather, a natural disaster, war, government regulations, strikes, civil disorders, curtailment of transportation facilities or other unforeseeable events make it inadvisable, illegal or impossible for the ABBM to administer an examination to a candidate at the appointed date, time and location, or to conclude a candidate's examination, ABBM is not responsible for any of the expense the candidate may have incurred to be present for the examination, nor for any such expense the candidate may incur for any substitute examination.

PATIENT CARE REVIEW (PCR)

All candidates for board certification by the ABBM will be subject to an onsite Patient Care Review conducted by a Diplomate of the ABBM. The purpose of the review is to determine compliance with the ASBP/ABBM Bariatric Practice Guidelines or other practice standards as may be adopted by ABBM. The reviewer will review patient files and other sources for documentation of the candidate's compliance with the guidelines.

A minimum of 50 bariatric patient charts spanning one year or more is needed for an onsite review and evidence of the candidate's maintenance program for patients who have reached their goal weight must be evidenced in some of the available charts. The records selected at random by the re-viewer should be for patients for whom the applicant has direct patient care responsibility on a continuing basis. Please note that direct patient care is required.

Applicants must apply for a Patient Care Review by submitting a Patient Care Review Questionnaire to the ABBM office after successfully completing the written and oral exams. There is no additional application fee for the review unless a second or subsequent review is required. Once the questionnaire is received by ABBM, an onsite reviewer will be assigned. The reviewer and the candidate will set a mutually convenient time for the review.

The assignment of Diplomate reviewers is made solely by the ABBM administrative office with care to avoid assigning those in direct competition with the candidate or those with whom the candidate shares office practice space. The review must be successfully completed within two years of passage of the written and oral examinations. If the Patient Care Review is not passed the first time, the applicant may submit for another review after six months' time. The second and all subsequent site review attempts must fall into the two years following the passage of the oral and written exams.

The Patient Care Review is designed to verify adherence to the ASBP/ABBM Bariatric Practice Guidelines. Consistent documentation of the following demonstrate compliance with the current ASBP/ABBM Bariatric Practice Guidelines as presently required by ABBM:

Patient History

- Patient histories are taken before commencement of treatment.
- Patient charts consistently reflect that the patient history includes (with separate notations for each):
 - dietary content inquiry
 - weight history
 - dietary history
 - history of eating disorders
 - current medical problems, diagnoses, treatment
 - past physical medical history
 - past psychiatric medical history
 - types of medications taken currently
 - medication allergies
 - review of systems (including mental status inquiry)
 - family medical history (weight, physical, psychiatric)
 - dietary supplements, herbs, "natural remedies"
 - gyn history (menopause, etc.)
 - patient's primary care provider if other than bariatrician
 - consultations requested if necessary
- The physician has personally reviewed the information obtained and made appropriate notations regarding any positive findings in the patient history.

Physical Exam

- Physical exams are performed or reviewed by the physician before commencement of treatment.
- Documentation of the physical exam includes:
 - height
 - weight
 - blood pressure
 - pulse
 - general appearance
 - BMI (or some objective measure of obesity)
 - head and neck
 - thyroid
 - heart
 - lungs
 - abdomen
 - extremities
 - neurologic
 - abdominal circumference/waist-to-hip ratio
 - skin

Lab Work

- Laboratory work-up is performed before commencing therapy.
- Chemistry profiles includes:
 - metabolic panel (glucoses, electrolytes, ca, renal, hepatic, blood sugar)
 - lipid panel (total cholesterol, HDL, LDL, triglycerides, ratio)
 - CBC (hemoglobin/hematocrit, platelets)
 - Urine analysis
 - thyroid function testing (TSH or free T4 or FTI [free thyroxin index: T3, T4, T7] recommended)
- Lab follow-up is performed if indicated.

EKGs

- EKGs are obtained if:
 - there is reasonable evidence of present or past significant cardiac disease

- the patient has coronary heart risk factors such as hypertension, hyperglycemia or dyslipidemia
- there is a strong family history of cardiac disease.

Informed Consent

- Documentation in patient charts consistently reflects informed consent has been obtained for treatment, medication and herbal supplements.
- Documentation in patient charts consistently reflects:
 - the patient has been provided information on the benefits and risks of the proposed treatment modalities to be used.
 - inquiry has been made as to the patient's understanding of the benefits and risks of medications being used.
 - the patient has been provided information on the medication dosing, effectiveness and possible side effects.
 - non-FDA-approved herbal supplement disclosure present (if used).

Patient Counseling

- Counseling is performed in the following areas (both initially and in follow-up visits):
 - appropriate eating habits
 - exercise
 - behavior modification
 - appetite suppressants (if used)
- Patients are offered an appropriate, individualized plan.

Return Visits

- Patient is advised to return at reasonable intervals for periodic follow-up and counseling.
- On return visits, pulse and blood pressure are recorded, as are weight or BMI.

Medications

- Anti-obesity medications are prescribed in accordance with pharmaceutical labeling *or* in accordance with the ASBP Guidelines for Anorectic Drug Use *or* in accordance with published peer-reviewed medical literature (made available to reviewer at the time of the review along with copies for ABBM Board).
- The following is consistently reflected in patient charts:
 - the patient has been provided information on the benefits and risks of the proposed treatment modalities to be used.
 - inquiry has been made as to the patient's understanding of the benefits and risks.
 - the patient's medication dosing, effectiveness and possible side effects.
- If medications are dispensed from the office, they are stored securely, packaged and labeled in accordance with applicable laws, and recorded and dispensed in accordance with applicable laws.

Maintenance

- Physician offers a maintenance program for patients who reach "goal weight."
- The maintenance program includes individualized dietary plans, behavior modification, exercise and scheduled follow-up visits.

Other

- Copies of the ASBP / ABBM Bariatric Practice Guidelines are available to patients upon request.

NOTE: The patient care reviewer will not be able to determine whether or not a candidate has passed the inspection. Rather, the reviewer's evaluation will be forwarded to the ABBM Board which will review the evaluation and then make a determination on whether or not the candidate has passed the review.

If deficiencies are found on an applicant's review, the applicant must reapply for a second (or subsequent) review after six months' time by submitting a written request for the additional review accompanied by a fee of \$650 ASBP members/\$800 nonmembers. If the request for an additional onsite review is made more than one year after successfully completing the Board's written and oral examination, the applicant must submit evidence of continuing to meet the qualifications for certification stated herein.

DEADLINES AND FEES

ABBM is a non-profit corporation, and the fees from candidates are used solely for defraying actual expenses incurred in conducting examinations and Patient Care Reviews, and in carrying out the business of the Board. The directors of the Board serve without compensation.

The candidacy application and fee is completely separate from the examination/Patient Care Review application and fee, and fees are subject to change without notice. The candidacy application fee must accompany the application for certification.

In the event an application is not accepted, or the application is accepted and subsequently withdrawn by the candidate, fee(s) covering administrative services will be retained and the balance of any fees paid for the examination and the Patient Care Review will be refunded according to the schedule stated in this booklet. No fee will be refunded if the candidate's notice of withdrawal from the board certification process is received after the date of the 30th day prior to the examinations.

Reexamination fees will be charged to candidates whether they have failed a previous examination, canceled a scheduled appointment for examination in less than 30 days prior to the examinations, or failed to appear for any examination for which they were properly scheduled.

Applicants may pay fees by credit card, using either Visa or MasterCard, or by check. For applicants not using U.S. banks, the fee must be paid in U.S. dollars using one of the following: (1) money order, (2) cashier's check or (3) certified check. To be accepted for payment, these instruments must be payable through a U.S. bank.

After the ABBM has accepted an application, the applicant is expected to take the next certifying examination offered. However, an applicant may withdraw by submitting a written notice. Refund of fees paid will be made according to the refund schedule. No refunds will be issued for notices postmarked after September 1, 2004.

2004 Schedule

Early Certification Deadline: 7/1/04
Final Certification Deadline: 9/1/04*

Fees, if paid prior to:	7/1/04	9/1/04	Fees, if paid prior to:	7/1/04	9/1/04
<u>ASBP Members</u>			<u>Non-ASBP Members</u>		
New Candidates (Both Apply)			New Candidates: (Both Apply)		
Application Fee	\$100	\$150	Application Fee	\$200	\$250
Exam/Patient Care Review	\$1000	\$1100	Exam/Patient Care Review	\$1250	\$1350
Retake Candidates*			Retake Candidates*:		
Written and oral exams	\$350	\$450	Written and oral exams	\$450	\$550
Written only	\$250	\$350	Written only	\$350	\$450
Oral only	\$125	\$225	Oral only	\$150	\$250

* Candidates retaking the exam do not need to pay an application fee

Refunds:

Candidacy Application Fee: Nonrefundable

Late fees: Nonrefundable

Exam/PCR:

- 100% through July 1, 2004
- \$700/\$950 through August 1, 2004
- \$500/\$750 through September 1, 2004
- No Refunds after September 1, 2004

Other Fees

Re-inspection

ASBP Members	\$650
Non-Members	\$800
Recertification candidacy fee	\$75
Recertification exam fee	\$325
Annual Maintenance Renewal fee	
ASBP Members	\$100
Non-Members	\$150

CERTIFICATE AND DIPLOMATE INFORMATION

All candidates who successfully complete both the written and oral certification examinations, as well as the onsite Patient Care Review, shall be known as Diplomates of the American Board of Bariatric Medicine. Diplomates receive an appropriate certificate which remains the property of the American Board of Bariatric Medicine. The Diplomate to whom the certificate is issued is entitled to its possession unless it is revoked (see "Revocation of Diplomate Status.")

If a Diplomate's certificate is lost or destroyed, the Board will issue a replacement certificate upon written request and justification. The certificate replacement fee must accompany the request. Contact the Board office for current fees.

Recertification

Effective February 8, 1997, certification is for a period of five years. Each physician who becomes a Diplomate after February 8, 1997, must take and pass a mail-in written examination. Physicians who were certified by ABBM prior to February 8, 1997, are exempt from these recertification requirements, but may elect to pursue them voluntarily. (See "Time Limit for Certification.") In addition:

- Candidates must provide documentation upon application showing they have a current, unrestricted medical license and DEA certificate, as well as at least 50 category 1 CME in bariatric medicine from the previous 4 years.
- There will be no chart review or onsite inspection.
- There will be a mail-in written exam with 100 multiple choice questions. Candidates will receive a bibliography of references they may wish to use when completing the exam.
- The exam is not designed to be burdensome, but rather to demonstrate continuing education and accomplishment within the field.
- Candidates who are due for recertification will be notified by mail with instructions on how to proceed. Diplomates who have paid their annual maintenance renewal fees will be credited 25% of each year's fees towards the recertification exam fees of \$325 plus a nonrefundable \$75 recertification candidate fee.

USE OF DIPLOMATE DESIGNATION

Use of the ABBM Diplomate status or of the Board's official logo in advertising media to imply official endorsement of the Diplomate or the Diplomate's practice, methods, programs or products will be considered a violation of the terms and conditions of certification. The Board may terminate the Diplomate's status upon a three-fourths affirmative vote of the board. A Diplomate may indicate status as a Diplomate, American Board of Bariatric Medicine, in advertising media provided the professional qualification does not indicate that the Diplomate's practice, methods, programs or products are endorsed by ABBM.

REVOCAION OF DIPLOMATE STATUS

A certificate is issued by ABBM with the understanding that it remains the property of the Board during the life of the Diplomate. Any certificate issued by the board shall be subject to revocation in the event that the certificant:

- Fails to comply with the continuing requirements for Diplomate status.
- Misuses the Diplomate designation.
- Commits fraud or misrepresentation in the application or recertification process.
- Fails to abide by the ABBM Bylaws or any rules or requirements established by the Board.
- Has a license or certificate to practice medicine suspended or revoked.

LISTING OF CERTIFIED DIPLOMATES

Each year, the ABBM headquarters office notifies the American Society of Bariatric Physicians of the names of the Diplomates certified in that year with the request that they be listed in the next issue of the ASBP Membership Directory.

After this effort to assure initial listings of the newly-certified Diplomates, ABBM assumes no responsibility for a Diplomat's listing in subsequent issues of any directory.

STATUS OF INDIVIDUALS

The American Board of Bariatric Medicine does not use the term “board eligible” because the term does not have a consistent definition. Claims that a physician has passed the written or oral examination, the Patient Care Review or is “board eligible” are not permitted.

Except as required by law, ABBM will respond to inquiries regarding the status of an individual by providing a statement of only whether the individual has been certified or not.

REPORTING CHANGES OF ADDRESS

Candidates and Diplomates must notify the office of the American Board of Bariatric Medicine of any change of address or name change within sixty (60) days of such change.

BARIATRIC PRACTICE GUIDELINES American Society of Bariatric Physicians / American Board of Bariatric Medicine

These guidelines provide suggestions for the work-up and follow-up of the bariatric patient. They are not intended to replace, and indeed cannot replace, the bariatrician’s judgment regarding a particular patient’s treatment. Neither are they intended to represent legal requirements for providing “good medical practice.” The bariatrician is the one most capable of determining what is or is not appropriate for an individual patient.

A. Initial Patient Work-Up

The course of treatment should be based on the patient’s history, physical examination, laboratory work and ECG (when indicated).

1. History

A history of each patient should be taken and recorded. It should include an evaluation of dietary status, a weight history and a history of mental status. Whenever this is a self fill-in, or computerized history, or one taken by assistants, the bariatrician should personally evaluate significant positive responses and make appropriate notations.

2. Physical Examination

The physical examination should include the following:

a. Height, weight, blood pressure and pulse.

b. Additional examinations should be done which are appropriate for the patient’s age and state of health. Usually this would include examinations of the head, neck, thyroid, heart, lungs, abdomen and extremities. The patient’s records should indicate the status of observations made.

3. Diagnostic Studies

a. *Laboratory work:* An “executive-type” profile including testing for thyroid function (TSH suggested) should be completed in addition to other laboratory work if indicated.

b. *Electrocardiogram:* Required if there is reasonable evidence of present or past significant cardiac disease. In addition, the potential value of doing an ECG should be considered if coronary heart risk factors are present, e.g., hypertension, hyperglycemia, dyslipidemias, or a strong family history of cardiac disease.

c. *Optional Tests:* Body composition using skinfolds, infrared or impedance testing may be performed as additional testing. Other tests may be included at the discretion of the bariatrician.

When prior medical records can be obtained indicating any of the above procedures have recently been completed, the bariatrician may avoid unnecessary duplication by performing only those exams needed to complete the bariatric work-up.

4. Patient Counseling

Appropriate counseling should be given to patients on proper eating habits, exercise, behavior modification, medications and other aspects of therapy, prior to and during the weight loss program.

5. Return Visits

The bariatrician should provide adequate periodic follow-up and counseling for the patient.

B. Medications and Other Therapeutic Modalities

1. The bariatrician should weigh the potential benefits and risks of any medication or modality used. Significant sources of such information include journal articles, experience of colleagues, labeling, textbooks, the ASBP Anorectic Usage Guidelines,

and personal education, training and experience. Each of these sources may provide valuable information and no single source should be used to the exclusion of others.

2. When appropriate, the bariatrician should provide information on the benefits and risks of the proposed treatment modalities to be used and should inquire as to the patient's understanding of the benefits and risks.
3. When medications are dispensed, they should be packaged and labeled in accordance with applicable laws and appropriate records should be kept.

C. Maintenance

A program, as developed by the individual bariatrician, should be provided for helping the patient in maintaining the weight loss that has been achieved.

Adapted from "Bariatric Practice Guidelines," American Society of Bariatric Physicians, Rev. 1998. Adopted by American Board of Bariatric Medicine October 14, 1999.

The Board's decision about a candidate's eligibility for certification is determined by the policies and procedures described in this booklet. This edition of *Policies and Procedures* supersedes all previous publications. The Board reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice. The Board also reserves the right, under extraordinary circumstances, to waive certain of its requirements. Admission to the Board's examinations will be determined under policies in force at the time of application. This document is not to be construed as a contract between a candidate and the American Board of Bariatric Medicine.