



American Board of Adolescent Psychiatry

Maintenance of Certification in Adolescent Psychiatry Requirements

Updated October 1, 2020

The maintenance of certification will be for a period of five years after expiration of the initial 10- year certification.

The following requirements have been established by the ASAP Council on Certification in Adolescent Psychiatry (otherwise referred to as the American Board of Adolescent Psychiatry or ABAP) to ensure that Diplomates of ABAP retain and maintain competence in the treatment of adolescents and their families:

1. Completion, **each year** (effective year of recertification) of 10 hours of Category I CME specifically in child/adolescent psychiatry. Documentation is to be supplied to ABAP by December 31 of the year your recertification is due. If a question exists as in whether a given CME program is applicable, the candidate by the end of the calendar year the CME was taken should obtain written approval from the Council. It is strongly recommended that Diplomates submit their Category I CME documentation for the year when they pay their annual MOC CME maintenance fee of \$50
 - a. **Grandfather clause:** Since this policy was not actively maintained or enforced prior to 2017, any Diplomat eligible for initial recertification on or before 12-31-26 or subsequent recertification on or before 12-31-21 may substitute documentation of completion of an accredited comprehensive review course in child/adolescent and/or transitional aged youth psychiatry (minimum of 8 Category I CME hours) taken within the five years before their certification expires for the annual CME requirement.
2. Successful completion of a case report of an adolescent (age 12 or older) or young adult (age 27 or younger) patient written to follow guidelines described below. Acceptable sources for this report include patients evaluated by and/or treated by the psychiatrist,

patients whose treatment was supervised by the psychiatrist, or cases evaluated in the course of the psychiatrist's role as a consultant. Cases in which the psychiatrist provided medication management with another professional providing psychosocial treatment are acceptable provided the report addresses the full spectrum of the patient's treatment.

Whatever the psychiatrist's role, the evaluation report should show evidence of a high level of clinical reasoning and decision-making, and the ability to synthesize the data obtained from all relevant sources. It must include relevant cultural information and an assessment of psychological and social functioning. The treatment plan and/or recommendations should reflect patient needs and available resources. If available, information about the course of treatment and changes made in diagnosis or treatment should be presented and discussed.

After a report is reviewed by the ASAP Council on Certification in Adolescent Psychiatry, if inadequacies are found, the report is returned to Diplomate for correction. An approved report must be on file for each Diplomate every five years or certification is revoked. While a report of an ongoing treatment case is preferred, it is also acceptable to submit a report involving a consultation/supervised case, or a reviewed case (if the Diplomate documents that they are in a position where they conduct no direct clinical care).

Report Outline:

I. Identifying information

For example: This is a __ yr old female /male, grade __ student, of __ ethnicity or racial group, who lives with _____.

II. Context of the evaluation

- a. Source of referral: for example, family doctor or PCP, parents/CAS or CYS i.e. Child Protection Services, Juvenile Justice i.e. Judge X of what court /Probation School, self.
- b. Setting of evaluation (for example, private office, residential treatment center, community service organization)
- c. Reason for Referral
- d. Sources of data: documentation reviewed and source of this documentation
- e. Participants in interview and the family or other relationship to the identified patient (IP)
- f. Persons interviewed (for example, parents with IP; IP individually; parents without IP; IP and staff from facility; staff without IP etc.)

III. Relevant data

- a. Chief complaint
- b. History of present illness,
- c. Past psychiatric history
- d. Relevant family, social and developmental history
- e. Cultural factors

- f. Medical history
 - g. Mental status examination
- IV. Synthesis and organization of data
- a. Biopsychosocial formulation^{1 1}
 - b. Differential diagnosis with discussion of data that support the diagnosis (or diagnoses)
 - c. Initial diagnostic impression
 - d. Comprehensive treatment plan
 - e. Course of treatment (if applicable)
 - f. Current status of patient and family (as applicable)

3. Current certification by either American Board of Psychiatry and Neurology or The Royal College of Medicine of Canada in psychiatry.

4. Current license in a state or territory in the United States or a province of Canada

The Council on Certification in Adolescent Psychiatry may revoke the certification of Diplomates who do not meet all requirements for continued certification.

The ABAP reserves the right and responsibility to alter these requirements with adequate notice to the field of psychiatry.

The fee schedule for maintenance of certification:

- Recertification Application fee included with one case management report fee and certificate: \$500
- Annual CME Report Maintenance Fee: \$ 50.00
 - **Grandfather clause:** For those Diplomates identified in the 1a grandfather clause above, any unpaid back MOC fees & reinstatement penalties will be waived at recertification if the Diplomate provides evidence of completion of the required accredited review course as described previously.
- Late Fee (if submitted after December 31st) \$100.00
- Grace period of 6 months ends June 30th of year after certification expires.
- Reinstatement Fee: \$100

¹ Please download and review the PowerPoint presentation “Evaluation and Formulation in Adolescent Psychiatry” posted on the ASAP website.