

# CERTIFICATION BY ABMSP INTERNATIONAL DESIGNATION

- › PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS & DIABETIC FOOTWEAR ›
  - › PRIMARY CARE IN PODIATRIC MEDICINE ›
    - › FOOT & ANKLE SURGERY ›
  - › LIMB PRESERVATION & SALVAGE ›

{ HANDBOOK FOR CANDIDATES }

## PRIMARY CARE IN PODIATRIC MEDICINE & FOOT & ANKLE SURGERY

**May 4 – May 18, 2019**

*Application Deadline: March 1, 2019*

**October 5 – October 19, 2019**

*Application Deadline: August 15, 2019*

## PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS & DIABETIC FOOTWEAR

**February 9 – February 23, 2019**

*Application Deadline: December 3, 2018*

**August 3 – August 17, 2019**

*Application Deadline: June 3, 2019*

## LIMB PRESERVATION & SALVAGE

**January 12 – January 26, 2019**

*Application Deadline: November 20, 2018*

**June 8 – June 22, 2019**

*Application Deadline: April 15, 2019*



AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN

PODIATRY™

PRIMARY CARE • FOOT & ANKLE SURGERY  
DIABETIC WOUND • LIMB PRESERVATION & SALVAGE

SPECIALTY CERTIFICATION OF THE LOWER EXTREMITY

[www.abmsp.org](http://www.abmsp.org)

# ABMSP – American Board of Multiple Specialties in Podiatry Examinations Handbook for Candidates

## TABLE OF CONTENTS

<b>MISSION STATEMENT</b> .....	<b>- 3 -</b>
<b>AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY</b> .....	<b>- 3 -</b>
<b>PURPOSE STATEMENT</b> .....	<b>- 3 -</b>
<b>THE ROLE OF CERTIFICATION</b> .....	<b>- 3 -</b>
<b>OBJECTIVES OF CERTIFICATION</b> .....	<b>- 4 -</b>
<b>ELIGIBILITY REQUIREMENTS</b> .....	<b>- 4 -</b>
CERTIFICATION EXAMINATION IN PRIMARY CARE IN PODIATRIC MEDICINE – INTERNATIONAL DESIGNATION .....	- 4 -
CERTIFICATION EXAMINATION IN FOOT AND ANKLE SURGERY – INTERNATIONAL DESIGNATION .....	- 5 -
CERTIFICATION EXAMINATION IN DIABETIC FOOT WOUNDS & DIABETIC FOOTWEAR – INTERNATIONAL DESIGNATION .....	- 6 -
CERTIFICATION EXAMINATION IN LIMB PRESERVATION AND SALVAGE – INTERNATIONAL DESIGNATION .....	- 6 -
<b>APPEALS ON ELIGIBILITY</b> .....	<b>- 7 -</b>
<b>ADMINISTRATION</b> .....	<b>- 7 -</b>
<b>NON-DISCRIMINATION</b> .....	<b>- 7 -</b>
<b>ATTAINMENT OF CERTIFICATION AND RECERTIFICATION</b> .....	<b>- 7 -</b>
<b>REVOCAION OF CERTIFICATION AND OTHER DISCIPLINE</b> .....	<b>- 8 -</b>
<b>COMPLETION OF APPLICATION</b> .....	<b>- 8 -</b>
<b>FEES</b> .....	<b>- 9 -</b>
<b>REFUNDS</b> .....	<b>- 9 -</b>
<b>EXAMINATION ADMINISTRATION</b> .....	<b>- 9 -</b>
TESTING SOFTWARE TUTORIAL .....	- 9 -
<b>ONLINE PRACTICE TEST</b> .....	<b>- 10 -</b>
<b>SCHEDULING YOUR EXAMINATION APPOINTMENT</b> .....	<b>- 10 -</b>
<b>SPECIAL NEEDS</b> .....	<b>- 10 -</b>
<b>INTERNATIONAL TESTING CENTERS</b> .....	<b>- 10 -</b>
<b>CHANGING YOUR EXAMINATION APPOINTMENT</b> .....	<b>- 11 -</b>
<b>RULES FOR EXAMINATION</b> .....	<b>- 11 -</b>
<b>REPORT OF RESULTS</b> .....	<b>- 12 -</b>
<b>EXAMINATION CHALLENGES</b> .....	<b>- 12 -</b>
<b>PASSING SCORE</b> .....	<b>- 13 -</b>
<b>REEXAMINATION</b> .....	<b>- 13 -</b>
<b>CONFIDENTIALITY</b> .....	<b>- 13 -</b>
<b>CONTENT OF EXAMINATION: PRIMARY CARE IN PODIATRIC MEDICINE</b> .....	<b>- 14 -</b>
<b>CONTENT OUTLINE FOR PRIMARY CARE</b> .....	<b>- 15 -</b>

ABMSP International Designation Examinations – Handbook for Candidates

**CONTENT OF EXAMINATION: FOOT AND ANKLE SURGERY ..... - 16 -**  
**CONTENT OUTLINE FOR FOOT AND ANKLE SURGERY ..... - 16 -**  
**CONTENT OF EXAMINATION: DIABETIC FOOT WOUNDS AND DIABETIC FOOTWEAR ..... - 18 -**  
**CONTENT OUTLINE FOR DIABETIC FOOT WOUNDS AND DIABETIC FOOTWEAR ..... - 19 -**  
**CONTENT OF EXAMINATION: LIMB PRESERVATION AND SALVAGE ..... - 21 -**  
**CONTENT OUTLINE FOR LIMB PRESERVATION AND SALVAGE ..... - 22 -**

## MISSION STATEMENT

We exist to protect and improve the podiatric health and welfare of the public.

## AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists. In 2008, its certification programs were accredited by the American National Standards Institute (ANSI) for meeting the international standards for accreditation programs as set forth in ANSI/ISO/IEC/17024:2003. In 2012, the ABMSP was also accredited by URAC (Utilization Review Accreditation Commission).

## PURPOSE STATEMENT

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for and to administer examinations for certification in (a) primary care in podiatric medicine and (b) foot and ankle surgery; (c) prevention and treatment of diabetic foot wounds and diabetic footwear; and (d) limb preservation and salvage; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists certified by the corporation; and (iv) to maintain a registry of podiatrists certified by the corporation.

### American Board of Multiple Specialties in Podiatry Certification Examinations

- ◆ Primary Care in Podiatric Medicine
- ◆ Foot and Ankle Surgery
- ◆ Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear
- ◆ Limb Preservation and Salvage

## THE ROLE OF CERTIFICATION

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot.

## OBJECTIVES OF CERTIFICATION

To establish competency in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear and limb preservation and salvage by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear and limb preservation and salvage.
2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Multiple Specialties in Podiatry and pass examinations in specialties within the field of podiatry.
3. Encouraging continued professional growth in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear, and limb preservation and salvage.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

## ELIGIBILITY REQUIREMENTS

### Certification Examination in Primary Care in Podiatric Medicine – International Designation

Note: All ABMSP examinations are offered in English only.

1. The Board shall require candidates for certification meet ONE of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. **(Submit proof of residency with application.)**
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME PLUS at least 10 years of practice as a podiatrist. **(Submit proof of residency with application.)**
  - (c) No residency program and a minimum of at least 20 years of practice as a podiatrist. Hold a current DPM license. **(Submit a copy of current DPM license with application.)**
2. Hold a DPM degree in the United States (or territorial possession). (Submit a copy of degree with application.)
3. Submit a copy of a current passport photograph page with the passport number crossed out.
4. Two letters of professional recommendation on letterhead, one from the residency director and one from another attending written in English.

5. Completion of consent form.
6. Completion and filing of the application.
7. Payment of the required fee.

After passing the exam, submission of at least 8 documented primary care cases from patients during residency.

### Certification Examination in Foot and Ankle Surgery – International Designation

Note: All ABMSP examinations are offered in English only.

In order to sit for the Foot and Ankle Surgery examination a candidate must have taken and passed the Primary Care examination. Additional eligibility requirements:

1. The Board shall require candidates for certification meet ONE of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of residency with application.)
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME PLUS at least 10 years of practice as a podiatrist. (Submit proof of residency with application.)
  - (c) No residency program and a minimum of at least 20 years of practice as a podiatrist. Hold a current DPM license. (Submit a copy of current DPM license with application.)
2. Hold a current DPM license. (Submit a copy of current DPM license with application.)
3. Hold a DPM degree in the United States (or territorial possession). (Submit a copy of degree with application.)
4. Submit a copy of a current passport photograph page with the passport number crossed out.
5. Two letters of professional recommendation on letterhead, one from the residency director and one from another attending written in English.
6. Completion of consent form.
7. Completion and filing of the application.
8. Payment of the required fee.

After passing the examination, submission of a log from the first two years of residency, plus documentation at least 50 surgery cases from the third year of residency.

### Certification Examination in Prevention & Treatment of Diabetic Foot Wounds & Diabetic Footwear – International Designation

Note: All ABMSP examinations are offered in English only.

1. Hold a current DPM, DO, or MD license. (Submit a copy of current license with application.)
2. Hold a DPM, DO, or MD degree in the United States (or territorial possession). (Submit a copy of degree with application.)
3. Submit a copy of a current passport photograph page with the passport number crossed out.
4. Three letters of professional recommendation on letterhead, written in English.
5. Submit a copy of current resume or curriculum vitae.
6. Completion of consent form.
7. Completion and filing of the application.
8. Payment of required fee.

### Certification Examination in Limb Preservation and Salvage – International Designation

Note: All ABMSP examinations are offered in English only.

1. Licensed as a DPM, MD, or DO or equivalent in other countries (must submit copy of license).
2. Hold a DPM, DO, or MD degree in the United States (or territorial possession). (Submit a copy of degree with application.)
3. Hold current board certification by a recognized certification board by the respective profession (must submit copy of certificate).
4. Submit a copy of a current passport photograph page with the passport number crossed out.
5. Completion of consent form.
6. Completion and filing of the application.
7. Payment of required fee.

## APPEALS ON ELIGIBILITY

Candidates who have been deemed ineligible to sit for an examination may appeal in writing to the American Board of Multiple Specialties in Podiatry. The letter must be accompanied by supporting documents. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The American Board of Multiple Specialties in Podiatry will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.

## ADMINISTRATION

The Certification Program is sponsored by the American Board of Multiple Specialties in Podiatry (the Board). The examination is psychometrically developed and independently administered for the Board by the Professional Testing Corporation (PTC), 1350 Broadway, Suite 800, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

Questions concerning eligibility for the examination should be directed to the Board at (888) 852-1442. Questions concerning admission to the examination and test sites should be directed to PTC at (212) 356-0660.

The American Board of Multiple Specialties in Podiatry name, logo, certificates, cards, and abbreviations are the exclusive property of the Board. Use of these and all Board materials in any manner not permitted by the Board's Code of Professional Practice, and any use by non-Board certificants, is not authorized and is prohibited by law.

## NON-DISCRIMINATION

The American Board of Multiple Specialties in Podiatry does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

## ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Candidates who pass the Certification Examination and case submissions in The Certification Examinations for Primary Care in Podiatric Medicine, Foot and Ankle Surgery, Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Footwear and Limb Preservation and Salvage and Preservation and who adhere to the Board's Code of Professional Practice are eligible to indicate Board Certification in The Certification Examinations for Primary Care in Podiatric Medicine, Foot and Ankle Surgery, Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Footwear and Limb Preservation and Salvage and Preservation will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified in Primary Care in Podiatric Medicine and/or Foot and Ankle surgery will be maintained by the Board and may be reported in its publications.



Certification is valid for a period of four (4) years at which time the candidate must submit a completed application for recertification, other material as might be required, and be in compliance with all Board requirements

## REVOCATION OF CERTIFICATION AND OTHER DISCIPLINE

Individuals who fail to meet the requirements set forth in the Board's Code of Professional Practice may have their Certification revoked.

## COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the application. Mark only one response unless otherwise indicated.

**NOTE:** *The name you enter on your application must match exactly the name listed on your government issued photo ID such as driver's license or passport.*

**CANDIDATE INFORMATION:** Print your name, address, e-mail address, daytime phone number, fax number, and date of birth in the appropriate row of empty boxes. Also, indicate your choice of testing period.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**EDUCATIONAL BACKGROUND INFORMATION:** Complete the Podiatric Education History, Resident Information, and Professional Work History sections in full.

**CANDIDATE SIGNATURE:** When you have completed all required information, read the statements under Candidate Signature and sign and date the application in the space provided.

**Mail the application with the consent form and all appropriate documentation and fee(s) (see FEES page 8) in time to be received by the deadline to:**

**ABMSP Examination  
Professional Testing Corporation  
1350 Broadway, Suite 800  
New York, NY 10018**

**NOTE:** Applications will be returned if not submitted with the required documentation.

## FEES

Primary Care in Podiatric Medicine only .....	\$600.00
Foot and Ankle Surgery only .....	\$500.00
<b>(Note: The Foot and Ankle Surgery Examination is available only to podiatrists already certified in Primary Care with the American Board of Multiple Specialties in Podiatry)</b>	
Both Primary Care and Foot and Ankle examinations during same testing period .....	\$1,000.00
Diabetic Foot Wounds & Footwear .....	\$500.00
Limb Salvage and Preservation .....	\$495.00

Make check or money order payable to:

### PROFESSIONAL TESTING CORPORATION

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the application.

**Do Not Send Cash**

## REFUNDS

**There will be NO refund of fees.** Candidates unable to take the examination as scheduled may request a transfer to the next testing period if the request is submitted with the transfer fee of \$245 and received within thirty (30) days after the testing period ends. **Exams may only be transferred once, please plan carefully.**

## EXAMINATION ADMINISTRATION

The Certification Examinations for Primary Care in Podiatric Medicine, Foot and Ankle Surgery, Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Footwear and Limb Preservation and Salvage are administered during established two-week testing periods on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (833) 207-1288. Please note: Hours and days of availability vary at different centers.

***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.***

## TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online. Go to <http://www.ptcny.com/cbt/demo.htm>. This online Testing Software Tutorial can give you an idea about the features of the testing software.

## ONLINE PRACTICE TEST

Candidates can experience what the computerized test will be like by taking an online practice exam. This sixty (60) question practice test gives a glimpse into the ABMSP Certification Examinations using actual questions which have been retired from the past forms of the examinations. Scores by content area are provided upon completion. This is an opportunity to experience taking the computerized examination, to review the content included in the examination and to learn more about the question format and style. Two (2) hours are allotted to complete the sixty (60) questions for a fee of \$75. The examinations can be found at the PTC website, [www.ptcny.com](http://www.ptcny.com).

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed, and your eligibility verified, you will be sent a Scheduling Authorization within the 6-week period preceding the start of the testing period. ***You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D.*** PTC recommends candidates bring a paper copy of the scheduling authorization from PTC as well as the appointment confirmation from PSI to the testing center. A candidate not receiving a Scheduling Authorization at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

- **It is your responsibility to contact PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

## SPECIAL NEEDS

ABMSP and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

**Only those requests made and received on the official Request for Special Needs Accommodations Form (found at [www.ptcny.com](http://www.ptcny.com)) will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form.**

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

## INTERNATIONAL TESTING CENTERS

Candidates outside of the United States and Canada must complete and submit the Request for Special Testing Center Form found on the [www.ptcny.com](http://www.ptcny.com) homepage. This form must be uploaded to your application no later than 8 weeks prior to the start of the chosen testing period. Fees for testing at an international computer test center (outside of the United States and Canada) are \$100.00 in addition to the examination fee. PTC will arrange a computer based examination at an international test center for you.

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact PSI at (833) 207-1288 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

## RULES FOR EXAMINATION

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.
2. No papers, books or other reference materials may be taken into or removed from the examination room.
3. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; all wearable technology such as smart watches; MP3 players such as iPods, pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on the screen at the beginning of the examination session.
5. Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room.

6. Visitors are not permitted in the examination room.
7. Test documents and notes must remain in the examination room. Removing any test material by any means is prohibited.
8. The Board prohibits certain behaviors, including (but not limited to) the activities listed below.
  - A. Copying test questions.
  - B. Copying answers.
  - C. Permitting another to copy answers.
  - D. Falsifying information required for admission to an examination.
  - E. Impersonating another examinee.
  - F. Taking the examination for any reason other than for the purpose of seeking certification.
9. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
10. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
11. All watches and “Fitbit” type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

## REPORT OF RESULTS

Within four weeks after the testing period ends, candidates will be notified in writing by Professional Testing Corporation of their examination results. The total score and scores on major areas of the examination will be indicated whether the candidate passes or fails. No scores will be reported over the telephone, fax or by e-mail. Candidates will not be permitted to review the questions they missed.

## EXAMINATION CHALLENGES

It is the policy of the American Board of Multiple Specialties in Podiatry to provide every candidate with an opportunity to question the reliability, validity, and/or fairness of a test and its questions. Candidates may comment about any test question or questions, test procedure, and/or the test itself by completing the comment form, which is found at the end of every examination. Alternatively, a candidate may submit a complaint in writing to the Board administrative offices no later than fourteen (14) calendar days after taking the examination. Complaints and challenges must be communicated in writing and within this timeframe; the Board will NOT consider late challenges or complaints, or complaints not submitted in writing.

All challenges and complaints shall receive the Board’s full attention. The Board shall investigate each challenge or complaint and acknowledge it in writing to the complaining candidate.

## **PASSING SCORE**

The examinations are Pass or Fail examinations only. The method used to set the passing score for the examinations is in accordance with standard criterion-referenced passing score standards. The passing score is set by the Board of Directors of the American Board of Multiple Specialties in Podiatry using generally accepted psychometric principles and methods to determine what constitutes a competent podiatric professional. Each candidate is measured against a standard of knowledge, not against the performance of other individuals taking the examination.

The examinations consist of 250 multiple-choice questions, with 4 responses, only one of which is correct.

The passing score for the Primary Care in Podiatric Medicine Certification Examination is 168.

The passing score for the Foot and Ankle Surgery Certification Examination is 167.

The passing score for the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Foot Wear Certification Examination is 175.

The passing score for the Limb Preservation and Salvage Certification Examination is 175.

## **REEXAMINATION**

The American Board of Multiple Specialties in Podiatry Examinations may be taken as often as desired upon re-registration and payment of the examination fee(s).

## **CONFIDENTIALITY**

1. The Board will release the individual test scores **ONLY** to the individual candidate.
2. Any questions concerning test results should be referred to the Board or the Professional Testing Corporation.
3. The American Board of Multiple Specialties in Podiatry will publish a list of candidates who pass the examinations each year and will maintain a current listing of diplomates. The Board certification status, but not scores, will be released upon request. Requests should be submitted to the Board's administrative office.

## **CONTENT OF EXAMINATION: Primary Care in Podiatric Medicine**

1. The Primary Care in Podiatric Medicine Certification Examination and Foot and Ankle Surgery Certification Examination are computer-based examinations composed of 250 multiple choice, objective questions with a total testing time of three and one-half (3-1/2) hours each.
2. The content for the examinations is described in the Content Outlines starting on page 15.
3. The questions for the examinations are obtained from individuals with expertise in primary care in podiatric medicine and foot and ankle surgery and are reviewed for construction, accuracy, and appropriateness by the American Board of Multiple Specialties in Podiatry.
4. The American Board of Multiple Specialties in Podiatry, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

The Primary Care in Podiatric Medicine Certification Examination will be weighted in approximately the following manner:

I. Examination.....	40%
II. Pathology.....	20%
III. Treatment.....	40%

## CONTENT OUTLINE FOR PRIMARY CARE

### I. EXAMINATION

- A. History
  - 1. Chief Complaint
  - 2. Present Illness
    - a. Medications
    - b. Allergies
  - 3. Medical History
  - 4. Surgical History
  - 5. Family History
  - 6. Social History
  - 7. Systems Review
- B. Physical
  - Examination of Lower Extremity
    - 1. Vascular
      - a. Arterial
      - b. Venous
      - c. Temperature Gradient
      - d. Capillary Filling Time
      - e. Varicosities
    - 2. Dermatological
      - a. Skin
      - b. Nails
      - c. Hair
    - 3. Neurological
      - a. Patella Reflex
      - b. Achilles Reflex
      - c. Sharp/Dull
      - d. Touch
      - e. Vibratory Sense
      - f. Babinski
      - g. Nerve Conduction
      - h. Other
    - 4. Musculoskeletal and Orthopedic
      - a. Muscle Testing
      - b. Arch Morphology
      - c. Gait Analysis
      - d. Limb Length
      - e. Hallux Abductovalgus
      - f. Range of Motion of Major Joints

- g. Biomechanicals
- h. Foot Structure
  - i. Fracture
  - j. Other
- C. Laboratory
  - 1. Blood Chemistry
  - 2. CBC
  - 3. Urinalysis
  - 4. ESR
  - 5. Coagulation Profile
  - 6. Blood Glucose Test
  - 7. Bone Pathology Test
  - 8. Gram Stain Study
  - 9. Culture and Sensitivity
  - 10. Culture
  - 11. Arthritic Collagen Studies
  - 12. HIV Test
  - 13. Renal Function Test
  - 14. Hepatic Function Test
  - 15. Blood Gases
  - 16. Other
- D. Radiography/Diagnostic Imaging
  - 1. Radiography
  - 2. Fluoroscopy
  - 3. Magnetic Resonance Imaging
  - 4. Bone Scan Studies
  - 5. CT Scan
  - 6. Angiography
  - 7. Arthrography
  - 8. Diagnostic Ultrasound

### II. PATHOLOGY

- A. Etiology
  - 1. Vascular
  - 2. Neurological
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Malignant
  - 7. Other
- B. Signs and Symptoms
  - 1. Vascular
  - 2. Neurological
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Malignant
  - 7. Other
- C. Morbidity
  - 1. Vascular
  - 2. Sensory
  - 3. Dermatologic
  - 4. Orthopedic
  - 5. Infectious
  - 6. Other

### III. TREATMENT

- A. Management
  - 1. Nail Disorders
  - 2. Wounds and Ulcerations
  - 3. Chronic Conditions
    - a. Diabetes Mellitus
    - b. Arthritides
    - c. Gout
    - d. Other
  - 4. Sprains and Fractures
  - 5. Infections
  - 6. Age-related
  - 7. Soft Tissue Masses
  - 8. Deformities
  - 9. Other
- B. Surgery
- C. Wound Care
- D. Physical Therapy
- E. Pharmacology/Nutrition
  - 1. Types
  - 2. Interactions
  - 3. Side Effects
- F. Patient Advice and Counseling
- G. Prescription Devices
  - 1. Orthotics
  - 2. Braces
  - 3. Footwear
  - 4. Support Hose



## CONTENT OF EXAMINATION:

### Foot and Ankle Surgery

The Foot and Ankle Surgery Certification Examination will be weighted in approximately the following manner:

I. Examination.....	15%
II. Diagnosis.....	10%
III. Conditions.....	20%
IV. Surgery.....	50%
V. Pharmacology and Nutrition.....	5%

## CONTENT OUTLINE FOR FOOT AND ANKLE SURGERY

### I. EXAMINATION

- A. Physical
  - 1. Collection and Handling of Specimens
  - 2. Testing Techniques
  - 3. Interpretation
  - 4. Punch Biopsy
  - 5. Anatomical
- B. Laboratory Examination
  - 1. Collection and Handling of Specimens
  - 2. Testing Techniques
  - 3. Interpretation of Test Results
  - 4. Obtain Specimens From Lesions of the Lower Extremities
  - 5. Venipuncture and Heparin Lock
  - 6. Synovial Biopsy
- C. Radiographic Examination
  - 1. Testing Techniques
  - 2. Interpretation of Test Results
  - 3. Handling X rays and Development

### II. DIAGNOSIS

- A. Normal and Abnormal Data
- B. Classification Systems
- C. Presurgical Procedures
- D. Justify Procedure
- E. Postsurgical Complications

### III. CONDITIONS

- A. Medical
- B. Podopediatric
- C. Geriatric
- D. Other Patient Populations
- E. Vascular
- F. Neurological
- G. Dermatological
- H. Orthopedic
- I. Biochemical
- J. Sports Medicine
- K. Surgical Technique
- L. Surgical Procedures
- M. Fracture Care
  - 1. Great Toe
  - 2. Lesser Toes
  - 3. Metatarsals
  - 4. Tarsals
  - 5. Ankles

### N. Musculoskeletal

- 1. Dislocation
- 2. Chronic Unstable Ankle
- 3. Ankle Sprains
- 4. Congenital Foot and Ankle Deformities
- 5. Acquired Foot and Ankle Deformities
- 6. Inflammatory Conditions of the Foot, Ankle, and Leg

### IV. SURGERY

- A. Knowledge
  - 1. Podiatric Surgical Procedures
  - 2. Execution of Podiatric Surgical Procedures
  - 3. Surgical Complications
  - 4. Anesthesiology
  - 5. Sterile Technique
  - 6. Surgical Fixation and Stabilization
    - a. Kirschner Wire
    - b. Screws and Plates
    - c. Staples and Implants
- d. Sutures
- 7. Casting and Immobilization
- B. Procedures
  - 1. Prepare and Maintain Surgically Sterile Field
  - 2. Laceration
  - 3. Digital Deformity
  - 4. Sesamoidectomy
  - 5. Bunionectomy
    - a. Simple
    - b. Osteotomy Distally
    - c. Osteotomy Proximally
    - d. Fixation
    - e. K-Wire
    - f. Implant
    - g. Other
  - 6. Metatarsal Deformity
    - a. Osteotomy with and without fixation
    - b. Metatarsal Head Resection
  - 7. Soft Tissue Deformities of the Foot

ABMSP International Designation Examinations – Handbook for Candidates

8. Resect Calcaneal Exostosis and Plantar Fasciotomy
  9. Resection of Intermetatarsal Neuromas
  10. Injections
    - a. Periarticular
    - b. Intra-articular
    - c. Aspiration of Joint
    - d. Subcutaneous
  11. Debridement of Ulcers
  12. Total or Partial Matrixectomy
  13. Excision of Verruca
  14. Excision of Cutaneous Lesions
  15. Incision and Drainage of Superficial and Deep Abscess
  16. Excision of Deep Lesions Including Ganglions
  17. Removal of Foreign Bodies Superficial and Deep
  18. Home Rehabilitation Program for Patients With Immobilized Feet and Legs
  19. Postoperative Complications
  20. Methods of Hemostasis for Surgery
  21. Tarsal Coalition Resection
  22. Joint Fusion Procedures
  23. Tarsal Osteotomy
  24. Ankle Surgery
  25. Ankle Stabilization
  26. Tendon Balancing and Repair Procedure to Tarsal Area Pathology
  27. Skin Grafting Procedures
  28. Foot and Ankle Trauma
  29. Puncture Wounds
  30. Osseous Deformities of the Foot and Ankle
  31. Osteomyelitis
  32. Laser
- C. Wound Healing
- V. PHARMACOLOGY AND NUTRITION**
- A. Pharmacology
1. Drug Interactions
  2. Drug Dosage, Toxicity, and Side Effects
  3. Route of Administration
- B. Drugs and Medications
1. Drugs Used and Administration
  2. General Anesthesia
  3. Nitrous Oxide
  4. Local and Regional Blocks
- C. Nutritional Factors that Affect the Course of Treatment
- D. Antibiotics
- E. Corticosteroids
- F. Nonsteroidal Anti-Inflammatory Drugs
- G. Anticoagulants
- H. Narcotics
- I. Emergency Medicine
-

**CONTENT OF EXAMINATION:  
Diabetic Foot Wounds and Diabetic Footwear**

1. The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 18.
3. The questions for the examination are obtained from individuals with expertise in prevention and treatment of diabetic foot wounds and are reviewed for construction, accuracy, and appropriateness by the Board.
4. The Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear will be weighted in approximately the following manner:

I. Anatomy and Physiology .....	10%
II. Etiology and Pathophysiology .....	10%
III. Psychosocial Factors .....	5%
IV. Diagnostic Considerations .....	20%
V. Examination .....	20%
VI. Treatment .....	35%

## CONTENT OUTLINE FOR DIABETIC FOOT WOUNDS AND DIABETIC FOOTWEAR

### **I. ANATOMY & PHYSIOLOGY**

- A. Integumentary System
  - 1. Layers
    - a. Epidermis
    - b. Dermis
    - c. Subcutaneous
  - 2. Supportive Structures
    - a. Fascia
    - b. Tendons
    - c. Muscles
    - d. Bones
    - e. Vascular Supply
    - f. Nerve Supply
- B. Physiology of Integumentary System
  - 1. Thermoregulation
  - 2. Protection
  - 3. Sensation
  - 4. Absorption
  - 5. Phases of Wound Healing
    - a. Inflammation
    - b. Fibroblastic/Proliferative
      - 1. Granulation
      - 2. Epithelialization
      - 3. Contraction
    - c. Maturation/Remodeling
      - 1. Collagen Refinement
      - 2. Tensile Strength
  - 6. Moist Wound Healing
  - 7. Factors Affecting Wound Healing
    - a. Local
    - b. Systemic Systems
    - c. Footwear
  - 8. Types of Wound Closures
    - a. Primary
    - b. Secondary
    - c. Tertiary
- C. Other Structures

### **II. ETIOLOGY & PATHOPHYSIOLOGY**

- A. Genetics
  - B. Autoimmunity
  - C. Insulin Deficiency & Reaction
  - D. Allergy
  - E. Chemical Exposure
  - F. Mechanical Trauma
    - 1. Footwear
    - 2. Foreign Body
    - 3. Other
  - G. Infection
  - H. Skin Lesion
  - I. Other Precipitating Factors
    - 1. Vascular
    - 2. Neurological
    - 3. Biomechanical
  - J. Diabetes Mellitus
- ### **III. PSYCHOSOCIAL FACTORS**
- A. Self Care
  - B. Stress
  - C. Metabolic Control
  - D. Coping and Adapting
  - E. Life Style
  - F. Cultural and Ethnic Factors
  - G. Footwear
  - H. Other
- ### **IV. DIAGNOSTIC CONSIDERATIONS**
- A. Duration of Wound
  - B. Condition of Skin
  - C. Wound Assessment
    - 1. Size
      - a. Dimensions
      - b. Depth
    - 2. Location
    - 3. Wound Bed
      - a. Color
      - b. Type of Tissue
    - 4. Odor
    - 5. Exudate
    - 6. Surrounding Margins and Skin
    - 7. Undermining

- 8. Pain
- 9. Tissue Involvement
  - a. Partial Thickness
  - b. Full Thickness
- 10. Stage/Classification
- 11. Etiology of Wounds
  - a. Neuropathic Status
  - b. Circulatory Status
  - c. Footwear
- 12. Other

### **V. EXAMINATION**

- A. Chief Complaint
- B. Medical History
  - 1. Insulin
  - 2. Other Medications
  - 3. Systemic Conditions
- C. Surgical History
- D. Wound Healing
- E. Family and Social History
- F. Systems Review
- G. Physical Examination
  - 1. Vascular
    - a. Arterial
    - b. Venous
    - c. Lymphatic
    - d. Doppler
    - e. PPG
    - f. PVR
    - g. ABI
    - h. Toe Pressure
    - i. Duplex Studies
    - j. Transcutaneous Oxygen
    - k. Other
  - 2. Dermatological
    - a. Skin
    - b. nails
    - c. wounds
  - 3. Neurological
    - a. Testing/ Multiple Tests
    - b. Neuropathy Evaluation
  - 4. Musculature, Skeletal and Orthopedic
    - a. Muscle Test
    - b. Gait Analysis
    - c. Biomechanical Evaluation

### **VI. TREATMENT**

- A. Factors Affecting Healing
  - 1. Age
  - 2. Nutrition
  - 3. Profession
  - 4. Oxygenation
  - 5. Systemic Status
  - 6. Medication
  - 7. Biomechanics
  - 8. Other
- B. Topical Therapy
  - 1. Cleansing
  - 2. Moisture Agents
  - 3. Dressings
  - 4. Enzymes
- C. Physical Therapy
  - 1. Whirlpool
  - 2. Electrical Stimulation
  - 3. Exercise
  - 4. Stasis Pumps
  - 5. Other
- D. Nutritional Aid
- E. Surgical
  - 1. Debridement
    - a. Mechanical
    - b. Chemical
    - c. Sharp
    - d. Other
  - 2. Grafts

## ABMSP International Designation Examinations – Handbook for Candidates

- 3. Revascularization
- 4. Amputation
- 5. Other Methods of Closure
- 6. Considerations
- F. Growth Factors
- G. Hyperbaric
- H. Medication
  - 1. Antibiotics
  - 2. Antifungals
  - 3. Vascular Enrichments
  - 4. Analgesics
  - 5. Other
- I. Biomechanical
  - 1. Strapping
  - 2. Padding
  - 3. Orthotics
  - 4. Footwear
  - 5. Contact Casting
- J. Rehabilitation
  - 1. Exercise
  - 2. Walking
  - 3. Teaching/Preventing
- K. Outcome Evaluation
- L. Discharge Planning
  - 1. Patient Advice
  - 2. Counseling
  - 3. Referrals
- M. Diabetic Shoe Prescription
  - 1. Fitting
  - 2. Construction

## **CONTENT OF EXAMINATION: Limb Preservation and Salvage**

1. The Certification Examination in Limb Preservation and Salvage is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 21.
3. The questions for the examination are obtained from individuals with expertise in Limb Preservation and Salvage and are reviewed for construction, accuracy, and appropriateness by the Board.
4. The Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination in Limb Preservation and Salvage will be weighted in approximately the following manner:

I. History and Physical Examination .....	15%
II. Diabetic Foot Disease .....	10%
III. Evaluation of High Risk Patient .....	19%
IV. Diagnostic Methods .....	16%
V. Treatment Plan .....	30%
VI. Coordination of Care .....	10%

## CONTENT OUTLINE FOR LIMB PRESERVATION AND SALVAGE

### **I. HISTORY & PHYSICAL EXAMINATION**

- A. Interview of High Risk Patient
  - 1. Presenting Complaint
    - a. Pain Status
    - b. Reason for Visit
    - c. History of Complaint
    - d. Length of Complaint
  - 2. Past Diagnostic Examinations
    - a. Imaging
    - b. Vascular Testing
    - c. Laboratory Testing
    - d. Neurological Testing
  - 3. Treatments and Recommendations for Treatments
    - a. Pharmacologic Treatment History
    - b. Surgical Intervention History
    - c. Wound Care History
  - 4. Effect of Treatments
  - 5. Background & Co-Morbidities
    - a. Psychological
      - 1. Emotional Status
      - 2. Mental Status
    - b. Medical
      - 1. Renal Status
      - 2. Cardiac Status
      - 3. Peripheral Circulation Status
      - 4. Endocrine Status
    - c. Psychosocial
      - 1. Marital Status
      - 2. Home Situation
      - 3. Employment Status

- B. Physical Examination
  - 1. General Health
  - 2. Vascular
    - a. Arterial
    - b. Venous
  - 3. Neurological
  - 4. Musculoskeletal
  - 5. Dermatological

### **II. DIABETIC FOOT DISEASE**

- A. Gangrene/Peripheral Arterial Disease
  - 1. Pain
  - 2. Wet
  - 3. Dry
  - 4. Demarcation
- B. Cellulitis
  - 1. Location
  - 2. Demarcation
  - 3. Episodes
- C. Osteomyelitis
  - 1. Biopsy
  - 2. MRI
  - 3. Nuclear
- D. Charcot Arthropathy
  - 1. Extremity Temperature Difference
  - 2. Ulceration
  - 3. Location of Deformity
- E. Necrotizing Fasciitis
  - 1. Drainage
  - 2. Progression
  - 3. Odor
- F. Neuropathy

### **III. EVALUATION OF HIGH RISK PATIENT**

- A. Risk Status of Patient
  - 1. Spreading
  - 2. Depth
  - 3. Systemic Disease
- B. Ulcerations
  - 1. Size and Depth
  - 2. Location
  - 3. Clinical Appearance
- C. Vascular Disease
  - 1. Clinical Appearance
  - 2. Doppler
  - 3. Testing

- D. Osteomyelitis
  - 1. Signs and Symptoms
  - 2. Bone Culture
  - 3. Imaging
  - 4. Bone Tests
- E. Infections
  - 1. Clinical signs and Symptoms
  - 2. Culture and Sensitivity
- F. Charcot Arthropathy
  - 1. Signs and Symptoms
  - 2. Imaging
- G. Pathology of Disease

### **IV. DIAGNOSTIC METHODS**

- A. Arterial Testing
- B. Venous Testing
- C. Imaging
  - 1. MRI/MRA
  - 2. CT
  - 3. Radiography
  - 4. Nuclear
  - 5. Ultrasound
- D. Laboratory Examinations
- E. Biopsy and Surgical Pathology

### **V. TREATMENT PLAN**

- A. Surgical
  - 1. Types of Amputations
  - 2. Causes of Amputations
  - 3. Incision and Drainage/Debridement
  - 4. Biologic Dressings
  - 5. Surgical Techniques
- B. Nonsurgical
  - 1. Nonbiologic Dressings
  - 2. Growth Factors
  - 3. Medications
- C. Decision Making
  - 1. Treatment Setting
  - 2. Amputation and Resection
  - 3. Limb Salvage Biomechanics

- D. Mechanical Healing Procedures
  - 1. Vascular Pump
  - 2. Hyperbarics
  - 3. Wound Vacuum-Assisted Closure
  - 4. Compression
  - 5. Electromechanical Procedures
- E. Outcome Goals
- F. Complications

### **VI. COORDINATION OF CARE**

- A. Biomechanics of Amputated Foot
- B. Orthotic/Prosthetic/Shoe Considerations
- C. Skin and Nails
- D. Nutrition
- E. Exercise
- F. Psychosocial
- G. Postoperative
- H. Wounds
- I. Referrals
- J. Counseling and Education

**AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY**

**CONSENT FORM**

I, \_\_\_\_\_, certify that all information contained in my application for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] is true and accurate to the best of my knowledge. I certify that I have read and understand the requirements for certification as set forth in the Certification Examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] Handbook for Candidates. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board) and its officers, directors, committee members, employees, and agents (“the above designated parties”) to review my application to take the certification examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I authorize the Board to determine my eligibility for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I agree to revocation or other limitation of my certification if any statement made on my application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board.

I understand and agree that if I am granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], it will be my responsibility to remain in compliance with all certification standards. I understand it is my responsibility to maintain valid certification status by complying with all recertification requirements and timely submitting such proof of compliance as is required by the Board.

I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in my application. I authorize the above designated parties to communicate any and all information relating to any application, certification status, and review thereof, including, but not limited to, pending or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

I understand that the Board reserves the right to refuse my admission to any examination if I do not have an Admission Notice and proper photo identification, or if administration of the examination has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will not receive a 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.



I understand that I may only seek admission to take the examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] for the purpose of seeking certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], and for no other purpose. Because of the confidential nature of the 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 review of the adequacy of examination materials will be limited to computing any scoring correction. If I do anything which is not authorized or which is prohibited by the Board in connection with any 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 not receive a refund of the application or examination fees, and there will be no credit for any future examination.

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 the Board with regard to my application, the examination(s) and/or my certification except claims based on gross negligence or lack of good faith.

I agree that if I pass the examination, the Board may release my name and the fact that I have been granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] to newspapers and other publications. I agree that the Board may release my name and address in a listing of certified podiatrists to individuals and/or organizations interested in podiatry as directed by the board of directors.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g. disciplinary action undertaken or resolved) and licensure (e.g. suspension or revocation).

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

---

Signature

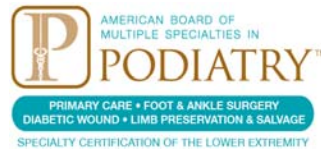
---

Date

---

Name-please print

**Application for American Board of Multiple Specialties in Podiatry Certification in  
Primary Care in Podiatric Medicine and Foot and Ankle Surgery  
International Designation**



Please read the directions in the Handbook for Candidates carefully before completing this application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

**Candidate Information**

Please enter your Name exactly as it appears on a Government Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (REQUIRED) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

**Testing Period:**  Spring  Fall

**Eligibility and Background Information**

Darken only one choice for each question unless otherwise directed.

**A. FOR WHICH EXAMINATION ARE YOU REGISTERING?**

- Primary Care in Podiatric Medicine only
- Foot and Ankle Surgery only
- Both Primary Care and Foot and Ankle Surgery

**B. HAVE YOU TAKEN THE PRIMARY CARE IN PODIATRIC MEDICINE CERTIFICATION EXAMINATION BEFORE?**

- No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_

**C. HAVE YOU TAKEN THE FOOT AND ANKLE SURGERY CERTIFICATION EXAMINATION BEFORE?**

- No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_

**D. NUMBER OF YEARS OF CLINICAL EXPERIENCE:**

- Three  Five  Eight to ten
- Four  Six to seven  Eleven or more

**E. PRIMARY PLACE OF EMPLOYMENT: (Darken only one response.)**

- Private Practice  University/Academic
- Group Practice  Government
- Clinic  Other (please specify below) \_\_\_\_\_
- Hospital \_\_\_\_\_

**F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?**

- No  Yes

**G. IF CERTIFIED BY OTHER PODIATRIC BOARD, PLEASE INDICATE: (Darken all that apply.)**

- ABPS  ABPO  Other (please specify below) \_\_\_\_\_
- ABPOPPM  ACFS \_\_\_\_\_

**H. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?**

- No  Yes

**I. YEARS OF RESIDENCY:**

(ENTER WHOLE NUMBER)

**J. HOW DID YOU HEAR ABOUT US?**

- Magazine Article  Trade Show
- Website  Colleague
- Other (please specify) \_\_\_\_\_

**K. HOSPITAL AFFILIATION:**

Hospital Name \_\_\_\_\_

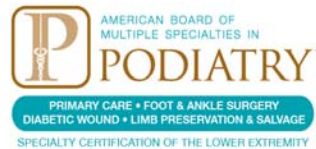
City \_\_\_\_\_ State \_\_\_\_\_

Complete Page 2

37344



# Application for American Board of Multiple Specialties in Podiatry Certification in Primary Care in Podiatric Medicine and Foot and Ankle Surgery



## International Designation

### Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

**Race:**  African American  Hispanic  White  Asian  Native American  No Response

**Age Range:**  Under 25  25 to 29  30 to 39  40 to 49  50 to 59  60+

**Gender:**  Male  Female

### Educational and Background Information

#### PODIATRIC EDUCATION HISTORY:

Podiatry School Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address : \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### PROFESSIONAL WORK EXPERIENCE:

Employer : \_\_\_\_\_ Title : \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Duties : \_\_\_\_\_

Employer : \_\_\_\_\_ Title : \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Duties : \_\_\_\_\_

### Candidate Signature

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also understand that I may apply for special accommodations under the Americans With Disabilities Act, if needed.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, 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 Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_  
 \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_/\_\_\_\_

Card type:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

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

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ 0220  
 \_\_\_\_\_ 0230

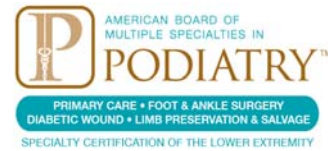
Fee: \_\_\_\_\_

CC  Check

\_\_\_\_\_



**Application for  
Certification Examination in Prevention and Treatment of Diabetic  
Foot Wounds and Diabetic Footwear**



**International Designation**

Please read the directions in the Handbook for Candidates carefully before completing this application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

**Candidate Information**

Please enter your Name exactly as it appears on a Government Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Education Background Information**

**Testing Period:**

Winter  Summer

Darken only one choice for each question unless otherwise directed.

**A. NUMBER OF YEARS OF CLINICAL EXPERIENCE:**

Three  Five  Eight to ten  
 Four  Six to seven  Eleven or more

**B. PRIMARY PLACE OF EMPLOYMENT:**

(Darken only one response.)

Private Practice  University/Academic  
 Group Practice  Government  
 Clinic  Other (please specify below) \_\_\_\_\_  
 Hospital \_\_\_\_\_

**C. CURRENTLY CERTIFIED IN PRIMARY CARE IN  
PODIATRIC MEDICINE BY AMERICAN BOARD OF  
MULTIPLE SPECIALTIES IN PODIATRY?**

No  Yes

**D. ARE YOU A MEMBER OF THE AMERICAN PODIATRIC  
MEDICAL ASSOCIATION?**

No  Yes

**E. CURRENTLY CERTIFIED IN FOOT AND ANKLE  
SURGERY BY ABMSP?**

No  Yes

**F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?**

No  Yes

If yes, please indicate Board: \_\_\_\_\_

**G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

No  Yes If yes, when and under what name?

Month/Year: \_\_\_\_\_

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

**H. IF YOU ARE A VETERAN, ARE YOU BEING  
REIMBURSED FOR THE EXAMINATION FEE?**

No  Yes

**I. PROFESSIONAL LICENSE HELD:**

DPM  DO  MD

State

Lic. # \_\_\_\_\_

**J. HOW DID YOU HEAR ABOUT US?**

Magazine Article  Trade Show  
 Website  Colleague  
 Other (please specify) \_\_\_\_\_

**Optional Information**

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

**Race:**

African American  Hispanic  White  
 Asian  Native American  No Response

**Age Range:**

Under 25  30 to 39  50 to 59  
 25 to 29  40 to 49  60+

**Gender:**

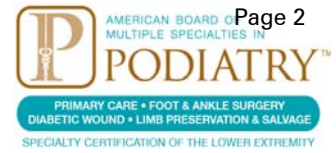
Male  
 Female

Complete Page 2

47888



**Application for  
Certification Examination in Prevention and Treatment of Diabetic  
Foot Wounds and Diabetic Footwear**



**International Designation**

**Eligibility and Background Information**

**MEDICAL/PODIATRIC EDUCATION HISTORY:** *List medical and podiatry school attended.*

Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address : \_\_\_\_\_  
Street City State Zip

Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address : \_\_\_\_\_  
Street City State Zip

**RESIDENT INFORMATION:** *List residency or preceptorship programs completed.*

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROFESSIONAL WORK EXPERIENCE:** *List work experience related to prevention and treatment of diabetic foot wounds.*

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Duties : \_\_\_\_\_

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Duties : \_\_\_\_\_

**Candidate Signature**

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also understand that I may apply for special accommodations under the Americans With Disabilities Act, if needed.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, 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 Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD PAYMENT** *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_/\_\_\_\_

Card type:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Date 0200

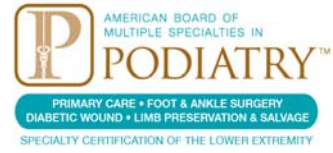
Fee: \_\_\_\_\_

CC  Check

47888



# Application for Certification Examination in Limb Preservation and Salvage International Designation



Please read the directions in the Handbook for Candidates carefully before completing this application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

<b>Candidate Information</b>												Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.											
<input type="radio"/> Mr. First Name <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.												Middle Initial											
Last Name												Suffix (Jr., Sr., etc.)											
Home Address - Number and Street												Apartment Number											
City												State/Province				Zip/Postal Code							
Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)																							
Daytime Phone												Fax:											

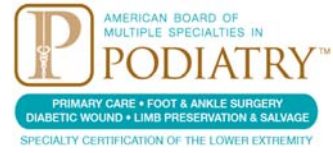
<b>Eligibility and Background Information</b>												<b>Testing Period:</b>											
												<input type="radio"/> Winter <input type="radio"/> Spring											
Darken only one choice for each question unless otherwise directed.																							
<b>A. NUMBER OF YEARS OF CLINICAL EXPERIENCE:</b> <input type="radio"/> Three <input type="radio"/> Five <input type="radio"/> Eight to ten <input type="radio"/> Four <input type="radio"/> Six to seven <input type="radio"/> Eleven or more												<b>G. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?</b> <input type="radio"/> No <input type="radio"/> Yes If yes, please indicate Board: _____											
<b>B. PRIMARY PLACE OF EMPLOYMENT: (Darken only one response.)</b> <input type="radio"/> Private Practice <input type="radio"/> University/Academic <input type="radio"/> Group Practice <input type="radio"/> Government <input type="radio"/> Clinic <input type="radio"/> Other (please specify below) <input type="radio"/> Hospital												<b>H. HAVE YOU TAKEN THIS EXAMINATION BEFORE?</b> <input type="radio"/> No <input type="radio"/> Yes    If yes, when and under what name? Month/Year: _____ Name: _____											
<b>C. CURRENTLY CERTIFIED IN PRIMARY CARE IN PODIATRIC MEDICINE BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?</b> <input type="radio"/> No <input type="radio"/> Yes												<b>I. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?</b> <input type="radio"/> No <input type="radio"/> Yes											
<b>D. CURRENTLY CERTIFIED IN FOOT &amp; ANKLE SURGERY BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?</b> <input type="radio"/> No <input type="radio"/> Yes												<b>J. PROFESSIONAL LICENSE HELD:</b> <input type="radio"/> DPM <input type="radio"/> DO <input type="radio"/> MD Lic. # _____ State _____											
<b>E. CURRENTLY CERTIFIED IN PREVENTION AND TREATMENT OF DIABETIC FOOT WOUNDS AND FOOT WEAR BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?</b> <input type="radio"/> No <input type="radio"/> Yes												<b>K. HOW DID YOU HEAR ABOUT US?</b> <input type="radio"/> Magazine Article <input type="radio"/> Trade Show <input type="radio"/> Website <input type="radio"/> Colleague <input type="radio"/> Other (please specify) _____											
<b>F. ARE YOU A MEMBER OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION?</b> <input type="radio"/> No <input type="radio"/> Yes																							

<b>Optional Information</b>																							
Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.																							
<b>Race:</b>								<b>Age Range:</b>								<b>Gender:</b>							
<input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> No Response								<input type="radio"/> Under 25 <input type="radio"/> 30 to 39 <input type="radio"/> 50 to 59 <input type="radio"/> 25 to 29 <input type="radio"/> 40 to 49 <input type="radio"/> 60+								<input type="radio"/> Male <input type="radio"/> Female							

47390



**Application for  
Certification Examination in Limb Preservation and Salvage  
International Designation**



**Background Information**

**MEDICAL/PODIATRIC EDUCATION HISTORY:** *List medical/podiatry school attended.*

Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Complete Address : \_\_\_\_\_  
Street City State Zip

Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Complete Address : \_\_\_\_\_  
Street City State Zip

**RESIDENT INFORMATION:** *List residency or preceptorship programs completed.*

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Institution Name : \_\_\_\_\_

Complete Address : \_\_\_\_\_ Dates Attended: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

**PROFESSIONAL WORK EXPERIENCE:** *List work experience related to limb preservation and salvage.*

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Duties : \_\_\_\_\_

Employer : \_\_\_\_\_ Title : \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Duties : \_\_\_\_\_

**Candidate Signature**

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also understand that I may apply for special accommodations under the Americans With Disabilities Act, if needed.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, 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 Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD PAYMENT** *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_  
\_\_\_\_\_

Charge my credit card for the total fee of: \$ [ ] [ ] [ ] [ ] [ ] [ ]

Expiration date (month/year): [ ] [ ] / [ ] [ ] [ ] [ ]

Card type:  Visa  MasterCard  American Express

Card Number: [ ]

SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date

Fee: [ ] [ ] [ ] [ ] [ ] [ ]

CC  Check

[ ] [ ]

47390

