

# Certification in Lower Extremity Geriatric Medicine Handbook

330 West 38<sup>th</sup> St, Ste 1105, New York, NY 10018  
888-852-1442

## Mission Statement

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

## 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 certification; (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.

## Statement of Impartiality

The ABMSP understands the importance of maintaining impartiality in all of its decision making and certification activities. The ABMSP Board of Directors is responsible for ensuring that the organization carries out its activities in an impartial manner, managing real or perceived conflicts of interest, and ensuring objectivity in its decision making process.

## 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/or 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 specialties by:

1. Providing a standard of requisite knowledge for certification in specialty areas of podiatry.
2. Recognizing formally those individuals who meet the eligibility and knowledge requirements of ABMSP.
3. Encouraging professional growth in the profession of podiatry.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

## Definition of Geriatric

There is no set age at which a patient may be treated for geriatric podiatry. Rather, this decision is determined by the individual patient's needs.

**Eligibility Requirements**

1. Hold a current DPM license (Submit a copy of the license with application)
2. Post graduate resume, showing podiatric work history from the time of graduation to the present
3. At least 10 years in podiatric practice or have a fellowship training
4. Attestation that at least 20% of practice is with geriatric patients
5. Three letters of professional recommendation, on letterhead, from fellow podiatrists, physicians, or other health professional
6. Completion of an application
7. Payment of the application fee

**Portfolio Requirements**

Certification in Lower Extremity Geriatric Medicine will be awarded by way of a portfolio which demonstrates the candidate's experience in geriatric podiatric medicine. A candidate whose eligibility requirements have been approved must submit documentation within 90 days of receipt of approval to demonstrate that **at least 50 points** have been earned, according to the following grid.

Activity	Points Awarded	Maximum points awarded for this activity
CMEs earned in topics relevant to geriatric podiatry (CMEs must be earned within 5 years prior to application submission)	1 point per CME	30
Presentations made at medical meetings/conferences relevant to geriatric podiatry	5 points per 1 hour presentation	10
Academic courses in topics relevant to geriatric podiatry	10 points per course	20
Articles published in recognized podiatry/medical publications on topics relevant to geriatric podiatry	10 points per article	20
Response to three geriatric case studies supplied by ABMSP	5 points per case study	15
Submission of cases, including x-rays and notes, pertinent to patients who were treated with geriatric podiatry issues	5 points per case study	15
Community volunteer activities relevant to geriatric podiatry (speaking at nursing homes, meeting with seniors, etc.)	1 point per volunteer activity	5
Certification by ABMSP or other recognized podiatric board certification	2 points per certification held	No limit

**ALL components of the portfolio must be submitted together. If any part of the portfolio requirements are missing, everything will be returned to the candidate and re-submission will be required.**

**Submit Portfolio to:  
American Board of Multiple Specialties in Podiatry  
555 8<sup>th</sup> Ave, Ste 1902  
New York, NY 10018**

### **Appeals on Eligibility**

Candidates who have been deemed ineligible to submit a portfolio for this certification may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee. The letter must be accompanied by supporting documentation. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The ABMSP will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.

### **Portfolio Review**

A Portfolio Review Committee, comprised of no less than three and no more than five diplomates, shall be appointed by the ABMSP Board of Directors. The members of the Committee must be currently certified in Lower Extremity Geriatric Medicine by ABMSP. Within 60 days of submission of the portfolio documentation the Portfolio Review Committee shall do one of the following:

1. Ask the candidate for clarifying information on the portfolio submission
2. Return the portfolio submission for additional documentation
3. Award Lower Extremity Geriatric Medicine Certification

### **Appeals on Certification**

In the event a candidate is denied certification, the candidate may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee. The letter must be accompanied by supporting documentation. The appeal must be received within 30 days after the notification of denial of certification. The ABMSP will review the appeal and notify the candidate in writing of its decision within 30 days of receipt of the written appeal.

### **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 successfully submit a portfolio and are awarded Lower Extremity Geriatric Medicine Certification must agree to adhere to the Board's Code of Professional Practice. Each certified podiatrist will receive a certificate from ABMSP and will be maintained in the registry of certified podiatrists on the ABMSP website.

Lower Extremity Geriatric Medicine Certification is valid for a period of eight (8) years at which time the podiatrist must submit a completed application for recertification and an abbreviated portfolio, similar but with fewer requirements than the one submitted for the original certification.

**Dues**

Diplomates of the ABMSP shall pay annual dues in an amount determined from time to time by the Board of Directors. The current annual dues for those holding ONLY the Lower Extremity Geriatric Medicine Certification are \$125. Current diplomates of ABMSP will receive a reduction of \$25 in their annual dues once they are awarded this certification.

**Revocation of Certification and Other Discipline**

Individuals who fail to meet the requirements set forth in the ABMSP’s Code of Professional Practice may have their certification revoked.

**Fees**

Application Processing Fee .....	\$75.00
Portfolio Submission Fee.....	\$125.00

Make check or money order payable to:

American Board of Multiple Specialties in Podiatry

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

Do Not Send Cash

(Submit Payment with the completed portfolio to ABMSP 555 8<sup>th</sup> Ave, Ste 1902, New York, NY 10018)

**Refunds**

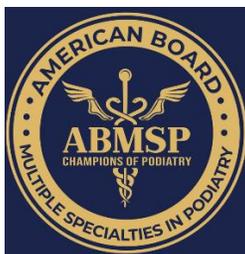
**There will be NO refund of fees.**

**Geriatric Body of Knowledge**

The following are topics which may be considered to be part of the practice of geriatric podiatry. The following list is a suggestion only and is not exhaustive in its definition of geriatric podiatry topics.

- Fall risk assessment
- Drugs/pharmacology
- Surgical considerations
- Disease processes in a geriatric population
- Family coordination with healthcare providers

- Biology of aging
- Biomechanical (e.g. gait analysis)
- Neuro/psychological status
- Treatments
- Employment status/social factors



**ABMSP Application  
Certification in Lower Extremity Geriatric Medicine**

NAME:	
BUSINESS NAME:	
ADDRESS:	
	Street, Apt, Ste
	City, State, Zip Code
PHONE: Office	
PHONE: Cell	
FAX:	
EMAIL:	

**1) Have you been in podiatry practice for at least 10 years OR have had a fellowship training?**

Please circle: **YES** or **NO**

**(If No, cannot proceed. The ABMSP Geriatric Certification requires that a podiatrist have at least 10 years of experience as a practicing podiatrist OR have had fellowship training.)**

**2) What percentage of your practice would you characterize as geriatric patients?**

- a. 0-19%**
- b. 20-39%**
- c. 40-59%**
- d. 60-79%**
- e. 80-100%**

**(If your answer is 0-19% you cannot proceed – The ABMSP Geriatric Certification requires that at least 20% of your practice be with geriatric patients)**

Attestation

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 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.

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

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Checklist of Application Requirements:**

- \_\_\_ Successful completion of this application
- \_\_\_ Copy of current DPM license
- \_\_\_ Copy of post graduate resume, showing podiatric work history
- \_\_\_ Three letters of recommendation, on letterhead, from fellow podiatrists, physicians, or other health professional
- \_\_\_ Signed attestation
- \_\_\_ \$75 application fee\* - **Make checks payable to ABMSP**

**Credit/Debit Card Information:**

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV \_\_\_\_\_

\*There will be an additional \$125 portfolio submission fee once this application is accepted.

Please mail this application plus the above materials to:

**American Board of Multiple Specialties in Podiatry  
Geriatric Certification Application  
330 West 38<sup>th</sup> Street, Suite 1105  
New York, NY 10018**