



SUB-SPECIALTY CERTIFICATION APPLICATION

The eligibility requirements listed below are not subject to waiver.

I. Eligibility Requirements

ABQAURP provides equal opportunity/access to all eligible sub-specialty candidates. Diplomates must meet the following criteria to be deemed eligible for the ABQAURP sub-specialty certification:

All eligible candidates must verify:

1. Current active diplomate status with ABQAURP; AND
2. Current, non-restricted licensure and/or certification appropriate to the individual's profession in each state or territory of the United States in which the individual is licensed or certified (if applicable to individual's profession); AND
3. Active involvement (at least 312 hours, or two hours per week for three years) within the last four years in candidate's chosen sub-specialty category: Managed Care, Patient Safety / Risk Management, Case Management, or Workers' Compensation; AND
4. Completion of a minimum of 24 hours of ABQAURP-approved continuing education pertinent to the chosen sub-specialty category.

Application must be typewritten or legibly written and completed in full.

Illegible applications will be returned to the applicant.

Attach additional sheets if necessary. Please indicate "N/A" where information is not applicable.

PLEASE TYPE OR PRINT

How did you learn of this ABQAURP product?: _____

Name: _____ Degree: _____

Current Title: _____ Current Company: _____

II. Preferred Address for Correspondence: Home Business

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*** PHYSICIANS ONLY ***

State(s) in which you are licensed to practice: _____

State/Year: ____ / ____ State/Year: ____ / ____ State/Year: ____ / ____ State/Year: ____ / ____

Primary Specialty: _____ Board Cert.: _____ Board Eligible: _____

Secondary Specialty: _____ Board Cert.: _____ Board Eligible: _____

ATTACH CURRENT COPY OF EACH LICENSE



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III. Continuing Education

HOME STUDIES				
Title	Managed Care	Patient Safety/ Risk Management	Case Management	Workers' Compensation
Six Sigma, Workflow and Clinician Adoption: Driving Patient Safety, Quality and ROI - 2004	1 Hrs	7 Hrs	3.25 Hrs	NA
Patient Safety: Perspectives from The Field of Stakeholders - 2005	4.5 Hrs	6.5 Hrs	6.5 Hrs	1 Hrs
28 th Annual Health Care Quality & Patient Safety Conference - 2006	3.75 Hrs	7.25 Hrs	3.75 Hrs	NA
Medical Management System Innovations: The Next Generation - 2006	5.75 Hrs	4.5 Hrs	5.5 Hrs	.75 Hrs
29 th Annual Health Care Quality & Patient Safety Conference: Does Quality Pay? - 2007	4.75 Hrs	6.75 Hrs	4 Hrs	NA
2 nd Annual Medical Management System Innovations Conference - 2007	5.25 Hrs	8.25 Hrs	8.25 Hrs	NA
30 th Annual Health Care Quality & Patient Safety Conference: Reducing Risk and Improving Quality: What a Concept! - 2008	3.5 Hrs	5.25 Hrs	5.75 Hrs	NA
Enhancing Quality Performance Measurement: A New Paradigm for Health Care Accountability Has Arrived	2.5 Hrs	5 Hrs	5 Hrs	NA
3 rd Annual Medical Management System Innovations Conference - 2008	5 Hrs	6 Hrs	7.5 Hrs	NA
31 st Annual Health Care Quality & Patient Safety Conference - Patient Safety: A Shared Responsibility with Defined Roles - 2008	2 Hrs	8 Hrs	4.25 Hrs	3.5 Hrs
32 nd Annual Health Care Quality & Patient Safety Conference - Peer Review: The Fundamental Background of Quality Management	4 Hrs	4 Hrs	4 Hrs	NA
LIVE ACTIVITIES				
Title	Managed Care	Patient Safety/ Risk Management	Case Management	Workers' Compensation
Patient Safety: Perspectives from The Field of Stakeholders - 10/29-30/04	6.75 Hrs	8.75 Hrs	10 Hrs	1 Hrs
28 th Annual Health Care Quality & Patient Safety Conference - 9/22-24/06	7.25 Hrs	9.5 Hrs	7.25 Hrs	NA
Medical Management System Innovations: The Next Generation - 5/6/06	5.75 Hrs	4.5 Hrs	5.5 Hrs	.75 Hrs
29 th Annual Health Care Quality & Patient Safety Conference: Does Quality Pay? - 10/28/06	4.75 Hrs	6.75 Hrs	4 Hrs	NA
2 nd Annual Medical Management System Innovations Conference - 6/19/07	5.25 Hrs	8.25 Hrs	8.25 Hrs	NA
30 th Annual Health Care Quality & Patient Safety Conference: Reducing Risk and Improving Quality: What a Concept! - 11/6-7/07	7 Hrs	8.75 Hrs	9.25 Hrs	NA
Enhancing Quality Performance Measurement: The New Health Care Accountability Paradigm Has Arrived - 4/5/08	2.5 Hrs	5 Hrs	5 Hrs	NA
3 rd Annual Medical Management System Innovations Conference - 2008	5 Hrs	6 Hrs	7.5 Hrs	NA
31 st Annual Health Care Quality & Patient Safety Conference - Patient Safety: A Shared Responsibility with Defined Roles - 2008	2 Hrs	10.75 Hrs	4.25 Hrs	3.5 Hrs
32 nd Annual Health Care Quality & Patient Safety Conference - Peer Review: The Fundamental Background of Quality Management - 2009	4 Hrs	4 Hrs	4 Hrs	NA



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ONLINE ACTIVITIES				
Title	Managed Care	Patient Safety/ Risk Management	Case Management	Workers' Compensation
Core Body of Knowledge	8.75 Hrs	13 Hrs	8.75 Hrs	5.5 Hrs
Certificate Course in Patient Safety and Prevention of Medical Errors-11 hr	NA	11 Hrs	11 Hrs	NA
Medical Error Prevention and Patient Safety-8 hr	NA	8 Hrs	8 Hrs	NA
Medical Error Prevention and Patient Safety-3 hr	NA	3 Hrs	3 Hrs	NA
Are You at Risk? Preventing, Detecting and Addressing Fraud and Abuse in Medicine	8 Hrs	8 Hrs	8 Hrs	NA
Journal-Q2-2003 Patient Safety & Risk Management-Mitigating Risks	NA	1 Hrs	NA	1 Hrs
Journal-Q3-2003 An Analysis of Patient Satisfaction Scores	NA	1 Hrs	1 Hrs	NA
Journal-Q1-2004 An Analysis of Knowledge and Attitudes of Nursing and Non-Nursing Team Members Regarding Pain Management	NA	2 Hrs	2 Hrs	NA
Video Course 01-Quality Leadership: Government Initiatives	1 Hrs	1 Hrs	1 Hrs	NA
Video Course 02-Patient Safety Wargames	1 Hrs	1 Hrs	1 Hrs	NA
Video Course 03-Patient Safety: The Nursing Perspective	NA	1 Hrs	1 Hrs	NA
Video Course 04- Paying for Care, Paying for Safety	1.5 Hrs	1.5 Hrs	1.5 Hrs	NA
Video Course 05- Can Patient Safety Initiatives Succeed Without Tort Reform	1.5 Hrs	1.5 Hrs	1.5 Hrs	1.5 Hrs
Video Course 06- Is Patient Safety Important to Patients?	1 Hrs	1 Hrs	1 Hrs	NA
Video Course 07- Personalized Medicine: Is this the True Path to Patient Safety?	NA	1 Hrs	1 Hrs	NA
29 th Annual Health Care Quality & Patient Safety Conference: Does Quality Pay? - 2007	4.75 Hrs	6.75 Hrs	4 Hrs	NA



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IV. Sub-Specialty-Related Activities:

PLEASE TYPE OR PRINT

Organization: _____ From _____ to _____ Hours/Week _____ Total Hours: _____

Organization: _____ From _____ to _____ Hours/Week _____ Total Hours: _____

Organization: _____ From _____ to _____ Hours/Week _____ Total Hours: _____

Organization: _____ From _____ to _____ Hours/Week _____ Total Hours: _____

V. References: (Must be considered acceptable by ABQAURP)

Please list below three references for your chosen sub-specialty experience. You are also required to provide written verification from a supervisor or peer (ON THE ENCLOSED VERIFICATION FORM) of these activities (as indicated on the eligibility requirements).

Name & Title: _____ Relationship: _____

Address: _____ Phone: (____) _____
CITY STATE ZIP

Name & Title: _____ Relationship: _____

Address: _____ Phone: (____) _____
CITY STATE ZIP

Name & Title: _____ Relationship: _____

Address: _____ Phone: (____) _____
CITY STATE ZIP

VI. License Verification:

Has your license to practice ever been suspended, revoked, modified, withdrawn or restricted? Yes No

Have you ever been subject to disciplinary action by any hospital committee, county medical society or State/Federal agency? Yes No

Have your hospital privileges ever been adversely affected? Yes No

If you answered "yes" to any of the questions above, please submit a complete explanation and any supporting documents, including copies of complaint, final order and documentation from your state medical board indicating status of your license.

VII. Sub-Specialty Fee:

The sub-specialty certification fee is \$200.00 per sub-specialty. All fees are non-refundable. You will be refunded only if the credentials committee declares you ineligible, and a \$50.00 processing fee will be withheld. A sub-specialty certification verification form must be submitted for each category in which you wish to earn certification. Please check off the sub-specialty certification(s) for which you are applying:

Managed Care Patient Safety/Risk Management Case Management Workers' Compensation

VIII. Authorization:

I hereby authorize ABQAURP to obtain background information and I will hold ABQAURP harmless for any decision made by the credentials committee based on this information. I understand that my sub-specialty-related activities and reference sources must be acceptable by ABQAURP and that ABQAURP has the final decision on my eligibility.



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IX. Signature:

PLEASE TYPE OR PRINT

I have carefully read the entire application and attest to the best of my knowledge that all facts are true and correct. I realize that any intentional misrepresentation by me will result in my ineligibility to receive sub-specialty certification.

I affirm that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Affix Notary Seal

State of _____ County of _____

Sworn and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public _____

Personally known Produced identification Type of ID: _____

Only completed applications with supporting documentation will be accepted!

Items to be included with this application are the following:

- Current curriculum vitae (resume)
- Documentation (copy) of current, NON-RESTRICTED license(s) (wallet card is acceptable)
- Copies of certificates from non-ABQAURP programs relating to your chosen sub-specialty. You must provide documentation reflecting a minimum of 24 hours related to your sub-specialty. These hours must have been completed within the last 4 years.
- If you answered affirmatively to Section VI, you must include copies of complaint, final order and documentation from your state medical board indicating the status of your license.
- \$200.00 for each sub-specialty certification selected in Section VII
- Completed verification form for each sub-specialty from reference(s) enclosed
- References will follow

Send completed application and appropriate documentation with credit card information or check payable to:

**ABQAURP
6640 Congress Street
New Port Richey, FL 34653**

Check/Money Order #: _____ Visa MasterCard AMEX

Credit Card #: _____ Security code: _____ Exp. Date: _____

Signature: _____ Date: _____

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VERIFICATION FORM FOR SUB-SPECIALTY CERTIFICATION

Verification form must be typewritten or legibly written and completed in full.

Illegible verification forms will be returned to the applicant.

Health Care Quality Management Activity

Dear _____:

You have been requested by _____ to provide verification of his/her professional involvement in the area of _____ for the American Board of Quality Assurance and Utilization Review Physicians, Inc.

Please fill out the information form below (attach additional sheets if necessary).

PLEASE INDICATE THE FOLLOWING:

Your professional and/or personal relationship with the candidate: _____

The candidate's professional standing in the hospital and/or community. Please include information about the candidate's professional capabilities and ethics:

Describe the candidate's involvement in one of the following activities: (circle one) **Managed Care** -- **Patient Safety/Risk Management** -- **Case Management** -- **Workers' Compensation**. Please address all positions held, including committee positions, and the responsibilities of position(s) and dates of service. Estimate the hours per week/month contributed (a minimum of 312 hours during a four-year period must be devoted to these activities in order to qualify for a sub-specialty certification): _____

Signature: _____ Date: _____

Please respond in confidence to the address below:

**ABQAURP
6640 Congress Street
New Port Richey, FL 34653**