



THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

Phone: (866) 999-7501 | Fax: (866) 999-7503 | Email: credentialing@theABA.org | Website: www.theABA.org

INSTRUCTIONS FOR REQUESTING STATUS CHANGE TO CLINICALLY ACTIVE

Definition of Clinical Activity: The ABA minimum clinical activity requirement is the practice of anesthesiology or a recognized anesthesiology subspecialty, on average, at least one day per week during one of the previous three years.

1. ABA diplomates must complete the attestation form below to request that their status be changed to clinically active.
2. Before the ABA will remove the “Not Clinically Active” designation, it will require evidence that the physician has resumed clinical practice and meets the Board’s minimum clinical activity requirement.
3. Physicians must provide information about the date he/she resumed practice in addition to providing the names/addresses of the (for facility-based physicians) Department Chair, Practice Group President and/or one other anesthesiologist familiar with the physician’s practice. If the physician is employed in an independent office-based practice, he/she must provide the names/addresses of three physicians who refer patients to their practice.
4. ABA staff will independently seek attestations regarding the physician’s practice and verify that the physician is clinically active. Staff will also verify the status of the physician’s medical license(s).
5. Physicians must provide information about whether they have remained involved in practice assessment and improvement activities, i.e. patient safety module, simulator course.
6. When all information is received, a case will be prepared for the ABA Credentials Committee’s review. The Credentials Committee will then determine whether the not clinically active status designation can be removed from the physician’s record. The Committee will conduct a review of the MOCA Part IV requirements to determine what the physician must do in order to fulfill ALL MOCA program requirements and to maintain certification.
7. After the Credentials Committee conducts its review, the physician will be informed of the specific MOCA program requirements that must be fulfilled in order to maintain his/her certification status as a clinically active diplomate.
8. When a physician’s not clinically active designation is removed from their ABA database record, an update will be provided to both the ABMS and the ASA.



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REQUEST TO CHANGE STATUS DESIGNATION TO CLINICALLY ACTIVE

MOCA Candidate's Name: _____

ABA ID Number: _____

MOCA PROGRAM - PART IV REQUIREMENT PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT

ABA diplomates should be continually engaged in a self-directed program of practice assessment and performance improvement (PPAI). For MOCA, the PPAI process consists of a case evaluation, a patient safety module, and a simulator course over the course of the 10-year MOCA program. The physician must also be clinically active in the specialty or an anesthesiology subspecialty. ***The ABA minimum clinical activity requirement is the practice of anesthesiology or a recognized anesthesiology subspecialty, on average, at least one day per week during one of the previous three years.***

Before the ABA can designate your status as “CLINICALLY ACTIVE,” you must complete the following information. The ABA Credentials Committee will be asked to review your request and make a determination about whether it will reinstate your status as CLINICALLY ACTIVE. The Committee will also determine the effective date of your status change and the Part IV requirements you must fulfill in order to maintain your certification.

Please use the Clinical Activity Reporting Form below to report your most recent clinical activity. ***If you have more than one period of clinical activity to report, first make copies of this page!***

Please report all of the following:

- Institution-based practice of anesthesiology and/or its subspecialties
- Office-based practice of anesthesiology and/or its subspecialties
- Training in accredited or non-accredited anesthesiology programs
- Periods when you were not practicing or training in anesthesiology and/or its subspecialties

Period dates: From: _____ / _____ To: _____ / _____
Month Year Month Year

Activity: Institution-based Practice Office-based Practice Training

Facility/Program: _____

City State () Phone

On average, how many days per week have you practiced/trained in (total must not be more than seven days):

Anesthesiology: _____ days/week Pain Medicine: _____ days/week

Critical Care Medicine: _____ days/week

REQUEST TO REMOVE NOT CLINICALLY ACTIVE STATUS DESIGNATION

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Another anesthesiology subspecialty: _____ days/week Describe: _____

Have your clinical privileges been relinquished, limited, suspended or revoked while you were not clinically active or since you have resumed practice of the specialty? Yes No

- ▶ **If “Yes,”** you must submit a statement along with your request detailing any actions against your clinical privileges.

References

- If you are reporting **institution-based practice**, list the Department Chair, Practice Group President and an anesthesiologist (“Other”) familiar with your practice of the specialty or subspecialty at the institution where you practice.
- If you are reporting **office-based practice**, list three physicians who refer patients to your practice.
- If you are reporting **training**, list the Program Director in Reference 1.

	Department Chair or Reference 1	Practice Group President or Reference 2	Other or Reference 3
Name:	_____	_____	_____
Title:	_____	_____	_____
Organization:	_____	_____	_____
Address 1:	_____	_____	_____
Address 2:	_____	_____	_____
City/State/Zip:	_____	_____	_____
Phone:	(____) _____	(____) _____	(____) _____
Fax:	(____) _____	(____) _____	(____) _____

Physician's Signature

Date