# ABMS COCERT Application for Certification

Response ID:19 Data

## 1. General Questions

**1. Board (s):**

American Board of Emergency Medicine

**2. Contact Name:**

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**5.**

**1 - Please provide the name of the proposed new or modified certification:**

Disaster Medicine

**6. 2a - Please select the type of certificate (Specialty/Subspecialty)**

Subspecialty

**7. 2b - Is this application a modification of an existing certificate?**

No

**8.**

**2c - Are multiple Boards requesting this certification?**

Yes- to be co-sponsored by the American Board of Preventive Medicine (see page 49+)

## 2. Purpose, Status, and Need

**9. 3 - Briefly state the purpose of the proposed certification:**

Disaster Medicine (DM) is the clinical specialty whose expertise includes caring for and managing patients and populations outside conventional care protocols.(1,2) While traditional standards of care assume the availability of adequate resources, DM practitioners plan for, mitigate against, operate in, and lead recovery efforts from situations where the available resources are inadequate, necessitating modifications to conventional practice.(1,3) The specialty practices in all environments, from traditional hospital settings to austere locations, supporting the provision of care for all age groups and conditions.(1,4) DM includes the administrative leadership of emergency preparedness teams and systems, and planning and mitigation strategies throughout the disaster cycle.(2,5)

DM also includes expertise in the rational, effective, and ethical adjustment of resource allocation and treatment algorithms during times of resource scarcity to provide the optimal level of healthcare to the greatest number possible, given the circumstances of a disaster or public health emergency.(5,6) Multiple specialties and subspecialties converge into a cohesive practice aimed at reducing mortality and morbidity by optimizing resource use in the event of a disaster.(3,4)

The scope of multidisciplinary expertise and its requisite associated clinical and administrative skills define DM as a unique practice among existing medical specialties.(1,3) Though selected elements may be found in and drawn from other specified

areas of medicine, no other subspecialty holistically focuses on DM.(1,2) For example, the existing subspecialty of Emergency Medical Services addresses mass casualty response to a limited degree and is viewed through the lens of the prehospital setting only.(7,8) Similarly, Medical Toxicology practitioners obtain expertise in treating chemical poisonings, but their Core Content does not address planning, preparation, or operational response to a mass casualty nerve agent attack.(1) DM-certified physicians are expected to contribute effectively to the future healthcare environment with an in-depth understanding of how DM affects change during these dynamic health events.(2,6)

**10.**

**4a - Describe how the existence of a body of scientific medical knowledge underlying the proposed area of certification is in large part distinct from, or more detailed than other areas in which certification is offered:**

The subspecialty of DM incorporates knowledge and skills from multiple disparate fields, including, but not limited to, emergency medicine, prehospital medicine, public health surveillance, crisis response, critical care, trauma, preventative medicine, ethics, health equity, risk communication, and emergency management, among others.(1,2) The field of DM is more expansive and requires dedicated training that is above that expected for general emergency physicians, emergency medical services physicians, preventive medicine physicians, and traumatologists.(3,8) DM serves as a distinct body of knowledge that enables physicians from nearly all primary specialties to come together to practice DM in a safe and standardized manner at a moment's notice.(2,5)

Multiple national and international journals are specifically designed to highlight disaster medicine literature (Table 1 in Attachment 1). Moreover, several textbooks are dedicated to DM (Table 2 in Attachment 2). Tracking research dollars is difficult to assess. However, a recent article identified approximately $70 million the US federal government spent on disaster-related research between 2011 and 2016.(9)

**11.**

**4b - Explain how this proposed certification addresses a distinct and well-defined patient population or a well-defined health care need:**

A unique and challenging aspect of DM is the broadly defined patient population. The group is diverse, encompassing all age and sociodemographic groups.(1) Concurrently, each patient may have acute and chronic medical conditions that span primary care to urgent, emergent, and critical care.(1) Depending on the event's location and scope, DM physicians may respond to crises in austere prehospital and hospital disaster declaration environments.(1,2) The unifying factor among these patients is that their care is provided in a resource-constrained environment. Resource limitations lead to the need for scarce resource allocation, sometimes defined as "Crisis Standards of Care."(2,4) Vulnerable populations, such as those with underlying chronic medical issues, mental health disorders, socioeconomically disadvantaged, and extremes of age, typically form a disproportionate percentage of patients in a disaster setting.(10)

Patients' primary needs will vary based on the type of disaster and overlay any pre-existing medical conditions that may also need to be managed. In earthquakes, tornadoes, mass gatherings, and terrorist events, traumatic injuries will predominate.(1,11) In humanitarian disasters, hurricanes, and other flood events, exacerbations of chronic conditions due to a lack of medical care will predominate, with infections (soft tissue and respiratory) also seen in high numbers.(1,12) Disasters can also have an infectious etiology due to novel diseases, acute outbreaks, or bioterrorist events.

Finally, there is evidence of interest in standardized DM training across specialties that would be required if this subspecialty were approved.(13–15)

**12.**

**4ci - The current number of such physicians (along with the source(s) of the data):**

The American College of Emergency Physicians (ACEP) has a robust and engaged DM section. To date, ACEP's data with regard to its DM section numbers provides the most reliable snapshot as to the number of potentially interested EM physicians. (Figure 1 in Attachment 3)

Additionally, the current number of physicians concentrating their practice in Urban Search and Rescue (US&R) in the United States is estimated to be between 28 and 56 in official Federal Emergency Management Agency (FEMA) US&R Task Force

roles, with an unknown additional large number participating in state, local, or private teams. This estimate is based on FEMA task force composition and available training program data, as there is no national registry or specialty board certification specifically for USAR physicians. The primary sources for these figures are FEMA documentation and US&R training organizations.(16,17)

**13.**

**4cii - The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):**

As reported by the fellowship directors, the number of DM fellowship graduates has not significantly changed and remains constant from year to year. ABEM anticipates that the number of physicians who will seek DM certification once offered or enter dedicated ACGME-accredited DM training will increase in response to the increasing frequency of disasters, both natural (e.g., climate-mediated) and manmade.

Over the past 15 years, the number of ABEM-certified physicians has increased by approximately four percent per year. Over ten percent of ABEM-certified physicians hold at least one subspecialty certificate. This proportion continues to increase as ABEM offers new subspecialties or focused practice designations. Therefore, ABEM anticipates that the number of physicians interested in DM will likewise increase if there is an opportunity for recognition for such expertise through subspecialty certification. There are no other non-ACGME-accredited DM fellowships that are sponsored by departments other than EM. (Figure 1 in Attachment 3)

**14.**

**4ciii - The current geographic distribution of this group of physicians, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:**

The exact distribution of DM physicians is unknown, as there is no single or primary source of this information for all specialties. However, the geographic distribution of DM subspecialists could reasonably be expected to be dispersed across the US, as each state likely has a physician engaged in disaster-related planning and management, even to a small degree. Moreover, the distribution likely mirrors patterns similar to Board diplomate distributions, perhaps with a slightly greater prevalence in tertiary care centers.

Based on available data, the geographic distribution of DM subspecialists demonstrates a strong national presence, with representation in nearly every U.S. state and territory.(18) The largest concentrations are in populous states such as New York, Texas, California, Florida, and Massachusetts. At the same time, smaller but notable numbers are present in states like Illinois, Georgia, Pennsylvania, and Virginia. U.S. territories, including Puerto Rico, also contribute to this distribution. Internationally, DM subspecialists are represented in several Canadian provinces—notably Quebec, Ontario, British Columbia, and New Brunswick—and key regions of Australia, including Victoria, New South Wales, and Queensland.

**15.**

**4d - Identify the existing national societies that have a significant interest in the area of certification. Additionally, indicate the size and scope of the societies, along with the source(s) of the data:**

The following professional societies are supportive of this subspecialty certification (sources of data include personal communications and websites):

The American Academy of Emergency Medicine (AAEM) is supportive of subspecialty certification in DM. AAEM represents 8,000 board-certified emergency physicians (ABEM and American Osteopathic Board of Emergency Medicine) throughout the nation, many of whom are community physicians or employed by private physician groups in hospitals without the traditional resources that can be found in teaching institutions.

The American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) is a nonprofit professional association dedicated to supporting emergency medicine residents and medical students. AAEM/RSA represents 3,585 emergency physician residents and medical student members. Established in 2005 as an independent organization, AAEM/RSA focuses on advocacy, education, and leadership development within the field of emergency medicine.

The American College of Emergency Physicians (ACEP) has over 40,000 members and is incredibly supportive of subspecialty

certification in DM. The ACEP Disaster Medicine section has 674 members, and its Disaster Medicine Preparedness and Response Committee has 44 members.(18)

The Emergency Medicine Residents' Association (EMRA) is the largest and oldest independent organization representing emergency medicine physicians-in-training.(19) Founded in 1974, EMRA serves over 19,000 members, including residents, medical students, fellows, and alumni. The association is dedicated to advancing the specialty of emergency medicine through education, leadership development, and advocacy.

The Council of Residency Directors in Emergency Medicine (CORD-EM) is a professional organization established in 1989 to support and advance emergency medicine education.(20) Its mission is to lead the advancement of emergency medicine education by providing resources, developing best practices, and fostering professional development for educators and program leaders. CORD-EM serves over 2,100 individual members and 291 residency programs, offering a collaborative platform for innovation and scholarship in emergency medicine training.

The Infectious Diseases Society of America (ISDA) is a professional medical association representing over 13,000 physicians, scientists, and other healthcare professionals specializing in infectious diseases.(21) Its mission is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. IDSA plays a crucial role in disaster and emergency preparedness through its Pandemic Preparedness, Emerging Infections, and Biosecurity Committees. These groups help shape policy, develop clinical guidance, and advise on responses to public health emergencies such as pandemics, bioterrorism, and natural disasters involving infectious threats.

The Society for Academic Emergency Medicine is a professional organization dedicated to advancing academic emergency medicine through research, education, and professional development.(22) SAEM actively supports disaster medicine education and leadership through its Disaster Medicine Fellowship Approval Program. This program encourages fellows to participate in disaster-related committees at various levels, including hospital, community, state, and national organizations such as SAEM itself. Fellows are also expected to engage in activities like emergency department disaster drills and grand rounds, thereby enhancing their preparedness and contributing to the field of disaster medicine.

**16. 4di - Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:**

Specialty-specific data is unavailable. Most physicians are likely to hold a Doctor of Medicine (MD). Additionally, it is expected that interested physicians might also hold one or more of the following degrees:

Doctor of Osteopathy
Doctor of Philosophy
Master of Business Administration
Master of Health Administration
Master of Health Services Administration
Master of Public Health
Bachelor of Medicine, Bachelor of Surgery

**17. 4diii - Indicate the relationship of the national societies' membership with the proposed certification:**

ABEM has a collaborative relationship with the Emergency Medical Services (EMS) Sub-board leadership, the National Association of Emergency Medical Services Physicians, and ACEP and its member sections. ACEP has been actively engaged in discussions surrounding the development of a subspecialty in DM and the relationship between DM and the EMS community. This engagement has helped inform the ABEM Board with regard to eligibility criteria and Core Content development.

The Council of Disaster Medicine Fellowship Directors operates as the academic leadership for the specialty in the United States with the support of ACEP. This Council is intended as a transitional, interim leadership structure pending formal subspecialty recognition and ACGME fellowship accreditation.

The Society for Academic Emergency Medicine collates active fellowships into an online database. It provides an approval process for those fellowships that meet predetermined criteria, including core content, as set forth by the Council of Disaster

Medicine Fellowship Directors in the absence of formal subspecialty recognition.

ABEM envisions ACEP and AAEM as important sources of continuing education in this subspecialty. ABEM anticipates seeking a process that may make such opportunities possible. This process will mirror ABEM's existing relationship with ACEP and AAEM as continuing medical education providers. Moreover, this subspecialty certification may likely draw interest in other collaborative relationships between the American Board of Preventive Medicine (ABPM) and its professional societies.

**18. 4diii - Describe whether and how your Board has interacted with the key societies and stakeholders in developing this proposed certification:**

ABEM invited all ABMS Member Boards to join either as a Co-Sponsoring Board or a Qualifying Board. A DM Task Force was formed that included representatives from the ABPM as well as interested specialty Boards (Anesthesiology, Pediatrics, Preventive Medicine, and Surgery), who have discussed the eligibility criteria, assessments, and continuing certification process. In addition, ABEM has held several meetings with the leadership of the EMS sub-board, the National Association of EMS Physicians, ACEP, and ACEP's Disaster Medicine and EMS sections.

**19.**

**5ai - On its own primary and subspecialty training and practice:**

ABEM (as the Administrative Board) will track the growth of diplomates seeking this subspecialty certification annually, as it does for its primary and other subspecialty certificates. It will incorporate that information in future certification, continuing certification decisions, and publicly facing annual reports.

**20.**

**5aii - On the primary and subspecialty training and practice of other Member Boards:**

DM does not impede any other certification opportunity within any other Member Board. It represents a novel expansion of certification opportunities that currently do not exist.

To be clear, ABEM, serving as the Administrative Board for subspecialty certification in DM, is expected to have little or no impact on other Member Boards' specialty and subspecialty certification programs. Should any Member Board wish to reconsider its decision in the future, ABEM would support the inclusion of additional Member Boards in this subspecialty certification opportunity.

**21.**

**5bi - Access to care (please include your rationale):**

DM certification is pivotal in improving access to care, especially when healthcare systems are under extreme stress. When resources are constrained, such as during natural disasters, mass casualty incidents, or prolonged public health crises like the COVID-19 pandemic, DM-trained physicians are uniquely prepared to adjust resource allocation and treatment algorithms to increase access to a larger population. This expertise allows them to provide optimal healthcare ethically and justly, even when circumstances are far from ideal. Without this specialized expertise, healthcare systems in times of disaster are at even greater risk for increased and disproportionate allocation of resources, which can leave vulnerable populations without adequate care.(1,23,24)

DM applies to both "no notice" events, like earthquakes or terrorist attacks, and to long-term crises, such as pandemics. During the COVID-19 pandemic, for example, clinicians with comprehensive DM training were critical in guiding the ethical distribution of and access to limited resources, such as ventilators and vaccines, and developing strategies to maintain such access to care for all population segments.(25,26) Their training enables rapid mobilization and coordination of care, reducing bottlenecks and improving patient flow, directly enhancing access for affected communities.(2,27)

This systematic approach leads to more consistent and reliable access to care across regions and healthcare systems, regardless of the nature or scale of the disaster. DM emphasizes coordinating resources across complex supply chains and the implementation of Crisis Standards of Care protocols.(4,6) Their expertise directly improves access to care by enabling healthcare systems to respond more effectively, equitably, and efficiently, ultimately safeguarding the health of entire communities during their most vulnerable moments.(23,24,28)

**22. 5bii - Quality and coordination of care (please include your rationale):**

DM establishes a standardized knowledge base and competencies for disaster response, ensuring that all responders are equipped with the latest best practices.(2,5) DM's primary aim is to deliver the highest possible quality of care under adverse circumstances and with constrained resources.(1) The discipline fundamentally optimizes outcomes for entire populations when conventional healthcare practices are unsustainable.(3,11) Central to this approach is the ability to adapt clinical practices, using data-driven decision-making and the best available evidence to guide resource allocation and care strategies.(2,5)

DM physicians ensure high-quality care through their use of evidence-based protocols, coordination of multidisciplinary teams, and effective interface with public health agencies.(3,6) Their expertise ensures that care delivery is efficient and equitable, reducing the risk that certain groups, such as children, the elderly, or those with chronic illnesses, are overlooked when healthcare resources are stretched thin.(11,29,30)

Crisis Standards of Care provide a framework that helps clinicians and health systems transition from normal operations to crisis conditions for care coordination.(1,4) These standards are rooted in core ethical principles and guide healthcare professionals to ensure optimal individualized care while also considering the needs of the broader community.(24) The use of real-time data and population health information further informs these efforts, enabling more accurate forecasting and coordination, resulting in more effective deployment of limited resources.(23) DM leverages a blend of best practice evidence and robust yet ethical coordination mechanisms to uphold quality care delivery during the most challenging circumstances.(1,3,6)

Coordination of care is further enhanced by the unification of hubs linking public and private sector response agencies, which streamlines communication, and facilitates information sharing between healthcare facilities and supply chain partners.(31) This coordination allows for the rapid identification of shortages, the development of alternative supply routes, and the implementation of protocols for conservation, substitution, and reallocation of critical resources.(28)

**23. 5biii - Benefits to the public (please include your rationale):**

Improved preparedness and response to disasters benefit the population, helping to prevent or mitigate catastrophic situations and while improving population-based outcomes. DM provides clinical expertise to direct the medical and clinical components of such efforts. This clinical subspecialty does not eliminate the need for other expertise during crises. However, the focus on crisis standards, given a fluid set of circumstances, is necessary to ensure the best outcomes, and one on which many, if not most, physicians lack the necessary depth of expertise and experience.

Ultimately, the field of DM benefits the public by fostering a workforce capable of leading and coordinating equitable, effective, and evidence-based care during crises, reducing disparities, and strengthening the resilience of healthcare systems to withstand and recover from disasters.(2,3,23) Certification would ensure that all DM-certified physicians have met rigorous standards of competence, enabling them to translate quality improvement efforts into enhanced patient safety and a better overall patient care experience.(3,31)

**24. 5ci - Immediate costs and their relationship to the probable benefits (please indicate your methodology):**

In the short term, the direct financial cost of employing a DM physician is unknown. Still, available evidence suggests that the probable benefits, particularly regarding system efficiency and resource optimization, are significant. Importantly, it should not be assumed that DM-certified physicians will add to a healthcare system's aggregate costs; their specialized training is intended to optimize care and enable more efficient use of limited resources, especially during disaster events.(31)

Formalized training and subspecialty certification in DM are designed to standardize and elevate physicians' competencies in disaster preparedness, response, and recovery. This training allows DM-certified physicians to bridge gaps between various healthcare providers, focusing on patient-centered efforts that improve the continuum of care across different delivery platforms.(31) The presence of DM-certified physicians has been shown to enhance coordination during mass casualty incidents and public health emergencies, leading to improved patient outcomes and potentially lower overall healthcare expenditures by reducing redundancy and inefficiency.(3,31) Therefore, fiduciary responsibility is increased through the reduction in healthcare costs from appropriate resource utilization by physicians optimizing care delivery during disaster events.

While the immediate costs of DM certification are real, the probable benefits, such as improved efficiency, optimized resource use, and enhanced patient care, are substantial. These benefits justify the investment in DM certification, as supported by empirical research and expert consensus.(3,31)

**25. 5cii - Long-term costs and their relationship to the probable benefits (please indicate your methodology):**

While the research literature does not comprehensively describe all potential costs and benefits, there is growing evidence that DM-certified physicians optimize patient care across multiple dimensions.(32) For instance, studies of DM training programs have shown significant improvements in disaster literacy, responsible decision-making, and practical response skills among participants, suggesting that such training can be effectively integrated into medical education and positively impact healthcare service delivery during disasters.(31,33) Over time, these competencies are expected to reduce variability in care, limit low-value and costly interventions, and facilitate safer, more effective patient and population outcomes. As a result, both the personal and economic consequences of adverse patient outcomes are likely to be reduced.(2,34)

DM-certified physicians also serve as vital consultants to community leaders and government officials responsible for allocating tax-based resources for public health needs. Their expertise is increasingly sought in regional trauma systems, disease-specific referral centers, and statewide or national disaster preparedness agencies, where they help shape policy and guide resource allocation.(34) This advisory role amplifies the societal benefit of certification, as DM specialists contribute to more efficient and equitable use of public funds and improved community resilience.

Methodologically, the relationship between long-term costs and probable benefits can be analyzed using a cost-benefit framework that weighs direct and indirect expenditures against measurable outcomes such as disability-life years adjusted, mortality rates, functional needs registries, and surge capacity utilization. Although precise quantification is challenging, available data and expert consensus suggest that DM certification's professional, organizational, and societal benefits are substantial and likely to outweigh the costs over time, particularly as disaster events become more frequent and complex.(34)

**26. 5d - Explain the effects if this certification is<u>not</u> approved:**

If DM certification is not approved, several critical consequences would impact the healthcare system and public trust. The American Board of Medical Specialties, its Member Boards, and the public have long recognized the vital link between physician certification and the assurance of high standards of care. This recognition could not be more critical than during disaster events when patients are most vulnerable. Without formal DM certification, there is no standardized mechanism to validate that physicians presenting themselves as DM experts possess the requisite knowledge and skills to deliver specialized care in disaster scenarios. They can provide high-quality care to a vulnerable population. This risk highlights the responsibility of the ABMS community to reassure the public that care delivered during disasters meets the rigorous standards associated with ABMS certification.(3)

The absence of DM certification would prevent the realization of several significant benefits. First, it would perpetuate variability in DM training and preparedness among healthcare providers, as studies have shown significant inconsistencies in curricula and exposure across residency and fellowship programs.(31,35) This variability can lead to uneven disaster response capabilities, potentially resulting in suboptimal patient outcomes during crises.(6) Without a recognized certification, many physicians would lack the credentials and recognition necessary to assume system-based leadership roles in complex healthcare environments, impeding the dissemination of best practices and coordinated response strategies.(3,6)

Moreover, the lack of certification could discourage younger physicians from pursuing expertise in DM, thereby limiting the growth of a specialized workforce equipped to lead in healthcare system executive roles during emergencies. Certification validates expertise and encourages physicians to pursue structured training, mentorship, and ongoing professional development relevant to disaster response.(3,6) Without this formal pathway, the field could struggle to maintain a pipeline of qualified leaders.

Additionally, the absence of DM certification would exacerbate existing disparities in disaster healthcare delivery, particularly for vulnerable populations such as children, who already face gaps in preparedness and tailored response.(11,29) Certification serves as a mechanism to ensure all communities have access to appropriately trained responders, and without it, public health equity during disasters would remain at risk.(23)

## 3. Training Requirements

**27.**

**6 - List the number and names of institutions providing residency training and other acceptable educational programs in the proposed area of certification:**

At the current time, no fellowship training programs are ACGME-accredited. There are approximately 18 DM fellowships housed within Emergency Medicine departments. ABEM is unaware of other non-EM-sponsored DM fellowships. Unfortunately, no primary information source currently notes the number and names of institutions providing such fellowship training or similar educational programs. It is reasonable to assume that many programs will seek full ACGME accreditation when available.

1. Brown University/Rhode Island Hospital Disaster Medicine and Emergency Preparedness Fellowship
2. Carolinas Medical Center Operational & Disaster Medicine Fellowship
3. Einstein Medical Center Philadelphia EMS & Disaster Medicine Fellowship
4. George Washington University Disaster & Operational Medicine Fellowship
5. Harbor-UCLA EMS and Disaster Medicine Fellowship
6. Harvard Medical School/Beth Israel Deaconess Medical Center Disaster Medicine Fellowship
7. Indiana University School of Medicine, Disaster Medicine Fellowship
8. Johns Hopkins University Disaster Medicine Fellowship
9. Massachusetts General Hospital Fellowship in Disaster Medicine and Health Care Emergency Management
10. Mount Sinai Disaster Preparedness and Healthcare Leadership Fellowship
11. Rutgers Health/Newark Beth Israel Medical Center EMS & Disaster Medicine Fellowship
12. Stanford University EMS Fellowship (with optional disaster medicine focus)
13. State University of New York (SUNY), Health Sciences Center at Brooklyn Disaster Medicine Fellowship
14. UCSF EMS & Disaster Medicine Fellowship
15. University of Connecticut International Disaster Emergency Medicine Fellowship
16. University of Massachusetts Medical School Disaster Medicine and Emergency Management Fellowship
17. Upstate Medical University EMS and Disaster Medicine Fellowship
18. UT Health San Antonio Disaster Medicine Fellowship

*This information was compiled from direct outreach to the fellowship program directors.

**28.**

**6a - Indicate the total number of trainee positions available currently (along with the source(s) of the data):**

ABEM estimates that there are between 20 and 40 trainee positions available annually. ABEM has seen growth in fellowship programs when ACGME accreditation is available (e.g., EMS was estimated to develop 40 programs with 79 positions). Likewise, the number of Advanced Emergency Medicine Ultrasonography fellowships (non-ACGME-accredited) has steadily grown—it was estimated to create 80 programs (at most); it has 130.

In Emergency Medicine alone (estimated to be 5% of the medical workforce), ABEM anticipates that 30 DM fellowship programs will achieve ACGME accreditation.(36) However, ABEM is unable to estimate the demand in other medical specialties.

**29. 6b - Provide the number of trainees completing the training annually (along with the source(s) of the data):**

We believe between 20 and 40 physicians could complete training annually in all specialties. This number is estimated based on the number of DM fellowship programs housed within Emergency Medicine. If a subspecialty certification opportunity is approved, we anticipate the establishment of DM fellowships based in other primary specialties, such as Preventive Medicine.

**30. 6c - Describe how the numbers of training programs and trainees are adequate to sustain a critical mass of trainees necessary for program accreditation and certification:**

DM certification would recognize physician expertise needed by society to support the safety, preparedness, and health equity of the public in a rapidly destabilizing world. For that reason, in part, this unique area within the house of medicine will be sustainable as there is no other choice. This subspecialty is foundational to the nation's health security.

The accelerating pace, scale, and complexity of natural and human-made disasters have outstripped the capacity of generalist training to prepare physicians to lead in times of crisis. These include mass casualty incidents, industrial accidents, pandemics, infrastructure failures, acts of terrorism, and increasingly, climate-mediated disasters such as extreme heat waves, megafires, hurricanes, and power grid failures.

Physicians are also becoming increasingly involved in disaster medicine and training. As early career physicians, residents, and medical students are exposed to an increasing number of disasters, their interest in increasing their expertise and ability to provide high-quality, specialized care in times of disasters is similarly growing. ABEM, ABPM, and Qualifying Boards are committed to developing and offering access to a certification opportunity for DM.

**31. 6d - Provide the estimated number and type of additional educational programs that may be developed based on this proposed certification. Please indicate how you arrived at that estimate:**

The number and type of additional programs that may be developed are impossible to estimate. At best, it is an estimate. DM is a field of growing importance, particularly given the increasing frequency and complexity of natural disasters, pandemics, and other large-scale emergencies. It is conceivable that if DM certification is offered, then institutions will seek to establish ACGME-accredited DM fellowships. Given the critical need for specialized disaster response training and the increasing integration of disaster preparedness into healthcare systems, it is likely that additional non-accredited educational initiatives, such as CME courses, workshops, and simulation-based training, will also proliferate to meet demand.

**32.**
**6e - Does ACGME accreditation currently exist for the training programs associated with this proposed area of certification?**

No

**33.**
**6ei - If not, do you plan to ask for ACGME accreditation for this new program?**

Yes

**34.**
**6eii - If these programs are not accredited by the ACGME, document the accrediting body for this program and whether it has the resources to review these programs in a fashion comparable to ACGME.**

Not applicable

**35.**
**7a - The goals and objectives of the existing programs:**

As there are no existing ACGME-accredited programs, no curricula are available. Goals and objectives that could be expected for a physician in a DM position include the following:

Patient Care
Goal: Provide competent and compassionate patient care during natural or manmade disasters, emphasizing safety, quality, and the unique challenges of disaster settings.
Objectives:
-Deliver direct patient care during major disaster responses to demonstrate the capacity to function under resource-constrained environments or surge conditions.
-Supervise or coordinate disaster care teams, including interdisciplinary personnel, during disaster events.
-Treat patients in austere conditions, including mass casualty triage and hazardous materials management.
-Document disaster-related health encounters accurately and in compliance with legal and operational standards.

Medical Knowledge
Goal: Develop and apply advanced knowledge of disaster medicine, including epidemiology, pathophysiology of disaster-related conditions, and incident management systems.

Objectives:
-Demonstrate expertise in disaster epidemiology, triage algorithms (e.g., START, SALT), and Chemical, Biological, Radiological, Nuclear (CBRN) principles.
-Describe in detail the phases of disaster management (mitigation, preparedness, response, and recovery) and their integration into clinical practice.
-Understand key public health principles and surveillance strategies relevant to disaster situations.
-Evaluate the impact of climate change on disaster frequency, severity, and public health burden.

Practice-Based Learning
Goal: Engage in scholarly inquiry and quality improvement activities that enhance the science and practice of Disaster Medicine.
Objectives:
-Complete original research, quality improvement, and scholarly projects in disaster medicine that offer a unique contribution to the field.
-Critically appraise Disaster Medicine literature to improve care strategies and preparedness planning.
-Participate in disaster simulation drills and conduct an after-action review to identify opportunities for system improvement.
-Facilitate opportunities to obtain advanced degrees (e.g., MPH) with a focus on disaster/humanitarian tracks.

Interpersonal Skills and Communication
Goal: Communicate effectively with patients and families in disaster settings, paying attention to health literacy, cultural humility, and patient-centered decisions. Provide clear, concise, and structured communication to public health officials and incident command.
Objectives:
-Demonstrate clear, compassionate communication with patients and families affected by disasters.
-Collaborate with interdisciplinary teams including EMS, military, public health, and government agencies.
-Provide educational opportunities for hospital administrators or community leaders on disaster preparedness and recovery strategies.

Professionalism
Goal: Demonstrate ethical behavior, accountability, and cultural competence in disaster settings.
Objectives:
-Uphold ethical principles during triage, rationing of care, and resource allocation in disasters.
-Foster trust and effective teamwork during high-stress operations while maintaining personal resilience.
-Ensure decision-making, especially those involving triage and resource allocation, is guided by fairness, transparency, and an awareness of systemic inequities for those most vulnerable during disasters.

Systems-Based Practice
Goal: Lead operational, fiscal, and regulatory initiatives integrating Disaster Medicine into health systems, ensuring resilience and continuity of care.
Objectives:
-Lead or contribute to developing institutional or regional disaster plans (e.g., Hospital Incident Command System).
-Participate in operational leadership (e.g., talent or fiscal management) for a disaster preparedness or response program.
-Serve in a liaison role with local, state, or federal agencies on disaster medicine policy, funding, surge capacity planning, and climate adaptation.

**36.**

**7b - The competencies, scope of practice, knowledge, judgment, and skills that differentiate this certification from other certifications**

Certain competencies, elements of practice, knowledge, judgment, and skills exist in the training programs that support other certificates. DM certification focuses on the unique challenges of providing medical care during disasters by providing a shared mental model based on an evidence-based Core Content. The DM-certified physician will provide care based on their primary specialty but in a manner and environment that is framed on and within the DM Core Content. Doing so fosters expedited, efficient, and high-quality care that is led through coordinated efforts across multiple sectors during crises.

DM certification also incorporates experiences within the training environment experiences that are unique in both scope and duration:

-Understanding the National Incident Management System (NIMS) and the Incident Command System (ICS), which are critical for coordinating multi-agency disaster responses.
-Risk assessment and population surveillance to balance individual needs with population-level outcomes.
-Navigation of legal and regulatory challenges specific to disaster scenarios, such as crisis standards of care and emergency declarations.
-Expertise in triage principles for mass casualty incidents.
-Knowledge of protective equipment, decontamination procedures, and site security in hazardous environments.
-Ability to provide effective medical care under resource-limited conditions like natural disasters, pandemics, or terror attacks.
-Skills in psychological first aid for responders and victims.
-Effective communication with multi-disciplinary teams and government agencies during emergencies.
-Proficiency in guiding stakeholders through ethical dilemmas, such as resource allocation during crises.
-Workforce education to meet local, state, and national disaster mitigation, preparedness, response, and recovery needs.
-Advocacy for appropriate disaster management policy, legislation, and funding.
-Management of protected health information during a disaster setting.

**37. 7c - The body of knowledge and clinical skills required and whether it is broad enough to require (36 for specialty, 12 for subspecialty) months of training:**

DM represents a substantive body of knowledge that addresses the system-based needs of health care ecosystems to ensure health security in disaster preparedness and response. Essential knowledge that is demonstrated in the Core Content for DM(2) (Attachment 4) integrates principles of DM, medical oversight, public health, preparedness, resiliency, operations, psychological and ethical aspects of DM, prehospital care, bioterrorism, mass casualty, technology, and research into a singular area for DM subspecialty certification. This unique body of knowledge will require 12 months of ACGME-accredited DM fellowship training.

**38.**
**8 - Provide an estimated annual cost of the required training and how you arrived at that estimate:**

DM fellowships are typically funded through the combined efforts of the sponsoring institution and clinical revenues generated by the fellow functioning as junior faculty. The resulting revenues are used to offset the fellow's salary, other direct expenses, and any indirect costs. Annual salary and benefit costs range from $150,000 to $200,000. These costs are comparable to those of other subspecialty graduate medical education programs at the PGY IV or PGY V level.

## 4. Eligibility and Assessment

**39.**
**9 - Outline the degree and training requirements and any additional qualifications for applicants in the proposed certification:**

Please reference Attachment 5 for eligibility criteria and training requirements proposed for subspecialty certification.

ABEM recognizes the need to provide a pathway for physicians from primary surgical specialties (e.g., surgery, orthopedic surgery, neurological surgery) to obtain DM certification through the Training Pathway. The ABEM Board approved an exception to its policy to accommodate the nuances of the surgical specialties and the completion of a non-surgical fellowship. ABEM will allow the completion of ACGME-accredited DM fellowship training that is completed during a surgical specialty residency (e.g., surgery, orthopedic surgery, neurological surgery) to meet eligibility requirements for subspecialty certification. The timing of this embedded fellowship year must be pre-approved by the physician's primary specialty Board; ABEM defers to the primary surgical Board for its eligibility requirements for primary specialty certification.

**40. 9a - Will your Board allow a practice pathway for physicians who currently practice in this field? (All practice pathways to Board certification must be time-limited)**

Yes

## 41. 9ai - Specify the eligibility requirements for physicians to apply for the practice pathway and when the practice pathway will close:

Please reference Attachment 5 for eligibility criteria and training requirements proposed for subspecialty certification.

**42.**

**9b - Required primary and/or subspecialty ABMS Member Board certification(s):**

Physicians will be required to be certified by the American Board of Emergency Medicine, the American Board of Preventive Medicine, or another ABMS Board that is not a Co-Sponsoring Board.

## 43. 9bii - Will your Board require your diplomates to maintain the required certificate(s) in order to maintain this subspecialty certification?

No

**Please describe**

**44. 9biii - Will diplomates from other ABMS Member Boards (not co-sponsoring this subspecialty certification) be eligible to apply for this subspecialty certification?**

Yes

**45. Which Boards**

ABEM would welcome the addition of any other ABMS Member Board at any time should it be interested. To-date, the following Boards request to become a Qualifying Board if this subspecialty certification is approved:

American Board of Anesthesiology
American Board of Internal Medicine
American Board of Neurological Surgery
American Board of Obstetrics and Gynecology
American Board of Ophthalmology
American Board of Orthopaedic Surgery
American Board of Pathology
American Board of Physical Medicine and Rehabilitation
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery

At the time of application submission, the American Board of Pediatrics is considering serving as a Qualifying Board.

Please reference Attachment 6 for the letters of interest from the Boards listed above.

## 46. Would you require diplomates to maintain their primary certificate from the other Board to maintain the subspecialty certification? Will diplomates from non-sponsoring Boards who let their primary certification lapse continue to be eligible for maintenance of certification in the subspecialty certification?

Diplomates will not be required to maintain their primary certification from the other Board to maintain their subspecialty certification in DM.

Yes, diplomates who let their primary certification lapse would be permitted to continue to be eligible for maintenance of certification DM, contingent upon the policies of the Qualifying Boards and their approval.

For Qualifying Boards that require maintenance of the primary certification and want to require their diplomates who are certified in DM to maintain their primary certification, ABEM will work with the Qualifying Board to communicate certification status to ensure compliance with both Boards' policies.

**47. 10 - With regard to Board-based assessment for candidates prior to awarding this proposed certification, which assessment methods will be required? (Check all that apply)**

Examination: Written

**48. 10a - Describe the rationale behind the method(s) required in the assessment process:**

A half-day secure, closed-book certification examination consisting of 150-200 multiple-choice questions will be administered through a computerized examination. The content and scope of the examination will be determined by an Advisory Committee that will establish the blueprint for the examination and recommend a passing score to the ABEM Board. A separate Assessment Committee will write and select questions. This committee will mirror ABEM's other subspecialties (Emergency Medical Services, Medical Toxicology, and Health Care Administration, Leadership and Management) and include representatives from the ABPM as Co-Sponsoring Board.

## 5. Implementation and Approval Process

**49. 11 - Outline the Continuing Certification (CC) program planned for the proposed certification: Describe the relationship between the proposed CC program and existing potential CC programs for your diplomates.**

As the Administrative Board for DM, ABEM will develop a module-based assessment using the BenchPrep platform that is used for the ABEM MyEMCert continuing certification. This platform and format are also used to develop the continuing certification assessments for EMS, Medical Toxicology, and Health Care Administration, Leadership, and Management.

The DM continuing certification assessment should include three principles: 1) accessibility to all DM-certified physicians; 2) recognized reciprocity for DM physicians maintaining multiple certificates to lessen the requirements for continuing certification; and 3) have sufficient rigor to be a valid continuing certification for DM physicians who are not maintaining a primary certificate.

ABEM will apply a naming nomenclature adopted for all ABEM-administered subspecialties. The DM continuing certification assessment will be called "MyDMCert." The duration of DM subspecialty certification will be five (5) years.

Please reference Attachment 7 for detailed elements of the Continuing Certification process for DM.

**50. 11a - If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification, describe each:**

Not applicable

**51. 12 - Indicate how the utility of the proposed certification will be re-evaluated periodically (e.g., every five years) to assure that the area of clinical practice remains a viable area of certification:**

ABEM monitors its certification statistics closely on an annual basis. DM statistics will be closely observed for trending data in the short term. It is likely that the external demand for DM physicians will remain high. The critical metric will be the number of existing DM fellowships seeking ACGME accreditation and new ACGME-accredited DM fellowships that are established. The number of fellowships will reflect the demand for DM certification and DM-trained physicians. ABEM will include DM in its annual data reports. These reports provide an external, public-facing measure of success.

**52. 13 - Provide an anticipated timeline for when your Board will assess candidates and when your Board will begin issuing certificates:**

If DM is approved as a subspecialty, ABEM anticipates offering a psychometrically sound assessment about two years from the date of COCERT approval. The application process could begin as early as fall 2027. Certificates could be offered within 90 days of the first examination.

**53. 14 - List key external stakeholders from whom COCERT should consider soliciting public comment on the proposed certification (please provide names and email addresses for the appropriate contacts):**

COCERT might consider soliciting public comment from other specialty societies within Preventive Medicine as the ABPM is a Co-Sponsoring Board for this certificate.
The following are the stakeholder organizations:

American Academy of Emergency Medicine
American Academy of Emergency Medicine-Resident Student Association
American Association of Emergency Psychiatry
American College of Emergency Physicians
American College of Preventive Medicine
Council of Residency Directors in Emergency Medicine
Emergency Medicine Residents' Association
The Infectious Diseases Society of America
The National Association of EMS Physicians®
Society for Academic Emergency Medicine
Society for Academic Emergency Medicine Residents and Medical Students

**54. Copy of proposed application form for the candidates for certification**

DM_Example_Application_for_ABMS_COCERT.pdf

**55. A written statement indicating concurrence or specific grounds for objection from each Member Board having offering certification or having expressed related interests in certifying in the same field (for existing co-sponsored certificates, written statements from co-sponsors are due at the time the letter of intent is due)**

**56. Written comments on the proposed subspecialty certification from at least two (2) external stakeholders**

Stakeholder_Written_Comments_DM_Letters_of_Support.pdf

**57. A copy of the proposed certificate**

Disaster_Med_certificate_example.png

**58. If your application has Additional Attachments, you may upload them here.**

**(up to 10 attachments - may file size is 2 MB)**

Attachments_1-4.pdf
Attachments_5-8.pdf

## 6. Review

**59. My Board's senior leadership has reviewed and approved these responses**

Yes

## 7. Thank You!

**New Send Email**

May 22, 2025 14:05:36 Success: Email Sent to: plawlor@abms.org

Disaster Medicine

# ABEM Application for Certification in Disaster Medicine (DM)

Please fill out all the required fields.

At any time throughout the application you may save your work and come back to it later.

**HOWEVER**, the form only saves the last completed page. Please complete the entire page and click 'next' before clicking 'Save and Resume Later'.

Note that applications received during an extended application cycle are not guaranteed to be reviewed in time for exam registration. ABEM will do their best to review and render application decisions in a timely manner.

## Name*

Required field

First Name | Middle Name (optional) | Last Name | Suffix (optional)

## Medical Degree*

M.D.

## Address*

Address Line 1

Address Line 2

City | State | ZIP Code

United States

Country

## Preferred Phone*

## Preferred Email*

## Date of Birth*

MM/DD/YYYY

## National Provider Identification (NPI) Number (optional)

## Last 4 digits of SSN or Government ID Number*

## Medical School Graduation Year*

Save and Resume Later



Next

## Enter your Certification Information Below

Select Your Certification Status*

ABEM Certified

Certification expiration date/reverification date*

MM/DD/YYYY

I am up to date on the continuing certification requirements of my certifying Board.*

Yes No

Save and Resume Later

Previous

Page 2 of 8

Next

## Enter your Certification Information Below

Select Your Certification Status*

Seeking ABEM EM Certification

You can sit for a subspecialty exam before obtaining ABEM Emergency Medicine certification. However, you are not considered certified in a subspecialty until you become certified in Emergency Medicine. To be eligible for this exception, you must have an active assignment in an Oral Exam administration for this year.

If you choose to take a subspecialty exam before becoming certified in Emergency Medicine, you will need to sign a form acknowledging the following:

- If the results of your Oral Exam are a pass, in which case you are certified in Emergency Medicine and will meet the eligibility criteria for certification in the subspecialty, your application for certification in the subspecialty will be approved and your certification exam scores will be released.
- If you do not pass the Oral Exam, you are not certified in Emergency Medicine and will not meet the eligibility criteria for certification in a subspecialty; your subspecialty examination results will be held for 12 months. If you do not pass the Oral Exam and become certified in Emergency Medicine within that time, your subspecialty scores will be nullified, and your examination fees are not refunded. Your scores will not be released.

Proceed to complete the application, then ABEM will reach out to you within the next two business days for further discussion about your timing and options for seeking subspecialty certification.

Save and Resume Later

Previous

Page 2 of 8

Next

## Enter your Certification Information Below

Select Your Certification Status*

Certified By Another ABMS Medical I

ABMS Board*

Required field

Save and Resume Later

Previous

Page 2 of 8

Next

## Medical Licensure Attestation

View the ABEM Policy on Medical Licensure.

**Clarification of Licenses That Are Not "Current, Active, Valid, Full, Unrestricted and Unqualified"**

A medical license is not considered "current, active, valid, full, unrestricted, and unqualified" if, in any manner or to any extent whatsoever, the license is encumbered. Examples of a medical license that does not fulfill the requirements of this Policy include, but are not limited to, one that is:

- Under probation
- Conditioned, e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education
- Suspended for any duration
- Limited, e.g., to specific practice settings
- Inactive as a result of an action taken by or a request made by a medical licensing board
- Institutional, educational, or temporary

ABEM may consider additional factors beyond licensure when determining a physician's compliance with the ABEM Policy on Medical Licensure including, but not limited to:

- Felony convictions
- DEA restrictions
- Medicaid / Medicare exclusions

No License

A physician who has no current, active, valid, full, unrestricted, and unqualified license to practice medicine does not meet the requirements for medical licensure and may not appeal this policy.

Reporting Medical Licensure Information to the Board

If the physician does not report the required information to ABEM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABEM examinations, invalidating examinations the physician took, and revoking the physician's certification.

Each and every medical license issued to me is valid, unrestricted, unqualified, and without any limitations.*

○ Yes ○ No

I have continuously held at least one current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction where I practice.*

○ Yes ○ No

**I will report to the American Board of Emergency Medicine any of my licenses that have the following conditions:**

- **The license is inactive, whether voluntarily or involuntarily.The license is invalid, restricted, or qualified.**
- **The license was encumbered when it expired and it expired on or after January 1, 2004.**
- **The license was revoked or suspended on or after January 1, 2004.**
- **The physician surrendered or did not renew the license on or after January 1, 2004 as a result of or in order to terminate or settle disciplinary proceedings.**

I agree to report to the American Board of Emergency Medicine if any of my licenses have any of the conditions outlined above.*

○ Yes ○ No

Save and Resume Later

Previous

Page 3 of 8

Next

# ABEM Code of Professionalism

View the ABEM Code of Professionalism

**BACKGROUND**

The American Board of Emergency Medicine (ABEM) believes that patients are entitled to quality emergency care delivered in a professional manner. Therefore, ABEM has adopted the following Code of Professionalism.

**POLICY**

ABEM certification requirements for professionalism includes an ethical requirement to:

- Treat patients in a safe and fair manner.
- Mitigate both implicit or explicit biases based on race, gender, age, sexual orientation, disability, national origin, or religion when providing patient care.
- Demonstrate compassion, integrity, and respect for patients, families, and other members of the health care team in all types of interactions.
- Respect patient privacy and autonomy.
- Be accountable to patients and peers.
- Refrain from conduct that the Board determines, in its sole judgment, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician.

The ABEM Code of Professionalism requires ABEM board eligible– and -certified physicians to adhere to this construct.

ABEM -certified physicians and candidates for certification are required to report:

- Any potential breach of this Code as well as any alteration in the status of a state or federal medical or drug license or encumbrance on a license.
- Surrendering any state medical license to avoid action by a state medical licensing board.
- A felony conviction or federal indictment.
- Any restriction on a DEA license.
- Any exclusion from participating in Medicaid or Medicare.
- Any sanction or disciplinary action by a medical board.
- Any involuntary revocation of staff privileges.

ABEM board eligible– and -certified physicians who do not report will be subject to review under ABEM's disciplinary action process.

ABEM board eligible– and -certified physicians may not:

- Have any state medical license with an encumbrance. Each and every license held by the physician must be unencumbered irrespective of the state in which the physician practices.
- Provide false, misleading, or untruthful information on an application for certification or any other ABEM-requested information.
- Inaccurately represent one's certification status.
- Use ABEM eligibility or certification to advertise board certification credentials for clinical practice areas that are outside the scope of practice for Emergency Medicine as defined by The Model of the Clinical Practice of Emergency Medicine.
- Share the content of any ABEM written or Oral Examination. Verbal or written reproduction of test material is strictly prohibited. The material is copywritten and sharing the information may be a federal offense.
- Cheat on any ABEM examination.
- Obstruct an ABEM investigation into conduct.

ABEM board eligible– and -certified physicians who engage in these actions will be subject to review under ABEM's disciplinary action process.

Conduct that is prohibited by this Code shall be reviewed by the ABEM Board of Directors and may result in decertification or loss of eligibility for certification.

**EXCEPTION**

ABEM maintains an appeal process for physicians who are found to not fulfill the requirements described in the Code of Professionalism.

Do you agree to abide by the ABEM Code of Professionalism policy?*

○ Yes ○ No

## Application Pathway

Review the Disaster Medicine Eligibility criteria linked below, then select your appropriate application type:*

- (●) Accredited Training
- ( ) Non-Accredited Training-plus-Practice
- ( ) Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

## Accredited Training

Name and Institution of Disaster Medicine Fellowship Training Program*

If your program is not listed, please choose the Non-accredited training plus practice application type.

Name of Program Director*

First Name | Last Name

Program Director Phone Number

Program Director Email*

Training Start Date*

MM/DD/YYYY

Training End Date*

MM/DD/YYYY

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?*

( ) Yes ( ) No

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

- ( ) ABEM Certification in Emergency Medical Services
- ( ) ABPM Certification in Public Health & General Preventive Medicine
- ( ) I do not hold either of the above credentials

## Upload CV

Please upload a current CV (Must be in PDF or Word document format)*

Drag and drop here or Browse files

Max file size: 10 MB

## Application Pathway

Review the Disaster Medicine Eligibility criteria linked below, then select your appropriate application type:*

- ○ Accredited Training
- ◉ Non-Accredited Training-plus-Practice
- ○ Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

## Non-Accredited Training

Name and Institution of Disaster Medicine Fellowship Training Program*

Name of Program Director*

First Name | Last Name

Program Director Phone Number

Program Director Email*

Training Start Date*

MM/DD/YYYY

Training End Date*

MM/DD/YYYY

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?*

○ Yes ○ No

## Practice 1 Information

Practice 1 Institution Name*

Practice 1 Institution Address*

City | State

Practice 1 Start Date*

MM/DD/YYYY

Practice 1 End Date*

MM/DD/YYYY

For Practice 1: During the practice time listed above, I attest that I averaged at least 200 hours per year of my time spent devoted to the practice of Disaster Medicine*

○ Yes ○ No

**ABEM requires independent verification of the information provided in this application. The verifier provided should be an individual who served as a direct supervisor to the position/role during the same time as the experience occurred.**

Practice 1: Verifier Name (this should be your direct supervisor)*

First Name

Last Name

Practice 1: Verifier Email*

Practice 1: Verifier Phone

Need to add a second practice location?*

- ○ Yes
- ○ No

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

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Max file size: 10 MB

Save and Resume Later

## Application Pathway

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- ○ Non-Accredited Training-plus-Practice
- ◉ Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

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Practice 1 Institution Address*

City | State

Practice 1 Start Date*

MM/DD/YYYY

Practice 1 End Date*

MM/DD/YYYY

For Practice 1: During the practice time listed above, I attest that I averaged at least 200 hours per year of my time spent devoted to the practice of Disaster Medicine*

○ Yes ○ No

**ABEM requires independent verification of the information provided in this application. The verifier provided should be an individual who served as a direct supervisor to the position/role during the same time as the experience occurred.**

Practice 1: Verifier Name (this should be your direct supervisor)*

First Name | Last Name

Practice 1: Verifier Email*

Practice 1: Verifier Phone

Need to add a second practice location?*

○ Yes ○ No

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- (●) Provision or Oversight of Direct Disaster Medicine Patient Care
- ( ) Academic Initiatives on Disaster Management
- ( ) Operational Leadership
- ( ) Regulatory and Policy Development
- ( ) Care Coordination and Management

**Provision or Oversight of Direct Disaster Medicine Patient Care**

Provision of direct health care during a natural or manmade disaster in the physician's primary specialty practice of sufficient rigor (emphasis on high-impact and organizational experience.). An additional narrative explanation of such care may be required.

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ( ) Provision or Oversight of Direct Disaster Medicine Patient Care
- (●) Academic Initiatives on Disaster Management
- ( ) Operational Leadership
- ( ) Regulatory and Policy Development
- ( ) Care Coordination and Management

**Academic Initiatives on Disaster Management**

Responsible for leading academic initiatives, could include education, research and/or quality improvement projects, on disaster medicine to physicians, health systems, community leaders, and government officials.

Please give a brief description of how you meet the criteria you selected above*

# Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ◉ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

**Operational Leadership** *(Must fulfill at least one of the following three criteria)*

- Talent management
  - Oversight and management of disaster medicine physicians and other care providers during the phases of disaster management to include staff evaluations and indirect or direct supervision of care provided by emergency managers and clinical care providers.
- Fiscal management
  - Oversight and management of billing and coding, reimbursement, and financing of Disaster Medicine preparedness, response, recovery, mitigation, and prevention.
  - Participates in major negotiations with payers and state and federal legislative bodies to increase funding for care.
- Programmatic Leadership and Development
  - Development of preparedness and disaster response programs
    - High impact initiatives at regional, state, or national levels (e.g., disaster health response networks)
- Strategic Leadership (regional, state, or national level)
  - Oversight of systems integration
  - Healthcare business continuity planning
  - Leading high-impact response initiatives

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ◉ Regulatory and Policy Development
- ○ Care Coordination and Management

**Regulatory and Policy Development**

- Leading organizations through regulatory, accreditation, or certification processes, such as Joint Commission, SAMHSA, etc.
- Design of disaster care standards, policies, and procedures at a hospital, system, state, or federal level

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ◉ Care Coordination and Management

**Care Coordination and Management**

Oversight and management of the care continuum within and between the phases of disaster care acute care intervention and transition to ongoing long-term care.

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 2

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the second area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

## Practice Only Pathway Special Criteria 3

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the third area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

- ○ ABEM Certification in Emergency Medical Services
- ○ ABPM Certification in Public Health & General Preventive Medicine
- ○ I do not hold either of the above credentials

## Upload CV

Please upload a current CV (Must be in PDF or Word document format)*

Drag and drop here or Browse files
Max file size: 10 MB

Save and Resume Later

## Application Agreement and Payment

I attest that the information I have provided on this form is correct, to the best of my knowledge. I authorize any licensing boards, other persons, and organizations to furnish any information requested by ABEM on the status of my medical license(s). Furthermore, I have read the Disaster Medicine eligibility criteria, and I understand my application fee is not refundable.*

(•) Yes ( ) No

**Please submit payment for your Disaster Medicine application via the ABEM Payment Portal [LINK] prior to submitting this form.**

**The Disaster Medicine application fee of $470.00 is due when you submit your application. Your application will not be reviewed until payment is received.**

**Application fees are not refundable.**

Save and Resume Later

Previous



Next

You've reached the end of the Disaster Medicine application.

**Before submitting, make sure that you completed your application payment on the previous page. If you didn't, you can go back a page to access the payment portal link. Your application will be delayed if we don't receive payment.**

If you already paid, you can click the "Submit Form" button below.

Save and Resume Later

Previous



Submit Form

You've answered something in your application that signals you are not eligible to apply for Disaster Medicine certification at this time.

If you believe you've received this message in error, or would like to discuss application eligibility further, contact ABEM at (517) 332-4800, option 4 or email subspecialties@abem.org. You can click "Save and Resume Later" and if a typo is found in your application, it can be resolved and the application can still be submitted at a later date.

***DO NOT CLICK TO SUBMIT THIS APPLICATION. EITHER CLICK "SAVE AND RESUME LATER" OR EXIT THIS WEBPAGE TO DISCARD THE APPLICATION***

Save and Resume Later

AAEM
AMERICAN ACADEMY OF EMERGENCY MEDICINE
CHAMPION OF THE EMERGENCY PHYSICIAN



April 24, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American Academy of Emergency Medicine (AAEM) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

AAEM supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

AAEM wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Robert A. Frolichstein, MD FAAEM
President

# AAEM RESIDENT & STUDENT ASSOCIATION



555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823
phone: (800) 884-2236
fax: (414) 276-3349
email: info@aaemrsa.org
website: www.aaemrsa.org

April 24, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

AAEM/RSA supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

AAEM/RSA wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Mary Unanyan, DO
President

# THE AMERICAN BOARD *of* PEDIATRICS

111 Silver Cedar Court, Chapel Hill, North Carolina 27514-1513
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April 22, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins,

The American Board of Pediatrics (ABP) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM). ABP believes that board certification and high standards are essential to the continued enhancement of the medical profession and vital to ensure the highest quality of care for the patients we serve.

Disaster Medicine focuses on managing healthcare in resource-constrained situations. Practitioners of DM are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in a wide range of settings and have diverse environmental conditions, providing care for individuals of all ages and conditions.

The American Board of Pediatrics wishes ABEM all the best in its pursuit of offering certification in the subspecialty of Disaster Medicine to interested physicians. Assuming approval of the subspecialty, we anticipate engaging our Board of Directors in discussions on ABP serving as a qualifying board.

Sincerely,

Michael A. Barone, MD, MPH
President and CEO

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

April 25, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dr. Hawkins:

On behalf of our 40,000 members, the American College of Emergency Physicians (ACEP) enthusiastically supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in disaster medicine (DM).

The field of disaster medicine was created as emergency medical services (EMS) and emergency physicians recognized the need for a new area of expertise, focused not only on prehospital and emergency department (ED) response to all causes of mass casualty incidents, but also the science of risk management, mitigation, and preparation prior to their occurrence.[1,2,3] Emergency medicine (EM) is not only the origin of these subspecialties and their derivatives, but it is their professional home. Nearly 3000 ACEP members are involved in prehospital and disaster-related activities. Furthermore, ACEP provides physicians seeking expertise in these areas with a rallying point for innovation and advocacy, a clearinghouse of tested resources, and a place for enduring member engagement and trust.

Historically, DM has co-evolved with disaster management, emergency preparedness, and military disaster response. ACEP has recognized and promoted the involvement of emergency physicians as leaders in DM for 40 years. Some of ACEP's earliest disaster-related policy statements date back to the 1980's, advocating that "emergency physicians should assume a *primary* role in disaster preparedness and response throughout all phases of the disaster life cycle. The provision of effective disaster medical services requires prior training or experience, which is a component of emergency medicine residency training."[4] In 1985, ACEP, in conjunction with the Federal Emergency Management Agency, developed the "Disaster Management and Planning for Emergency Physicians" course to further the education and training in the field.

Education in DM is at the very core of EM. The EM Model of Clinical Practice defines EMS and DM as <u>essential</u> medical knowledge for every emergency physician. The Accreditation Council for Graduate Medical Education (ACGME) has identified EMS, emergency preparedness, and disaster management as core competencies for EM residents.[7]

DM fellowship training programs currently exist in 15 EM departments in the US. Just as Harrison's is synonymous with internal medicine, the two major textbooks in DM

(Ciottone's Disaster Medicine and Koenig and Schultz's Disaster Medicine) are written by emergency physicians.[1,3] Emergency physicians have created and published the model curriculum for DM fellowship training in the field's highest-impact journal.[5]

Emergency physicians are not only serving on the front lines during a disaster but are the leaders in all four phases of the disaster management cycle: mitigation, preparedness, response, and recovery. When disasters strike in the US or around the globe, emergency physicians have played a key role in planning, leading, and managing the responses - we've have always answered the call. Even in the early days of the specialty, when the skywalk at the Hyatt Hotel in Kansas City, Missouri collapsed in 1981, the response and aftermath to that event was led and coordinated by Dr. Joseph Waeckerle, an early ACEP and national leader in DM.[8] More recently, whether it was the Boston Marathon bombings, the Maui wildfires, or the earthquakes in Haiti, it was emergency physicians who were integral to planning and leading the response and recovery.[9,10,11]

EM is also uniquely positioned to create an inclusive home for DM. The very nature of EM is to act as a crucial entry point for the healthcare system, working hand-in-hand with various specialties to deliver optimal patient care. The COVID-19 pandemic highlighted this role, as emergency physicians served on the frontlines of the crisis as well as leading hospital and public health responses to the crisis. Currently, the current president and immediate past president of the Association of State and Territorial Health Officials, which is a nonprofit organization comprised of 59 chief health officials from each of the 50 states and other US jurisdictions, are both emergency physicians.

ACEP wishes ABEM all the best in this pursuit to provide subspecialty certification for expertise in DM.

Sincerely,

Alison Haddock, MD, FACEP
President

Thomas Lardaro, MD, FACEP
EMS Committee Chair

Romeo Fairley, MD, MPH, FACEP
Disaster Medicine Committee Chair

Matthew Sarasin, MD, FACEP
EMS Pre-Hospital Section Chair

James Phillips, MD, FACEP
Disaster Medicine Section Chair

ACPM
American College of Preventive Medicine
physicians dedicated to prevention

May 19, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street, Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The American College of Preventive Medicine (ACPM) has existed for over 70 years, providing advocacy and support for physicians certified in Public Health and General Preventive Medicine (PH/GPM) by the American Board of Preventive Medicine (ABPM), one of 24 Member Boards of the American Board of Medical Specialties (ABMS). Within the ABPM's certifications there are three specialties including the specialty of PH/GPM whose physicians are trained in preparedness activities unique to the population being served. These activities include training to prepare the PH/GPM workforce to lead and develop initiatives, programs, and teams for evaluation, prevention, mitigation, and recovery strategies related to natural and human-caused disasters.

However, with the increasing frequency and complexity of disasters—there is a need for a well-trained and interdisciplinary workforce. We therefore recognize the potential value of a Disaster Medicine subspecialty in enhancing national preparedness and response capacity.

ACPM supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM). ACPM believes that DM subspecialty would serve as a complementary advancement that strengthens the overall healthcare system's preparedness infrastructure while preserving and respecting the vital contributions of PH/GPM physicians.

ACPM supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

ACPM wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Ryung Suh, MD, MPP, MBA, MPH, FACPM
President

Melissa Ferrari, CAE
Interim Chief Executive Officer

COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

Innovation • Collaboration • Scholarship



April 11,2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Council of Residency Directors in Emergency Medicine (CORD) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

CORD supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

CORD wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,
Laura Hopson, MD
President

4950 West Royal Lane | Irving, Texas 75063 | Ph: 888-444-2090 | Fax: 972-692-5347

# Emergency Medicine Residents' Association

April 21, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Emergency Medicine Residents' Association (EMRA) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

EMRA supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

EMRA wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

David A. Wilson, MD
President

4040 Wilson Blvd.
Suite 300
Arlington, VA 22203

*info@idsociety.org*
703.299.0200
**IDSOCIETY.ORG**

April 29, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Infectious Diseases Society of America (IDSA) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

IDSA supports board certification and believes that such high standards are essential to the continued enrichment of the House of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

IDSA wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Chris Busky, CAE
Chief Executive Officer

Society for Academic Emergency Medicine



May 21, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The Society for Academic Emergency Medicine (SAEM) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

SAEM supports board certification and believes that such high standards are essential to the continued enrichment of the House of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

SAEM wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Michelle D. Lall, MD, MHS
2025-2026 SAEM President

SAEM | 1111 East Touhy Avenue, Suite 540 | Des Plaines, IL 60018
Tel: (847) 813-9823 | Fax: (847) 813-5450
www.saem.org | info@saem.org

**Table 1 – Applicable Disaster Medicine Journals**

| Applicable Disaster Medicine Journals | |
|---|---|
| Academic Emergency Medicine | Journal of Business Continuity and Emergency Planning |
| American Journal of Disaster Medicine | Journal of Emergency Medicine |
| American Journal of Emergency Medicine | Journal of Infectious Diseases |
| American Journal of Preventive Medicine | Journal of Medical Regulation |
| American Journal of Public Health | Journal of Orthopaedic Trauma |
| American Journal of Tropical Medicine and Hygiene | Journal of Traumatic Stress |
| Annals of Emergency Medicine | Journal of Travel Medicine |
| Archives of Academic Emergency Medicine | Pediatric Emergency Care |
| Burns and Trauma | Pediatric Emergency Medicine Journal |
| Canadian Journal of Emergency Medicine | Prehospital and Disaster Medicine |
| Disaster Medicine and Public Health Preparedness | Prehospital Emergency Care |
| Emergency Psychiatry | Resuscitation |
| Frontiers in Public Health – Disaster and Emergency Medicine | Scandinavian Journal of Trauma, Resuscitation, and Emergency Medicine |
| Health Security | The Journal of Trauma and Acute Care Surgery |
| International Journal of Disaster Medicine | Western Journal of Emergency Medicine |
| JACEP Open | World Journal of Emergency Surgery |
| Journal of Anesthesia, Analgesia and Critical Care | |

**Table 2 – Textbooks Dedicated to Disaster Medicine**

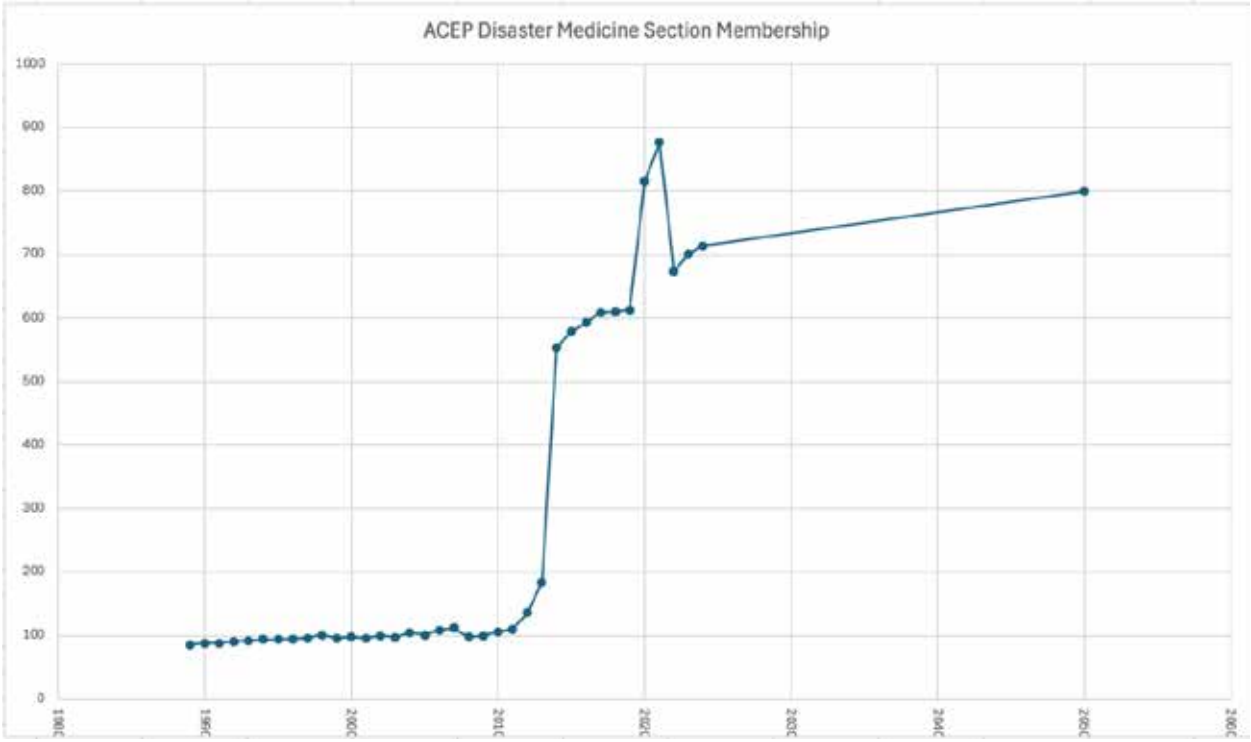
| Book | Author / Editor(s) | Citation |
|---|---|---|
| Auerbach Wilderness Medicine | | Auerbach PS. *Wilderness Medicine*. Elsevier Health Sciences; 2011. |
| Disaster Preparedness and Management | Michael Beach | Beach M. *Disaster Preparedness and Management*. F.A. Davis Company; 2010. |
| Disaster Psychiatry, Second Edition Readiness, Evaluation, and Treatment | | Bernstein C, Lehmann C, Rimmer D, Szegedy-Maszak M. *Disaster Psychiatry*. (Pandya AA, Katz CL, eds.). Routledge; 2020. |
| Field Guide to Global Health & Disaster Medicine | James A. Chambers | Chambers JA. *Field Guide to Global Health & Disaster Medicine*. Elsevier - Health Sciences Division; 2021. |
| The Intersection of Trauma and Disaster Behavioral Health | | Cherry KE, Gibson A, eds. *The Intersection of Trauma and Disaster Behavioral Health*. Springer Nature; 2021. |
| Ciottone's Disaster Medicine | Gregory R. Ciottone, Paul D Biddinger, Robert G. Darling, Saleh Fares, Mark E Keim, Michael S Molloy, Selim Suner | Ciottone GR, ed. *Ciottone's Disaster Medicine*. 3rd ed. Elsevier - Health Sciences Division; 2023. |
| Disasters and Public Health Planning and Response | Bruce Clements, Julie Casani | Clements B, Casani J. *Disasters and Public Health*. Butterworth-Heinemann; 2016 |
| EMS Medicine | Derek Cooney | Cooney D. *EMS Medicine*. McGraw-Hill Professional; 2015. |
| Introduction to International Disaster Management | Damon P. Coppola | Coppola D. *Introduction to International Disaster Management*. 4th ed. Butterworth-Heinemann; 2021. |
| Principles of Emergency Management and Emergency Operations Centers (EOC) | Michael J. Fagel, Rick C. Mathews, and J. Howard Murphy | Fagel MJ. *Principles of Emergency Management and Emergency Operations Centers (EOC)*. 2nd ed. (Fagel MJ, Mathews RC, Murphy JH, eds.). CRC Press; 2021. |
| Disaster Health Management A Primer for Students and Practitioners | Gerry FitzGerald, Mike Tarrant, Peter Aitken, Marie Fredriksen | FitzGerald G, Pizzino S, Burns P, et al., eds. *Disaster Health Management*. 2nd ed. Routledge; 2024. |
| Anesthesiologists in time of Disaster, An Issue of Anesthesiology Clinics | | Fleisher LA, Raiten JM, eds. *Anesthesiologists in Time of Disaster, An Issue of Anesthesiology Clinics*. Elsevier - Health Sciences Division; 2021. |
| Emergency Management in Anesthesia and Critical Care | | Heiner JS, Gabot M, Elisha SM. *Emergency Management in Anesthesia and Critical Care*. Churchill Livingstone; 2024. |
| Anaesthesia and Analgesia in Emergency Medicine (Oxford Handbooks in Emergency Medicine) | | Illingworth KA, Simpson KH. *Anaesthesia and Analgesia in Emergency Medicine*. 2nd ed. Oxford University Press; 1998. |

| | | |
|---|---|---|
| Emergency Public Health: Preparedness and Response | Girish Bobby Kapur and Jeffrey P. Smith | Kapur GB, Smith JP. *Emergency Public Health: Preparedness and Response*. Jones and Bartlett; 2010. |
| Koenig and Schultz's Disaster Medicine: Comprehensive Principles and Practices | Kristi Koenig, Carl Schultz | Koenig KL, Schultz CH, eds. *Koenig and Schultz's Disaster Medicine*. Cambridge University Press; 2016. doi:10.1017/cbo9781139629317 |
| Public Health Management of Disasters | Linda Young Landesman | Landesman LY. *Landesman's Public Health Management of Disasters*. 5th ed. (Landesman LY, Gershon RR, Gebbie EN, Merdjanoff AA, eds.). American Public Health Association; 2021. |
| Essentials of Disaster Anesthesia | | McIsaac J, ed. *Essentials of Disaster Anesthesia*. Cambridge University Press; 2020. |
| Oxford American Handbook of Disaster Medicine | Robert A. Partridge, Lawrence Proano, David Marcozzi | Partridge RA, Proano L, Marcozzi D, et al., eds. *Oxford American Handbook of Disaster Medicine*. Oxford University Press; 2012. |
| Introduction to Emergency Management and Disaster Science | Brenda D. Phillips, David M. Neal, and Gary R. Webb | Phillips BD, Neal DM, Webb GR. *Introduction to Emergency Management and Disaster Science*. 3rd ed. Routledge; 2021. |
| Tintinalli's Emergency Medicine | | Promes SB. *Tintinalli's Emergency Medicine Examination and Board Review*. 3rd ed. McGraw-Hill Education/Medical; 2023. |
| Healthcare Emergency Management | Michael J. Reilly and David S. Markenson | Reilly, M. J., & Markenson, D. (2010). *Health care emergency management: Principles and practice*. Jones & Bartlett Learning. |
| Manual of Disaster Medicine | N. D. Reis, Eran Dolev | Reis ND, Dolev E, eds. *Manual of Disaster Medicine*. 1989th ed. Springer; 2012 |
| Disaster Mental Health Community Planning | | Schmidt RW. *Disaster Mental Health Community Planning*. Taylor & Francis Group; 2020. doi:10.4324/9780429285134 |
| Emergency Medicine, Trauma and Disaster Management: From Prehospital to Hospital Care and Beyond | | Trauma and Disaster Management: From Prehospital to Hospital Care and Beyond. *Emergency Medicine*. |
| Rosen Emergency Medicine | | Walls R, Hockberger R, Gausche-Hill M, Erickson TB, Wilcox SR. *Rosen's Emergency Medicine - Concepts and Clinical Practice E-Book*. 10th ed. Elsevier; 2022. |
| Disaster Medicine | Wei Zhonghai | Zhonghai W. *Disaster Medicine*. Alpha Science International; 2016. |

This graph shows the growth in membership of the ACEP Disaster Medicine Section from its founding in 1989 through a projected growth for 2050.

- **1989:** The section was established with at least 100 founding members.
- **1990s–2020s:** Membership steadily increased as disaster medicine gained importance due to global events and growing interest among emergency physicians.
- **2025:** The section is well-established, actively supporting members through education, networking, and leadership opportunities.
- **2050 (Projected):** Membership is expected to continue rising, reflecting ongoing relevance and engagement in disaster medicine.

**Figure 1 – ACEP Disaster Medicine Section Membership**



ORIGINAL RESEARCH

# The 2023 Model Core Content of Disaster Medicine

**Bryan J. Wexler, MD, MPH;[1] Carl Schultz, MD;[2] Paul D. Biddinger, MD;[3] Gregory Ciottone, MD;[4] Angela Cornelius, MD, MA;[5] Robert Fuller, MD;[6] Roxanna Lefort, MD, MPH;[7] Andrew Milsten, MD, MS;[8] James Phillips, MD;[9] Ira Nemeth, MD[10]**

1. WellSpan Health, WellSpan York Hospital, Department of Emergency Medicine, York, Pennsylvania USA
2. UC Irvine School of Medicine, Orange, California USA
3. Harvard Medical School, Harvard University TH Chan School of Public Health, Boston, Massachusetts USA
4. Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts USA
5. John Peter Smith Hospital, Fort Worth Emergency Medicine Residency, Fort Worth, Texas USA
6. University of Connecticut School of Medicine, Farmington, Connecticut USA
7. Indiana University School of Medicine, Dept of Emergency Medicine, Riley Hospital for Children, Indianapolis, Indiana USA
8. UMass Chan Medical School, Worcester, Massachusetts USA
9. The George Washington University Hospital, Department of Emergency Medicine, Washington, DC USA
10. Henry JN Taub Department of Emergency Medicine, Baylor College of Medicine, Houston, Texas USA

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**Abstract**

**Introduction:** Disaster Medicine (DM) is the clinical specialty whose expertise includes the care and management of patients and populations outside conventional care protocols. While traditional standards of care assume the availability of adequate resources, DM practitioners operate in situations where resources are not adequate, necessitating a modification in practice. While prior academic efforts have succeeded in developing a list of core disaster competencies for emergency medicine residency programs, international fellowships, and affiliated health care providers, no official standardized curriculum or consensus has yet been published to date for DM fellowship programs based in the United States.

**Study Objective:** The objective of this work is to define the core curriculum for DM physician fellowships in the United States, drawing consensus among existing DM fellowship directors.

**Methods:** A panel of DM experts was created from the members of the Council of Disaster Medicine Fellowship Directors. This council is an independent group of DM fellowship directors in the United States that have met annually at the American College of Emergency Physicians (ACEP)'s Scientific Assembly for the last eight years with meeting support from the Disaster Preparedness and Response Committee. Using a modified Delphi technique, the panel members revised and expanded on the existing Society of Academic Emergency Medicine (SAEM) DM fellowship curriculum, with the final draft being ratified by an anonymous vote. Multiple publications were reviewed during the process to ensure all potential topics were identified.

**Results:** The results of this effort produced the foundational curriculum, the 2023 Model Core Content of Disaster Medicine.

**Conclusion:** Members from the Council of Disaster Medicine Fellowship Directors have developed the 2023 Model Core Content for Disaster Medicine in the United States. This living document defines the foundational curriculum for DM fellowships, providing the basis of a standardized experience, contributing to the development of a board-certified subspecialty, and informing fellowship directors and DM practitioners of content and topics that may appear on future certification examinations.

**Wexler BJ, Schultz C, Biddinger PD, Ciottone G, Cornelius A, Fuller R, Lefort R, Milsten A, Phillips J, Nemeth I. The 2023 Model Core Content of Disaster Medicine.** ***Prehosp Disaster Med.*** **2023;38(6):699–706.**

**Conflicts of interest/funding/disclosures:** The authors have no financial disclosures.

**Keywords:** curriculum; Disaster Medicine; education

**Abbreviations:**
ACEP: American College of Emergency Physicians
ACGME: Accreditation Council on Graduate Medical Education
DM: Disaster Medicine
EMS: Emergency Medical Services
SAEM: Society of Academic Emergency Medicine

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## Introduction

Disaster Medicine (DM) is the clinical specialty whose expertise includes the care and management of patients and populations outside conventional care protocols. While traditional standards of care assume the availability of adequate resources, DM practitioners plan for, mitigate against, operate in, and lead recovery from situations where the available resources are not adequate, necessitating modifications to conventional practice. The specialty practices in all environments, from traditional hospital settings to austere locations, and supports the provision of care for all age groups and conditions. It includes administrative leadership of emergency preparedness teams and systems as well as planning and mitigation strategies across the entire disaster cycle. Disaster Medicine also includes expertise in the rational, effective, and ethical adjustment of resource allocation and treatment algorithms during times of resource scarcity to provide the optimal level of health care to the greatest number possible given the circumstances of a disaster or public health emergency.

As recent history demonstrates, disasters resulting from environmental and human activity are growing in complexity, while society's vulnerabilities to such events are increasing due to a multitude of factors related to the modern world. These events create unique clinical situations that physicians have not anticipated, and for which they are inadequately prepared by traditional medical educational systems to address. Specifically, most training algorithms fail because they were not designed to guide management of the health care requirements of patients when these needs exceed available resources. As an example, the coronavirus disease 2019/COVID-19 pandemic demonstrated how unprepared the medical system is for large-scale medical emergencies, such as a global pandemic, particularly from the standpoint of medical practice outside of established standards of care. Equipment, pharmaceutical, and staff shortages required physicians to make difficult decisions and, in some cases, adopt scarce resource allocation protocols.

The specialty of DM incorporates knowledge and skills from multiple disparate fields including, but not limited to, emergency medicine, prehospital medicine, public health crisis response, critical care, primary care and preventative medicine, ethics, health equity, risk communication, and emergency management, among others. Within DM, elements from all these fields converge into a cohesive practice aimed at reducing mortality and morbidity by optimizing resource use in the event of a disaster. The scope of this multidisciplinary expertise and its requisite associated clinical and administrative skills defines the practice of DM as unique among existing medical specialties.

When applied to health care specifically, a disaster implies a severe imbalance in patient needs and available resources. The ability to effectively and efficiently utilize limited assets to provide maximal benefit for an affected population requires a keen understanding of resource utilization and population health. In response to such increasingly austere environments, physicians with DM specialty training are needed to transition patient care efficiently from conventional operations to progressively limited resource utilization and treatment strategies. Individuals possessing this training can plan, implement, and assess appropriate patient management in the highly variable situations and locations in which the provision of medical care may be required. Prior to disaster-related events, DM specialists guide implementation of preventative and mitigating actions to limit the impact of a future disaster, optimizing the ability to continue providing patients the conventional standard of care. However, if a patient surge is so vast, or a reduction in available resources so profound, that existing standards of care are not possible, specialists in DM are uniquely qualified to ethically guide stakeholders and leaders through the allocation of constrained resources during a crisis.

Disaster Medicine's unique combination of clinical, administrative, and ethical expertise, in addition to its requisite skills focused on the delivery of medical care in nontraditional practice environments, is not found in any current medical specialty. Though selected elements may be found in, and are drawn from, other defined areas of medicine, no other subspecialty holistically focuses on such expertise. For example, the existing subspecialty of Emergency Medical Services (EMS) addresses mass-casualty response in a very limited capacity and viewed through the lens of the prehospital setting only.[1] Toxicology practitioners obtain expertise in treating chemical poisonings, but the core content does not address planning, preparation, or response to a mass-casualty nerve agent attack.[2] While prior academic efforts have succeeded in developing a list of core disaster competencies for emergency medicine residency programs, international fellowships, and affiliated health care providers, no official standardized curriculum or consensus has yet been published to date for DM fellowship programs based in the United States.[3–5]

## Methods

The initial outline of the 2023 Model Core Content of Disaster Medicine was developed with support from a task force of DM physicians convened by the American College of Emergency Physicians (ACEP; Irving, Texas USA) Disaster Preparedness and Response Committee. This group incorporated the previous DM curriculum used by the Society of Academic Emergency Medicine (SAEM; Des Plaines, Illinois USA), aimed at standardizing SAEM-approved DM fellowships.[6] The draft curriculum was presented to the Council of Disaster Medicine Fellowship Directors. This council of active DM fellowship directors was formed in 2015, meeting annually as an interim guiding body in the absence of formal sub-specialization recognition. The presented draft curriculum was updated by drawing from existing individual DM fellowship curricula provided by the active fellowship directors on the Council of Disaster Medicine Fellowship Directors. All topics were cross-referenced with the Accreditation Council on Graduate Medical Education's (ACGME; Chicago, Illinois USA) six core competencies for the practice of medicine.[7] After a new draft was composed by the task force, using a modified Delphi technique, the DM fellowship directors on the Council of Disaster Medicine Fellowship Directors individually provided additional review and input on all aspects, incorporating material from existing DM textbooks previously absent from the curriculum.[8,9] The option to provide anonymous feedback was available. The proposed curriculum was revised over three additional iterations to create a new, more comprehensive document that was subsequently validated and approved by the voting members of the council, defined as having an active DM fellowship, in an anonymous, unanimous vote with none voting against the motion.

## Results

To address the need for a standardized core curriculum supporting the training of DM practitioners in the United States, the Council of Disaster Medicine Fellowship Directors created a new curriculum. This model is recommended as the foundational course of study for physicians training in formal United States DM fellowship programs (Table 1).

| | ACGME and ABMS Core Competencies | | | | | |
|---|---|---|---|---|---|---|
| | **Patient Care** | **Medical Knowledge** | **Practice-Based Learning** | **Professionalism** | **Interpersonal Skills** | **Systems-Based Practice** |
| **Principles Of Disaster Medicine (1)** | X | X | X | | | X |
| Conventional Standards Of Care (1.1) | X | X | X | | | X |
| Contingency Standards of Care (1.2) | X | X | X | | | X |
| Crisis Standards Of Care (1.3) | X | X | X | X | X | X |
| Disaster Triage Concepts (1.4) | X | X | X | X | X | X |
| Scarce Resource Allocation Protocols (1.5) | X | X | X | X | X | X |
| **Medical Oversight of Emergency Management Systems (2)** | X | X | X | X | X | X |
| The Disaster Cycle (2.1) | | | | X | | X |
| Evolution of Emergency Management (2.2) | | | | X | | X |
| Local Disaster Response (2.3) | | | | X | X | X |
| National Disaster Response (2.4) | | | | X | X | X |
| Disaster Medical Assistance Teams (DMAT) (2.4.1) | | | | X | X | X |
| National Response Framework (2.5) | | | | X | X | X |
| National Incident Management System (2.5.1) | | | | X | X | X |
| ICS Basics (2.5.2) | | | | X | X | X |
| Hospital Preparedness Program (2.5.3) | | | | X | X | X |
| Strategic National Stockpile (2.5.4) | X | | | | | X |
| National Disaster Management System (2.5.5) | | | | X | X | X |
| International Systems (2.6) | | | | | | X |
| UN Cluster System (2.6.1) | | | | | | X |
| Emergency Medical Teams & World Health Organization (2.6.2) | | | | | | X |
| International Search and Rescue Advisory Group (INSARAG) (2.6.3) | | | | | | X |
| Nongovernmental Organizations (NGO) (2.7) | | | | | | X |
| Exercise Design and Evaluation (2.8) | | | X | X | | X |
| **Public Health and Disaster Medicine (3)** | X | X | | X | | X |
| Role of Public Health Agencies in Disaster Medicine (3.1) | | | | | | X |
| Public Health Surveillance (3.2) | | X | X | | | X |
| Needs Assessments (3.3) | X | X | | | | X |
| Sphere Standards; Water, Sanitation, and Hygiene (WASH) (3.3.1) | X | X | | | | |
| Complex Public Health Emergencies (3.4) | X | X | X | | X | X |
| Displaced Populations (3.4.1) | X | X | | | X | X |
| Medical Care for Refugee Populations (3.4.2) | X | X | | | X | X |
| Climate Change and Disaster Medicine (3.5) | | X | | | | |



**Table 1.** The Model Core Content of Disaster Medicine (*continued*)

| | ACGME and ABMS Core Competencies | | | | | |
|---|---|---|---|---|---|---|
| | **Patient Care** | **Medical Knowledge** | **Practice-Based Learning** | **Professionalism** | **Interpersonal Skills** | **Systems-Based Practice** |
| Vaccine and Pharmaceutical Distribution (3.6) | X | X | | X | X | X |
| Quarantine/Isolation (3.7) | | X | | X | X | X |
| **Health Care Disaster Preparedness (4)** | X | X | X | X | X | X |
| Hazard Vulnerability Analysis (4.1) | | X | X | | | X |
| Drill and Exercise Design (4.1.1) | | | | | | |
| Hospital Incident Command Systems (4.2) | | | | X | X | X |
| Emergency Operations Plans for the Health Care Environment (4.3) | | X | | | | X |
| Command Center Operations (4.4) | | | | X | X | X |
| Health Care Coalitions and Community Integration (4.5) | | | | X | X | X |
| Information Management/ Communications (4.6) | | | | X | X | X |
| Medical Surge Capacity (4.7) | X | X | | | | X |
| Medical Surge Capability (4.8) | X | X | | | | X |
| Mass-Casualty Incidents (4.9) | X | X | | | | X |
| **Disaster Preparedness and Resiliency (5)** | X | X | X | X | X | X |
| Personal Preparedness (5.1) | | | | X | | X |
| Organizational Preparedness and Resiliency (5.2) | X | X | X | X | X | X |
| Business Continuity (5.2.1) | | | | | | |
| Hospital Preparedness (5.3) | X | X | X | X | X | X |
| Community Preparedness and Resiliency (5.4) | | X | X | X | X | X |
| National Preparedness (5.5) | | | | X | | X |
| Rehabilitation and Reconstruction (5.6) | | | | | | X |
| **Operations and Logistics (6)** | X | X | X | X | X | X |
| Field Operations and Logistics (6.1) | X | | X | | | X |
| Mass-Casualty Care in the Field (6.2) | X | | X | | | |
| Field Disaster Triage (6.3) | X | X | | | | X |
| Field Stabilization, Treatment, and Transport (6.4) | X | X | | | | |
| Disaster Operations (6.5) | | | | | | X |
| Decontamination in the Field (6.6) | X | | X | | | |
| Volunteer Management (6.7) | | | | X | X | X |
| Operational Continuity (6.8) | | | | | | X |
| Care of Animals (6.9) | | | X | | | |
| Alternative Care Sites (6.10) | | | | | | X |
| Mass-Fatality and Mortuary Care (6.11) | | X | | X | X | X |
| **Psychological Aspects of Disaster Medicine (7)** | X | X | X | X | X | X |
| Psychological Effects and Trauma of Disaster (7.1) | X | X | | | X | X |
| Psychological First Aid (7.2) | X | X | X | | X | |
| Personal Mental Resiliency (7.3) | | X | X | X | X | |



**Table 1.** The Model Core Content of Disaster Medicine (*continued*)

| | ACGME and ABMS Core Competencies | | | | | |
|---|---|---|---|---|---|---|
| | **Patient Care** | **Medical Knowledge** | **Practice-Based Learning** | **Professionalism** | **Interpersonal Skills** | **Systems-Based Practice** |
| **Ethical and Legal Issues in Disaster Medicine (8)** | X | | | X | X | X |
| Ethics of Disaster Medicine (8.1) | X | | | X | X | X |
| Liability in Disaster Response (8.2) | | | | X | X | X |
| Disaster Finance (8.3) | | | | | | X |
| Stafford Act (8.3.1) | | | | | | X |
| Vulnerable Populations (8.4) | | | | | | X |
| **Prehospital Disaster Medicine (9)** | X | X | X | | | X |
| EMS Disaster Operations (9.1) | X | X | | | | X |
| Transportation Disasters (9.1.1) | | X | | | | |
| Search and rescue (9.1.2) | X | X | | | | |
| Tactical EMS (9.1.3) | | | X | | | X |
| Active Threats (9.2) | X | | X | | | X |
| Care Under Fire (9.2.1) | X | | X | | | |
| Scene Safety and Security in the Field (9.3) | X | X | | | | X |
| Fireground Safety (9.3.1) | | | | | | X |
| Structural Collapse (9.3.2) | X | X | | | | |
| Vehicle Extraction (9.3.3) | X | X | | | | |
| **Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) (10)** | X | X | X | X | X | X |
| Chemical Agents (10.1) | X | X | | | | |
| Recognition and Clinical Treatment (10.1.1) | X | X | | | | |
| Blister Agents (10.1.1.1) | X | X | | | | |
| Lewisite (10.1.1.1.1) | X | X | | | | |
| Mustard (10.1.1.1.2) | X | X | | | | |
| Choking Agents (10.1.1.2) | X | X | | | | |
| Anhydrous Ammonia (10.1.1.2.1) | X | X | | | | |
| Chlorine (10.1.1.2.2) | X | X | | | | |
| Phosgene (10.1.1.2.3) | X | X | | | | |
| Asphyxiant Agents (10.1.1.3) | X | X | | | | |
| Cyanide (10.1.1.3.1) | X | X | | | | |
| Nerve Agents (10.1.1.4) | X | X | | | | |
| MCI Triage and Considerations for Chemical Agents (10.1.2) | X | X | | X | X | |
| Pediatrics and Chemical Exposure (10.1.3) | X | X | | | | |
| Chemical Safety (10.1.4) | | | | | | X |
| Decontamination (10.1.4.1) | X | X | X | | | |
| Biological Disasters (10.2) | X | X | X | X | X | X |
| Category A Bioterrorism Agents (10.2.1) | X | X | | | | |
| Anthrax (10.2.1.1) | X | X | | | | |
| Botulism (10.2.1.2) | X | X | | | | |
| Smallpox (10.2.1.3) | X | X | | | | |
| Tularemia (10.2.1.4) | X | X | | | | |
| Viral Hemorrhagic Fevers (10.2.1.5) | X | X | | | | |



**Table 1.** The Model Core Content of Disaster Medicine (*continued*)

| | ACGME and ABMS Core Competencies | | | | | |
|---|---|---|---|---|---|---|
| | **Patient Care** | **Medical Knowledge** | **Practice-Based Learning** | **Professionalism** | **Interpersonal Skills** | **Systems-Based Practice** |
| Yersinia Pestis (10.2.1.6) | X | X | | | | |
| Clinical Diagnosis and Treatment (10.2.2) | X | X | | | | |
| MCI Triage and Considerations for Biological Agents (10.2.3) | X | X | X | X | X | |
| Biological Safety (10.2.4) | | | | | | X |
| Epidemiologic and Medical Countermeasures (10.2.5) | X | X | | | | |
| Radiation/Nuclear Events (10.3) | X | X | X | X | X | X |
| Acute Radiation Syndrome (10.3.1) | X | X | | | | |
| Timing of Medical and Surgical Interventions (10.3.2) | X | X | | | | |
| Contamination and Irradiation (10.3.3) | X | X | | | | |
| Decontamination (10.3.3.1) | X | X | X | | | |
| Medical Countermeasures for Radiation Contamination (10.3.4) | X | X | | | | |
| MCI Triage and Considerations for Radioactive/Nuclear Events (10.3.5) | X | X | X | X | X | |
| Pandemics/Emerging Infectious Diseases (10.4) | X | X | X | X | X | X |
| Epidemiology (10.4.1) | | X | | | | X |
| Mass Care During Pandemics (10.4.2) | X | X | | X | X | X |
| Medical Countermeasures (10.4.3) | X | X | | | | X |
| Pandemic Triage (10.4.4) | X | X | X | X | X | |
| Hazardous Materials (HAZMAT) (10.5) | | X | X | | | |
| Personal Protective Equipment (PPE) (10.5.1) | | X | X | | | |
| Blast Injuries (10.6) | X | X | | | | |
| Crush Injuries (10.7) | X | X | | | | |
| Burns (10.8) | X | X | X | | | |
| Mass Burn Care (10.8.1) | X | X | X | | | |
| **Mass Care and Environmental Disasters (11)** | X | X | | | | X |
| Climate Change (11.1) | | | | | | X |
| Drought (11.2) | | | | | | X |
| Earthquakes (11.3) | X | X | | | | |
| Flooding (11.4) | X | X | | | | |
| Heat Emergencies (11.5) | X | X | | | | |
| Hurricanes/Cyclones/Typhoons (11.6) | X | X | | | | X |
| Tornadoes (11.7) | X | X | | | | |
| Volcanic Eruptions (11.8) | X | X | | | | |
| Wildfires (11.9) | | | | | | X |
| Winter Storms (11.10) | X | X | | | | |
| **Mass-Gathering Medicine (12)** | X | X | | X | X | X |
| Mass Gatherings (12.1) | | X | | | | X |
| Event Medicine Planning (12.1.1) | X | | | X | | X |



**Table 1.** The Model Core Content of Disaster Medicine (*continued*)

| | ACGME and ABMS Core Competencies | | | | | |
|---|---|---|---|---|---|---|
| | **Patient Care** | **Medical Knowledge** | **Practice-Based Learning** | **Professionalism** | **Interpersonal Skills** | **Systems-Based Practice** |
| Stampede Injuries (12.1.2) | X | | | | | |
| Civil Unrest (12.2) | | | | X | X | X |
| **Communications (13)** | | | | X | X | |
| Crisis and Emergency Risk Communication (13.1) | | | X | X | X | X |
| Media Engagement (13.1.1) | | | | X | X | |
| Communication Systems and Informatics (13.2) | | | | | | X |
| Social Media and Disasters (13.3) | | | | X | X | X |
| **Technology and Disaster Medicine (14)** | X | X | X | | | X |
| Technological Disasters (14.1) | | | | | | X |
| Utility Failure (14.1.1) | | | | | | X |
| Informatics (14.2) | | | | | | X |
| Electronic Health Record Compromise (14.2.1) | | X | | | | X |
| Disaster Modeling and Simulation (14.3) | | | X | | | |
| Crisis Mapping (14.4) | | | | | | X |
| Patient Tracking (14.5) | X | | | | | X |
| Telemedicine (14.6) | X | | X | | | X |
| Ultrasound (14.7) | X | X | X | | | |
| **Disaster Medicine Research (15)** | | | | | | |
| Journal Club (15.1) | | X | X | | | |
| Research basics (15.2) | | X | | | | X |



**Table 1.** *(continued)*. The Model Core Content of Disaster Medicine
Abbreviations: ACGME, Accreditation Council on Graduate Medical Education; ABMS, American Board of Medical Specialties; ICS, Incident Command Systems; EMS, Emergency Medical Services; MCI, Mass-Casualty Incident.

## Discussion

The 2023 Model Core Content of Disaster Medicine approaches each domain within DM through the lens of the disaster medical specialist, drawing from best practices to provide the best possible care under adverse circumstances. The resultant curriculum is a living document that is intended to be reviewed and updated periodically to address the evolving field of DM. It is not expected that fellowships will be teaching the curriculum exclusively. Some programs may have special areas of focus or interests that they wish to highlight in their fellowship training. However, all programs are expected to utilize the curriculum to provide a consistent and comprehensive knowledge base for graduating fellows.

Official recognition of DM as a board-certified subspecialty will lead to the development of training programs producing specialists with a known and consistent professional expertise. Disaster Medicine experts will lead efforts to provide education, training, comprehensive emergency operational plans, and disaster medical direction prior to and during a crisis. This Model Core Content document outlines the comprehensive knowledge base and skills DM specialists are expected to master and that may appear on future certification examinations.

## Limitations

The Model Core Content attempts to minimize overlap among its topics; however, some areas are integrated and may be covered in different ways in other sections. It is expected the content will continue to evolve as the field of DM develops and additional needs and informational gaps are identified. The 2023 Model Core Content of Disaster Medicine defines the foundational curriculum for DM physician fellowships in the United States, provides the basis of a standardized experience, and contributes to the future development of a board-certified subspecialty. However, the recommended content may not necessarily translate to other educational systems external to the United States.

Additional limitations reside within the Delphi methodology itself. In this work, the expert panel included the directors responsible for the education of fellows. However, the panel was limited to the Council of Disaster Medicine Fellowship Directors and there is potential for additional views not represented, such as from DM fellowships whose existence was unknown to the council at the time of the curriculum development. Furthermore, while anonymous feedback in each iteration was available, some chose to make their suggestions public, potentially influencing other panelists as open discussion was also utilized frequently between

panelists during evaluation between iterations. However, given the final anonymous ratification, the authors believe this potential influence was not significant.

## Conclusion

The 2023 Model Core Content of Disaster Medicine is a living document that defines the foundational curriculum for DM fellowships, providing the basis of a standardized experience, contributing to the development of a board-certified subspecialty, and informing fellowship directors and DM practitioners of content and topics that may appear on future certification examinations.

## Acknowledgements

The authors would like to thank the ACEP Disaster Preparedness and Response Committee and the Council of Disaster Medicine Fellowship Directors for their support.

## Author Contributions

BW drafted the manuscript and all authors contributed substantially to its revision. BW takes responsibility for the paper as a whole.

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# ABEM Disaster Medicine Eligibility Criteria

The general criteria for physicians seeking certification in Disaster Medicine (DM) are as follows:

1. Be certified by the American Board of Emergency Medicine, the American Board of Preventive Medicine (ABPM), or other Qualifying ABMS Board;
2. Successfully complete the Training pathway;
3. Complete and submit the application to ABEM; ABPM-certified physicians will apply to the ABPM;
4. Actively participate in the ABEM or ABPM continuing certification process;
5. Fulfill the Policy on Medical Licensure; and
6. Comply with the Policy on Board Eligibility for Subspecialties.

Additionally, the physician must fulfill the eligibility criteria for one of three application pathways:

1. Training Pathway
2. Practice-plus-Non–ACGME-Accredited DM Training
3. Practice-Only Pathway

The Practice-plus-Non–ACGME-Accredited DM Training and Practice-Only Pathway will close on December 31, <YEAR>. Specifically, all eligibility requirements must be completed, and all applications received no later than December 31, <YEAR>.

## ELIGIBILITY CRITERIA

### Training Pathway

The Training pathway requires that physicians successfully complete an ACGME-accredited DM fellowship. The ACGME accredits DM fellowships of 12 months in length. The physician must successfully complete all months of training for which the DM fellowship is ACGME-accredited to fulfill the Board's eligibility criteria. For physicians who apply through the Training Pathway, ABEM will seek independent verification of the physician's successful completion of the DM fellowship program from the DM fellowship program director. The physician must successfully complete the fellowship training by the examination date.

### Practice-Only Pathway

The Practice-Only Pathway will end on _____ (7 years after ABMS approval of the application). To apply for certification through the Practice-Only Pathway, a physician must meet all the following criteria:

- They must demonstrate that within the five years (60 months) immediately preceding the date on which they submit their application, they have held a position that demonstrates all of the following responsibilities and an equivalent title <hyperlink> for at least 36 months (at

least 200 hours per year, on average). The 36 months do not need to be contiguous. ABEM will require independent verification of the physician's DM experience from the physician's direct supervisor(s).

**Credit for Certification by <X>.**

A physician may be eligible for 12 months of credit toward the practice experience requirements under the Practice-Only Pathway by the following:

- American Board of Emergency Medicine certification in Emergency Medical Services
- American Board of Preventive Medicine certification in Public Health & General Preventive Medicine

**Practice-plus-Non–ACGME-Accredited DM Training**

The Practice-plus-Non–ACGME-Accredited DM Training will end on _____(7 years after ABMS approval of the application). To apply for DM certification through Practice-plus-Non–ACGME-Accredited DM Training, a physician must meet all the following criteria:

- They must successfully complete a fellowship of at least 12 months that reasonably addresses the DM Core Content. An ACGME-accredited residency program or ACGME-accredited institution must sponsor the fellowship. ABEM will seek independent verification of the physician's successful completion of the non-accredited DM fellowship program from the DM fellowship program director.
- They must demonstrate that within the five years (60 months) immediately preceding the date on which they submit their application, they have held a position that demonstrates all of the following responsibilities and an equivalent title <hyperlink> for at least 24 months (at least 200 hours per year, on average). The 24 months do not need to be contiguous. ABEM will require independent verification of the physician's DM experience from the physician's direct supervisor(s).
- Practice experience completed during the 12 months of Practice-plus-Non–ACGME-Accredited DM Training. DM fellowship training does ***not*** count toward the practice experience requirement of 24 months (at least 200 hours per year, on average).

**Credit for Certification by <X>.**

A physician may be eligible for 12 months of credit toward the practice experience requirements under Practice-plus-Non–ACGME-Accredited DM Training by the following:

- American Board of Emergency Medicine certification in Emergency Medical Services
- American Board of Preventive Medicine certification in Public Health & General Preventive Medicine

**Acceptable Leadership Experience and Responsibilities for Practice Pathway and the Practice Portion of the Practice-plus-Non–ACGME-Accredited DM Training.**

**ABEM will require verification of leadership-administration experience by an individual who served as a direct supervisor to the position/role during the same time as the experience occurred.*

The physician must demonstrate that she or he holds or previously held a position for at least 36 months (Practice-Only Pathway) or 24 months (Practice-plus-Non–ACGME-accredited DM Training Pathway) that incorporates significant aspects of disaster planning, response, and/or recovery. Additionally, of that total number of months, a minimum of 200 hours per year, on average, of the physician's time is/was devoted to Disaster Medicine through three or more of the following areas:**

- **Provision or Oversight of Direct Disaster Medicine Patient Care**
  - Provision of direct health care during a natural or manmade disaster in the physician's primary specialty practice of sufficient rigor. An additional narrative explanation of such care may be required.
  - Emphasis on high-impact and organizational experience

- **Academic Initiatives on Disaster Management**
  - Responsible for leading academic initiatives, could include education, research and/or quality improvement projects, on disaster medicine to physicians, health systems, community leaders, and government officials.

  - Examples of sufficient rigor include: Served as a first, second, or senior author on five or more peer-reviewed articles; presentation at a minimum of three different regionally-, nationally-, or internationally-based Disaster Medicine conferences; presentation of at least three Disaster Medicine lectures, outside of the physician's own department or institution, for which participants can receive CME credit.

    - For physicians who practice in non-academic settings, teaching a minimum of 10 hours (as verified by the department chair or similar person) of structured professional development lectures or workshops teams will be considered.

- **Operational Leadership** *(Must fulfill at least one of the following three criteria)*
  - Talent management
    - Oversight and management of disaster medicine physicians and other care providers during the phases of disaster management to include staff evaluations and indirect or direct supervision of care provided by emergency managers and clinical care providers.
  - Fiscal management
    - Oversight and management of billing and coding, reimbursement, and financing of Disaster Medicine preparedness, response, recovery, mitigation, and prevention.
    - Participates in major negotiations with payers and state and federal legislative bodies to increase funding for care.

    - Programmatic Leadership and Development
        - Development of preparedness and disaster response programs
            - High impact initiatives at regional, state, or national levels (e.g., disaster health response networks)
        - Strategic Leadership (regional, state, or national level)
            - Oversight of systems integration
            - Healthcare business continuity planning
            - Leading high-impact response initiatives

- **Regulatory and Policy Development**
    - Leading organizations through regulatory, accreditation, or certification processes, such as Joint Commission, SAMHSA, etc.
    - Design of disaster care standards, policies, and procedures at a hospital, system, state, or federal level
- **Care Coordination and Management**
    - Oversight and management of the care continuum within and between the phases of disaster care acute care intervention and transition to ongoing long-term care.

***ABEM reserves the right to request a copy of a job description, organizational chart, and/or CV/resume to provide clarifying information for any application.*

Examples of DM leadership positions that may be considered eligible, provided that the position meets the functional responsibility noted above, could include:

1. Medical Advisor for Disaster Policy
2. Health System Disaster Preparedness Consultant
3. Medical Director for Disaster Response
4. State or Federal Urban Search and Rescue Member
5. State or Federal Disaster Medicine Assistance Team Member
6. State or Federal Response Physician
7. Chief Medical Officer for Emergency Preparedness
8. Deputy Secretary of Health Preparedness and Community Protection
9. System Medical Director for Emergency Preparedness
10. COVID-19 Response Director
11. Director of (Public Heath) Emergency Preparedness and Response
12. State Health Officer

THE AMERICAN BOARD OF ANESTHESIOLOGY

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April 16, 2025

Melissa Barton, M.D.
Executive Director of Professional and Clinical Affairs
American Boad of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823

Dear Dr. Barton,

The American Board of Anesthesiology (ABA) supports becoming a qualifying board for the American Board of Emergency Medicine's (ABEM) Disaster Medicine (DM) subspecialty certification. We understand that the application process for the DM subspecialty is still underway. Upon approval, the ABA will be prepared to provide board-certified anesthesiologists with a pathway to pursue DM certification via ABEM, demonstrating expertise in managing healthcare in resource-constrained situations and in all phases of the disaster cycle.

Thank you for your leadership in the pursuit of a DM subspecialty certification program.

Sincerely,

John E. Fiadjoe, M.D.

John E. Fiadjoe, M.D.
Secretary

American Board of Internal Medicine®

510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 800.441.2246 | www.abim.org | request@abim.org



April 22, 2025

Melissa A. Barton, MD
Executive Director, Professional and Clinical Affairs
American Board of Emergency Medicine

Dear Dr. Barton:

Disaster Medicine cuts across all specialties. The American Board of Internal Medicine (ABIM) firmly believes that internists should have the opportunity to become certified in a discipline focused on patient care and public preparedness before, during, and after natural or human caused disasters. Thus, I am writing to express ABIM's full support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the ABMS Member Boards community.

When approved as a recognized ABMS subspecialty, ABIM requests to serve as a Qualifying Board for the Disaster Medicine certificate. We strongly desire to ensure that a pathway for certification in this increasingly important subspecialty exists for our diplomates.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Sincerely,

Furman McDonald

Furman S. McDonald, MD, MPH
President and Chief Executive Officer
American Board of Internal Medicine and the ABIM Foundation
Professor of Medicine

CC: Richard Hawkins, MD
J. Brant Thrasher, MD, FACS
Greg Ogrinc, MD, MS
Erica Johnson, MD, FACP, FIDSA
Paul Lawlor

*The American Board of Neurological Surgery, Inc.* ®
*Member Board of the American Board of Medical Specialties*



May 19, 2025

Richard E. Hawkins, MD
President and Chief Executive Officer
American Board of Medical Subspecialties
353 N. Clark St. Ste 1400
Chicago, IL 60654

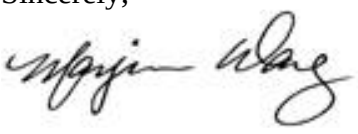
Dear Dr. Hawkins,

On behalf of the American Board of Neurological Surgery (ABNS), I am writing to express our support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as a subspecialty within the American Board of Medical Specialties (ABMS). The ABNS requests to be recognized as a Qualifying Board for this proposed subspecialty certification.

We believe that board certification in Disaster Medicine is a vital step toward ensuring the highest standards of patient care and public health preparedness before, during, and after natural or manmade disasters. The increasing frequency and complexity of such events demands physicians who are trained and certified in this specialized area of practice, and we support this formal training.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Sincerely,



Marjorie Wang, MD, MPH
Executive Director
American Board of Neurological Surgery

ABOG
American Board of Obstetrics & Gynecology
First in Women's Health®

April 25, 2025

Amy E. Young, M.D.
**Executive Director**

Melissa A. Barton, M.D.
Executive Director of Professional and Clinical Affairs
American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319

**Subject: Disaster Medicine - Letter of Intent to be a Qualifying Board**

Dear Dr. Barton:

This serves as a formal letter of intent from the American Board of Obstetrics and Gynecology (ABOG) to be included as a Qualifying Board for the ABEM Disaster Medicine Board. Managing obstetrical and gynecologic services for large catchment areas during pandemics and natural disasters is critical for communities and this type of additional training and recognition through certification would further the care for families.

We do not anticipate a large number of ABOG diplomates as candidates for Disaster Medicine certification initially. However, there are a growing number of OB GYN CMOs who lead healthcare at several institutions and service line leaders for women's health care at many institutions. In addition, women's and women's and children's specialty hospitals across the country are growing, many of which are in locations prone to natural disasters. Many of these are led by OB GYN physician executives who may seek disaster training and certification.

Andrea Rankin, our Director of Certification Standards and GME Affairs, will serve as our primary point of contact. Her email address is arankin@abog.org.

We are hopeful that our participation as a Qualifying Board will facilitate the OB GYN physician eligibility and acceptance into this ACGME-approved fellowship. We sincerely appreciate the opportunity for ABOG to support in this capacity.

Sincerely,

Dr. Amy E. Young

American Board of Ophthalmology®
ADVANCING EXCELLENCE IN EYE CARE

BUSINESS OFFICE
P.O. Box 1887
Doylestown, PA 18901
610-664-1175
info@abop.org
https://abop.org



April 23, 2025

Richard E. Hawkins, MD
President and Chief Executive Officer
American Board of Medical Specialties
353 N Clark St Ste 1400
Chicago, IL 60654

Dear Dr. Hawkins,

On behalf of the American Board of Ophthalmology, I am writing to express our full support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the American Board of Medical Specialties (ABMS).

We believe that board certification in Disaster Medicine will improve patient care and public health preparedness before, during, and after natural or manmade disasters. Accordingly, the American Board of Ophthalmology formally requests to be recognized as a Qualifying Board for this proposed subspecialty certification. We commend the ABEM for its leadership in advancing this initiative.

Respectfully,

George Brian Bartley, M.D.

George B. Bartley, MD
Chief Executive Officer

# American Board of Orthopaedic Surgery

Member Board of the American Board of Medical Specialties

400 Silver Cedar Court
Chapel Hill, North Carolina 27514
919-929-7103 • FAX: 919-942-8988
*www.abos.org*




May 12, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
353 North Clark Street, Suite 1400
Chicago IL 60654

Dear Dr. Hawkins,

On behalf of the American Board of Orthopaedic Surgery (ABOS), I am writing to express ABOS support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the American Board of Medical Specialties (ABMS).

The ABOS formally requests to be recognized as a **Qualifying Board** for this proposed subspecialty certification. We are fully prepared to offer a pathway for our diplomates to pursue certification in Disaster Medicine upon ABMS approval.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Regards,

David F. Martin, MD
Executive Director

# The American Board of Pathology

Gary W. Procop, M.D., M.S., M.Ed.
Chief Executive Officer



April 23, 2025

American Board of Medical Specialties
353 North Clark Street
Chicago, IL 60654

Dear Dr. Hawkins,

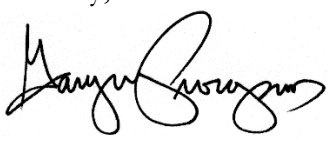
On behalf of the American Board of Pathology (ABPath), I am writing to express our full support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the American Board of Medical Specialties (ABMS).

We believe that board certification in Disaster Medicine is a vital step toward ensuring the highest standards of patient care and public health preparedness before, during, and after natural or manmade disasters. The increasing frequency and complexity of such events demands physicians who are trained and certified in this specialized area of practice.

Accordingly, ABPath formally requests to be recognized as a **Qualifying Board** for this proposed subspecialty certification. We are fully prepared to offer a pathway for our diplomates to pursue certification in Disaster Medicine upon ABMS approval.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Sincerely,



Gary W. Procop, M.D., M.S., M.Ed.
CEO, American Board of Pathology
Professor of Pathology, Cleveland Clinic Lerner College of Medicine

AMERICAN BOARD OF
PHYSICAL MEDICINE AND
REHABILITATION

A Member Board of the American Board of Medical Specialties

3015 Allegro Park Lane SW
Rochester, MN 55902-4139

507.282.1776
www.abpmr.org
office@abpmr.org



May 13, 2025

Dear Dr. Hawkins,

On behalf of the American Board of Physical Medicine and Rehabilitation (ABPMR), I am writing to express our full support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the American Board of Medical Specialties (ABMS).

We believe that board certification in Disaster Medicine is a vital step toward ensuring the highest standards of patient care and public health preparedness before, during, and after natural or manmade disasters. The increasing frequency and complexity of such events demands physicians who are trained and certified in this specialized area of practice.

Accordingly, ABPMR formally requests to be recognized as a **Qualifying Board** for this proposed subspecialty certification. We are fully prepared to offer a pathway for our diplomates to pursue certification in Disaster Medicine upon ABMS approval.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Sincerely,

Carolyn Kinney

Carolyn L Kinney, MD
Executive Director

**American Board of Psychiatry and Neurology, Inc.**

**A Member Board of the American Board of Medical Specialties (ABMS)**



*Please address all communications to:*

Jeffrey M. Lyness, MD
President and CEO
7 Parkway North
Deerfield, IL 60015

Phone: 847.229.6500
Fax: 847.229.6600
Website: abpn.org

April 24, 2025

Richard E. Hawkins, M.D.
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654
*via email*

Re: ABPN as a qualifying board for ABEM subspecialty of Disaster Medicine

Dear Dr. Hawkins:

The American Board of Psychiatry and Neurology (ABPN) is writing to express its support of the application by the American Board of Emergency Medicine (ABEM) to the American Board of Medical Specialties (ABMS) for a new subspecialty in Disaster Medicine.

The ABPN recognizes the clinical needs and distinct knowledge, skills, and other competencies required for practice in this complex and growing area of practice. This letter serves as our formal request to be recognized as a *Qualifying Board* for this proposed subspecialty certification. Upon ABMS approval, we would facilitate the process for our diplomates to pursue certification in Disaster Medicine from ABEM.

We appreciate ABEM's leadership in advancing this important field. We look forward to seeing the impact on our profession. Thank you for your consideration.

Sincerely yours,

Jeffrey M. Lyness, MD
President and CEO, American Board of Psychiatry & Neurology

ABR

AMERICAN BOARD OF RADIOLOGY



May 6, 2025

Richard Hawkins, MD
American Board of Medical Specialties

Dear Dr. Hawkins,

On behalf of the American Board of Radiology I am writing to express our full support for the application submitted by the American Board of Emergency Medicine (ABEM) to establish Disaster Medicine as an officially recognized subspecialty within the American Board of Medical Specialties (ABMS).

We believe that board certification in Disaster Medicine is a vital step toward ensuring the highest standards of patient care and public health preparedness before, during, and after natural or manmade disasters. The increasing frequency and complexity of such events demands physicians who are trained and certified in this specialized area of practice.

Accordingly, ABR formally requests to be recognized as a Qualifying Board for this proposed subspecialty certification. We are fully prepared to offer a pathway for our diplomates to pursue certification in Disaster Medicine upon ABMS approval.

We commend ABEM for its leadership in advancing this important field and look forward to working collaboratively to offer this certification opportunity to physicians across disciplines who are committed to excellence in disaster response, recovery, and resilience.

Sincerely,

Brent Wagner, MD MBA

CC:
Mary Newell, MD
Colleen E. Livingston, M.S.A. (ABEM)

THE AMERICAN BOARD OF SURGERY
1617 John F. Kennedy Boulevard Suite 860 · Philadelphia, PA 19103 · 215.568.4000 · www.absurgery.org

April 10, 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

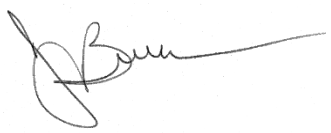
Dear Dr. Hawkins:

The American Board of Surgery (ABS) supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM). ABS intends to be a qualifying board for this proposed subspecialty.

The proposed Disaster Medicine subspecialty curriculum focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions. ABS certified surgeons will be key contributors to this field, both our trauma surgeons and those in other specialties. We are in full support of the formal training required to be best prepared to manage the disasters, both natural and human-made, that we know are inevitable.

ABS is in full support of the ABEM pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,



Jo Buyske, M.D.
President and CEO, American Board of Surgery

JB/tr

# Disaster Medicine Continuing Certification

As the Administrative Board for Disaster Medicine (DM), ABEM will develop a module-based assessment using the BenchPrep platform currently being used for the ABEM MyEMCert continuing certification. This platform and format are also being used for the continuing certification assessments for EMS, Medical Toxicology, and Health Care Administration, Leadership, and Management.

The DM continuing certification assessment will include three principles: 1) accessibility to all DM-certified physicians; 2) reciprocity as appropriate for DM physicians maintaining multiple certificates to lessen the requirements for continuing certification; and 3) have sufficient rigor to be a valid continuing certification for DM physicians who are not maintaining primary certificate (for ABEM and for those Qualifying Boards whose policies would allow lapse of primary certificate).

ABEM will apply a naming convention adopted for all ABEM-administered subspecialties. The HALM continuing certification assessment will be called “MyDMCert.” The duration of DM subspecialty certification will be five (5) years.

## Continuing Certification

1. Professionalism:
    a. ABEM-certified physicians must continuously hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada and in each jurisdiction in which they practice. Physicians may hold additional licenses to practice medicine, each of which must be valid, full, unrestricted, and unqualified, or voluntarily inactive.
    b. ABEM-certified physicians and physicians seeking ABEM certification are required to comply with the Code of Professionalism.

2. All DM-certified physicians will be required to complete a common assessment in the form of modules, “MyDMCert” modules that are composed of:
    a. 35-50 multiple-choice questions with an integrated learning opportunity. The content of the modules will include key regulatory content, advances in disaster management, and reinforcement of existing content in DM; and,
    b. Article-based or approved online virtual DM content with accompanying multiple-choice questions.
    c. Physicians will be required to complete four MyDMCert modules every five years.

3. Improvement in Medical Practice: Clinically active ABEM-certified physicians must complete and attest to one Patient Care Practice Improvement (PI) Activity during each five years of certification. Diplomates who cannot participate in IMP because they do not see enough patients to complete the measurements required for an IMP activity should declare themselves clinically inactive.

**MyDMCert Module Specifications:**

The principles provided below will be used in designing MyDMCert content.

- MyDMCert will have a formative emphasis but will lead to a summative decision; there will be a passing standard.

- MyDMCert modules will provide an opportunity for knowledge reinforcement and knowledge advancement/acquisition.
- Each module will contain 35-50 items. Additionally, modules may be based on articles or online approved content.
- Module blueprint design will be determined by a core content blueprint that is under development.
- All items will be stand-alone items that are not related or linked to other items.
- Content that is *knowledge-reinforcing* will likely come from textbook chapters and peer-reviewed journal articles.
- Content that is *knowledge-advancing* will likely come from peer-reviewed journal articles, clinical policies, regulatory standards, and other national guidelines.
- Modules will be online and open-book.
- Answers will be provided after answering a question and at the end of the module.

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# AMERICAN BOARD OF EMERGENCY MEDICINE

*Jane M. Doe, M.D.*

is certified in the subspecialty of

## DISASTER MEDICINE

As of January 1, 2025

Expires: December 31, 2028
Status: Active

The ABEM mission is to ensure the highest standards in the specialty of Emergency Medicine.

National Association of EMS Physicians®
Phone: (913) 222-8654, Toll Free: 800-228-3677
info-NAEMSP@NAEMSP.org ● www.NAEMSP.org

30 April 2025

Richard E. Hawkins, MD
American Board of Medical Specialties
President and Chief Executive Officer
353 North Clark Street
Suite 1400
Chicago, IL 60654

Dear Dr. Hawkins:

The National Association of EMS Physicians supports the application by the American Board of Emergency Medicine (ABEM) for the subspecialty in Disaster Medicine (DM).

NAEMSP supports board certification and believes that such high standards are essential to the continued enrichment of the house of Medicine and necessary to ensure a high quality of care for the patients we serve. DM focuses on managing healthcare in resource-constrained situations. DM practitioners are involved in all phases of the disaster cycle, including planning, preparedness, mitigation, response, and recovery. They work in various settings, from hospitals to austere environments, providing care for all ages and conditions.

We understand the ABMS interest in having a broader subspecialty of DM. It should be noted that the EMS model, EMS fellowship training, and the EMS subboard examination also prepare physicians in the knowledge, skills, and experience essential to disaster response. NAEMSP also understands that there are significant differences between EMS and DM, particularly with regard to mitigation, prevention and long-term recovery that warrant a unique DM subspecialty certification. Due to the shared interest in disaster care by both the EMS and DM subspecialties, ABEM is the natural board to develop DM.

NAEMSP wishes ABEM all the best in its future pursuit of providing a subspecialty in disaster medicine to interested physicians.

Sincerely,

Douglas F. Kupas, MD, NRP, FAEMS, FACEP
President
National Association of EMS Physicians

Response ID:6 Data

1. (untitled)

# Addendum for Multiple Member Boards Interested in Proposing a New or Modified Certification

**Instructions:**
**Complete this addendum if your Board intends to apply to issue an existing co-sponsored subspecialty certificate Note: ABMS will only accept applications submitted by staff from a Member Board**
**If you feel that the core application doesn't sufficiently address diplomates within your specialty, please contact ABMS staff to discuss options for how to best submit your application.**

**Each Member Board is asked to describe board-specific modifications as they pertain to the questions below:**

**This form will allow you to save your responses and continue later. Please periodically save your responses by clicking the "Save and continue later" link located at the top of each following page to retain your work.**

**Note: All questions are marked as required. You may write N/A for those questions that are not applicable.**

**1. Name of Board:**

American Board of Preventive Medicine

**2. Contact Person Name:**

Christopher J. Ondrula

**3. Email:**

condrula@theabpm.org

**4. Phone:**

8473383781

**5. 1 -If there are differences in your Board's eligibility requirements for the proposed certification from those described in the core application, please describe them using the numbering system of the original application and provide a rationale for the differences.**

See ABPM Disaster Medicine Eligibility Criteria attached hereto as Exhibit "A."

**6. 2 - Briefly describe how your Board will collaborate with the other sponsoring Boards to manage this certification.**

Collaboration between the Administrative Board (ABEM) and ABPM will be patterned exactly the same as the structure for the Subspecialty in HALM. That collaboration includes, but is not limited to, entering into an ABMS-approved Memorandum of Understanding, providing designated ABPM-seat on the Item Writing Subcommittee for Disaster Medicine, creation and review of Application and Examination processes, continuous engagement between leadership, including but not limited to virtual and/or in-person (as necessary) meetings. Sharing of various data, including Diplomate demographic information.

**7. 3 - If there are differences in your Board's method(s) of assessment from those described in the core application, describe them and provide a rationale for the differences.**

See ABPM Disaster Medicine Eligibility Criteria attached hereto as Exhibit "A."

**8. 4 - Outline the Continuing Certification program planned for this certification:**

ABPM will require each Diplomate Certified in the Subspecialty of Disaster Medicine to fully participate in its Continuing Certification Program (CCP). That program, when approved by ABMS will include, but not be limited to the following: (i) Maintenance of a full, valid and unrestricted medical license in each jurisdiction within which the Diplomate possesses a medical license; (ii) Annually achieve a minimum of 20 AMA PRA Category 1 Credits – six of which must be specific to the Disaster Medicine Certification; (iii) Achieve a Minimum Passing Score in four of the five annual Longitudinal Assessments administered over each Diplomate's five-year Certification Cycle; and (iv) During each five-year Certification Cycle, successfully complete a single activity designated and approved by the ABPM as an "Improving Health & Health Care" module.

**9. 4a - If your Board is planning to accept multiple options for assessment of knowledge, judgment, and skills for the certification describe each:**

No. ABPM will be exclusively administering its ABMS-approved Longitudinal Assessment Program. ABPM no longer administers a point-in-time, high-stakes Examination as part of its CCP.

**10. 5 - If there are<u>other</u> differences between your Board's application and the core application, specify them and provide a rationale for the differences.**

See ABPM Disaster Medicine Eligibility Criteria attached hereto as Exhibit "A."

**11. 6 - Will you require diplomates of your board to maintain their primary certificate once they've earned this certification?**

No.

**12. I have reviewed the core application for this certification and agree that the criteria and requirements it includes are applicable to my Board candidates for the certification except where noted in this addendum.**

Yes

## NOTE: When submitting this application, please attach the following items:

**13.**
**Copy of proposed application form for the candidates for this designation**

**14. A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in the same field (for existing co-sponsored certificates, written statements from co-sponsors are due at the time the letter of intent is due)**

**15.**
**Written comments on the proposed subspecialty certification from at least two (2) external stakeholders,in addition to the current sponsors of the certificate**

**16.**
**A copy of the proposed certificate**

## 2. (untitled)

**17. My Board's senior leadership has reviewed and approved these responses**

Yes

## 3. Thank You!

**Thank you for submitting your application, ABMS staff will reach out with next steps**

**New Send Email**

May 22, 2025 18:07:17 Success: Email Sent to: plawlor@abms.org

**New Send Email**

May 22, 2025 18:07:17 Success: Email Sent to: condrula@theabpm.org

# American Board of Preventive Medicine (ABPM) Eligibility Criteria for Disaster Medicine (DM)

Physicians seeking to take the certification examination in DM must:

1. Be Certified by the ABPM;
2. Successfully complete the training pathway as specified in the DM eligibility criteria;
3. Complete and submit the application to ABPM;
4. Actively participate in the ABPM or ABEM continuing certification process;
5. Fulfill the Policy on Medical Licensure , and
6. Comply with the Policy on Board Eligibility for Subspecialties.

Additionally, the physician must fulfill the eligibility criteria for one of three application pathways:

1. Fellowship Training Pathway
2. Practice-plus-Non–ACGME-Accredited DM Training
3. Practice-Only Pathway

The Practice-plus-Non–ACGME-Accredited DM Training and Practice-Only Pathway will close on December 31, <YEAR>. Specifically, all eligibility requirements must be completed, and all applications received no later than December 31, <YEAR>.

## ELIGIBILITY CRITERIA

### Fellowship Training Pathway

The Fellowship Training pathway requires that physicians successfully complete an ACGME-accredited DM fellowship. The ACGME accredits DM fellowships of 12 months in length. The physician must successfully complete all months of training for which the DM fellowship is ACGME-accredited to fulfill the Board's eligibility criteria. For physicians who apply through the Fellowship Training Pathway, ABPM will require independent verification of the physician's successful completion of the DM fellowship program from the DM fellowship program director. The physician must successfully complete the DM fellowship training by the examination date.

### Practice-Only Pathway

The Practice-only Pathway will end on _____ (7 years after ABMS approval of the application). To apply for certification through the Practice-only Pathway a physician must meet all the following criteria:

- They must demonstrate that within the five years (60 months) immediately preceding the date on which they submit their application, they have held a position that

demonstrates all of the following responsibilities and an equivalent title: (hyper link) for at least 36 months (at least 200 hours per year, on average). The 36 months do not need to be contiguous. ABPM will require independent verification of the physician's DM experience from the physician's direct supervisor(s). Such verification shall be determined by the ABPM in its sole and absolute discretion.

**Credit for Certification by ABPM.**

A physician may be eligible for twelve (12) months of credit toward the practice experience requirements under the Practice-Only Pathway by the following:

- ABPM Certification in Public Health & General Preventive Medicine

**Practice-plus-Non-ACGME Accredited DM Training**

The Practice-plus-Non-ACGME-Accredited DM Training will end on _____(7 years after ABMS approval of the application). To apply for DM certification through the Practice-plus-non-ACGME-Accredited DM Training, a physician must meet all the following criteria:

- They must successfully complete a fellowship of at least twelve (12) months that reasonably addresses the DM Core Content. An ACGME-accredited residency program or ACGME-accredited institution must sponsor the DM fellowship. ABPM will require independent verification of the physician's successful completion of the non-accredited DM fellowship program from the DM fellowship program director.
- They must demonstrate that within the five years (60 months) immediately preceding the date on which they submit their application, they have held a position that demonstrates all of the following responsibilities and an equivalent title <hyperlink> for at least twenty-four (24) months (at least 200 hours per year, on average). The twenty-four (24) months do not need to be contiguous. ABPM will require independent verification of the physician's DM experience from the physician's direct supervisor(s).
- Practice experience completed during the twelve (12) months of Practice-plus-Non–ACGME-Accredited DM Training. DM fellowship training does ***not*** count toward the practice experience requirement of twenty-four (24) months (at least 200 hours per year, on average).

**Credit for Certification by ABPM.**

A physician may be eligible for twelve (12) months of credit toward the practice experience requirements under Practice-plus-Non–ACGME-Accredited DM Training by the following:

- ABPM Certification in Public Health & General Preventive Medicine

**Acceptable Leadership Experience and Responsibilities for Practice Pathway and Practice Portion of the Practice-plus-Non-ACGME-Accredited DM Training.**

ABPM will require verification of leadership-administration experience by an individual who served as a direct supervisor to the position/role during the same time as the experience occurred. *Such verification shall be determined by the ABPM in its sole and absolute discretion.*

***Leadership Position:*** The physician must demonstrate that they hold or previously held a position for a minimum of 36 months (Practice-only Pathway) or 24 months (Practice-plus-Non–ACGME-accredited DM Training Pathway) that incorporates significant aspects of disaster planning, response, and/or recovery. Additionally, of the total number of months, a minimum of 200 hour per year, on average, of the physician's time is/was devoted to Disaster Medicine through three or more of the following areas:

- **Provision or Oversight of Direct Disaster Medicine Patient Care**
  - Provision of direct health care during a natural or manmade disaster in the physician's primary specialty practice of sufficient rigor. An additional narrative explanation of such care may be required.
  - Emphasis on high-impact and organizational experience

- **Academic Initiatives on Disaster Management**
  - Responsible for leading academic initiatives, could include education, research and/or quality improvement projects, on disaster medicine to physicians, health systems, community leaders, and government officials.

  - Examples of sufficient rigor include: Served as a first, second, or senior author on five or more peer-reviewed articles; presentation at a minimum of three different regionally-, nationally-, or internationally-based Disaster Medicine conferences; presentation of at least three Disaster Medicine lectures, outside of the physician's own department or institution, for which participants can receive CME credit.

    - For physicians who practice in non-academic settings, teaching a minimum of ten (10) hours (as verified by the department chair or similar person) of structured coursework, professional development lectures, or workshops will be considered.

- **Operational Leadership** *(Must fulfill at least one of the following three criteria)*
  - Talent management
    - Oversight and management of disaster medicine physicians and other providers during the phases of disaster management to include staff evaluations and indirect or direct supervision of emergency -responders and clinical care providers.

    - Fiscal management
        - Oversight and management of billing and coding, reimbursement, and financing of Disaster Medicine preparedness, response, recovery, mitigation, and prevention.
        - Participates in negotiations with payers and state and federal legislative bodies to preserve or increase funding for disaster preparedness and response.
    - Programmatic Leadership and Development
        - Development of disaster preparedness and response programs
            - High impact initiatives at regional, state, or national levels (e.g., disaster health response networks)
        - Strategic Leadership (regional, state, or national level)
            - Oversight of systems integration
            - Healthcare business continuity planning
            - Leading high-impact response initiatives
            - Oversight of regional or state preparedness and response infrastructure, to include preparedness, response, recovery, mitigation, and prevention.

- **Regulatory and Policy Development**
    - Leading organizations through regulatory, accreditation, or certification processes pertaining to institutional readiness for disaster response, such as Joint Commission, SAMHSA, etc.
    - Design of disaster preparedness and response standards, policies, and procedures at a hospital, system, state, or federal level
- **Care Coordination and Management**
    - Oversight and management of the care continuum within and between the phases of disaster care acute care intervention and transition to ongoing long-term care
    - Oversight and management of the community-based continuum of disaster preparedness and response from acute/immediate response, transition to recovery, and incorporation of mitigation, prevention, and preparedness plans and activities.

***ABPM reserves the right to request a copy of a job description, organizational chart, and/or CV/resume to provide clarifying information for any application.*

By way of example and not limitation, examples of DM leadership positions that may be considered eligible, provided that the position meets the functional responsibility noted above, could include:

1. Medical Advisor for Disaster Policy
2. Health System Disaster Preparedness Consultant
3. Medical Director for Disaster Response
4. State or Federal Urban Search and Rescue Member

5. State or Federal Disaster Medicine Assistance Team Member
6. State or Federal Response Physician
7. Chief Medical Officer for Emergency Preparedness
8. Deputy Secretary of Health Preparedness and Community Protection
9. System Medical Director for Emergency Preparedness
10. COVID-19 Response Director
11. Director of (Public Heath) Emergency Preparedness and Response
12. State Health Officer

Disaster Medicine

# ABEM Application for Certification in Disaster Medicine (DM)

Please fill out all the required fields.

At any time throughout the application you may save your work and come back to it later.

**HOWEVER**, the form only saves the last completed page. Please complete the entire page and click 'next' before clicking 'Save and Resume Later'.

Note that applications received during an extended application cycle are not guaranteed to be reviewed in time for exam registration. ABEM will do their best to review and render application decisions in a timely manner.

## Name*

Required field

First Name | Middle Name (optional) | Last Name | Suffix (optional)

## Medical Degree*

M.D.

## Address*

Address Line 1

Address Line 2

City | State | ZIP Code

United States

Country

## Preferred Phone*

## Preferred Email*

## Date of Birth*

MM/DD/YYYY

## National Provider Identification (NPI) Number (optional)

## Last 4 digits of SSN or Government ID Number*

## Medical School Graduation Year*

Save and Resume Later



Next

## Enter your Certification Information Below

Select Your Certification Status*

ABEM Certified

Certification expiration date/reverification date*

MM/DD/YYYY

I am up to date on the continuing certification requirements of my certifying Board.*

Yes No

Save and Resume Later

Previous

Page 2 of 8

Next

## Enter your Certification Information Below

Select Your Certification Status*

Seeking ABEM EM Certification

You can sit for a subspecialty exam before obtaining ABEM Emergency Medicine certification. However, you are not considered certified in a subspecialty until you become certified in Emergency Medicine. To be eligible for this exception, you must have an active assignment in an Oral Exam administration for this year.

If you choose to take a subspecialty exam before becoming certified in Emergency Medicine, you will need to sign a form acknowledging the following:

- If the results of your Oral Exam are a pass, in which case you are certified in Emergency Medicine and will meet the eligibility criteria for certification in the subspecialty, your application for certification in the subspecialty will be approved and your certification exam scores will be released.
- If you do not pass the Oral Exam, you are not certified in Emergency Medicine and will not meet the eligibility criteria for certification in a subspecialty; your subspecialty examination results will be held for 12 months. If you do not pass the Oral Exam and become certified in Emergency Medicine within that time, your subspecialty scores will be nullified, and your examination fees are not refunded. Your scores will not be released.

Proceed to complete the application, then ABEM will reach out to you within the next two business days for further discussion about your timing and options for seeking subspecialty certification.

Save and Resume Later

Previous

Page 2 of 8

Next

## Enter your Certification Information Below

Select Your Certification Status*

Certified By Another ABMS Medical I

ABMS Board*

Required field

Save and Resume Later

Previous

Page 2 of 8

Next

## Medical Licensure Attestation

View the ABEM Policy on Medical Licensure.

**Clarification of Licenses That Are Not "Current, Active, Valid, Full, Unrestricted and Unqualified"**

A medical license is not considered "current, active, valid, full, unrestricted, and unqualified" if, in any manner or to any extent whatsoever, the license is encumbered. Examples of a medical license that does not fulfill the requirements of this Policy include, but are not limited to, one that is:

- Under probation
- Conditioned, e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education
- Suspended for any duration
- Limited, e.g., to specific practice settings
- Inactive as a result of an action taken by or a request made by a medical licensing board
- Institutional, educational, or temporary

ABEM may consider additional factors beyond licensure when determining a physician's compliance with the ABEM Policy on Medical Licensure including, but not limited to:

- Felony convictions
- DEA restrictions
- Medicaid / Medicare exclusions

No License

A physician who has no current, active, valid, full, unrestricted, and unqualified license to practice medicine does not meet the requirements for medical licensure and may not appeal this policy.

Reporting Medical Licensure Information to the Board

If the physician does not report the required information to ABEM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABEM examinations, invalidating examinations the physician took, and revoking the physician's certification.

Each and every medical license issued to me is valid, unrestricted, unqualified, and without any limitations.*

○ Yes ○ No

I have continuously held at least one current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction where I practice.*

○ Yes ○ No

**I will report to the American Board of Emergency Medicine any of my licenses that have the following conditions:**

- **The license is inactive, whether voluntarily or involuntarily.The license is invalid, restricted, or qualified.**
- **The license was encumbered when it expired and it expired on or after January 1, 2004.**
- **The license was revoked or suspended on or after January 1, 2004.**
- **The physician surrendered or did not renew the license on or after January 1, 2004 as a result of or in order to terminate or settle disciplinary proceedings.**

I agree to report to the American Board of Emergency Medicine if any of my licenses have any of the conditions outlined above.*

○ Yes ○ No

Save and Resume Later

Previous

Page 3 of 8

Next

# ABEM Code of Professionalism

View the ABEM Code of Professionalism

**BACKGROUND**

The American Board of Emergency Medicine (ABEM) believes that patients are entitled to quality emergency care delivered in a professional manner. Therefore, ABEM has adopted the following Code of Professionalism.

**POLICY**

ABEM certification requirements for professionalism includes an ethical requirement to:

- Treat patients in a safe and fair manner.
- Mitigate both implicit or explicit biases based on race, gender, age, sexual orientation, disability, national origin, or religion when providing patient care.
- Demonstrate compassion, integrity, and respect for patients, families, and other members of the health care team in all types of interactions.
- Respect patient privacy and autonomy.
- Be accountable to patients and peers.
- Refrain from conduct that the Board determines, in its sole judgment, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician.

The ABEM Code of Professionalism requires ABEM board eligible– and -certified physicians to adhere to this construct.

ABEM -certified physicians and candidates for certification are required to report:

- Any potential breach of this Code as well as any alteration in the status of a state or federal medical or drug license or encumbrance on a license.
- Surrendering any state medical license to avoid action by a state medical licensing board.
- A felony conviction or federal indictment.
- Any restriction on a DEA license.
- Any exclusion from participating in Medicaid or Medicare.
- Any sanction or disciplinary action by a medical board.
- Any involuntary revocation of staff privileges.

ABEM board eligible– and -certified physicians who do not report will be subject to review under ABEM's disciplinary action process.

ABEM board eligible– and -certified physicians may not:

- Have any state medical license with an encumbrance. Each and every license held by the physician must be unencumbered irrespective of the state in which the physician practices.
- Provide false, misleading, or untruthful information on an application for certification or any other ABEM-requested information.
- Inaccurately represent one's certification status.
- Use ABEM eligibility or certification to advertise board certification credentials for clinical practice areas that are outside the scope of practice for Emergency Medicine as defined by The Model of the Clinical Practice of Emergency Medicine.
- Share the content of any ABEM written or Oral Examination. Verbal or written reproduction of test material is strictly prohibited. The material is copywritten and sharing the information may be a federal offense.
- Cheat on any ABEM examination.
- Obstruct an ABEM investigation into conduct.

ABEM board eligible– and -certified physicians who engage in these actions will be subject to review under ABEM's disciplinary action process.

Conduct that is prohibited by this Code shall be reviewed by the ABEM Board of Directors and may result in decertification or loss of eligibility for certification.

**EXCEPTION**

ABEM maintains an appeal process for physicians who are found to not fulfill the requirements described in the Code of Professionalism.

Do you agree to abide by the ABEM Code of Professionalism policy?*

○ Yes ○ No

## Application Pathway

Review the Disaster Medicine Eligibility criteria linked below, then select your appropriate application type:*

- (●) Accredited Training
- ( ) Non-Accredited Training-plus-Practice
- ( ) Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

## Accredited Training

Name and Institution of Disaster Medicine Fellowship Training Program*

If your program is not listed, please choose the Non-accredited training plus practice application type.

Name of Program Director*

First Name | Last Name

Program Director Phone Number

Program Director Email*

Training Start Date*

MM/DD/YYYY

Training End Date*

MM/DD/YYYY

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?*

( ) Yes ( ) No

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

- ( ) ABEM Certification in Emergency Medical Services
- ( ) ABPM Certification in Public Health & General Preventive Medicine
- ( ) I do not hold either of the above credentials

## Upload CV

Please upload a current CV (Must be in PDF or Word document format)*

Drag and drop here or Browse files

Max file size: 10 MB

## Application Pathway

Review the Disaster Medicine Eligibility criteria linked below, then select your appropriate application type:*

- ○ Accredited Training
- ◉ Non-Accredited Training-plus-Practice
- ○ Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

## Non-Accredited Training

Name and Institution of Disaster Medicine Fellowship Training Program*

Name of Program Director*

First Name | Last Name

Program Director Phone Number

Program Director Email*

Training Start Date*

MM/DD/YYYY

Training End Date*

MM/DD/YYYY

ABEM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty?*

○ Yes ○ No

## Practice 1 Information

Practice 1 Institution Name*

Practice 1 Institution Address*

City | State

Practice 1 Start Date*

MM/DD/YYYY

Practice 1 End Date*

MM/DD/YYYY

For Practice 1: During the practice time listed above, I attest that I averaged at least 200 hours per year of my time spent devoted to the practice of Disaster Medicine*

○ Yes ○ No

**ABEM requires independent verification of the information provided in this application. The verifier provided should be an individual who served as a direct supervisor to the position/role during the same time as the experience occurred.**

Practice 1: Verifier Name (this should be your direct supervisor)*

First Name

Last Name

Practice 1: Verifier Email*

Practice 1: Verifier Phone

Need to add a second practice location?*

- ○ Yes
- ○ No

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

- ○ ABEM Certification in Emergency Medical Services
- ○ ABPM Certification in Public Health & General Preventive Medicine
- ○ I do not hold either of the above credentials

## Upload CV

Please upload a current CV (Must be in PDF or Word document format)*

Drag and drop here or Browse files

Max file size: 10 MB

Save and Resume Later

## Application Pathway

Review the Disaster Medicine Eligibility criteria linked below, then select your appropriate application type:*

- ○ Accredited Training
- ○ Non-Accredited Training-plus-Practice
- ◉ Practice-Only

Disaster Medicine Eligibility Criteria [LINK]

## Practice 1 Information

Practice 1 Institution Name*

Practice 1 Institution Address*

City | State

Practice 1 Start Date*

MM/DD/YYYY

Practice 1 End Date*

MM/DD/YYYY

For Practice 1: During the practice time listed above, I attest that I averaged at least 200 hours per year of my time spent devoted to the practice of Disaster Medicine*

○ Yes ○ No

**ABEM requires independent verification of the information provided in this application. The verifier provided should be an individual who served as a direct supervisor to the position/role during the same time as the experience occurred.**

Practice 1: Verifier Name (this should be your direct supervisor)*

First Name | Last Name

Practice 1: Verifier Email*

Practice 1: Verifier Phone

Need to add a second practice location?*

○ Yes ○ No

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- (●) Provision or Oversight of Direct Disaster Medicine Patient Care
- ( ) Academic Initiatives on Disaster Management
- ( ) Operational Leadership
- ( ) Regulatory and Policy Development
- ( ) Care Coordination and Management

**Provision or Oversight of Direct Disaster Medicine Patient Care**

Provision of direct health care during a natural or manmade disaster in the physician's primary specialty practice of sufficient rigor (emphasis on high-impact and organizational experience.). An additional narrative explanation of such care may be required.

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ( ) Provision or Oversight of Direct Disaster Medicine Patient Care
- (●) Academic Initiatives on Disaster Management
- ( ) Operational Leadership
- ( ) Regulatory and Policy Development
- ( ) Care Coordination and Management

**Academic Initiatives on Disaster Management**

Responsible for leading academic initiatives, could include education, research and/or quality improvement projects, on disaster medicine to physicians, health systems, community leaders, and government officials.

Please give a brief description of how you meet the criteria you selected above*

# Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ◉ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

**Operational Leadership** *(Must fulfill at least one of the following three criteria)*

- Talent management
  - Oversight and management of disaster medicine physicians and other care providers during the phases of disaster management to include staff evaluations and indirect or direct supervision of care provided by emergency managers and clinical care providers.
- Fiscal management
  - Oversight and management of billing and coding, reimbursement, and financing of Disaster Medicine preparedness, response, recovery, mitigation, and prevention.
  - Participates in major negotiations with payers and state and federal legislative bodies to increase funding for care.
- Programmatic Leadership and Development
  - Development of preparedness and disaster response programs
    - High impact initiatives at regional, state, or national levels (e.g., disaster health response networks)
- Strategic Leadership (regional, state, or national level)
  - Oversight of systems integration
  - Healthcare business continuity planning
  - Leading high-impact response initiatives

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ◉ Regulatory and Policy Development
- ○ Care Coordination and Management

**Regulatory and Policy Development**

- Leading organizations through regulatory, accreditation, or certification processes, such as Joint Commission, SAMHSA, etc.
- Design of disaster care standards, policies, and procedures at a hospital, system, state, or federal level

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 1

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the first area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ◉ Care Coordination and Management

**Care Coordination and Management**

Oversight and management of the care continuum within and between the phases of disaster care acute care intervention and transition to ongoing long-term care.

Please give a brief description of how you meet the criteria you selected above*

## Practice Only Pathway Special Criteria 2

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the second area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

## Practice Only Pathway Special Criteria 3

For Practice-Only pathway, you must meet criteria in three of the five areas listed below. Please select the third area where you meet criteria according to the DM Eligibility Criteria.*

- ○ Provision or Oversight of Direct Disaster Medicine Patient Care
- ○ Academic Initiatives on Disaster Management
- ○ Operational Leadership
- ○ Regulatory and Policy Development
- ○ Care Coordination and Management

## Credit Toward Practice and Training-Plus-Practice Pathways

I would like to claim 12 months of credit toward the practice experience requirements for holding the following active certification:*

- ○ ABEM Certification in Emergency Medical Services
- ○ ABPM Certification in Public Health & General Preventive Medicine
- ○ I do not hold either of the above credentials

## Upload CV

Please upload a current CV (Must be in PDF or Word document format)*

Drag and drop here or Browse files
Max file size: 10 MB

Save and Resume Later

## Application Agreement and Payment

I attest that the information I have provided on this form is correct, to the best of my knowledge. I authorize any licensing boards, other persons, and organizations to furnish any information requested by ABEM on the status of my medical license(s). Furthermore, I have read the Disaster Medicine eligibility criteria, and I understand my application fee is not refundable.*

(•) Yes ( ) No

**Please submit payment for your Disaster Medicine application via the ABEM Payment Portal [LINK] prior to submitting this form.**

**The Disaster Medicine application fee of $470.00 is due when you submit your application. Your application will not be reviewed until payment is received.**

**Application fees are not refundable.**

Save and Resume Later

Previous



Next

You've reached the end of the Disaster Medicine application.

**Before submitting, make sure that you completed your application payment on the previous page. If you didn't, you can go back a page to access the payment portal link. Your application will be delayed if we don't receive payment.**

If you already paid, you can click the "Submit Form" button below.

Save and Resume Later

Previous



Submit Form

You've answered something in your application that signals you are not eligible to apply for Disaster Medicine certification at this time.

If you believe you've received this message in error, or would like to discuss application eligibility further, contact ABEM at (517) 332-4800, option 4 or email subspecialties@abem.org. You can click "Save and Resume Later" and if a typo is found in your application, it can be resolved and the application can still be submitted at a later date.

***DO NOT CLICK TO SUBMIT THIS APPLICATION. EITHER CLICK "SAVE AND RESUME LATER" OR EXIT THIS WEBPAGE TO DISCARD THE APPLICATION***

Save and Resume Later

# Policy on Medical Licensure

## BACKGROUND

The American Board of Emergency Medicine (ABEM) wishes to state its policy regarding its medical licensure requirement.

## POLICY

**Each and every medical license** issued to an ABEM Emergency Medicine and subspecialty applicant, candidate, certified and formerly certified physician seeking to acquire, maintain, or regain certification must be valid, unrestricted, unqualified, and without any limitations.

In addition, each ABEM Emergency Medicine and subspecialty applicant, candidate, certified or formerly certified physician seeking to acquire, maintain, or regain certification, must continuously hold at least one current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which he or she practices.

This policy applies to physicians who are:

- Applying for certification (see Exception, below)
- Registering for the Qualifying Examination (see Exception, below)
- Registering for the Oral Certification Examination
- Applying for subspecialty certification
- Registering for a subspecialty examination
- Holding certified status with ABEM and/or participating in ABEM's continuing certification process or an ABEM subspecialty recertification or continuing certification process, including formerly certified physicians seeking to regain certification

Exception for New EM Residency Graduates

Physicians who submit an application and take the Qualifying Examination the same year they graduate from their residency program are not required to hold a medical license to take the Qualifying Examination. If an EM residency graduate, however, holds any licenses, they must be reported to the Board on the application and when registering for the Qualifying Examination. Each and every one of these licenses must be valid, full, unrestricted, and unqualified, except that they may be educational or temporary licenses.

Exceptions for Fellows

This exception only applies to physicians applying for initial Emergency Medicine certification or taking the Emergency Medicine Qualifying Examination. Fellows are not required to hold a medical license to maintain ABEM board eligibility, apply for certification, or take the Qualifying Examination while enrolled in fellowship, or when applying for certification or taking the Qualifying Exam in the calendar year they graduate from fellowship training. Physicians registering for the Oral Certification Examination must hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which he or she practices.

The licensure exceptions for fellows or physicians who have graduated from a fellowship are available only to those who entered a fellowship within six months of completing their EM residency program.

If a fellow holds any license, however, it must be reported to the Board on the application and when registering for the Qualifying Examination. Each and every one of these licenses must be valid, full, unrestricted, and unqualified, except that they may be educational or temporary licenses.

Exception for Certified Physicians Practicing Outside the United States

An international medical license may be accepted for ABEM-certified physicians to meet continuing certification requirements as long as the following requirements are met:

1. The physician completed an Accreditation Council for Graduate Medical Education (ACGME)–accredited EM residency program.
2. The physician is currently ABEM certified.
3. Educational Commission for Foreign Medical Graduates (ECFMG) verification is required and must be facilitated by the physician.
4. The physician attests to the licensure requirement that will include an expectation of following a clear self-reporting requirement (above and beyond attestation requirements for the Policy on Medical Licensure and Code of Professionalism).
5. The physician meets one or more of the following criteria:
    a. Core faculty member (ore equivalent) in an international EM residency program
    b. Holds a medical leadership role (e.g., Minister of Health, Department Chair, CMO, or equivalent)
    c. Serving in a humanitarian organization (e.g., Doctors without Borders).

Requests will be reviewed on a case-by-case basis by the Chair of the Credentials Committee and by the full Committee at the Chair's discretion. If approved, the license will be required to be re-verified through the ECFMG at least annually.

Payment of a non-refundable fee for review and acceptance upon application. Refer to the ABEM Policy on Fees.

Clarification of Licenses That Are Not "Current, Active, Valid, Full, Unrestricted, and Unqualified"

A medical license is not considered "current, active, valid, full, unrestricted, and unqualified" if, in any manner or to any extent whatsoever, the license is encumbered. Examples of a medical license that does not fulfill the requirements of this Policy include, but are not limited to, one that is:

- Under probation
- Conditioned, e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education
- Suspended for any duration
- Limited, e.g., to specific practice settings
- Inactive as a result of an action taken by or a request made by a medical licensing board
- Institutional, educational, or temporary

ABEM may consider additional factors beyond licensure when determining a physician's compliance with the ABEM Policy on Medical Licensure including, but not limited to:

- Felony convictions
- DEA restrictions
- Medicaid / Medicare exclusions

Previous Licenses

A physician may have expired licenses.

Licenses that were invalid, restricted, or qualified when they expired and that expired on or after January 1, 2004, do not meet the ABEM Policy on Medical Licensure.

Licenses that were revoked or suspended on or after January 1, 2004, or that the physician surrendered or did not renew on or after January 1, 2004, as a result of or in order to terminate or settle disciplinary proceedings, do not qualify as meeting the ABEM Policy on Medical Licensure.

No License
A physician who has no current, active, valid, full, unrestricted, and unqualified license to practice medicine does not meet the requirements for medical licensure and may not appeal this policy.

Reporting Medical Licensure Information to the Board
Each physician applying for Emergency Medicine or subspecialty certification, participating in a certification process, holding currently certified status with the Board, and/or participating in ABEM's continuing certification process a subspecialty continuing certification process must report to the Board all licenses he or she currently holds, including all inactive, temporary, and educational licenses, and all licenses previously held that do not meet the ABEM Policy on Medical Licensure.

Physicians reporting licenses that have the following conditions must include an explanation of the status of the license:

- The license is inactive, whether voluntarily or involuntarily
- The license is invalid, restricted, or qualified
- The license was encumbered when it expired and it expired on or after January 1, 2004
- The license was revoked or suspended on or after January 1, 2004
- The physician surrendered or did not renew the license on or after January 1, 2004 as a result of or in order to terminate or settle disciplinary proceedings

The Board may, at its sole discretion, determine whether to investigate a license and the information provided. The Board reserves the right to determine if a license fulfills its policy. The Board will determine if the situation is cause to deny a physician's application, deny a physician access to an examination, or revoke a physician's certification.

If the physician does not report the required information to ABEM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABEM examinations, invalidating examinations the physician took, and revoking the physician's certification.

## APPEALS

ABEM maintains an appeal process for physicians whose licenses are found do not fulfill the requirements described in this policy.

## EXCEPTION

Medical licenses in countries and locations other than the United States, its territories, or Canada, will not be counted for or against an ABEM applicant, candidate, or certified physician in determining if the physician has fulfilled the requirements for medical licensure when the physician has a license in the United States, its territories, or Canada that meets the licensure requirements.

Additionally, see "Exception for New EM Residency Graduates" and "Exception for Fellows" above.