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# AMERICAN BOARD OF ADOLESCENT PSYCHIATRY

SUPPORTED BY THE AMERICAN SOCIETY  
FOR ADOLESCENT PSYCHIATRY

## Candidate Guide & Certification Examination Application

The American Society for Adolescent Psychiatry  
5903 Mount Eagle Drive, #917  
Alexandria, VA 22303  
Phone: (703) 743-8900  
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[www.adolescent-psychiatry.org](http://www.adolescent-psychiatry.org)

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Dear Colleague:

Enclosed is an application for the certification examination in adolescent psychiatry offered by The American Board of Adolescent Psychiatry, sponsored by the American Society for Adolescent Psychiatry. Please take the time to read this letter and review the enclosed material. The future of psychiatric workforce may impact on your decision to obtain subspecialty certification. The current shortage and anticipated future shortage of psychiatrists interested in working with teens is well known, and identification as a general psychiatrist with sub-specialty certificate in Adolescent Psychiatry will likely enhance your standing among your colleagues in your area.

Securing a Position: In response to a redefined need for adolescent psychiatrists, it is important for each practitioner to focus on his/her special interests and abilities and to communicate his/her competence in these areas to patients, colleagues and health care organizations. For board certified general psychiatrists invested in work with adolescents, certification by the American Board of Adolescent Psychiatry offers a way to do this. ASAP certification also demonstrates a commitment to the treatment of adolescents and their families.

At this time, over 500 of your colleagues have obtained ABAP certification. Should you have any questions regarding the application process; please contact the ASAP office.

Sincerely,

Gregory P. Barclay, M.D., DFAPA, FASAP  
Chairperson, Council on Certification in Adolescent Psychiatry

# CANDIDATE GUIDE

The certification examination for Added Qualifications in Adolescent Psychiatry is given once every year. Completed applications for the examination must be received at the American Society for Adolescent Psychiatry (ASAP) office no later than February 1 of the year the participant plans to sit for the exam.

The annual examination takes place at the same location and date as ASAP's annual scientific conference. The exact date, time, and location is posted on the ASAP Website as soon as this information is available each year. Otherwise, please contact the ASAP executive office for information.

## FEE SCHEDULE

Registration Fee	\$450 (a one-time nonrefundable fee, payable at time of application)
Examination Fee	\$750 (payable upon admission to candidacy)
Re-Registration Fee	\$200 (a one-time nonrefundable fee, for candidates who previously failed the examination)
Re-Examination Fee	\$300 (payable at time of re-application)

## HISTORY

The American Board of Adolescent Psychiatry was founded to establish a formal basis for the field of adolescent psychiatry as a distinct area of sub-specialization in psychiatry. Additionally, the American Board of Adolescent Psychiatry served to identify properly trained and experienced adolescent psychiatrists. While The American Board of Adolescent Psychiatry recognized that psychiatrists certified by the American Board of Psychiatry and Neurology in Child and Adolescent Psychiatry met the standards of competence expected of subspecialists in adolescent psychiatry, The American Society for Adolescent Psychiatry was established to offer a route to certification for psychiatrists with competence in treating adolescents who have not obtained formal subspecialty training in the treatment of children. In 2011, ABAP was reorganized under the auspices of the American Society for Adolescent Psychiatry (ASAP).

## CERTIFICATES

1. The Added Qualification Certificate in adolescent psychiatry given by ABAP will be valid for ten years from the date of issuance.
2. Diplomates will be required to have their competence in adolescent psychiatry reassessed after ten years to maintain a valid certificate in adolescent psychiatry. Diplomates must also meet all requirements for maintenance of certification, including posting their annual 10 hours of continuing education in adolescent psychiatry and paying their annual MOC fee.
3. There is NO "grandfather" clause applicable for this certification. You must sit for the examination, regardless of how extensive your qualifications, to become a Diplomate.

## ELIGIBILITY REQUIREMENTS

Each candidate for Added Qualification in Adolescent Psychiatry must comply with all the following requirements:

1. He/she must be certified by either the American Board of Psychiatry and Neurology in general psychiatry or by the Royal College of Physicians of Canada in Psychiatry prior to applying for the examination.
2. He/she must hold a valid license for the practice of medicine in a state of the United States or in a province of Canada.
3. He/she must provide written documentation of 25 credit hours of continuing medical education in adolescent psychiatry in Category I of the Physicians Recognition Award of the American Medical Association within the year immediately preceding the examination OR must have satisfactorily completed training in an adolescent psychiatry program consisting of a minimum of a one-year fellowship in adolescent psychiatry beginning no sooner than the PGY-5 level. A letter from the candidate's training director describing the training and its successful completion must document this. The one year of specialized training in adolescent psychiatry may be completed on a part-time basis provided it is not less than half time and must all be taken at a single training center.
4. He/she must spend at least 25% of patient care time treating adolescents and/or their families.

# CANDIDATE GUIDE

## APPLICATION AND FEES

1. All licensing requirements, for certification by the American Board of Psychiatry and Neurology in General Psychiatry or the Royal College of Physicians of Canada in Psychiatry, must have been met prior to making an application for the examination.
2. All candidates must complete, sign and submit to the Chairperson of the Council an application on the official form together with all required supporting data. Applications must be completed as indicated. If necessary, attach additional sheets. Reference letters are not required to accompany the submission of the application but must be received at the ASAP administrative office within thirty (30) days of the date of your application. Additional application forms can be obtained from the ABAP office.
3. Each completed application must be accompanied by a check payable to ASAP in US funds for the one-time non-refundable registration fee of \$450. No application will be processed without such payment. Payment of the examination fee of \$750.00 in US funds will be due upon admission to candidacy. The examination fee is refundable at any time, less a \$200 administrative fee, upon written notification of withdrawal from the scheduled examination. No refunds will be issued to any candidates choosing to withdraw less than thirty (30) days prior to the examination date.
4. No penalties are assessed against candidates postponing an application until the following administration; however, as noted above an administrative fee of \$200 will be assessed against candidates withdrawing entirely from the examination process. Candidates wishing to postpone taking an administration must submit a request to the ABAP Chairperson in writing not less than ten (10) days prior to an examination date. Candidates may only postpone to the following administration and can only do so once.
5. Determination of a candidate's acceptability to sit for the examination will be made in accordance with the rules of the American Board of Adolescent Psychiatry. Your application must have all supporting documentation AND the reference letters before it can go to the American Board of Adolescent Psychiatry for review. The Board reviews completed applications and determines whether to admit the candidate to the examination considers their recommendation. Candidates will be advised within six (6) weeks of the receipt of a complete application of their status. You are NOT eligible to take the examination until the Board has approved your application. If for any reason the Board cancels the eligibility of a candidate for the examination, a full refund of the examination fee (\$750) will be made.

Both the application and your passport size photograph (only ONE photograph is required) must be signed. The completed application form should be forwarded to:

American Society for Adolescent Psychiatry  
5903 Mount Eagle Drive, #917  
Alexandria, VA 22303

There is no grace period for receipt of your application. The application MUST be received by the first day of the month prior to the ASAP Annual Scientific Conference posted on the website, which ordinarily would be February 1<sup>st</sup> but could vary if the meeting date were changed any particular year. For example, if the annual meeting were scheduled for May, the deadline would for submission would be April 1<sup>st</sup>. Any applications submitted after the deadline will be returned.

# THE AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY

## Application for Certification in Adolescent Psychiatry

Mail completed application to:  
American Society for Adolescent Psychiatry  
5903 Mount Eagle Drive, #917  
Alexandria, VA 22303

Applications may also be scanned and  
sent via email to:  
ASAPadolpsych@gmail.com

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_



SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### INSTRUCTIONS TO APPLICANTS:

- a. Please type or print all information. Each item in the application must bear an entry; if "none" is applicable, so state. Use extra sheets for additional data or information; identify the material being furnished and show your name and address on each sheet. Read instructions carefully. If the application is not completed properly, it will be returned.
- b. Enclose a passport style photograph of yourself, taken within the last two months, signed on the front with a ball-point pen. Photos must be at least 2x2 inches in size, full face, with no hats or scarves to be worn.
- c. Enclose a one-time non-refundable registration fee of \$450. Make checks, money orders or cashier's checks payable to the American Society for Adolescent Psychiatry. Do not send cash or stamps. All currency must be in US dollars or its equivalent. (Upon admittance to candidacy, the examination fee of \$750 will be payable.)
- d. A copy of the following documents must accompany this application:
  1. Medical school diploma or official statement of valid MD degree from medical school.
  2. Current state registration to practice medicine in one state, province or territory.
  3. Certificate from the American Board of Psychiatry and Neurology or Fellowship of the Royal College of Physicians of Canada in Psychiatry.
- e. Reference letters are not required to accompany the submission of the application but must be received at the administrative offices within thirty (30) days of the date of your application.
- f. The completed application with all supporting documents must be received at the offices of the American Society for Adolescent Psychiatry, no later than the first day of the month prior to the ASAP Annual Scientific Meeting to determine eligibility to take the examination.

1. Name and degree: \_\_\_\_\_

2. State your name exactly as you wish it to appear on the certificate: \_\_\_\_\_

3. If you have ever been known by or used another name (e.g., maiden name) please specify: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

Street/Apt/Suite No.

City

State

Zip/Postal Code

5. Preferred Tel: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ 7. Place of Birth: \_\_\_\_\_

City/State/Country



# THE AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY

15. State/Province in which licensed and license number: (Please enclose a copy of one license)

Primary State/Province: \_\_\_\_\_ License #: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ License #: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ License #: \_\_\_\_\_

16. Continuing Medical Education (CME) Category I Credit hours in Adolescent Psychiatry (to meet eligibility requirement of 25 hours taken during year immediately preceding examination) (include copies of (CME certificate)

COURSE/PROGRAM	FROM			TO			CME CREDITS
	MO.	DAY	YR.	MO.	DAY	YR.	

Note: ASAP will accept submission of evidence of 25 hours CME Category 1 credit in Adolescent Psychiatry through April 1st. Certificates of attendance must be received by the ASAP office no later than April 1st. If this eligibility requirement is not fulfilled by April 1st, the applicant will not be admitted to candidacy and will not be permitted to take the examination.

17. List all subspecialty certifications (ABPN/RCPCP, etc.) with latest certificate number:  
 (Please enclose a copy of certificate of training)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. At present, what percentage of your professional time is devoted to clinical activities in adolescent psychiatry? (Applicant must spend at least 25% of patient care time treating adolescents and/or their families.)

Setting % Time

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Staff or Consulting Appointments (present)

Hospital/Other Adolescent Treatment Centers

Title

Dates

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Teaching Appointments (present)

Medical School

Title

Exact Dates

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# THE AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY

21. List Medical and Scientific Societies in which you hold membership. Please indicate offices held. (May attach list)

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22. List papers and/or books published in the field of adolescent psychiatry. (May attach list)

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23. List the names and addresses of three (3) individuals who have agreed to furnish references on your behalf. Each should be acquainted with and attest to your professional reputation in adolescent psychiatry. Two (2) of the references must be psychiatrists. No reference may be a member of the Council for Certification and Executive Committee of the American Society for Adolescent Psychiatry. It is the applicant's responsibility to contact the individuals for the reference letters.

NAME

COMPLETE MAILING ADDRESS

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Letters of reference must be received within thirty (30) days of the date of this application.

24. **DISABLED CANDIDATES**

The American Society for Adolescent Psychiatry wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently from other candidates because of the absence of auxiliary aids and services.

If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act (ADA), please notify the ASAP administrative office at the time you submit your application. Provisions will be made for those candidates that identify their needs in advance of the examination date, and whose claim of disability under ADA is substantiated by ASAP. Without advance notification the availability of such services on-site cannot be guaranteed.

\_\_\_\_\_ Yes, I will require assistance to take the examination. A statement of needs and documentation of my disability are enclosed with my application.

I hereby make this application to the American Society for Adolescent Psychiatry, for the issuance to me of a certificate of Qualification in Adolescent Psychiatry and for examination relative thereto, all in accordance with and subject to its rules and regulations. I hereby release, discharge and exonerate the Council, its directors, officers, members, examiners, representatives and agents from any action, suits, obligations, damages, claims or demands arising out of, or in connection with, this application, the grade or grades given with respect to the examination or the failure of the Council to issue to me such certificate. It is understood that the decision as to whether my examination qualifies me for a certificate rests solely and exclusively in the Council and that its decision is final.

In support of this application, I certify that all the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



# CANDIDATE GUIDE

## ACADEMIC RECORDS

The candidate must present evidence that he/she:

1. Possesses a valid medical degree or its equivalent. Your name, awarding institution and the date of graduation must be established.
2. Is certified in Psychiatry by the American Board of Psychiatry and Neurology or holds a Fellowship of the Royal College of Physicians of Canada in Psychiatry. Your name, the date of certification and the certificate number must be established.
3. Holds a current license to practice in a state, territory or province of the United States or Canada. Your name, the valid date of the license and the license number must be established.

Candidates must submit a photocopy of such documentation, which must be included with the application when it is submitted to the Council. Photocopies must clearly show all relevant data such as your name, pertinent dates and identification numbers, if any. Illegible copies will be returned to be notarized. You may notarize any document that is illegible prior to submission to the Council. The Board will accept written notification letters from the awarding institution in lieu of copies of the actual certificate.

## PERSONAL REFERENCE LETTERS

It is the candidate's personal responsibility to contact three (3) listed references for submission of their letters of reference, and to ensure that they are submitted to the ASAP office in a timely manner. ASAP will not contact your references to request your reference letters. These letters should be sent directly to the American Society for Adolescent Psychiatry, within thirty (30) days of the date of the application.

Candidates must list on the application form the names and addresses of the three (3) individuals who have agreed to provide reference letters on their behalf. Each should be acquainted with the candidate's professional competence in adolescent psychiatry. Two (2) of the references must be psychiatrists. No reference may be a member of the Council on Certification of the American Society for Adolescent Psychiatry.

Reference letters must be addressed to the "American Society for Adolescent Psychiatry" and to no other organization, persons or entity, and should attest to the following:

1. The candidate's proficiency, judgment, competence as an adolescent psychiatrist, and academic readiness to sit for the examination;
2. The moral and ethical standing of the candidate within the psychiatric profession;
3. The candidate's estimated percentage of time spent with adolescents in a clinical setting, to the extent that the referee can reasonably confirm this;
4. A recommendation from the referee that the candidate should take the examination and is ready to do so.

## EXAMINATION

The written examination is given in two sessions on a single day and will typically start at 8 am and finish no later than 1:00 pm.

Each candidate must have a valid government issued photo I.D. card for admission to the examination. A break separates the two sessions:

1. The first session is a three-hour multiple-choice test of 150 items; each with only one correct answer. This is a closed book session. Candidates are not allowed to take notes or keep a scratch pad.
2. The second session is a two-hour multiple-choice test up to 50 items, each with only one correct answer, based on video interviews with clinical patients. Notes can be taken for this portion.

A content outline on the examination is provided below. The ASAP supplies neither a recommended reading list nor endorses any review courses as preparation to take this examination.

# CANDIDATE GUIDE

## CONTENT OUTLINE OF THE ABAP WRITTEN EXAMINATION

Adolescent psychiatry is a subspecialty of psychiatry that deals with male and female individuals in the second decade of life who are responding to, or experiencing, the physiological and psychological events associated with puberty through the transition to adulthood.

### I. NORMAL DEVELOPMENT PRIOR TO ADOLESCENCE

- A. Physiological
- B. Psychological
- C. Sociological
- D. Unique response to medication

### II. SPECIAL PROBLEMS OF CHILDHOOD

- A. Medical disorders
- B. Central nervous system disorders
- C. Disorders of psychological functioning
- D. Socio-cultural factors

### III. CHILDHOOD PSYCHOPATHOLOGY

- A. Current nosology
- B. Theories of pathogenesis

### IV. TRANSITION TO ADOLESCENCE

### V. NORMAL ADOLESCENT DEVELOPMENT

- A. Physiological
- B. Psychological
- C. Sociological

### VI. SPECIAL PROBLEMS OF ADOLESCENCE

- A. Existence of medical disorder
- B. Existence of disorders of the central nervous system
- C. Existence of disorders of psychological functioning
- D. Socio-cultural factors

### VII. ADOLESCENT PSYCHOPATHOLOGY

- A. Current nosology
- B. Theories of pathogenesis

### VIII. PSYCHIATRIC TREATMENT OF ADOLESCENTS

- A. Special considerations
- B. Evaluation
- C. Development of treatment plan
- D. Psychological forms of therapy

### IX. PSYCHOPHARMACOLOGIC TREATMENT OF ADOLESCENCE

- A. Physiologic variables affecting the adolescent response to psychopharmacologic agents
- B. Use of all classes of psychopharmacologic agents

### X. TRANSITION FROM ADOLESCENCE TO YOUNG ADULTHOOD

- A. Timing of the completion of the developmental tasks of late adolescence
- B. Socio-cultural variables affecting expectations of self
- C. Primary residence
- D. Application of diagnostic and treatment interventions

### XI. PRACTICE MANAGEMENT AND LEGAL ISSUES

- A. Juvenile delinquency
- B. Impact of custody determinations
- C. Status offenses (persons in need of supervision)
- D. Rights to treatment
- E. Right to refuse treatment
- F. Involuntary hospitalization
- G. Legal competence
- H. Legal emancipation from parental control
- I. Federal Laws

### XII. HISTORY OF ADOLESCENT PSYCHIATRY

# CANDIDATE GUIDE

## REAPPLICATION PROCEDURES

A candidate may retake the examination at any time after the first unsuccessful attempt. A completed application form must be submitted along with a signed statement that no changes to licensure status has occurred and no legal action has been taken or is pending against the candidate.

If a candidate fails the examination twice consecutively, there will be a two-year waiting period before he/she can re-apply. At that time, evidence must be presented of completion of at least 30 hours of postgraduate education or training in adolescent psychiatry within this period of time, to the satisfaction of the Board.

## APPEALS PROCEDURE

An applicant who receives an adverse or deferred application decision from the Council may appeal the decision to the Governing Board of Directors of ASAP. The appeal must be made in writing to the Board within thirty (30) days of the date of notification of the Council's decision. The written appeal must include a statement of the grounds for reconsideration with supporting documentation if required. The Board will meet in executive session to reach a final decision. The Board will notify the applicant within thirty (30) days after its decision is made.

## USE OF STATUS

The American Society for Adolescent Psychiatry authorizes the designation: Diplomate, American Board of Adolescent Psychiatry.

Only individuals successfully completing the examination may use these designations.

**Letterheads and Business Cards:** It is appropriate to indicate diplomate status on letterheads and business cards. The full designation "Diplomate American Board of Adolescent Psychiatry", should be used. This is done by indicating the diplomate status directly below or after the name:

John Doe, MD  
Diplomate, American Board of Adolescent Psychiatry

## DISABLED CANDIDATES

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If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act (ADA), please notify the ASAP office at the time that you submit your application. Provisions will be made for those candidates who identify their needs in advance of the examination date, and whose claim of disability under ADA is substantiated by ASAP without advance notification the availability of such services on-site cannot be guaranteed.

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