2019 Examination: Certification in Medical Quality (CMQ)

Introduction and Purpose:
The American Board of Medical Quality, with the cooperation of the American College of Medical Quality (ACMQ), will offer to ACMQ members, 2019 ACMQ national conference attendees, and other potential candidates a certification examination to test basic knowledge in medical quality management, including principles of clinical quality improvement.

Suggested Study Materials:
Study materials in the basic tenets of medical quality management and clinical quality improvement as suggested by the American College of Medical Quality are:

a. The ACMQ textbook Medical Quality Management: Theory and Practice, 2009 (new edition pending);
d. Other resources may be announced later.

Candidate Eligibility Criteria:
1. Candidates must EITHER:
   a. Have an MD, DO, DDS, DPM, DMD or DNP degree, with an active unrestricted license to practice (documentation required), and experience or expertise in using the principles of quality to improve clinical practice; OR
   b. Have a PharmD, JD [health law], or other doctorate in a health-related field (documentation required), with experience or expertise in using the principles of quality improvement: OR
   c. Be a holder of a postgraduate degree (documentation required of Master’s or higher, e.g. MPH, MPA, MSc, MBA, MSN) and experience or expertise in using the principles of quality improvement; OR
   d. Be a full member of the American College of Medical Quality (ACMQ).

2. Candidates must also complete Section B on the application form, showing experience, expertise or educational activities in the principles of quality improvement.

3. Students, residents and fellows who have been awarded the status of Quality Scholar by ACMQ may be approved as eligible to take the exam.

Date/Time/Place:
The CMQ test will be offered at:

a. The Hyatt Regency Hotel, Wisconsin Avenue, Bethesda, Maryland on Sunday, April 14, 2019 at 9:00 am Eastern Time.
b. University of Texas MD Anderson Cancer Center, Houston, Texas on Saturday, May 18, 2019 at a time to be announced.
c. Abu Dhabi, United Arab Emirates, September 2019, date, time and place to be announced.

Duration/Format:
Two hours/multiple choice questions (proctored examination)

Examination Fee:
The fee is $495, payable with exam application, not refundable but may be applied to the following year in the case of a candidate’s cancellation.
Reduced fees are available for multiple candidates from a single organization or institution as follows: 
$395 per candidate for two to nine individuals and $315 per candidate for ten or more individuals, e.g., those in the University of Texas MD Anderson Cancer Center. 
The special application for multiple candidates is on the ABMQ website. 
A special fee of $250 is offered to for ACMQ quality scholars who choose to take the exam.

**Designation of successful candidates:**
Certified in Medical Quality (CMQ)

**Application:**
All candidates for certification or recertification must complete the correct application from this manual and check the correct category: Individual first time candidate, recertificate candidate, ACMQ member early application, or ACMQ Quality Scholar. All applications will be reviewed and approved by the Applications Review Committee, appointed by the ABMQ Chair.

If you meet the essential eligibility criteria for candidates you will be notified by email that your application has been approved.

Application deadlines:   March 23, 2019 for Bethesda/Washington, DC  
                      April 19, 2019 for Houston, TX

If you meet the essential eligibility criteria for candidates you will be notified by email that your application has been approved.

**Exam Rules:**
1. Candidates must report to the exam site as instructed on your letter of acceptance. Candidates arriving late may be admitted at the discretion of the chief proctor.
2. No pager, cell phones, alarms, or similar devices may be operative during the exam. Candidates will be reminded to turn such devices off prior to the exam. Any person using such devices may be dismissed from the exam room and disqualified from the examination. Tablets, e-readers and other handheld computers are also prohibited.
3. No books, reference materials, or study aids of any sort are allowed in the exam room unless stored in the back of the room as directed by the chief proctor.
4. Additional rules and guidelines will be distributed to all candidates before the exam.

**ADA Compliance:**
It is the policy of ABMQ to comply with the Americans with Disabilities Act of 1990 (ADA) regulations governing both facilities and administration. ABMQ will take steps reasonably necessary to make its examination programs accessible to persons with disabilities. Appropriate and effective modifications and/or auxiliary aids will be provided to such persons with disabilities unless doing so would impose an undue burden on the ABMQ program or fundamentally alter the measurement of skills or knowledge that the program is intended to test. An applicant may request a change in certification procedures or process due to a disability, handicap or other reason. Such notice and documentation must be provided with the application for examination at least 45 days in advance of the examination date. The applicant is responsible for demonstrating that the request should be granted.
Exam Scoring:
1. Examination questions, answers, and grading guidelines are developed and approved by the ABMQ Board of Directors.
2. There is no penalty for incorrect answers.
3. No credit is given for items for which more than one response is selected.
4. For the 2019 examination the passing score will be decided based on psychometric principles. All candidates achieving that score will be awarded the CMQ designation. The ABMQ Board of Directors reserves the right to change the grading system for future examinations in 2020 and beyond.

Reporting of Results:
Candidates will receive the results of their examination via email, pass or fail only, by six weeks after the exam. Individual test scores will be released only to the candidate and only upon request.

Certification expiration:
The initial CMQ certification expires after 5 years. Subsequent certifications, i.e., recertifications, expire after 10 years.

Disclaimers:
1. The Certification in Medical Quality (CMQ) recognizes that recipients have mastered a level of knowledge and a fundamental understanding of the basic tenets of medical quality as identified by the American Board of Medical Quality (ABMQ).
2. The ABMQ Board of Directors Applications Review Committee has reviewed and approved the eligibility criteria of all candidates for the CMQ. Candidates have verified by signature that the credentials listed in the CMQ examination application are correct. ABMQ is not responsible for any misrepresentation of candidates’ credentials.
3. The study materials listed on this website may be suggested or developed by the American College of Medical Quality (ACMQ), which has no further influence over or access to the content of the ABMQ examination.

About ABMQ

Goal:
To support and promote professionally recognized and relevant credentials for physicians in the specialty of Medical Quality Management.

Mission:
The mission of the American Board of Medical Quality is to evaluate and certify professionals and programs in the science and management of improving clinical processes and outcomes in systems that service and deliver health care.
American Board of Medical Quality
Certification in Medical Quality
2019 EXAMINATION APPLICATION

Please mail this form to ABMQ, 225 West Wacker Drive, Suite 650, Chicago, IL 60606, or fax to 312-265-2908 or email (PDF files only) to abmq@abmq.org (credit card payments only). All applicants must include documentation of your professional or educational status, e.g., medical license or degree/certification confirmation. You may be asked for your c.v. or additional backup documentation. If your application shows that you meet the necessary criteria in A. and B. below you will receive confirmation by email. Please complete ALL sections of this application.

A. Candidate Criteria:
All candidates must check at least ONE box that applies to you:

☐ I have an MD, DO, DDS, DPM, DMD or DNP degree, with an active unrestricted license to practice (documentation required), and experience or expertise in using the principles of quality to improve clinical practice; OR
☐ I have a PharmD, JD [health law], or other doctorate in a health-related field (documentation required), with experience or expertise in using the principles of quality improvement; OR
☐ I am a holder of a postgraduate degree (documentation required of master’s or higher, e.g. MPH, MPA, MSc, MBA, MSN) and experience or expertise in using the principles of quality improvement; OR
☐ I am a full member of the American College of Medical Quality (ACMQ)

B. Candidate’s Experience, Expertise or Educational Activities in the Principles of Quality Improvement
All candidates must check at least ONE box that applies to you:

☐ My job description includes employment in healthcare quality e.g., Quality Officer, Quality Manager, Risk Manager, etc. (Specify under “Job Title” in Section C.)
☐ I have published an article or book on a healthcare quality topic as author or co-author. (Give title and reference)
☐ I have been involved in a QI project as team leader/team member. (Give date, name of institution and title of project)
☐ I have been involved in preparation for accreditation by The Joint Commission or other entity. (Give date and name of institution)
☐ Other (Give details)

C. Personal and Professional Information:
Name _________________________________________________________   Degrees ____________________________________
Organization ______________________________________________________ Job Title _______________________________________
Address of organization ______________________________________________________________________________________
City _____________________________________________ State ________________ Zip ______________________________
Phone _________________________________ Email (required) _______________________________________________________
Check here if you have special accessibility needs _____     Check here if you have other special needs _____
Medical or Graduate School __________________________ Year Graduated ______________
Primary Specialty __________________________________________ Board Certified? Yes _____ Year ___________ No _____
In which professional area(s) do you work? Check all that apply:
Clinical practice_____ Management/Consulting_____ Academic (teaching)_____ Academic (research)_____
Memberships in professional societies, check if applicable: ACMQ_____ AMA_____ ABQAURP _____ ACPE_____ NAHQ_____

D. Exam Site

This is application is for:

- April 14, 2019 in Bethesda, MD/Washington, DC
  Application deadline March 23, 2019
- May 18, 2019 in Houston, TX
  Application deadline April 17, 2019
- September, 2019 in Abu Dhabi, UAE
  Application deadline TBA

E. Payment:

Fee structure is as follows, please check your category:

- Individual candidates $495 per candidate
- Members of ACMQ applying by 12/31/18 $395 per candidate
- Multiple (2-9) candidates from a single institution $395 per candidate
- Multiple (10 or more) candidates from a single institution $315 per candidate
- ACMQ Quality Scholars $250 per candidate

Please see more information on the website at www.abmq.org under the Exam Fees section.

___ Check enclosed, or
___ Visa/Mastercard/Am Express Card # ___________________________ Exp. date _______ Sec. Code _______

Billing address for credit card __________________________________________________________
____________________________________________________________________________________
__________________________
Signature ____________________________ Name on card ____________________________

F. Mailing address for certificate:

Successful candidates will receive their CMQ certificates by US mail. Please confirm your preferred address:

- Address given in Section C. above
- Address given in Section E. above
- Address following: ______________________________________________________________________

G. Attestation

I attest that the information given above on or with this application is correct and current at the date below.

Signature ___________________________________________ Date ___________________________
American Board of Medical Quality
Certification in Medical Quality

2019 EXAMINATION APPLICATION FOR RECERTIFICATION CANDIDATES

Please mail this form to ABMQ, 225 West Wacker Drive, Suite 650, Chicago, IL 60606, or fax to 312-265-2908 or email (PDF files only) to abmq@abmq.org (credit card payments only). All applicants must include documentation of your professional or educational status, e.g., medical license or degree/certification confirmation. You may be asked for additional backup documentation. If your application shows that you meet the necessary criteria in A. and B. below you will receive confirmation by email. Please complete ALL sections of this application.

A. Recertification Candidate Criteria:
Candidates for recertification in 2019 must have been awarded the CMQ designation in 2013 or 2014 and must complete all sections of this application.

B. Personal and Professional Information:
Name _________________________________________________________   All Degrees __________________________________
Organization ________________________________________________________ Title _____________________________
Address of organization ________________________________________________________________________________________
City _________________________________________________ State ________________ Zip ______________________________
Phone ____________________________________E-mail (required) ____________________________________________________
Check here if you have special accessibility needs _____  Check here if you have other special needs _____
(Please describe your accessibility or other special needs on a separate sheet and send with your application)
Primary Specialty ___________________________ Board Certified?  Yes _____ Year ___________ No _____
In which professional area(s) do you work? Check all that apply:
Clinical practice_____  Management/Consulting_____  Academic (teaching)_____  Academic (research)_____  
Memberships in professional societies, check if applicable:  ACMQ_____  AMA_____  ACPM_____  ACPE_____

C. Brief description of employment or experience in quality in the years 2014-2018 since your certification
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

D. Exam Site
This is application is for:
_____  April 14, 2019 in Bethesda, MD/Washington, DC
Application deadline March 23, 2019
_____  May 18, 2019 in Houston, TX
Application deadline April 19, 2019
E. Payment:
Fee structure is as follows:

For individual recertification candidates  $350 per candidate

For multiple (2-9) recertification candidates from a single institution  $315 per candidate

___ Check enclosed, or

___ Visa/Mastercard/Am Express   Card # ____________________________ Exp. date _______ Sec. Code________

Billing address for credit card ____________________________________________________________________________________

__________________________________________________________________________________________________________________

Signature ____________________________________________  Name on card __________________________________________

F. Mailing address for certificate:
Successful candidates will receive their CMQ certificates by US mail. Please confirm your preferred address:

☐ Address given in Section B. above
☐ Address given in Section E. above
☐ Address following: ______________________________________________________________________________________

__________________________________________________________________________________________________________________

G. Attestation
I attest that the information given above on or with this application is correct and current at the date below.

Signature ________________________________ Date __________________________