



American Board of Adolescent Psychiatry

Continuing Certification in Adolescent Psychiatry Requirements

Updated July 1, 2026

The continuing certification will be for a period of five years after expiration of the initial 10-year certification.

The following requirements have been established by the ASAP Council on Certification in Adolescent Psychiatry (otherwise referred to as the American Board of Adolescent Psychiatry or ABAP) to ensure that Diplomates of ABAP retain and maintain competence in the treatment of adolescents and their families:

- Completion, **each year** (effective year of recertification) of 10 hours of Category I CME specifically in child/adolescent and/or young adult psychiatry. Documentation is supplied to ABAP by December 31 of the year your recertification is due. In situations where CME is not directly referable to Child, Adolescent, or Young Adult Psychiatry, the Diplomate must state in writing on their submission form the rationale for requesting this exception, in particular how the CME is beneficial in their work with teens and young adults. The council will then review and approve or reject any exceptions.
- Diplomates are expected to submit their Category I CME documentation annually by December 31 using the [online form](#) available on the [ABAP Website](#). Any annual processing fee should be paid at that time as well, unless waived for the year by the ABAP Board and so noted on the online submission form.
- Failure to submit the annual online form with any maintenance fees due by June 30 following the year ending December 31 may result in suspension of Diplomate status and payment of a reinstatement fee once required documentation is submitted, if after June 30.
- At the time recertification is required (after 10 years initially, and then every 5 years subsequently), Diplomates are required to submit a [recertification application](#) which is available online via the ABAP website. In addition to verifying their current credentials

and practice focus, recertifying diplomates are also required to submit a case report of an adolescent or young adult patient. Successful completion of the case report should follow the guidelines described below. Acceptable sources for this report include patients evaluated by and/or treated by the psychiatrist, patients whose treatment was supervised by the psychiatrist, or cases evaluated in the course of the psychiatrist's role as a consultant. Cases in which the psychiatrist provided medication management with another professional providing psychosocial treatment are acceptable provided the report addresses the full spectrum of the patient's treatment.

Whatever the psychiatrist's role, the evaluation report should show evidence of a prominent level of clinical reasoning and decision-making, and the ability to synthesize the data obtained from all relevant sources. It must include relevant cultural information and an assessment of psychological and social functioning. The treatment plan and/or recommendations should reflect patient needs and available resources. If available, information about the course of treatment and changes made in diagnosis or treatment should be presented and discussed.

After a report is reviewed by the American Board of Adolescent Psychiatry, if inadequacies are found, the report is returned to Diplomat for correction. Diplomates will have only one opportunity to resubmit a complete report. If their report is still incomplete at that time, they will be asked to present a case orally via virtual means to members of the Board for consideration, and an additional fee may be assessed at that time.

PLEASE TAKE NOTE OF THE FOLLOWING POINTS:

This report needs to be TYPEWRITTEN, COMPREHENSIVE AND DETAILED. Incomplete, handwritten, EMR copy and paste, or checklist format reports will be returned as unsatisfactory. The intent of the report is to demonstrate the psychiatrist's ability to synthesize and integrate the clinical material into a succinct formulation and is **not** to be simply a rehash of raw data obtained.

Candidates submitting reports deemed by the American Board of Adolescent Psychiatry to be unsatisfactory will be given ONE opportunity to submit an amended or alternative report. Candidates who fail the second time will be required to meet virtually with members of the Board for an oral presentation and case review (an additional fee may be assessed by the Board at that time as a condition for the oral presentation).

For the convenience of candidates, we have prepared an [online template](#) that allows the typing of the report in real time and assure that the required elements are included. The template allows candidates to directly upload the form to the ABAP office. The form template may be accessed via a link found in the Recertification Application.

For those candidates wishing to submit their own typewritten report, the report must include the following required elements:

Report Outline:

I. Identifying information

For example: This is a __ yr old female /male, grade __ student, of __ ethnicity or racial group, who lives with _____.

II. Context of the evaluation

- a. Source of referral: for example, family doctor or PCP, parents/CAS or CYS i.e., Child Protection Services, Juvenile Justice i.e., Judge X of what court /Probation School, self.
- b. Setting of evaluation (for example, private office, residential treatment center, community service organization)
- c. Reason for Referral
- d. Sources of data: documentation reviewed and source of this documentation
- e. Participants in interview and the family or other relationship to the identified patient (IP)
- f. Persons interviewed (for example, parents with IP; IP individually; parents without IP; IP and staff from facility; staff without IP etc.)

III. Relevant data

- a. Chief complaint
- b. History of present illness,
- c. Past psychiatric history
- d. Relevant family, social and developmental history
- e. Cultural factors
- f. Medical history
- g. Mental status examination

IV. Synthesis and organization of data

- a. **Biopsychosocial formulation** (Please download and review the PowerPoint presentation [“Evaluation and Formulation in Adolescent Psychiatry”](#) by Lois T. Flaherty, M.D., and [“Psychiatric Case Formulation: Assessing Pediatric Mental Health in the Medical Home”](#) by Rebecca Marshall, MD., MPH)
- b. Differential diagnosis with discussion of data that support the diagnosis (or diagnoses)
- c. Initial diagnostic impression
- d. Comprehensive treatment plan
- e. Course of treatment (if applicable)
- f. Current status of patient and family (as applicable)

3. Current certification by The American Board of Psychiatry and Neurology, The Royal College of Medicine of Canada, or an equivalent approved certification board in general or child/adolescent psychiatry.

4. Current license in a state or territory in the United States or a province of Canada, or similar approved jurisdiction

The American Board of Adolescent Psychiatry may revoke the certification of Diplomates who do not meet all requirements for continued certification.

The American Board of Adolescent Psychiatry reserves the right and responsibility to alter these requirements with adequate notice to the field of psychiatry.

The fee schedule for maintenance of certification:

- Recertification Application fee included with one case management report fee and certificate: \$500
- Annual CME Report Maintenance Fee: \$ 50.00 (if not waived for a particular year)
- Late Fee (if submitted after December 31st) \$100.00
- Grace period of 6 months ends June 30th of the year after certification expires.
- Reinstatement Fee (after suspension due to noncompliance with CCA fees and annual submissions): \$100