THE NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS

APMLE
American Podiatric Medical Licensing Examination

American Podiatric Medical Licensing Examination (APMLE)

Part II Clinical Skills Patient Encounter Candidate Information Bulletin

PART II CSPE Dates	Registration Deadlines	Online Appointment Scheduling Available
August 27– November 16, 2018	August 6, 2018	April 16, 2018
February 19 - 23, 2019	February 6, 2019	February 1, 2019, with score release

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Introduction

NBPME Overview

The National Board of Podiatric Medical Examiners (NBPME) is a nonprofit corporation established in 1956.

The National Board of Podiatric Medical Examiners (NBPME) offers the American Podiatric Medical Licensing Examinations (APMLE), which are qualifying examinations currently recognized or utilized by legal agencies governing the practice of podiatric medicine in the states, provinces, and federal agencies listed in this Bulletin. Legal agencies may, at their discretion, grant successful candidates a license to practice podiatric medicine without further written examination.

The National Board organization consists of 13 members and includes two members nominated by the Federation of Podiatric Medical Boards; an educator at one of the Colleges of Podiatric Medicine; one member who has had professional experience in statistics and examination development; one member representing the consuming public; three individuals from state licensing boards; a podiatric physician currently in practice; and four individuals with experience: on the Council on Podiatric Medical Education, on the Council of Teaching Hospitals, as a member of a Specialty Board, and as a Director of a Podiatric Medical Residency Program. A member of the Board of Trustees of the American Podiatric Medical Association, a representative from the American Association of Colleges of Podiatric Medicine (AACPM), and a representative from the American Podiatric Medical Students Association (APMSA) each serve in a liaison capacity with the Board.

The NBPME has contracted with Prometric Inc. to conduct its American Podiatric Medical Licensing Examination (APMLE) program for the Part I, Part II written, and Part III examinations.

The NBPME has contracted with the National Board of Osteopathic Medical Examiners® (NBOME®) to conduct its American Podiatric Medical Licensing Examination (APMLE) program for the Part II Clinical Skills Patient Encounter (Part II CSPE) starting in 2016.

At A Glance

To take the Part II CSPE

1. Review this Bulletin thoroughly to familiarize yourself with the examination process.
2. Once scheduling opens on **April 16, 2018**, go online to **https://www.nbome.org** and click on "account login." From this site you will be able to schedule an appointment to take your examination, agree to the Candidate's Affidavit and Acknowledgement Statement, and submit the examination fee of $1,230. Print a copy of the confirmation, you will need to bring it to the examination. Note: candidates with an approved accommodation will need to contact the NBOME at 866-479-6828 to schedule the examination.
3. Prepare for your examination, using this Bulletin and other materials.
4. You should plan to be at the examination center at least 30 minutes prior to your reporting time (i.e., at 7:30 a.m. for a morning examination, 1:30 p.m. for an afternoon examination). You should plan to be at the examination center until 3:30 p.m. for a morning examination, 9:30 p.m. for an afternoon examination.
5. In addition to your examination confirmation, you must present a current, non-expired, government-issued photograph and signature identification.
6. Each administration of the Part II CSPE includes 12 patient encounters. You should perform to the best of your ability in every station.
7. You will receive your examination results on February 1, 2019. When you sign the APMLE Part II CSPE application form, you agree to have your:

   - Passing Score **communicated** as "PASS" and reported to the school in which you are enrolled or have graduated from and to the Centralized Application Service for Podiatric Residencies (CASPR).
   - Failing Score **communicated** as "FAIL" and reported to the school in which you are enrolled or have graduated from and to the Centralized Application Service for Podiatric Residencies (CASPR).

Examination overview

Examination Descriptions

The National Board of Podiatric Medical Examiners (NBPME) offers the American Podiatric Medical Licensing Exams (APMLE), which are written qualifying and performance exams currently recognized or utilized by legal agencies governing the practice of podiatric medicine in the states, provinces, and federal agencies. Legal agencies may, at their discretion, grant successful candidates a license to practice podiatric medicine without further written examination.

The American Podiatric Medical Licensing Examination (APMLE) consists of four components: Part I, Part II written, Part II CSPE and Part III. The written exams are designed to assess knowledge of basic sciences, clinical sciences and clinical decision making, and the Part II CSPE assesses communication and diagnostic skills in a clinical setting.

The **Part I examination** samples the candidate's knowledge in the basic science areas of General Anatomy, including embryology, histology, genetics, and geriatrics; Lower Extremity Anatomy; Biochemistry; Physiology; Microbiology and Immunology; Pathology; and Pharmacology.

The **Part II written examination** samples the candidate's knowledge in the clinical areas of Medicine; Radiology; Orthopedics, Biomechanics and Sports Medicine; Anesthesia and Surgery; and Community Health, Jurisprudence, and Research. A separate Candidate Information Bulletin for the Part II written exam is available online at www.apmle.org. Performance on the Part II written examination does not impact eligibility for the Part II CSPE.

The **Part II Clinical Skills Patient Encounter (Part II CSPE)** assesses proficiency in podiatric clinical communication tasks. Candidates will be expected to perform a focused physical examination including podiatric and general medicine physical exam maneuvers appropriate for each patient presentation. Podiatric and general medical knowledge, verbal and written communication, and interpersonal skills will be assessed in each exam form. Performance on the Part II CSPE does not impact eligibility for the Part II written examination.

The **Part III examination** samples the candidate's clinical skills in evaluating, diagnosing and treating patients. Examples of the application of knowledge may be measured through photographs, radiographs and case presentations. Part III is the final step in the APMLE examination process, and successful completion of all Parts are required to adequately demonstrate the ability to practice podiatric medicine with skill and safety in an unsupervised setting.

Examination Eligibility Requirements

Any candidates starting the NBPME's APMLE examinations after January 1, 2010, must take and pass the examinations in sequential order. The Part I examination **must** be taken and passed before the Part II examinations may be taken. Likewise, the Part II examinations **must** be taken and passed before the Part III examination may be taken.

This examination sequence policy does not apply to or affect candidates who have taken any NBPME examination (whether Part I, Part II or Part III) prior to January 1, 2010. If you did take any examination prior to January 1, 2010, you must still pass Parts I and II before applying for Part III.

Beginning with the Class of 2015, excluding the Class of 2016, and continuing with the Class of 2017, there are two components to the Part II examination: the Part II written and the Part II CSPE. Candidates **must** pass the Part II written examination and the Part II

CSPE before the Part III examination can be taken. Additionally, candidates must meet certain eligibility requirements prior to taking each examination.

To be initially eligible to take the **Part I examination**, a candidate must be confirmed by the dean of an accredited podiatric medical school as listed with the Council on Podiatric Medical Education of the American Podiatric Medical Association as a currently enrolled, second-year student or having attained equivalent training.

To be initially eligible to take the **Part II written examination**, a candidate must have passed the Part I examination **and** be confirmed as a currently enrolled, second-semester, fourth-year student by the dean of an accredited podiatric medical school as listed with the Council on Podiatric Medical Education of the American Podiatric Medical Association.

To be initially eligible to take the **Part II CSPE**, a candidate must have passed the Part I examination **and** be confirmed as a currently enrolled as a fourth-year student by the dean of an accredited podiatric medical school as listed with the Council on Podiatric Medical Education of the American Podiatric Medical Association. Candidates who completed their fourth year prior to 2015 are not eligible to take the Part II CSPE.

To be initially eligible to take the **Part III examination**, a candidate must have passed the Part I and Part II examinations, including, where applicable, both the Part II written examination and the Part II CSPE. A candidate must also receive authorization from the state board participating in the Part III program that will issue the license the candidate is seeking.

For all examinations, once a candidate has been deemed eligible to take a particular APMLE examination, the candidate will remain eligible to take the examination.

Scheduling and Registration Process

Registration information

Candidates must log onto https://www.nbome.org/ and purchase a seat in a testing session before the deadline.

Note Candidates who have not purchased a seat in a session before the deadline date may not be able to take the examination until the next examination administration.

Examination dates

The upcoming examination dates are:

PART II CSPE Dates	Registration Deadlines	Online Appointment Scheduling Available
August 27– November 16, 2018	August 6, 2018	April 16, 2018
February 19 - 23, 2019	February 6, 2019	February 1, 2019, with score release

NBPME fees for Part II CSPE

The examination fee is **$1,230** for each examination. Payment may be made by MasterCard, Visa, American Express, or Discover on the NBOME's website (https://www.nbome.org/).

Additional examination-related fees are as follows:

Service	For
$100- Service Charge	If you cancel 30 days or more before your scheduled examination session, you can request a refund of your registration fee, minus a $100 service charge. **Please note that if you cancel within 30 days, you will**

Americans with Disabilities Act (ADA)

Reasonable examination accommodations under the Americans with Disabilities Act (ADA) are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge. Deans must include a notation when submitting an eligibility file for an ADA-approved student to notify the NBOME that the student is approved to test with accommodations.

Thirty days advance notice is required for all examination arrangements. There is no additional charge for these accommodations.

The only ADA accommodation provided is to allow double time to write patient notes after the encounter. To do this, ADA candidates are scheduled for a two-day test with one-half the cases each day.

Candidates with an approved accommodation will not be able to schedule online and must contact the NBOME at 866-479-6828 to continue the examination scheduling process. Accommodations examinations will be scheduled on specified days during the examination eligibility period.

Scheduling Examination Appointments

The NBOME will email all candidates who have been indicated by their Deans' office as eligible to take the Part II CSPE. Upon receipt of this email, you will be able to log onto your account on the NBOME's website, **https://www.nbome.org**, and confirm your information is correct. Once the scheduling window opens, on April 2, 2018, you will be able to log in and schedule your examination online. You must bring a copy of the confirmation with you to your examination.

If you have not received an email from the NBOME by the start of the registration period, please check with your Dean's office to confirm that the office submitted your correct contact information. If you do not take the examination within your eligibility period, you must reapply by submitting a new examination fee for the next available examination window. The $1,230 fee is nonrefundable and nontransferable from one eligibility period to another.

Examination Appointments

Examination appointments are available on a first come-first served basis. It is possible that you will not be able to obtain an examination appointment for the day you prefer. The availability of examination appointments will change as a result of candidate scheduling and rescheduling. It is possible that examination appointments will become available for a date that you prefer after you have scheduled an appointment.

If you know you are unable to make your scheduled day, you should reschedule as soon as possible. This will ensure that other candidates can choose from all available examination dates.

After you confirm your examination appointment, print a confirmation notice from the scheduling system. The confirmation notice includes your scheduled examination date, arrival time, and other important information. If you lose the confirmation notice, you can reprint it from the scheduling website **https://www.nbome.org**. Bring it with you to your examination session.

Examination Location

Part II CSPE is administered in Conshohocken, Pennsylvania, (just outside Philadelphia) at 101 W. Elm St, Suite 150.

Hotel Accommodations in Conshohocken

Local hotels in the Conshohocken area have agreed to a discounted rate for APMLE candidates for the Part II CSPE. Please visit **www.apmle.org** for the most current hotel and rate information.

Cancel or Reschedule

You can reschedule an appointment within your eligibility period up to 7:00 p.m. (Eastern) the day before your examination date as long as there is space available to take the examination in the new session selected. If no space is available when you attempt to **reschedule**, be aware that it is unlikely that you will find space available by **canceling** your current examination date and returning to the scheduling site to check for an opening at a later time.

To **reschedule**, log in to the scheduling website (https://www.nbome.org/) and follow the prompts. You will be guided by the buttons/links available to you. Please note that you will only be able to register online for an examination date more than 5 days out. For examination dates within 5 days, you will need to call the NBOME at 610-825-6551 or toll free 866-626-6397 to reschedule over the phone.

If you need to **cancel**, you will need to call the NBOME at 610-825-6551 or toll free 866-825-6551.

When you have completed the process of selecting your new examination date or cancelling your examination date, you will be asked to confirm your choice. When confirmed, a confirmation notice will be displayed. Your rescheduled examination date must fall within the current examination period. There is no limit on the number of times you can cancel or reschedule your examination appointment.

If you miss your scheduled examination appointment, you will need to reschedule during the retake eligibility period (February, annually). The fee is nonrefundable and nontransferable from one eligibility period to another. **Space during the February retake eligibility period will be limited. Only under extreme circumstances should you be scheduled as a first-time taker for Part II CSPE during the February retake period.**

Refunds and expenses incurred as a result of center closures due to inclement weather or natural disasters will be handled on a case by case basis.

Refund/Rescheduling Policies

Candidates may request a refund of their examination fees up to 30 days prior to the examination window; a $100 service fee will be deducted from the fees paid. The deadline date for requesting a refund for the Part II CSPE from August, September, October, and November 2018 is August 13, 2018. The deadline date for requesting a refund for the Part II CSPE in February 2019 is February 10, 2019. All requests for refunds must be made in writing to **nbpmeofc@aol.com**.

If you cancel within 30 days, you will not be eligible for a refund.

You **will not** be entitled to a refund of your examination registration fee if you:

1. Fail to appear for your scheduled examination.
2. Appear without proper identification.
3. Show up after the scheduled examination start time.

If you need to reschedule an examination appointment because of a medical emergency, you must mail a written request and official documentation, such as a doctor's letter, to **nbpmeofc@aol.com**. Such a request must be made within the 48 hours following the scheduled examination date. No refund of examination fees is guaranteed.

Preparing for Your Examination

Orientation Videos

A series of orientation videos are available on **www.apmle.org.**

Standardized Patient Examinations

Clinical Skills Examinations are designed to evaluate a clinician's ability to interact with a patient, take a detailed history, perform relevant physical examination maneuvers, and share information with the patient, as well as to write a patient note. These are critical parts of a physician's role, and ones that are best evaluated in an interactive setting.

Clinical Skills Examinations allow all candidates to be evaluated on cases specifically designed by practicing podiatric physicians for this purpose. Standardized patients complete extensive training so that all candidates receive the same information in response to a particular question. Ongoing quality control through live observation of encounters and review of digital recordings ensures that the examination is fair. This method of assessment is well-established and validated in the United States and internationally.

The patients you will encounter in your examination are actors trained to portray real patients with a clinical problem. Accordingly, you should interact with them only in their role as patient and accept any findings as real. When in doubt, do as you would in a real patient encounter.

Examination Blueprint

The cases that make up each administration of the Part II CSPE are based upon a blueprint that was defined by a group of practicing physicians, podiatric educators (at the school and residency levels), and members of the NBPME. The intent is to ensure that all candidates encounter a sample of 12 cases that is fair and equitable. The case development process includes initial drafting of cases by a committee of practicing podiatric physicians to meet the requirements of the blueprint. The cases are then further refined to provide a standardized format from which standardized patients can train.

The APMLE Part II CSPE challenges the candidate to evaluate patients with complaints pertaining to the following content categories: Systemic, Dermatologic, Vascular, Musculoskeletal, and Neurologic. Cases are distributed in gender and age, and include patients with acute complaints, sub-acute or chronic complaints, and some who may require a history and physical as would be required for a hospital admission or for a pre-operative evaluation. The settings vary from a hospital to an emergency room to an outpatient office. A minimum of 20% of cases include radiologic images that will need to be evaluated in the station.

Cases in an examination will require candidates to perform a variety of podiatric physical examination maneuvers, including biomechanical evaluations. All candidates will be assessed on their ability to perform select systemic physical examination maneuvers in at least one case in every form.

Examination Length

Each administration of the Part II CSPE includes 12 patient encounters. You should perform to the best of your ability in every station.

You should plan to be at the examination center at least 30 minutes prior to your reporting time (i.e., at 7:30 a.m. for a morning examination, 1:30 p.m. for an afternoon examination). You should plan to be at the examination center until 3:30 p.m. for a morning examination, 9:30 p.m. for an afternoon examination.

Equipment and Candidate Instructions

Each of the 12 examination rooms is equipped with an examination table, diagnostic instruments (monofilaments, reflex hammers, tuning forks, otoscopes, blood pressure cuffs, cotton swabs, goniometer, etc.). Outside each room there is a carrel with a computer where you will complete the patient note after each encounter.

There is a one-way observation window in each examination room that is used for quality assurance, training, and research.

A bin next to each examination room door will contain a folder with a candidate instruction sheet for that case and a blank sheet of paper for taking notes. An announcement before each encounter will indicate when you may retrieve this folder. DO NOT reach for the folder before the announcement indicating the beginning of each encounter.

The candidate instruction sheet gives you specific instructions for that particular encounter as well as the patient's name, gender, and reason for visiting the doctor. Other pertinent information will also be included, such as vital signs, previous imaging results, and/or lab findings. You should accept the vital signs and other findings on the candidate instructions as accurate; you will not need to repeat them unless you think the case specifically warrants it. If you do choose to repeat the vital signs or other maneuvers for which information has already been provided, the results from the candidate instructions sheet should be considered when developing your differential diagnosis and work-up plan.

The Patient Encounter

You will have 15 minutes for each patient encounter. You should ask the patient relevant questions and perform a focused physical examination just as you would a real patient. Each standardized patient's chief complaint will help you determine the focus of your interview. Many cases will not require a complete history and physical examination. You should manage your time during each encounter so that you can fully address the standardized patient's emotional and communication needs as well as take an appropriate health history and perform an appropriate physical examination.

You should expect that many of the standardized patients will have concerns and questions in addition to their chief complaint. You should be responsive to each standardized patient by addressing his/her concerns in an empathetic manner. You should answer any questions that the patient may have and provide diagnostic, work-up, and/or management information. Approach each encounter in a professional and patient-centered manner.

Your role during the examination should be that of a first-year podiatric resident physician with primary responsibility for the care of each patient. Do not defer decision making to others. You should treat each patient as you would a real patient.

At least one case in each form of 12 stations will require you to take a full health history from the standardized patient. You should also expect that it will be appropriate to

perform systemic physical examination maneuvers in some encounters.

Although the sample of cases selected for each form will vary, each form is comparable and reflects a fair representation of cases.

Physical Examination

You should perform physical examination maneuvers correctly and expect that there will be positive physical findings in some instances. Simulated findings should be accepted as real and factored into your differential diagnoses. You should attend to appropriate hygiene and to patient comfort and modesty, as you would in the care of real patients.

As with real patients in a normal clinical setting, it is possible to obtain meaningful information during your physical examination without being unnecessarily forceful in palpating or carrying out other maneuvers that involve touching. Since standardized patients are subjected to repeated physical examinations, it is important to keep this in mind. If a standardized patient states "That's a bit rough, Doctor," please modify the maneuver to be more gentle, or discontinue it.

Announcements will indicate the start of every encounter. There will also be an announcement when there are 5 minutes remaining in each encounter. If you complete your patient encounter, including the physical examination, in less than 15 minutes, the additional time may be used to complete your patient note. You may leave the examination room early, but be certain you have obtained all necessary information before leaving the examination room since re-entry after leaving is not permitted and will be considered misconduct.

The Patient Note

After each encounter, you will be asked to document pertinent history and physical findings on an electronic patient note template. You will be asked to create a differential diagnosis list with up to three diagnoses. You will be expected to provide a diagnostic work-up (examinations, studies, etc.) as well as a management or treatment plan. For each encounter, the candidate instructions will indicate the task that you are expected to perform.

The following are examples of actions that would result in higher scores:

- Using correct medical terminology
- Providing detailed documentation of pertinent history and physical findings; for example, writing "vibratory and fine-touch sensation intact" is preferable to stating that the neurologic examination is normal.
- Listing only diagnoses supported by the history and findings (even if this is fewer than three)
- Listing the correct diagnoses in the order of likelihood, with the most likely diagnosis first
- Supporting diagnoses with pertinent findings obtained from the history and physical examination

The following are examples of actions that would result in lower scores:

- Using inexact, nonmedical terminology, such as *pulled muscle*
- Listing improbable diagnoses with no supporting evidence
- Listing an appropriate diagnosis without listing supporting evidence
- Listing diagnoses without regard to the order of likelihood

See the sample patient note included at the end of this content description.

Taking Your Examination

Examination Length and Formats

Part II CSPE has 12 patient cases, administered in an examination session of approximately 7.5 hours. You will have 15 minutes for each patient encounter and 10 minutes to record each patient note. If you choose to leave the room early and not use the full 15 minutes for the patient encounter, the remaining time can be used to record the patient note. Announcements will be made at each interval.

Preparing for the Examination

The best preparation for Part II CSPE is to thoroughly understand the content description provided in this bulletin of information and to watch the orientation video provided at **www.apmle.org**.

All patient notes for Part II CSPE must be typed. Handwritten notes are not permitted unless technical difficulties on the examination day make the patient note-typing program unavailable. If this should happen, handwritten notes will be the same format as the usual typed notes and paper templates will be provided. You may review this format by reading the sample patient note.

The Day of the Examination

Candidates are advised to arrive at the center well-rested and well-fed, at least thirty minutes prior to the examination start time. Candidates should anticipate heavy traffic delays, and plan accordingly. The high stakes nature and complexity of this examination allow little leniency with regard to unforeseen traffic or other such delays. ***Candidates who arrive late for the examination may not be able to take the examination and risk forfeiture of the registration fee.*** Candidates are advised to contact the NBOME National Center for Clinical Skills Examination (610.825.6551) immediately if encountering travel delays.

At the time of check-in, you will be required to present one source of current, non-expired, government-issued identification (driver's license preferred) that includes a photograph and signature, and a printed confirmation page for the examination session. The ID must be original, non-expired, in good condition, in Roman English characters, and contain a photo that is recognizable and matches the candidate. Examination center staff has sole discretion for determining the validity and acceptability of the ID presented and has the discretion of determining non-compliance.

The name on your registration and your valid government-issued picture ID must be exactly the same. If your name changes after you register for the examination but before your examination date, you must contact the NBOME in advance and bring to the examination session your marriage license documenting the change. Candidates are required to have a digital photo taken during onsite registration. **If you do not bring acceptable identification, you will not be admitted to the examination and you must pay to reschedule your examination.** Your rescheduled examination date must fall within your assigned eligibility period. If no examination dates are available within the fall examination eligibility period, you will need to reschedule during the retake eligibility period (February, annually).

Important You must have appropriate identification or it is considered a missed appointment. If you miss your appointment, you will forfeit your examination fees and be required to register again and pay another examination fee.

Any candidate arriving late who misses the full orientation or any part thereof will not be allowed to take the examination unless the candidate acknowledges in writing that he or she missed all or any part of the orientation and confirms that he/she waives any and all claims, demands, liabilities or obligations of the NBPME arising out of or relating to the taking of the examination, including but not limited to matters covered during the orientation session. In no instance will the candidate be permitted to begin his or her examination after the first clinical encounter starts.

Any candidate arriving late and missing any part of the first encounter will be considered a "no show" and will not be allowed to take that examination. The candidate must reschedule to take the examination and pay all required fees.

Candidates should be professionally dressed, including a white lab coat with any school logo covered, and are required to provide their own standard stethoscopes. Each candidate will be provided with a boxed lunch at the first of two scheduled examination breaks. Candidates may bring their own food (not requiring reheating) and beverages for use during the breaks if desired. If a candidate has strict dietary needs, it is recommended that he or she bring his or her own food for the examination day.

Examination center staff will direct you throughout the day, and their instructions should be followed at all times. The on-site orientation will acquaint you with procedures, regulations, and the equipment available for your use in the examination rooms.

Candidates will not be permitted to leave the examination center or have contact with others outside of the center by phone or otherwise until the conclusion of the examination. The examination lasts about 7.5 hours. Two breaks are provided (one 30-minute break and one 15-minute break).

You may not discuss the cases with other candidates at any time, and conversation among candidates in any language other than English is prohibited at all times. Proctors will monitor all candidate activity.

Should you wish to file a concern regarding your examination experience, you may do so at the examination center on your examination day. If you do not file a report at the examination center and wish to report a concern, you must document this in writing to **nbpmeofc@aol.com** within three weeks of your examination date(s).

The APMLE program retains the right to remove from the examination and/or to impose conditions upon reexamination for any candidate who appears to represent a health or safety risk to the standardized patients or examination center staff. This includes, but is not limited to, candidates who appear ill, are persistently coughing or sneezing, have open skin lesions, or have evidence of active bleeding. Candidates who are not feeling well are encouraged to seek medical advice prior to arrival at the center and should consider requesting a change in the date of their examination, if appropriate.

Behaviors that could constitute a real or potential threat to a standardized patient's safety, such as careless or dangerous actions during physical examination, may impact your pass/fail decision, may result in a determination of misconduct and annotation of your APMLE record, and/or may result in the imposition of conditions on reexamination.

Personal Items in the Examination Room

You should bring your own standard stethoscope (without light source, digital amplification, electronics or any other enhancement) and white laboratory coat; all other equipment is provided at the center. Please be sure that **all of the pockets** of your laboratory coat are **empty**.

Candidates are required to place all personal belongings in lockers prior to the start of the examination. Stored items will not be available during the examination. The lockers are full-sized, and large enough to accommodate carry-on sized luggage.

Manuals, clinical resources, cell phones, smartphones, tablets, pagers, wristwatches, pocket PCs, iPods, MP3 players and other electronic devices are prohibited and must be stored in lockers during the examination. Other unauthorized items include, but are not limited to: book bags; backpacks; handbags; briefcases; wallets; books; pens/pencils; notes; written materials; scratch paper; or medical equipment of any kind other than a standard stethoscope.

Valuables such as laptop computers, expensive jewelry, etc. should not be brought to the examination center as the NBOME and NBPME cannot be held responsible for these during the examination.

All stored mechanical or electronic devices must be turned off. Personal items and their contents are subject to inspection. Any materials that reasonably appear to be reproductions of any APMLE examination materials will be confiscated. Any candidate found with unauthorized material at any time during the examination may be considered to have committed or contributed to misconduct regardless of the intent of the candidate. In such cases, the candidate may be removed from the examination situation and a notation of misconduct may be made on the score report.

The following items are allowed *only* in the break area: breast pump; diabetes supplies; medication (cough drops, prescriptions, etc.); feminine-hygiene products (also provided in candidate restroom); food and beverages (must be out of bag); glucose meter; hair bands; lip balm/lipstick; mouthwash; sweater; sugar drink; tissues (we also provide); water.

The following items are permitted in both the break area and the examination areas (including the examination rooms): cane/crutches/walker; eyeglasses/multiple glasses; hearing aids; hijab; insulin pump; lumbar support; oxygen tank; wrist brace.

The following items may be given to a proctor for safekeeping and ready availability while the candidate is in the examination area: emergent medications; eye drops; glucose tablets; inhaler.

Candidates are not permitted to bring food or drink into the examination area of the center. If a candidate requires food or drink during the examination period, he or she may request a proctor at the examination site provide an unscheduled break. However, all time for an unscheduled examination break will be charged against the allocated examination session time.

A candidate may not have in the examination area any family member, assistant, or other person for any reason except as specifically approved by the NBPME as an examination accommodation.

The entire examination session from orientation until the evaluation is completed, including all breaks, is considered a closed and secure examination session, and the entire examination center, including the orientation room and the restrooms, is a secure

examination area. Therefore, the rules regarding unauthorized possession during the examination apply to the orientation room and to all breaks.

You will be allowed to make notes **only on the materials provided by the examination center for this purpose.** Making notes on the provided materials prior to the announcement to begin a case is forbidden. Removal of those materials from the secure examination area is prohibited.

Examination Regulations and Rules of Conduct

Misconduct includes any action by applicants, candidates, potential applicants, or others when solicited by an applicant and/or candidate that subverts or attempts to subvert the examination process. If you have information or evidence that any type of misconduct or any infringement of legal rights has occurred, please write to **nbpmeofc@aol.com**.

Specific examples of conduct that is deemed to be misconduct include, but are not limited to, the following: seeking, providing, and/or obtaining unauthorized access to examination materials; providing false information or making false statements on or in connection with application forms, Scheduling Permits, or other APMLE-related documents; taking an examination without being eligible for it or attempting to do so; impersonating a candidate or engaging someone else to take the examination for you; giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so; making notes of any kind while in the secure areas of the examination center except on the writing materials provided at the examination center for this purpose; failing to adhere to any APMLE policy, procedure, or rule, including instructions of the examination center staff; verbal or physical harassment of examination center staff or other examination staff, or other disruptive or unprofessional behavior during the registration, scheduling, or examination process; possessing any unauthorized materials, including photographic equipment, or communication or recording devices, including electronic paging devices and cellular telephones, in the secure examination areas; altering or misrepresenting examination scores; any unauthorized reproduction by any means, including reconstruction through memorization, and/or dissemination of copyrighted examination materials by any means, including the Internet; and communicating or attempting to communicate about specific examination items, cases, and/or answers with another candidate, potential candidate, or formal or informal examination preparation group at any time before, during, or after an examination.

If information received suggests that misconduct has occurred, statistical analyses may be conducted and additional information may be gathered. You will be advised of the alleged misconduct, and you will have an opportunity to provide information that you consider relevant to the evaluation of the allegation. Your scores may be withheld if they have not been reported previously. Applications may not be processed, and you may not be permitted to take subsequent examinations until a final decision regarding misconduct is made. If the evidence suggests that the alleged misconduct affects score validity, the score will also be reviewed.

If it is determined that you engaged in misconduct, information regarding this determination becomes part of your APMLE record. Your score report (if applicable) and APMLE transcript will contain a notation regarding the misconduct. Information about the misconduct will be provided to third parties that receive or have received your APMLE transcript. Such information may also be provided to other legitimately interested entities. You may be barred from taking future APMLE examinations and/or special administrative procedures may be implemented for your future examinations.

Examination Administration Problems and Inquiries

If you experienced a problem during the administration of the examination that examination center staff were unable to resolve to your satisfaction, you may forward a written description of your experience to the **nbpmeofc@aol.com**. Your correspondence should include your name, contact information, ATT number, the date of your Part II CSPE, and a detailed description of the difficulty experienced. You will receive written notification of the results of the investigation.

Confidentiality and Conduct Agreement

In registering for this examination and signing the Part II CSPE application, you signify assent to the terms and conditions of the Confidentiality and Conduct Agreement, as follows:

CONFIDENTIALITY AND CONDUCT AGREEMENT

The contents of this examination are copyrighted, proprietary, and confidential. Any efforts to disclose or reproduce any portion of the examination, its content, or items therein in any part to any individual or entity for any purpose whatsoever is prohibited. Such activity may be responded to by examination score invalidation for an individual or group as well as civil and and/or criminal prosecution.

I can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, or my scores might be canceled if there is reason to believe through proctor observations, statistical analysis, or any other evidence that my score may not be valid or that I was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of this examination.

Scoring and Score Reporting

Scoring

The Part II CSPE is a pass/fail examination. Each component must be passed in a single administration of the examination in order to pass the examination. The two components are the Podiatric Communication and Interpersonal Skills Domain and the Podiatric Medical Domain.

Candidates are assessed on their data gathering and communication skills by the standardized patients and on their ability to complete an appropriate patient note by physician raters. Performance is reported as pass or fail, with no numerical score.

What competencies are to be covered in this examination?

All CS examinations will include stations that examination an examinee's ability to:

- Perform a complete history & physical
- Perform a problem-focused history & physical
- Demonstrate a biomechanical examination
- Demonstrate clinical decision making
- Appropriately document information
- Synthesize a differential diagnosis
- Design an appropriate management plan
- Establish and maintain rapport with patients
- Demonstrate empathy
- Instill confidence
- Gather information
- Actively listen
- Collaborate with patients

Podiatric Communication and Interpersonal Skills Domain

Standardized patients will rate communication and interpersonal skills using the Podiatric Communication Skills Assessment (PCSA) instrument. The PCSA provides a global/holistic measure of interpersonal and communication competence.

It incorporates these skills into two sub-domains of communication competency:
Relationship Quality – Interpersonal skills that foster a caring and patient-centered relationship: *rapport, empathy* and *instilling confidence in the patient*;

RELATIONSHIP QUALITY	
1	Establish and maintain rapport
2	Demonstrate empathy
3	Instill confidence

Examination/Treatment Quality –Communication skills required to examine the patient, collaborate and provide care: *information gathering, active listening* and *collaboration.*

EXAMINATION AND TREATMENT QUALITY	
4	Information gathering
5	Active listening
6	Collaboration

1. RELATIONSHIP QUALITY – The ability to demonstrate an interpersonal connection to the patient; paying attention to the psychological, situational, and cultural contexts of the doctor-patient relationship.

- **Establish and Maintain Rapport** – Establishes and maintains a positive, respectful working relationship with the patient.
- **Demonstrate Empathy** – Recognizes, anticipates, and expresses compassion and concern for the patient; attempts to understand, through appropriate dialogue, the patient's medical condition and life situation.
- **Instill Confidence –** Instills and conveys confidence, verbally and non-verbally, in his/her ability to relate to, examine, and treat the patient in a professional manner.

2. EXAMINATION/TREATMENT QUALITY: The ability to gather and exchange information with the patient to ensure diagnostic and therapeutic quality.

- **Information Gathering** – Elicits information from the patient in an understandable and straightforward manner.
- **Active Listening** – Listens, acknowledges and responds appropriately to the patient's statements and questions; clarifies, explores, interprets and evaluates what is heard.
- **Collaboration –** Takes a patient-centered approach by working together with the patient, encouraging involvement in his / her examination and treatment; giving, explaining, and summarizing information; providing patient education.

Podiatric Medical Domain

The Podiatric Medical Practice Domain includes documentation of the physical examination and the patient note.

Standardized patients will fill out a checklist to reflect which physical examination maneuvers were correctly performed in each encounter. It is important to complete each physical examination maneuver as thoroughly as you would with a real patient. Standardized patients are thoroughly trained to recognize specific criteria for each physical examination maneuver so attempting maneuvers but failing to complete them correctly will adversely affect one's physical examination score.

Patient notes are rated by practicing, licensed podiatric physicians. The patient note raters are trained to provide global ratings on the documented history and physical findings of the patient encounter, diagnostic impressions, justification of the potential diagnoses, initial patient diagnostic studies, and management. As shown in the patient note sample at the end of this content description, instructions for each encounter indicate that up to 3 differential diagnoses along with an initial diagnostic work up and treatment plan should be documented for each clinical encounter.

Important Patient Note Information: You will not receive credit for listing parts of an examination you **would** have done or questions you **would** have asked had the encounter been longer. Write **only** the information you elicited from the patient and describe **only** the physical examination that you did.

Examination Irregularities / Missed Case

If you leave the examination early, or for some other reason you fail to carry out one or more of the cases, your performance may be assessed on those cases you completed. If this assessment were to result in a passing outcome no matter how you may have performed on the missed case(s), then a "pass" would be reported. If this assessment were to result in a failing outcome no matter how you may have performed on the missed case(s), then a "fail" would be reported. Otherwise, the attempt may be recorded as an "incomplete."

If an attempt is designated as "incomplete," you will need to reschedule. You may be able to reschedule within the current eligibility period, but if no additional examination slots are available, you will need to reschedule during the re-take eligibility period (February, annually).

The APMLE program routinely monitors candidate performance for unusual results. If such review raises concerns, for example about your readiness to examination or your level of motivation in trying to pass the examination, you may be contacted by NBPME. Unusual performance patterns may result in your access to reapply and/or reexamination being delayed and/or your reexamination being subject to conditions. You should not take Part II CSPE for practice or for purposes of becoming familiar with its format or structure.

APMLE makes every effort to ensure that your registration information is properly processed and that the examination is properly prepared, administered, and scored. In the unlikely event that an error occurs in the preparation, processing, administration, or scoring of your APMLE examination or in the reporting of your scores, APMLE will make reasonable efforts to correct the error, or permit you to either reexamination at no additional fee or receive a refund of the examination fee. These are the exclusive remedies available to candidates for errors in the registration process; in preparing, processing, or administering examinations; or in determining or reporting scores.

Minimum Passing Scores

The APMLE program provides score users with a recommended pass or fail outcome for Part II CSPE. Recommended performance standards for Part II CSPE are based on specified levels of proficiency. As a result, no predetermined percentage of candidates will pass or fail the examination. A statistical analysis ensures that the performance required to pass each examination is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

Comments, Questions, Concerns

The NBPME provides an opportunity for general comments about the examination experience at the end of the examination. NBPME personnel will review candidate comments, but candidates may not receive a direct response.

If you are requesting a direct response about examination content, registration, scheduling, or examination administration (examination site procedures, equipment, personnel, etc.), please submit your concern in writing **within two business days** following the examination administration. Send your comments to:

NBPME
ATTN: APMLE Comment Assessment Committee
nbpmeofc@aol.com

NBPME and/or NBOME will investigate each concern and reply to comments within a reasonable length of time.

Score Reporting

You will receive your examination results on February 1, 2019. Examination results will be posted in your account on www.nbome.org, with the ability to print. Due to confidentiality and privacy issues, examination results will not be released over the phone, by fax, or by any other electronic transmission besides www.nbome.org.

When you indicate your acceptance of the APMLE Part II CSPE Candidate's Affidavit and Acknowledgement Statement, you agree to have your:

- Passing Score **communicated** as "PASS" and reported to the school in which you are enrolled or have graduated from and to CASPR.
- Failing Score **communicated** as "FAIL" and reported to the school in which you are enrolled or have graduated from and to CASPR.

Score Rechecks

Score rechecks are only done to verify the summation of totals of the standardized patient and note rater scores. There is no re-rating of encounters or of patient notes; videos of encounters are not reviewed. Videos are used for general quality control, training, and research purposes and are retained only for a limited period of time.

Voiding Examination Results

If you do not want your examination scores released to you and **communicated** as denoted above, you must send a written request to **nbpmeofc@aol.com** within **24 hours** of taking the examination. **If processed, this action is irrevocable.**

The request not to have scores reported must include: 1) your name; 2) the name of the school where you are enrolled or have graduated from; and 3) the name of the examination for which you do not want your scores reported.

No refund of any fees will be made on examinations that are voided at a candidate's request. A new registration form and fee must be submitted in order for a candidate to retake the examination.

Score Report Requests

Within 10 days of receipt of a written request, a copy of your Part II CSPE results, bearing the seal of the NBPME, will be sent to any state licensing board or federal agency. You may obtain a score report request form online at **www.apmle.org**. Requests cannot be made by phone.

While the NBPME makes the data and information available to states, it does not attempt to analyze or interpret results. Each state board determines whether and how to accept and use APMLE examination result information according to state statutes/regulations. Candidates are advised to contact individual state boards to determine how that particular state uses the APMLE scores.

The following chart lists the Licensing Boards, Canadian Provinces and Federal Agencies that recognize the NBPME's APMLE examinations as part of the licensing process governing the practice of podiatric medicine.

Licensing Boards			
Alabama	Illinois	Montana	Pennsylvania
Alaska	Indiana	Nebraska	Rhode Island
Arizona	Iowa	Nevada	South Carolina
Arkansas	Kansas	New Hampshire	South Dakota
California	Kentucky	New Jersey	Tennessee
Colorado	Louisiana	New Mexico	Texas
Connecticut	Maine	New York	Utah
Delaware	Maryland	North Carolina	Vermont
District of Columbia	Massachusetts	North Dakota	Virginia
Florida	Michigan	Ohio	Washington
Georgia	Minnesota	Oklahoma	West Virginia
Hawaii	Mississippi	Oregon	Wisconsin
Idaho	Missouri	Puerto Rico	Wyoming
Canadian Provinces			
Alberta	British Columbia	Ontario	
Federal Agencies			
United States Army		United States Navy	

Retakes

A second administration of the Part II CSPE examination will occur annually in February. The intent is to provide two examination attempts prior to the CASPR Match.

Examination Integrity

Copyright

All proprietary rights in the examinations, including copyright and trade secrets, are held by the NBPME. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

Validity of Scores

The NBPME shall either retain or reserve the sole right to determine whether an examination is valid or invalid. The acceptance of a candidate's application to take the examination or the scoring thereof or the release of said examination results to any party shall not act in any way to amend the right of the NBPME to determine whether such examinations or the scores achieved thereon are valid or invalid in whole or in part.

A determination that an examination and the scores achieved thereon are invalid may be made at any time by the NBPME. The NBPME also reserves the right to cancel any scores that may already have been reported when subsequent information raises doubt of their validity.

Misconduct that affects score validity extends beyond behavior at the examination center. Schools, state licensing agencies, and medical staff offices at hospitals and residency programs all rely on the integrity of score reports provided by the NBPME. Any attempt to alter, misrepresent, or falsify an official score report will be considered a serious breach of examination integrity and misconduct that is subject to sanction by the NBPME.

Occasionally examination irregularities occur that affect a group of examination takers. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to examination content and/or the unauthorized general availability of examination content, as well as other disruptions of examination administrations (e.g., natural disasters and other emergencies). When group-examination irregularities occur, the NBOME may conduct an investigation to provide information to the NBPME. Based on this information, the NBPME may direct NBOME to either not score the examination or invalidate the examination scores.

When it is appropriate to do so, the NBPME will arrange with the NBOME to give affected examination takers the opportunity to take the examination again as soon as possible. Affected examination takers will be notified of the reasons for the invalidation and their options for retaking the examination.

Invalidation of results

The NBPME has the right to question any examination score when the validity is in doubt because the score may have been obtained unfairly. NBOME, acting on behalf of the NBPME, will undertake a confidential review of the circumstances giving rise to the questions about score validity. If there is sufficient cause to question the score, NBOME will refer the matter to the NBPME, which will make the final decision on whether or not the score is to be withheld or invalidated. In the event the NBPME determines that a candidate's individual examination results will be withheld or invalidated, or that a group of results will be withheld or invalidated, the NBPME will notify the candidate or group.

Limitation of liability

In no case shall the NBPME, and / or NBOME be liable to any examination taker or group of examination takers, either in contract or tort, when, acting in good faith, they cancel, invalidate, withhold, or change a examination score or result, as provided in the Bulletin.

Request for NBPME Hearing

A candidate who has been sanctioned by the NBPME for misconduct or whose score has been invalidated for cause may appeal and request a hearing. The request must be written, should include the reason the candidate wishes to speak to the NBPME, and must be submitted to NBPME within ten days of the date on which the candidate receives notice that he or she has been sanctioned or that his or her score has been invalidated. The NBPME has sole discretion whether to grant a hearing and will consider the candidate's basis for appeal in making a decision.

If a hearing is granted, an overview of the hearing procedures is described below.

1 The time, date, and place of the hearing will be set by the NBPME.

2 The hearing will be conducted by three members of the NBPME.

3 At the hearing, the candidate may represent such evidence as he or she deems proper and necessary. The candidate may be accompanied by an attorney and witnesses of choice.

4 The NBPME may request the appearance of any witnesses at the hearing as it deems necessary.

5 At the end of the hearing, the three NBPME committee members will evaluate the information presented and reach a conclusion, at their sole discretion, and may decide:

- **a.** The candidate may retake the examination at a future date.
- **b.** The candidate will not be permitted to retake the examination at any time. (In this case, the candidate may request reconsideration and reinstatement by the NBPME after one year.)
- **c.** The examination results represent a reasonable assessment of the candidate's knowledge in the areas sampled, and the candidate's scores may be released.
- **d.** Some other action should be taken.

6 The candidate will be advised in writing by the NBPME of its decision at least 10 business days prior to the next deadline to file a registration for reexamination.

7 The NBPME reserves the right to notify a candidate's podiatric medical school of any of the actions or decisions described above.

Communication Assessment

Standardized patients will rate the following interpersonal and communication skills:

RELATIONSHIP QUALITY	
1	Establish and maintain rapport
2	Demonstrate empathy
3	Instill confidence
EXAMINATION AND TREATMENT QUALITY	
4	Information gathering
5	Active listening
6	Collaboration

Acceptable Abbreviations

A list of standard and acceptable abbreviations is included on the following pages. This is not an all-encompassing list, there may be others. When in doubt, write out complete words or phrases. This list will be available as you complete your patient note for each encounter.

UNITS OF MEASURE	
mcg	Microgram
C	Centigrade / Celsuis
cm	Centimeter
F	Fahrenheit
g	Gram
hr	Hour
kg	Kilogram
lbs	Pounds
m	Meter
mg	Milligram
min	Minute
oz	Ounces

VITAL SIGNS	
BP	Blood pressure
P	Pulse/ Heart rate
R	Respirations
T	Temperature
ROUTES OF DRUG ADMINISTRATION	
IM	Intramuscularly
IV	Intravenously
po	Orally

MEDICAL ABBREVIATIONS	
ABI	Ankle brachial index
AP	Anteroposterior
AT	Anterior tibial
AIDS	Acquired Immune Deficiency Syndrome
BID	Twice a day
B/L	Bilateral
BMP	Basic metabolic profile
BUN	Blood urea nitrogen
c/o	Complaining of
CAM walker	CAM immobilization boot
CBC	Complete blood count
CC	Calcaneocuboid
CF	Calcaneofibular
CFT	Capillary filling time
CHF	Congestive heart failure
CMP	Comprehensive metabolic profile
CN	Calcaneonavicular
cig	Cigarettes
COPD	Chronic obstructive pulmonary disease
CPR	Cardiopulmonary resuscitation
CT	Computed tomography
CVA or TIA	Cerebrovascular accident or Transient ischemic attack
DASA	Distal articular set angle
DJD	Degenerative joint disease
DM	Diabetes mellitus
DP	Dorsalis pedis
DVT	Deep vein thrombosis
Dx	Diagnosis
DTR	Deep tendon reflex
ECG	Electrocardiogram
ED	Emergency department
EDL	Extensor digitorum longus
EHL	Extensor hallucis longus
EOM	Extraocular muscles
EtOH	Alcohol
Ext	Extremities
fx	Fracture
FDL	Flexor digitorum longus
FH	Family history
GI	Gastrointestinal
GU	Genitourinary
h/o	History of
HbA1c	Glycosylated hemoglobin A1c
HAV	Hallux abductovalgus
HEENT	Head, eyes, ears, nose, and throat
HTN	Hypertension
hx	History

MEDICAL ABBREVIATIONS CONTINUED	
INR	International Normalized Ratio
IPJ	Interphalangeal joint
JVD	Jugular venous distention
L	Left
LMP	Last menstrual period
MI	Myocardial infarction
MRI	Magnetic resonance imaging
MTP/MTPJ	Metatarsophalangeal joint
MVA	Motor vehicle accident
NIDDM	Non insulin-dependent diabetes mellitus
NKA	No known allergies
NKDA	No known drug allergies
NPO	Nil per os (nothing by mouth)
NSAID	Nonsteroidal anti-inflammatory drug
NSR	Normal sinus rhythm
ORIF	Open reduction and internal fixation
PAD	Peripheral arterial disease
PASA	Proximal articular set angle
PE	Pulmonary embolism
PERLA	Pupils equal, react to light and accommodation
PIPJ	Proximal interphalangeal joint
PMH	Past medical history
PSH	Past surgical history
PL	Peroneus longus
PT	Prothrombin time
PT	Posterior tibial
PTT	Partial thromboplastin time
PTTD	Posterior tibial tendon dysfunction
PVD	Peripheral vascular disease
QD	Each day
QID	Four times a day
R	Right
RBC	Red blood cell
RCSP	Relaxed calcaneal stance position
ROM	Range of motion
SH	Social history
STJ	Subtalar joint
TAL	Achilles tendon lengthening
TID	Three times a day
TMA	Transmetatarsal amputation
U/A	Urinalysis
UA	Uric acid
URI	Upper respiratory tract infection
UTI	Urinary tract infection
WBC	White blood cell
WNL	Within normal limits
x-ray	Radiograph
yo	Year-old

Sample Patient Note

SUBJECTIVE: Describe the history you just obtained from this patient. Include only information (pertinent positives and negatives) relevant to this patient's problem(s).
Ms. Hanson is a 60yo diabetic female who presents with an open lesion on her L distal hallux that has been present for a little over a week. She has never had a similar problem in the past. She reports seeing a small amount of drainage on her sock some evenings in the past week and has been covering the area with a Band-Aid. She was unsure of color of drainage. She denies fevers, malaise, pain, swelling, odor, or redness extending proximally. Ms. Hanson saw a podiatrist 4 years ago when she was diagnosed with diabetes but has not returned for follow-up since that time.

PMH: Adult Onset Diabetes (NIDDM)- diagnosed 4 years ago, HTN- diagnosed 10 years ago
Meds: Metformin 850mg BID with meals, Hydrochlorothiazide 25mg QD
Allergies: none
PSH: none
FH: father with HTN and died of MI, mother with diabetes, PVD and died of complications of diabetes
SH: married with 2 grown children, no EtOH or drugs, 35 pack/year smoking hx- quit 3 years ago

OBJECTIVE: Describe any positive and negative findings relevant to this patient's problem(s). Include *only* those parts of the examination you performed in *this* encounter. Document relevant vitals, lab results or imaging results if applicable.

1.5 cm ulcer on distal tip and extending onto plantar-medial surface of L hallux with partially fibrotic, partially granular base
No probing to bone or undermining of edges
No erythema, edema, warmth, drainage
DP pulse +1/4, PT pulse nonpalpable, CFT delayed B/L hallux
Skin is otherwise intact with diminished hair growth noted below mid-calf
Absent vibratory and diminished fine touch sensation B/L

ASSESSMENT/DIAGNOSTIC REASONING *Based on what you have learned from the history and physical examination*, list up to 3 diagnoses that might explain this patient's complaint(s). List your diagnoses from most to least likely. For some cases, fewer than 3 diagnoses will be appropriate. Then, enter the positive or negative findings from the history, physical examination, and imaging (if present) that support each diagnosis.

Diagnosis #1: Ischemic ulcer L hallux

History Finding(s)	Physical/Imaging Finding(s)
+ h/o smoking	Absent PT pulse/+1/4 DP pulse
NIDDM	Partially fibrotic appearance of ulcer
	Diminished hair growth
	Delayed CFT

Diagnosis #2 Neuropathic Ulcer

History Finding(s)	Physical/Imaging Finding(s)
NIDDM	Absent vibratory/diminished fine-touch sensation
Painless	Partially granular appearance of ulcer

Diagnosis #3

History Finding(s)	Physical/Imaging Finding(s)

PLAN: Lastly, list initial *diagnostic* studies (if any) you would order (e.g. laboratory examinations, imaging, etc.) and describe an initial *management* plan.
X-ray L foot
ABI's CBC/BMP Dry sterile dressing with topical antibiotic to be applied QD Offload area

Candidate's Affidavit and Acknowledgement Statement

Candidates will be required to agree to the Affidavit and Acknowledgement Statement in order to complete online registration.

- I understand that I am responsible for making sure all information provided in this application is completely true and correct.
- I have read a copy of the NBPME Part II CSPE Candidate Information Bulletin and agree to abide by the regulations and policies stated in the Bulletin.
- I understand that the contents of the examination are copyrighted, proprietary, and confidential and subject to the Confidentiality and Conduct Agreement provided on Page 18 of this Bulletin. Failure to abide by the Agreement and the rules set forth in the Bulletin shall result in invalidation of my examination scores, and may result in civil and/or criminal prosecution.
- By signing this AMPLE Part II CSPE acknowledgement statement, I hereby agree to have my:
  1) Passing Score **communicated** as "PASS" and reported to the school in which I am enrolled or have graduated from and to CASPR.
  2) Failing Score **communicated** as "FAIL" and reported to the school in which I am enrolled or have graduated from and to CASPR.
- If you do not want your examination scores released to you and **communicated** as denoted above, you must send a written request to **nbpmeofc@aol.com** within **24 hours** of taking the examination. The request not to have scores reported must include: 1) your name; 2) the name of the school where you are enrolled or have graduated from; and 3) the name of the examination for which you do not want your scores reported. **I understand a voided score cannot be reinstated later and is deleted from my record**.
- No refund of any fees will be made on examinations that are voided at a candidate's request. A new registration form and fee must be submitted in order for a candidate to retake the examination. I understand that, if I am successful in passing the Part II CSPE, I will be notified in writing by the National Board of Podiatric Medical Examiners of my passing status.
- I further understand that my passing status is in no way a specialty designation, nor does it indicate any special professional abilities on my part.
- I agree that I will not list my passing status on any of my professional stationery or business cards, nor will I use it in any professional advertising.
- I further agree that I will not attempt to use my passing status to gain admittance to a hospital staff or other professional organizations or institutions, except where such status is required by law or regulations.
- I understand that any improper use of my passing status could be construed as unethical and unprofessional conduct on my part. I further understand that the National Board of Podiatric Medical Examiners will take steps to notify my professional organization and local licensing authority of improper use of my passing status and that I may be liable to penalties for such improper use.
- I understand that altering, misrepresenting, or falsifying my score report constitutes misconduct that is subject to sanction by NBPME.

Examination Fee Payment

The examination fee is $1,230 for the Part II CSPE. Payment can be made on the NBOME website (https://www.nbome.org/) by MasterCard, Visa, American Express, or Discover. **Personal checks and cash are not accepted**.