AMERICAN BOARD
of OBESITY MEDICINE

American Board of Obesity Medicine Fellowship Pathway Background Information:

The American Board of Obesity Medicine allows qualified graduates of fellowship programs to apply to take the obesity medicine certification exam through a designated fellowship pathway. In order to meet the requirements of the fellowship pathway, applicants must submit proof of fellowship completion and a letter of attestation from their fellowship director supporting the application. Not all fellowship graduates will meet the requirement to receive a letter of attestation. In the event a fellowship graduate does not meet the threshold described below, they may seek certification through ABOM's CME pathway. By signing this letter, the fellowship director is personally attesting to the fact that the applicant meets the standard described. **Please complete and sign this attestation letter only if you have firsthand knowledge of the applicant's academic record and course of study/training.**

Fellowship Pathway Letter of Attestation (to be completed by Fellowship Program Director)

This letter serves as my attestation that

Dr. _____ (first and last name) completed a fellowship

in _____ (field of medicine) on _____ (date of completion)

at _____ (name of academic institution)

I attest that this fellowship ◯ is ◯ is not a member of the Obesity Medicine Fellowship Council.

I attest that this fellowship ◯ does ◯ does not have institutional approval from the Graduate Medical Education oversight committee.

I attest that this fellowship ◯ is ◯ is not approved by the ACGME.

Further, I attest that Dr. _____ (first and last name) met competency in each of the obesity medicine education topics listed below. I support their application to take the American Board of Obesity Medicine certification exam, having had didactic and clinical training in the following topics:

- The science and clinical aspects of obesity (epidemiology, pathophysiology, genetics)
- Understanding obesity stigma and bias and its impact on patient care
- Adult medical obesity treatment (i.e. nutritional therapy, behavioral therapy, exercise physiology, pharmacotherapy)
- Metabolic and bariatric surgery risks, benefits, and complications
- Medical complications/comorbidities associated with obesity
- Healthcare disparities related to obesity care and public health and policy interventions
- Pediatric medical obesity treatment (only required if applicable to fellowship)

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By signing this letter, I attest that Dr. _____ (first and last name) has completed education and attained competence in the above areas of knowledge.

Fellowship Program Director (Print Name) _____

Signature of Fellowship Director _____

Fellowship Program Director Email Address _____

Fellowship Program Director Phone Number _____

PLEASE NOTE: ABOM Fellowship Pathway candidate should provide this form to their program director. Once completed, the program director should return the form to the candidate. Finally, the candidate should upload the completed form in the appropriate section of the online certification exam application.