

The American Board of Plastic Surgery, Inc.

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Phone: 215-587-9322 · Website: www.abplasticsurgery.org



Resident Registration and Evaluation of Training Form Instruction Letter required of ALL Plastic Surgery residents

Please review these instructions as well as the Board's established training requirements prior to completing the online Resident Registration and Evaluation of Training Form. The form can be found on the Board's website, www.abplasticsurgery.org, under the Residents tab. Retain a copy of the completed form before you finalize.

An official evaluation of prerequisite training by the Board is required **prior** to the initiation of residency training in plastic surgery for residents entering Independent Programs, and before the end of the first year of residency for those in Integrated plastic surgery programs. **Processing of this material takes 2-3 weeks.**

Complete the Following

❖ Residents entering Independent or Integrated Plastic Surgery Residency Training must:

- Complete online Resident Registration and Evaluation of Training Form
- Clinical rotation schedule
- Medical school diploma
- Electronic payment for the Processing Fee. Refer to the Booklet of Information for all Board fees which can be found on the Board's website. [ABPS Fee Schedule](#). The Processing Fee is non-refundable

❖ If applicable:

- ECFMG Certificate
- Letter from General Surgery Program Director or Department Chair indicating successful completion of general surgery residency, including exact dates of training and the year levels completed
- Certificate of completion of training; or a letter of admissibility to the American Board of Surgery (ABS) examination and certification process, or letter confirming ABS certification
- Dental school diploma
- Certificate, Letter of Admissibility, or Result Letter from any ABMS Board Examination process

❖ For Canadian Residents only:

- Letter from the Canadian Resident Matching Service (CaRMS) confirming entry into a plastic surgery residency program
- Must obtain certification in plastic surgery by the RCPSC (not required with this form but must be obtained and uploaded with the Application for Examination and Certification)

❖ For Transfers into Integrated Programs only:

- All resident transfers into a vacant position in an Integrated Program must be approved by the Program Director and The American Board of Plastic Surgery, Inc. **Only transfers** at or below the **PGY-IV** level can be considered. The transferring resident must assume the responsibility to request approval from ABPS, and must provide the following to the Board before approval will be

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granted (full details can be found in the Booklet of Information):

1. Online Resident Registration and Evaluation of Training Form indicating request for transfer
2. Letter from the current Program Director indicating the exact dates of training, month-to-month rotation schedule and the year levels that will be completed at the time of the transfer
3. Letter from the accepting Integrated Plastic Surgery Program Director indicating the acceptance of the transferring resident, what level of training the resident will start at and detailed outline of how any deficiencies in the required rotations will be completed

Once Your Electronic Documents are Submitted to the Board Office

- ❖ If your training is approved, the Board will issue you an **ABPS Confirmation Letter** via email to confirm that your training meets the Board's established prerequisite and/or requisite training requirements
- ❖ **Please notify the Board Office if:**
 - There are any **alterations to the proposed training plan** you submitted on the form
 - Your **prerequisite training is complete**

It is essential that Independent Plastic Surgery residents notify the Board Office via email at info@abplasticsurgery.org when **prerequisite training is complete**.

ABPS Confirmation Letter

- ❖ An ABPS Confirmation Letter will be sent directly to you, via email, after review and approval of your training. Please provide your Plastic Surgery Program Director with a copy of this letter. **The Board will not issue an ABPS Confirmation Letter until this form has been received and approved by the Board.** Without the ABPS Confirmation Letter, you will be unable to complete the online Application for Examination and Certification (completed during last year of plastic surgery residency).
- ❖ The Plastic Surgery Residency Matching Program through the San Francisco Match requires you to provide a copy of the ABPS Confirmation Letter for their application process, usually due in the fall of each year.

FOLLOW THESE INSTRUCTIONS CAREFULLY

- ❖ **To obtain access to the Resident Registration and Evaluation of Training Form, completion of the Registration process is required and can be found here:**
<https://www.abplasticsurgery.org/residents/resident-registration-evaluation-of-training/>
 - All fields must match to be provided immediate access to the Resident Registration and Evaluation of Training Form. If the Registration process matches, you will be directed to the form within your ABPS profile.
 - If any fields do not match or if you do not yet have an ABPS profile, upon registering, you will receive a "pop-up" message indicating that the data entered is not on file. The Board Office will send you an email in 1-2 business days requesting you to confirm the request and verify the data entered. Once this information is validated, you will be provided access to the form.

PAGE ONE:

- **Numbers 1-3 – Contact Information**
 - Enter: full first, full middle and last name, address, cell and home numbers, and a primary

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and secondary email address.

PAGE TWO:

- **Numbers 4-9 – Personal Information**

- Enter: Date of Birth, Place of Birth, Social Security Number, Medical School Name, Medical School Degree, Dental School Degree, if applicable
- Upload Medical School Diploma
- Upload ECFMG Certificate, if applicable
- Upload Dental School Diploma, (if applicable)

PAGE THREE:

- **Numbers 10-16 – Type of Training**

- Select current residency training type. Once selected, you will be forwarded to the next required section to complete detailed residency training data.

- **Number 10 – ACGME Approved Prerequisite Residency Training**

- Enter if you plan to complete or have completed training in general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopedic surgery, otolaryngology, thoracic and cardiac surgery, or urology. **Number 11 – ACGME Approved Plastic Surgery Residency Training (Integrated and Independent)**
- If you are completing an integrated plastic surgery residency program, you must list **ALL** six years of training. If you are completing an independent plastic surgery residency program, you must list **ALL** three years of training.
- Each PSY level should be listed individually and in chronological order with the year level and number of months to be completed at each level.

- **Number 12 – Transfers into Integrated Plastic Surgery Residency Programs**

- Upload letter from your current program director.
- Upload letter from your receiving plastic surgery program director.

- **Number 13 – Canadian Plastic Surgery Residency Training**

- You must list all five years of residency training. Each PSY level of training should be listed individually and in chronological order with the year level and number of months to be completed at each level.
- Upload copy of CaRMS letter.

- **Number 14 – AOA - ACGME approved General Surgery Residency Training**

- List each year of completed or anticipated residency training in chronological order.
- Upload Approval Letter from ACGME confirming program accreditation.
- Upload Approval Letter from American Board of Surgery verifying eligibility to exam and certification process.

- **Number 15 – Fellowship Training**

- List all fellowship training you have completed during prerequisite training and plan to complete during or after plastic surgery residency training.

- **Number 16 – Research Training**

- List all research completed during prerequisite training and completed during plastic surgery training.

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PAGE FOUR:

- **Numbers 17-20 – Rotations and Board Certification**
- **Number 17 – Other**
 - Describe in detail any activity that resulted in gaps in residency training.
- **Number 18 – Rotations**
 - You are required to list your month-by-month rotations for your **entire** prerequisite training completed and anticipated.
 - Integrated Residents are required to list your month-by-month rotations for PSY-I-III.
 - **Required clinical experience** appropriate to plastic surgery education must be provided in the following content areas:
 1. Abdominal surgery
 2. Oncologic/Breast Surgery
 3. Pediatric Surgery
 4. Surgical Critical Care
 5. Surgical oncology (non-breast)
 6. Transplant
 7. Trauma management
 8. Vascular surgery
 - **Strongly Suggested Clinical Experiences** - The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following 6 areas before completion of plastic surgery training.
 1. Acute burn management
 2. Anesthesia
 3. Dermatology
 4. Oculoplastic surgery or Ophthalmology
 5. Oral and Maxillofacial surgery
 6. Orthopedic surgery
- **Number 19 – Board Certification**
 - If you are eligible/admissible or certified by a Board, please designate the Board and upload documentation (Approval Letter, Result Letter or Certificate).
- **Number 20 – Signature**
 - Sign and date the form.
 - Click “Save form”
 - Click “Finalize Registration” and click “Submit.” This will take you to an electronic payment screen.

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** Please be sure to click "Save" at the bottom of each page to ensure no work is lost.*

Correspondence regarding a resident's training will be between the resident and the Board Office. It is the resident's responsibility to provide the ABPS Confirmation Letter to the residency program. The Board Office will share correspondence with residency coordinators and program directors as needed.

Should you have any questions after careful review of this letter, please contact the Board Office at info@abplasticsurgery.org.