

**The
American Board
of
Plastic Surgery, Inc.[®]**



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**BOOKLET OF INFORMATION
July 1, 2013 - June 30, 2014**

A Member Board of the
American Board of Medical Specialties (ABMS)

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IMPORTANT DATES & DEADLINES

WRITTEN EXAM (WE) - COMPUTER BASED TEST (CBT)	OCTOBER 13, 2014
Submission of Senior Resident Application Requests On-line by Plastic Surgery Program Directors	December 31, 2013
Reply Form available On-line to Candidates Approved before 12/31/13	January 2014
On-line Application available to Senior Residents	February 2014
WE On-line Reply Forms Finalized for Candidates Approved before 12/31/13	March 3, 2014
WE On-line Reply Forms Finalized with Late Fee	March 4-10, 2014
Applications Finalized for Senior Residents	April 1, 2014
Exam Applications Finalized for Senior Residents with Late Fee	April 2-9, 2014
Residency Graduation Program Director Recommendation for Certification Due from Plastic Surgery Program Directors	July 1, 2014
WE On-line Reply Forms Finalized for Senior Residents & Those Approved after 12/31/13	August 1, 2014
On-line Reply Forms Finalized with Late Fee for Senior Residents & Those Approved after 12/31/13	August 2-8, 2014
On-Line Scheduling Permits Available to Scheduled Candidates	August 2014
WE Withdrawal Date with Partial Refund	September 12, 2014
Written Examination CBT	October 13, 2014
WE Results Mailed/Available On-line	December 22, 2014
ORAL EXAM (OE)– PHOENIX, ARIZONA	NOVEMBER 13, 14, 15, 2014
Case Collection Instructions Mailed for 2014	July 1, 2013
Case List Collection Period	July 1, 2013- March 31, 2014
Case List with Review Fee	April 22, 2014
Case List with Late Fee	April 23-29, 2014
OE On-line Reply Form with Notification of 5 Selected Cases Available	August 4, 2014
Candidate Notification of Insufficient Case Report Data	September 3, 2014
OE On-line Reply Forms Finalized	September 3, 2014
On-line Reply Forms Finalized with Late Fee	September 4-9, 2014
Hotel Reservation Deadline	October 13, 2014
OE Withdrawal Date with Partial Refund	October 13, 2014
Oral Examination	November 13, 14, 15, 2014
OE Results Mailed/Available On-line	January 20, 2015
OTHER IMPORTANT DATES	
Requests for Special Consideration at the Spring Board Meeting, Documents & Fee Due from Individuals	February 1
Requests for Special Consideration at the Fall Board Meeting, Documents & Fee Due from Individuals	September 1

The American Board of Plastic Surgery, Inc. publishes the Booklet of Information annually to inform prospective candidates about the Board, its policies, and the rules, requirements, and procedures for examination and certification.

The Board provides this Booklet to each candidate applying for examination. **Careful attention to the information in the booklet will eliminate time-consuming correspondence and unnecessary delays.** Since the rules and procedures of the Board may change from time to time, all candidates must comply with those currently in effect. **Therefore, it is important for candidates to follow the most recently published booklet** which is available on the Board's website at www.abplsurg.org. Check the Board's home page for examination alerts and deadline dates.

Mission Statement

The mission of The American Board of Plastic Surgery, Inc. is to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification, and maintenance of certification of plastic surgeons as specialists and subspecialists.

Purposes

The essential purposes of the Board are:

1. To establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense.
2. To conduct examinations of approved candidates who seek certification by the Board.
3. To issue certificates to those who meet the Board's requirements and pass the respective examinations.
4. To protect the independence and integrity of the Board.
5. To do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.

The Board is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer, on any person, legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery.

Standards of certification are clearly distinct from those of licensure. Possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals, or to define who shall or shall not perform plastic surgery procedures. The Board is not a primary source of censure or a primary reviewer of ethical problems.

Important Notice for Prospective Residents

Prospective residents for the Independent Model programs in plastic surgery **must** have an official evaluation of prerequisite training by the Board **before** beginning training in plastic surgery. **It is the responsibility of the resident to obtain this evaluation.** Residents may obtain the Resident Registration/Evaluation of Training Form and the Cover Letter with Instructions by downloading the form as a Portable Document Format (PDF) from the Board's website. Residents in the Integrated Model must complete this registration/tracking step during PGY I. A non-refundable Processing Fee, by check, is required.

Program Directors of accredited plastic surgery training programs **must** require prospective residents to have such an official evaluation or registration step completed before they initiate training in plastic surgery. A Board Confirmation Letter should be on file for each resident.

Corresponding with the Board

All correspondence with the Board should be addressed to: The American Board of Plastic Surgery, Inc., 1635 Market Street, Seven Penn Center, Suite 400, Philadelphia, PA 19103-2204 or e-mail to info@abplsurg.org.

Further information can be obtained at the following websites:

- The American Board of Plastic Surgery, Inc. (ABPS) - www.abplsurg.org
- Association of American Medical Colleges Electronic Residency Application Service - www.aamc.org
- American Council of Academic Plastic Surgeons (ACAPS) - www.acaplasticsurgeons.org
- American Medical Association (AMA) - www.ama-assn.org
- Educational Commission for Foreign Medical Graduates (ECFMG) - www.ecfm.org
- National Residency Match Program (NRMP) - www.nrmp.org
- Plastic Surgery Matching Program (PSMP) - www.sfmach.org
- The Residency Review Committee for Plastic Surgery (RRC-PS) - www.acgme.org

IMPORTANT NOTICE

This Booklet is intended to document the mission, purposes and policies of the Board; and to detail the requirements for initial certification. Separate Booklets are published for Maintenance of Certification (**AMOC-PS**[®]) and for Subcertification in Surgery of the Hand (SOTH).

Board Office Policies and Reminders

- A change in address, telephone, or e-mail address must be updated in the physician profile tab on the Board’s website at www.abplsurg.org, accessible after secure log-in.
- E-mail is the main form of communication with candidates and diplomates. Secure log-in to the Board’s website provides individualized current requirements.
- **The Board’s current fee schedule is published in this booklet inside the back cover and on the website.**
- Material will only be approved for the Examinations once all of the required documents are received in the Board Office in their entirety by the deadline dates. Only applicants who meet all requirements should apply for certification.
- Candidates with incomplete materials will be notified by e-mail.
- Incomplete submissions (document uploads) will result in a Missing or Incomplete Items Penalty Fee.
- Incorrect submissions requiring additional processing may result in an Administrative Penalty Fee.
- Reissue of Board letters or documents requires a photocopying fee.
- Retain photocopies of all completed materials before submitting them to the Board Office.
- Most processes are completed on-line on the Board’s website. Otherwise, use a **guaranteed delivery date service** to insure that materials are received in the Board Office by the deadline date. Note that certified mail service, Priority and Express mail from the U.S. Postal Service do not guarantee a delivery date, only a signature. Delivery information can often be obtained from the carrier within 30 minutes of delivery.
- **Note all Board deadline dates carefully to avoid penalties or exclusion from examination.**
- **Section XII.3 of the Board’s Bylaws prohibits the use of the Board’s logo (corporate seal) as follows:**

Neither the corporate seal nor the name “The American Board of Plastic Surgery, Inc.”, nor any registered trademark or service mark owned by the corporation, nor any similar seal or name, may be used by any person or entity, including Diplomates of this Board, for commercial purposes. The only acceptable use of the seal is by the Board itself as an entity for promotion of the programs of the Board or to advance the mission of the Board.

Advertising and Marketing Requirements

The Board recognizes the role of legitimate advertising in the changing medical scene; but it does not approve of advertising which leads to unrealistic expectations, which is false or misleading, which minimizes the magnitude and possible risks of surgery, or which solicits patients for operations that they might not otherwise consider.

Such advertising is improper and inconsistent with the high standards of professional and ethical behavior implied by certification by The American Board of Plastic Surgery, Inc. Misstatements regarding Board status are also inconsistent with the minimum ethical standards of the certified physician.

NOTE TO RESIDENTS: Active practice websites may not be published before the completion of residency training in plastic surgery.

Although in the examination process, candidates may not advertise any status with the Board until after successfully completing the Oral Examination. Candidates are required to submit **two** photocopies of **all** advertising and marketing materials. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) advertisements and other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Also submit selected website content (for example, the candidate's and the practice's qualifications and credentials and any references to Board Certification for the practice in the practice profile. Do NOT include procedure information pages). **No video or audiotapes are required.**

Candidates also may not represent themselves as members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society's Symbol of Excellence. The public can regard this as evidence of certification by the Board. Although the Board may not penalize a candidate for use of the Society Symbol alone, it is recommended that candidates and senior partners contact the marketing department of ASPS to determine adherence to the Society's policies before placing practice advertisements in print.

Injectables, procedures or operations may not be done in a social or educational setting where alcohol is served.

Candidates may be deferred from the examination process for at least one year if the Board receives written documentation of such advertising or other Code of Ethics violations. Refer to the Board's Code of Ethics available at www.abplsurg.org.

General Requirements

The following requirements for admissibility are in agreement with those promulgated by the American Board of Medical Specialties (ABMS).

1. The Board will accept only those candidates whose major professional activity is limited to the field of plastic surgery.
2. Candidates must maintain an ethical standing in the profession and moral status in the community acceptable to The American Board of Plastic Surgery, Inc. in conformity with the Board's Code of Ethics. Moral and ethical practices that do not conform to the Board's Code of Ethics may result in rejection of an application, invalidation of an examination result or in deferral of examination until such matters have been resolved satisfactorily.
3. Candidates must meet requirements for State Medical License, Hospital Staff Privileges and Accredited Surgery Centers in Plastic Surgery. Requirements are detailed later in this Booklet.

The Board may deny a candidate the privilege of sitting for an examination, or may deny issuance of a certificate, if additional disclosures or a recent change in status finds that the candidate no longer meets the general or professional requirements.

Professional Requirements

The Board considers the requirements detailed in the sections on Prerequisite Training and Requisite Training to be only minimal requirements. Candidates are encouraged to take advantage of broadening experiences in other fields.

The Board reserves the right:

1. To request lists of operations performed solely by the candidate for a designated period of time.
2. To request special and extra examinations: written, oral or practical.
3. To request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification.
4. To consider evidence that a candidate's practice after completion of training is not in accord with generally accepted medical or ethical standards, which may result in rejection of the application or deferral of the examination until such time as the matter has been satisfactorily resolved.

Undergraduate Medical or Osteopathic Education

Before prerequisite training, residents must have graduated from a medical school in a state or jurisdiction of the United States which is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian Medical School accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or from a United States school of osteopathic medicine accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada must possess a current valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed a Fifth Pathway program in an accredited school of medicine in the United States.

DEADLINE DATE ALERT

REQUEST FOR SPECIAL CONSIDERATION

DEADLINE FOR WRITTEN REQUESTS

Materials must be received in the Board Office by **February 1st** for the **Spring** Meeting of the Board and by **September 1st** for the **Fall** Meeting.

The process of reaching a final decision may require several months, since the full Board meets only twice annually. The Board will provide a written decision of the request within 60 days of the Board Meeting.

CREDENTIALS AND REQUIREMENTS COMMITTEE

Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation, Curriculum Vitae and the Credentialing Fee for consideration by the Credentials and Requirements Committee by the dates listed.

ETHICS COMMITTEE

Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation and the Ethics Review Fee for consideration by the Ethics Committee by the dates listed.

**OFFICIAL RESIDENT REGISTRATION/ EVALUATION
OF TRAINING FORM**

The Board will not issue a Confirmation Letter or an Application for Examination and Certification until the Resident Registration and Evaluation of Training Form has been received and approved by the Board.

Residents are required to complete an official Resident Registration and Evaluation of Training Form prior to the initiation of residency training in plastic surgery for residents in Independent or Combined Programs, and during the first year of residency for those in Integrated Plastic Surgery Programs. This simple preliminary step will prevent later disappointment. It is the responsibility of all prospective candidates for certification in plastic surgery to complete this registration/evaluation step. The Resident Registration and Evaluation of Training Form and instruction letter should be downloaded as a web-printable

version directly from the Board's website. There is no deadline for submission of this material to the Board Office. The completed Resident Registration and Evaluation of Training Form, the non-refundable processing fee (made payable to The American Board of Plastic Surgery, Inc., in U.S. Funds by check or money order only) and a photocopy of the Medical School Diploma are required upon submission. Forms submitted without all required materials or with incorrect items will be subject to a Missing Items Penalty Fee or an Administrative Penalty Fee.

A Board Confirmation Letter will be sent directly to the resident after review and approval of the prerequisite training or registration with the Board for Integrated residents. The Plastic Surgery Matching Program requires residents to provide a photocopy of the Board's Confirmation Letter for the Match Application. Residents should be aware of the Match Application Deadline, usually in the fall. Please allow at least six weeks for the processing of the Resident Registration and Evaluation of Training Forms and mailing of the Confirmation Letter from the Board Office.

Program Directors of accredited residency training programs in plastic surgery must require all residents to have an official evaluation and approval of prerequisite training by the Board **before the resident begins plastic surgery training. *Integrated residents must complete the registration step in the PGY I level.***

Approval for residency training in plastic surgery will be provided to those residents who clearly meet the Board's established prerequisite training requirements.

Residents who do not meet the Board's established prerequisite training requirements may request special consideration by the Board. The Credentials and Requirements Committee will review and make official evaluations. Individual Officers or Directors of the Board cannot and will not make such estimates or rulings. It should be emphasized that answers to questions may require a decision by one or more of the committees of the Board. Decisions are referred to the entire Board at the next scheduled Board Meeting.

TRAINING REQUIREMENTS

Introduction

There are two approved residency training models for plastic surgery, the **Independent Model** and the **Integrated Model**. A plastic surgery program director may choose to have both training models in a single training program. In both the Independent and the Integrated models, plastic surgery training is divided into two parts:

1. The acquisition of a **basic surgical science knowledge** and experience with basic principles of surgery. (**PREREQUISITE TRAINING**).
2. **Plastic surgery principles and practice**, which includes advanced knowledge in specific plastic surgery techniques (**REQUISITE TRAINING**).

In the Independent Model, residents complete the **PREREQUISITE TRAINING** outside of the plastic surgery residency program, whereas in the Integrated model, residents complete all training in the same training program. **In a combined or coordinated program**, residents complete the prerequisite training for the general surgery training program in the same institution as the plastic surgery program. The current minimum requirement is three years of general surgery training in a combined program. **The combined or coordinated program is being phased out, and after July 1, 2015, no applicants will be accepted in this model.** Therefore, July 1, 2018 will be the last date a resident may enter plastic surgery residency after three years prerequisite training in general surgery.

Residents entering plastic surgery training must complete five progressive years of clinical general surgery residency training, sufficient to qualify for certification by the American Board of Surgery (ABS), unless three years of general surgery are completed in the same program as the plastic surgery residency training. July 1, 2015 is the last date a resident can enter general surgery training in a combined program. See Variations A & B under Requisite Training.

The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year. **For research rotations during training, the Board will allow 12 weeks of research in a six year program and allow 6 weeks of research in a three year program in a 48-week full time residency training.**

Leave of Absence During Residency Training

A leave of absence during training will not be included toward completion of the minimum 48 weeks requirement. This includes Military Leave and Maternity/Paternity Leave.

PREREQUISITE TRAINING **FOR THE INDEPENDENT MODEL**

For Physicians with Medical or Osteopathic Medicine Degrees granted in the United States or Canada, and for International Medical Graduates, one of the following pathways must be taken:

I. General Surgery.

The Board requires a minimum of five progressive years of clinical training in general surgery sufficient to qualify for certification by ABS. The satisfactory completion of this requirement must be verified in writing by the general surgery program director. Effective July 1, 2009, if completing less than full general surgery training, plastic surgery training must be completed in the same institution as the general surgery training.

Effective July 1, 2015, the three year prerequisite pathway will be discontinued **for those completing the three years of**

general surgery training on June 30, 2018 for entry into the same program for plastic surgery training. Therefore, full training in general surgery will be required for those entering plastic surgery residencies on July 1, 2018 and thereafter. The Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) must accredit both programs. Broad surgical training experience is required.

If less than an entire residency in general surgery is completed, documentation of clinical experiences appropriate to plastic surgery education must be provided in the following areas:

1. Abdominal surgery
2. Alimentary tract surgery
3. Breast surgery
4. Emergency medicine
5. Pediatric surgery
6. Surgical critical care
7. Surgical oncology
8. Transplant
9. Trauma management
10. Vascular surgery

The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following areas **before completion of plastic surgery training**. These clinical experiences may occur during prerequisite or requisite training, if verified, and documented by the plastic surgery program director.

1. Acute Burn Management
2. Anesthesia
3. Dermatology
4. Oculoplastic Surgery or Ophthalmology
5. Oral and Maxillofacial Surgery
6. Orthopaedic Surgery

II. Alternate Prerequisite Pathways Accepted

Prospective candidates may initiate residency training in plastic surgery following satisfactory completion of the entire course of training in the United States or Canada, as prescribed for certification by the American Board of Surgery including the Vascular Surgery Board of the American Board of Surgery, American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, the American Board of Otolaryngology, the American Board of Thoracic Surgery or the American Board of Urology. Prospective candidates **must** meet and comply with the most current requirements in these specialties. The training program director must verify satisfactory completion of training in writing (see Verification of Prerequisite Training), and the candidate **must then provide evidence of current admissibility** to the respective ABMS specialty board's examination process in the United States. **Evidence of current admissibility means an application has been submitted and an application approval letter has been issued by the respective board.**

III. For prospective candidates with a medical degree (M.D.) obtained in the United States or Canada combined with a Dental Degree (D.M.D. or D.D.S.)

Satisfactory completion of a residency program in Oral and Maxillofacial Surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency.

The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing. This program **may** include the integration of a medical school component resulting in a Doctor of Medicine (M.D.) degree or the Medical Degree may be obtained before or after residency training in Oral and Maxillofacial Surgery.

This combined training **must** also include a **minimum** of two years of **only** clinical general surgery training, including the content areas listed in I. General Surgery, above, with progressive responsibility under the direction of the general surgery program director **after** obtaining the M.D. degree. These 24 months must be devoted only to those rotations in the 10 essential content areas of general surgery as listed on the previous page. The general surgery program director must verify, in writing, the completion of two years of clinical general surgery training, the levels of responsibility held, inclusive dates and specific month-by-month content of rotations. **Evidence of current admissibility to the American Board of Oral and Maxillofacial Surgery examination process must be provided.** The Board will not consider rotations in general surgery during medical school, prior to the M.D. degree, as fulfilling any part of the two-year minimum requirement. If the general surgery training is completed at an institution other than the sponsoring institution of the Oral and Maxillofacial Surgery residency, then this training must be completed consecutively with both years spent in the same general surgery program which has been approved by the Residency Review Committee (RRC) for Surgery and is accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States.

Verification of Prerequisite Training

To obtain written verification from the program director under whom the resident completed prerequisite training, the Board Office will mail a **Verification Form** to the program director for completion and return to the Board Office. Residents should notify the Board Office when prerequisite training is completed. It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

REQUISITE TRAINING

Distinctions between the Integrated Model and the Independent "Combined" or "Coordinated" Model

The distinctions between the Integrated Model and the Independent “Combined” or “Coordinated” Model curriculum are found in the administrative supervision of the **PREREQUISITE** years. That is, whether the RRC-PS (as with Integrated programs) or the RRC for General Surgery (as with Coordinated programs) accredits the program. A list of plastic surgery programs can be obtained on the ACGME website www.acgme.org. All residents in the Integrated, Independent, Combined or Coordinated model of training must complete the ABPS Resident Registration and Evaluation of Training Form. Residents must obtain a confirmation letter of approval of prerequisite general surgery training from the Board before beginning the **REQUISITE** plastic surgery residency for Independent program residents and a confirmation of registration letter for Integrated program residents in the first year of training

Matching Directly from Medical School

The medical student who desires to enter plastic surgery training after graduation may elect one of two pathways:

1. The “Combined” or “Coordinated” variation of the Independent Model begins with the resident matching with a general surgery program for completion of at least three years of clinical general surgery **PREREQUISITE** training in the same institution as the plastic surgery residency. The resident is eligible to enter the **Independent** program at the same institution for **REQUISITE** training in plastic surgery upon successful completion of the training. The general surgery program director must confirm successful completion of the **PREREQUISITE** years to satisfy the Board’s requirements. After satisfactory completion of the Independent plastic surgery program (**REQUISITE TRAINING**), the resident has met the training requirements of the Board.

The three year combined program will be eliminated after July 1, 2015. Students desiring to enter plastic surgery training directly after medical school must match into an Integrated program beginning with the 2016 match. Otherwise, full training in general surgery must be completed for entry into the Independent plastic surgery pathway. July 1, 2018 will be the last date to enter an Independent program with only three years of general surgery residency training. Residents entering plastic surgery residency on July 1, 2019 will be required to complete five years of general surgery residency training.

2. The **Integrated** plastic surgery model begins with a match directly after medical school into a plastic surgery program for at least six years under the direction of the plastic surgery program director. All training is completed in the same program.

Matching After Prerequisite Training

The resident who desires to enter plastic surgery training after completion of a prerequisite pathway may elect to participate in the Plastic Surgery Match Program for completion of at least three years of clinical plastic surgery residency education in an **Independent** Plastic Surgery program.

Graduate Education in Plastic Surgery

The Board requires a minimum of three years of plastic surgery training, and the final year must be at the level of senior responsibility.

Effective July 1, 2013, all three years of an Independent Program must be completed in the same program.

Residents **may not** exchange accredited years of training between the two different models without prior approval by the American Board of Plastic Surgery, Inc. Residents must request any anticipated transfers in writing and obtain prior approval by the Board well in advance of the proposed change in programs. Refer to the Transfers to Integrated Programs section found later in this Booklet.

It is imperative that residents hold positions of increasing responsibility when obtaining training in more than one institution, and one full year of experience must be at the senior level. The normal training year for the program must be completed. The Board **does not** grant credit for a partial year of training.

Training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the Residency Review Committee for Plastic Surgery (RRC-PS) and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or those programs approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) refer to Canadian Training Requirements.

Content of Training

Residents must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time

training experience per year. For research rotations during training, **the Board will allow a total of 12 weeks of research in a six year program and allow a total of 6 weeks of research in a three year program in a 48-week full time residency training year.**

Should absence exceed four weeks per annum for any reason, the circumstances and possible make-up time of this irregular training arrangement must be approved by the program director and the additional months required in the program must be approved by the RRC-PS. Documentation of this approval must be provided to the Board by the program director.

No credit, but no penalty, is given for military, maternity/paternity or other leaves during training. Faculty supervision of resident experiences for international surgical rotations is considered part of the 48 weeks of full-time clinical training. International rotations without faculty supervision must be included in allotted vacation time.

Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in the following areas:

1. Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery
2. Head and neck surgery, including neoplasms of the head, neck and oropharynx
3. Craniomaxillofacial trauma, including fractures
4. Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities
5. Plastic surgery of the breast
6. Surgery of the hand/upper extremity
7. Plastic surgery of the lower extremities
8. Plastic surgery of the trunk and genitalia
9. Burn reconstruction
10. Microsurgical techniques applicable to plastic surgery
11. Reconstruction by tissue transfer, including flaps and grafts
12. Surgery of benign and malignant lesions of the skin and soft tissues

The experiences listed previously in section I, General Surgery (#1 acute burn through #6 orthopaedic surgery), are strongly suggested and should be completed during plastic surgery residency if not completed during Prerequisite Training.

Sufficient material of a diversified nature should be available to prepare the resident to pass the examinations of the Board after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science - anatomy, pathology, physiology, biochemistry, and microbiology - to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthetics, and chemotherapy.

INDEPENDENT MODEL

This model includes programs with three years of plastic surgery training. Residents who match after July 1, 2010 to start training as of July 1, 2011 will complete residency training according to these program requirements. Residents currently in plastic surgery training will complete residency training in the program length which was approved at the time the resident started plastic surgery residency training.

July 1, 2018 will be the last date a resident may begin plastic surgery training after three years of general surgery prerequisite training.

Residents can officially begin a plastic surgery training program (**REQUISITE TRAINING**) after completion of any of the **PREREQUISITE** options, which all require confirmation by the Board (completion of the Resident Registration and Evaluation of Training Form with receipt of the Board's Confirmation Letter regarding the acceptability of the prerequisite training for entry into a plastic surgery residency program).

In the Independent Model, only the **REQUISITE** training is under the supervision of the Residency Review Committee for Plastic Surgery (RRC-PS). However, in the "combined" model, the general surgery years are accredited by the RRC for General Surgery and **not** the RRC-PS. The Independent Model currently has **two options**. The first option has two variations. Each of the pathways described satisfy the requirements of the Board for entry into the certification process.

- 1. Option 1, variation A *General Surgery*.** Five years of ACGME-approved clinical general surgery residency training with progressive responsibility sufficient to qualify for certification by the American Board of Surgery (ABS) is required. The five years of training must be completed **before** the resident enters a plastic surgery residency. **Effective July 1, 2009, and terminating after the 2015 match, if the resident enters a plastic surgery residency in the same institution as the general surgery residency, then only three years of general surgery residency are required.**

Option 1, variation B is the "combined" or "coordinated" residency. As noted previously, this pathway will be eliminated effective July 1, 2015. This option currently requires only three years of general surgery training. The resident matches into an ACGME-approved general surgery training program with a non-contractual understanding that they will become plastic surgery residents at the same institution after satisfactorily completing three-years of general surgery. During this time they are considered designated preliminary residents in general surgery, but are not considered plastic surgery residents by the RRC-PS, ACAPS, or ABPS until completing the **PREREQUISITE** training program and entering the requisite plastic surgery training. These programs are not differentiated in the ACGME's Graduate Medical

Education Directory (the “Green Book”), but rather are found listed among general surgery and independent plastic surgery programs. **PREREQUISITE AND REQUISITE** requirements are completed at the same institution in this model.

- Option 2** is available for residents who have satisfactorily completed a formal training program and are board admissible or certified in the following: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, or oral and maxillofacial surgery (the latter requiring two years of clinical general surgery training in addition to an M.D. /D.D.S. or D.M.D.). Successful completion of these ACGME or ADA accredited programs fulfills the **PREREQUISITE** training requirement.

INTEGRATED MODEL

Residents must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the Liaison Committee for Medical Education (LCME) or the American Osteopathic Association (AOA).

Graduates of allopathic medical schools in the United States or Canada accredited by the Liaison Committee for Medical Education (LCME) who have successfully completed the licensure requirements in a United States jurisdiction are deemed to have appropriate undergraduate medical credentials.

The training program must be approved by the Accreditation Council for Graduate Medical Education (ACGME) during all years of training completed.

Training in the Integrated Model requires no less than **six years** of RRC-PS accredited residency under the **authority and direction of the plastic surgery program director**. The curriculum includes the basic experience in clinical general surgery and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than three years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last three years of training must be completed in the same program.** The content of training in these three plastic surgery years is documented on the following pages.

During the six years of Integrated program training, clinical experiences appropriate to plastic surgery education should be provided in alimentary tract surgery, abdominal surgery, breast surgery, emergency medicine, pediatric surgery, surgical critical care, surgical oncology, transplant, trauma management, and vascular surgery.

The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following areas before completion of plastic

surgery training. These clinical experiences may occur during prerequisite training in the Independent Model, if verified, and documented by the plastic surgery program director.

1. Acute burn management
2. Anesthesia
3. Dermatology
4. Oculoplastic surgery or ophthalmology
5. Oral and maxillofacial surgery
6. Orthopaedic surgery

International Medical School Training

Graduates of medical schools from countries other than the United States or Canada who are applying for the Integrated Pathway must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG). For information, contact ECFMG, 3624 Market Street, Philadelphia, Pennsylvania 19104-2688; (215) 386-5900; www.ecfm.org.

Transfers into Integrated Programs

A resident transfer at or below the **PGY III** level into a vacant position in an Integrated Program must be approved by the Program Director and The American Board of Plastic Surgery, Inc. The transferring resident must assume the responsibility to request approval from ABPS, and must provide the following to the Board before approval will be given:

1. Letter from the current program director indicating the exact dates of training and month to month rotations that will be completed at the time of the transfer;
2. Letter from the receiving Integrated plastic surgery program director indicating the acceptance of the resident for the curriculum at that level of transfer; and
3. Completed Resident Registration and Evaluation of Training Form, Processing Fee as listed in the Fee Schedule and photocopy of medical school diploma from the resident.

Transfers into Integrated programs will only be allowed as follows: The three steps above must be complete for ALL transfers.

- Beginning PGY I or PGY II: residents may transfer after completion of PGY I year in a surgical specialty, such as General Surgery (including the Vascular Surgery Board of the American Board of Surgery), Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery or Urology or another integrated plastic surgery residency program.
- Beginning PGY III: only residents who have completed at least two years of an approved surgical pathway (listed above) or another integrated plastic surgery residency may transfer.

- Beginning PGY IV: residents may transfer **only** if they have completed full training in one of the traditional surgical pathways for the Independent programs, such as General Surgery (including the Vascular Surgery Board of the American Board of Surgery), Neurological Surgery, Orthopedic Surgery, Otolaryngology, Thoracic Surgery, Urology or Oral and Maxillofacial Surgery.
- **No transfers will be accepted after the beginning of PGY IV because the last three years of Integrated Program training must be in the same institution.**

ACCREDITED RESIDENCY PROGRAMS

Information concerning accredited training programs may be found on-line in the *Graduate Medical Education Directory* (“the green book”) published by the American Medical Association (AMA) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME).

For information, contact the Order Department, American Medical Association (AMA), P.O. Box 930876, Atlanta, Georgia 31193-0876, 1-800-621-8335 or on-line www.ama-assn.org.

The Board does not review or approve residencies. The Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency has filed an application for approval by the RRC-PS. For information, contact the RRC-PS at (312) 755-5000; www.acgme.org.

The RRC-PS consists of nine members, three representatives from each of the following: The American Board of Plastic Surgery, Inc., the American College of Surgeons, and the American Medical Association.

The Directors of the Board cannot be responsible for the placement of residents for training. The Board does *not* maintain a list of available openings in programs. Residents seeking accredited training in plastic surgery should correspond directly with the program directors of those training programs in which they are interested.

Most plastic surgery residencies participate in the Plastic Surgery Matching Program. For information, contact Plastic Surgery Matching Program, 655 Beach St., San Francisco, California 94109; (415) 447-0350; www.sfmach.org.

Non-Approved Residencies

Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified above. This in no way implies that quality training cannot be acquired elsewhere, but the Board has no method of evaluating the quality of such programs and must be consistent in its requirements.

The Board grants no credit for training, residency and/or experience in disciplines other than those named.

**Residents Who Complete Plastic Surgery Training
In Canada**

The Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to insure these forms are completed and approved by the Board.

This requirement pertains to all those applying for admission to The American Board of Plastic Surgery, Inc. examination process.

Graduates of Canadian Plastic Surgery Residency Programs may satisfy the requirements of The American Board of Plastic Surgery for admissibility to the Written and Oral Examinations. To meet the requirements for Examination and Certification by the Board, the following provisos and documentation must be completed:

- 1) The plastic surgeon must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME).
- 2) The resident must have entered plastic surgery residency through the Canadian Residency Match Program (CaRMS) or the CaRMS-Equivalent Program at the University of Montreal prior to 2005.
- 3) The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- 4) The plastic surgeon must hold a current, valid, unrestricted state or province medical license.
- 5) The plastic surgeon must have successfully obtained certification in plastic surgery by the RCPSC.

The policy above will apply to those residents obtaining certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2007 or later.

Candidates certified by the RCPSC prior to 2007 may be reviewed by the Board's Credentials and Requirements Committee, but must complete the Professional Standing Requirements of the Maintenance of Certification in Plastic Surgery (~~MOC-PS~~^{MOC-PS}[®]) Program prior to being approved.

The Professional Standing requirements must be supported with documentation and must include:

- 1) Current, valid, unrestricted state or province medical license;
- 2) Verification of active, inpatient hospital admitting privileges in plastic surgery;
- 3) Three Peer Review Evaluations (at least one must be from a Chief of Surgery or Chief of Staff or Chief of Plastic Surgery);
- 4) Membership in one of the 21 Sponsoring Organizations of the Board; and
- 5) Accreditation Certificates for Outpatient Surgical Facilities, if applicable.

APPLICATION ALERT

DEADLINE DATE ALERT

**THE WRITTEN EXAMINATION
REQUEST FOR APPLICATION MATERIAL
& APPLICATION PROCESS**

The on-line Application will be available on the Board's website as of February 1st.

Requests for Registration instructions to access the on-line Application must be received by **December 31, 2013** by one of the following methods:

- ▶ **On-Line verification from the Residency Coordinator of senior resident status to the Board in October**
- ▶ **Writing to the Board Office, faxing to 215-587-9622, or sending an e-mail to written@abplsurg.org.**

**ON-LINE APPLICATION
FOR ADMISSION TO THE
OCTOBER 2014 WRITTEN EXAMINATION**

- √ The deadline date for completion of all on-line Applications is **April 1, 2014**.
- √ A late penalty fee will automatically be applied when finalized between **April 2nd up to and including April 9th**.
- √ Access to the Application will not be available on the Board's website after April 9th for admission to the October Written Examination.
- √ **Finalized Applications that are incomplete or incorrect will be subject to a Missing Items Penalty Fee.**

**APPLYING FOR EXAMINATION AND
CERTIFICATION**

The prime purpose of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons.

The Board cannot issue letters attesting to admissibility to the examination process to any person, institution, or organization until this formal application, along with the required supporting documents, has been reviewed and approved.

The Application Process

In order to be admitted to the examination process leading to Board certification, **candidates for the Written Examination should contact the Board Office no later than December 31st of the final year of their plastic surgery residency.**

The Board requests on-line verification of senior resident status from all Program Directors in October. Information for registration to the on-line Application will be provided to the resident by e-mail and U.S. mail in early February. The Application must be completed and finalized on-line by the deadline indicated in the application cover letter. The Application Cover Letter of Instructions is available on the Board's website, under Examination Information, ABPS Written Exam.

Candidates must complete the on-line **Application for Examination and Certification within two years** after completion of their plastic surgery residency in order to be considered for admission to the examinations leading to Board Certification.

Submission of Application Material & Documentation Requirement for Candidates with Disabilities

Candidates with disabilities requesting special accommodations for the examination must indicate this on the Application and provide documentation of the disability when submitting the Application for Examination and Certification (refer to Examination of Candidates with Disabilities Policy).

The following items are required for submission and approval of the Application for Examination and Certification by **April 1, 2014**:

DOCUMENT CHECKLIST ALERT ON-LINE UPLOADS AS A PDF:

- 1. On-line Application for Examination and Certification**
- 2. Registration Fee as indicated in the Fee Schedule (credit card payment)**
- 3. ALL State Medical Licenses**
- 4. Drivers License or Passport**
- 5. ECFMG Certificate (if applicable)**
- 6. Board Certification Certificate or Letter of Admissibility (if applicable)**
- 7. Royal College of Physicians and Surgeons of Canada (RCPSC) Certificate (if applicable)**
- 8. Residency Graduation Program Director Recommendation on-line by the Plastic Surgery Program Director by July 1st**

Medical Licensure

Candidates must have a **current, valid, registered, full and unrestricted** license to practice medicine in a state, territory, or possession of the United States or by a Canadian province, and must continue to be licensed throughout the certification process. Candidates must upload a photocopy of this and all renewal certificate(s), bearing an expiration date valid at the time of the examinations, with each finalized Reply Form for all states (or Provinces) of current practice at the time of the deadline. Senior Residents may upload with the on-line Application, a temporary, limited or resident license such as an educational, institutional, or house permit at the time the Application is finalized, but must provide a valid, unrestricted medical license with the on-line Reply Form even if completing fellowship training. The license must bear an expiration date valid at the time of the examination. Fellowship licenses are not accepted.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current registration of licensure, but must provide appropriate documentation regarding their current military status.

Restrictions to State Medical Licensure

It is the candidate's responsibility to report to the Board, within 60 days, all disciplinary actions to state medical licenses from any and all State Medical Licensing Boards. The following sanctions by any and all State Medical Licensing Boards where the candidate holds a license are considered a restricted license and will delay a candidate's admissibility to the examination process:

1. Limitation on practice or parts of practice
2. Probation
3. Probation with monitoring
4. Probation with supervision
5. Suspension

Other sanctions, investigations or accusations to a candidate's state medical license such as reprimands, fines, citations, community service or a stayed suspension must also be reported to the Board and will be considered by the Ethics Committee before a candidate is admissible to the Written or Oral Examinations.

Hospital Medical Staff Privileges in Plastic Surgery

Candidates must provide appointment/reappointment letters indicating active inpatient admitting privileges in plastic surgery in a hospital throughout the application and examination process. The start and end date of staff privileges must be included in the letter. However, immediately after completion of residency or during fellowship training, the lack of hospital privileges will not prevent candidates from participating in their **first** opportunity for the Written Examination in the graduating year.

DOCUMENT CHECKLIST ALERT ON-LINE UPLOADS AS A PDF

Medical Staff Privilege letters must:

1. Be in English
2. Be on official Hospital Letterhead and signed
3. Include designation “plastic surgery privileges” or must include delineation of the plastic surgery procedures approved to perform at the hospital
4. Include status such as active, provisional, courtesy
5. Include active inpatient admitting privileges in plastic surgery
6. Be dated within the last three months
7. Note the expiration date of privileges or length of privileges granted such as “3/1/2013-3/1/2015” and be valid through the examination process
8. Be in effect at the start of clinical surgical practice to meet requirements for the 2015 Oral Examination

NOTE: Privileges held exclusively in outpatient facilities are not acceptable

Residency Graduation Program Director Recommendation for Certification (ONLINE)

Residency Graduation Program Director Recommendation will be provided on-line by the Board Office directly to the plastic surgery program director for completion at the end of the resident’s training in plastic surgery. On-line verification will be required for each resident and will require attestations in two places. The **first attestation**, by the program director, will attest that the resident has completed a residency training program in plastic surgery accredited by the Residency Review Committee for Plastic Surgery or by the Royal College of Physicians and Surgeons of Canada under his/her direction and that the accredited number of years included a year of senior responsibility. The **second attestation** will signify that the program director recommends the resident for admission to the examination process of the Board. **In making this recommendation, the program director must approve the ethical characteristics of the resident. Concerns must be noted and documentation supporting reservations must be included.**

The Board requires each program director to verify on-line a Residency Graduation Program Director Recommendation Form on-line for each graduating resident by July 1st of the year of residency completion.

If the program director elects not to sign either statement, the program director is required to provide a full written explanation of the reason the required signature(s) are not provided. The resident’s application cannot be processed or approved, nor will the resident be admitted to the examination process of the Board, without both required signatures.

The program director **must** record any deficiencies that were responsible for the lack of signature(s) and discuss these with the resident. This written communication **must** be given to the resident and a copy must be forwarded to the Board Office. If further educational training or experience is completed, the program director will complete another **Residency Graduation Program Director Recommendation for Certification Form** the following year. If the resident is still considered deficient and not recommended for admission to the examination process of the Board, the program director again **must** provide a full written explanation of the cause for the lack of signature(s) to the Board Office.

Failure on the part of the program director to complete the **Residency Graduation Program Director Recommendation for Certification** within the stipulated framework will be considered an abrogation of the responsibility of the program director and the Residency Review Committee for Plastic Surgery (RRC-PS) or the Royal College of Physicians and Surgeons of Canada (RCPS) will be notified.

Notification of Admissibility

Candidates who have an approved Application for Examination and Certification will have an Approval Letter available on the physician profile in the Written Exam tab on the Board's website and will be notified by e-mail and U.S. mail.

ADMISSIBILITY TO THE EXAMINATION PROCESS

Effective April 2012 and in compliance with the eligibility policy of the American Board of Medical Specialties (ABMS), candidates must successfully complete the Written and Oral Examinations not later than **eight** years after completion of plastic surgery residency training. For those who have completed residency and have not yet achieved certification, the transition period to be compliant with this policy will end with the 2018 Oral Examination. **Candidates are notified annually regarding the ABPS Admissibility Policy.**

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the certification examinations. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional reapplication requirements after five years of admissibility or the more rigorous requirements for the Reentry Application for Admissibility after eight years is exhausted in the examination process. Refer to the Admissibility Policy available on the Board's website under Policies and mailed to all candidates in the examination process annually.

A **Reapplication** must be submitted five years after completion of residency training if certification is not yet achieved. The **Reapplication** Materials for admissibility to the Written or Oral Examinations are available on the Board's website.

Candidates must adhere to the Board's Advertising Requirements, listed earlier in this booklet, as well as the Code of Ethics, available on the Board's website under *Policies*. A **Reentry Application for Admissibility** to the examination process may be submitted if certification is not achieved eight years after completion of residency training. A **Reentry Application for Admissibility must be submitted within two years of the final admissibility expiration date**. Additional requirements must be met beginning with the Written Examination. Requests for a Reentry Application submitted more than two years after the final admissibility expiration date must be reviewed and approved by the Credentials and Requirements Committee for Special Consideration.

- The deadline for all completed Reapplication material is June 1st.
- An approved Reapplication provides additional years of admissibility to the examination process up to the expiration of the eighth year after completion of plastic surgery residency training.
- The approved Reapplication candidate must complete the Written Examination or Oral Examination Reply Form by the deadline dates.
- Effective January 1, 2019, an approved Reentry Application provides an additional **four** years of admissibility to the examination process, beginning with the Written Examination. **This includes successful completion of both the Written and Oral Examinations.**

It is the responsibility of candidates to seek information concerning the current requirements for certification by the Board. These requirements are delineated annually in the Booklet of Information. The Board does not assume responsibility for notifying candidates of changing requirements. The Board recommends that candidates visit the Board's website for the Booklet of Information and to review the current requirements and deadline dates.

All candidates taking an examination of The American Board of Plastic Surgery, Inc. must complete the **entire** examination. Certification by any other specialty Board does not exempt candidates from any part of the examination process.

Active practice in plastic surgery is a requirement for admissibility to the Written and Oral Examinations.

Fellowship training does not affect admissibility to the Written Examination but will delay admissibility to the Oral Examination.

Deferred Candidates and Reapplication

Candidates whose admissibility has expired five years after completion of residency training will be sent information for the Reapplication process. However, after January 1, 2019, a **Reentry Application for Admissibility** will be required as noted previously.

Candidates in Military Active Duty

Candidates in the examination process called to active military duty are not required to submit a reapplication if five years of admissibility expire during the active duty period. However, military documentation must be submitted to the Board Office to support this exception.

Reapplication Material

The Reapplication Material is available on the Board's website. Submission of the following is required:

1. Reapplication Form
2. A non-refundable Reapplication Fee according to the Fee Schedule
3. Curriculum Vitae
4. Evidence of valid and unrestricted State Medical Licensure
5. Hospital Appointment/Reappointment letter(s) verifying active inpatient admitting/operating privileges in plastic surgery
6. Documented proof of 150 hours of CME credits is required within the preceding three years. Of the 150 hours, a **minimum of 75 hours must be Category I educational activities in plastic surgery** and a minimum of 20 hours must be in patient safety
7. ABPS Peer Review Forms completed by the Chief of Surgery/Chief of Staff from every hospital and from two additional colleagues, falling into one of the following categories: Chief of Plastic Surgery, Anesthesiologist, Nursing Supervisor, or ABPS board certified plastic surgeon. Peer Evaluations must be completed by those in the hospital setting as opposed to an outpatient surgery facility to satisfy this requirement.
8. Two recommendation letters completed by individuals who are familiar with the candidate's work in addition to the peer review forms.
9. Malpractice Claims Form
10. Photocopies of all advertising and marketing material
11. Evidence of membership in professional medical organizations, including regional and local plastic surgery societies
12. Outpatient Surgery Center Accreditation Certificates (if applicable)

All candidates must comply with the current requirements in effect for the year in which the examination is taken regardless of the time the original application was approved.

Address Changes

Update address changes on your physician profile on the Board's website, www.abplsurg.org.

FEE SCHEDULE - U.S. FUNDS ONLY

Resident Registration/Training Evaluation	\$185.00
Application Registration Fee	\$575.00
Application Registration Late Penalty Fee	\$540.00
Written Examination Fee	\$1,375.00
Written Examination Late Penalty Fee	\$540.00
Written Examination Withdrawal Fee (>30 days prior to exam)	\$735.00
Written Examination Score Validation Fee	\$250.00
Oral Examination Case List Review Fee	\$680.00
Oral Examination Case List Late Penalty Fee	\$540.00
Oral Examination Fee	\$1,290.00
Oral Examination Late Penalty Fee	\$735.00
Oral Examination Withdrawal Fee (>30 days prior to exam)	\$735.00
Missing Items Penalty Fee	\$125.00
Administrative Penalty Fee	\$250.00
AOC-PS® Annual Contribution	\$235.00
Diplomate Dues Contribution	\$235.00
Written and Oral Examination Reapplication Registration Fee	\$680.00
Credentials Review Fee	\$260.00
Ethics Review Fee	\$275.00
Certificate Fee	\$140.00
Verification of Status Fee	\$45.00
Check Returned for Insufficient Funds Fee	\$65.00
Photocopying Fee	\$30.00
Repeat Examination Fee	Exam Fees Above
Informal Appeal Fee	\$790.00
Formal Appeal Fee	\$1,775.00

1. Credit Cards accepted for selected fees via the web only.
2. All other fees must be submitted in United States currency by check or money order.
3. Foreign currencies, including Canadian, are unacceptable

Fees are subject to change by the Board.

The fee schedule is applicable to current examinations and will apply regardless of when a candidate is approved for admission to the examination process.

The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The Directors of the Board serve without remuneration. Most fees are non-refundable.



The registered trademark logo of the American Board of Plastic Surgery depicts Gaspare Tagliacozzi (1545-1599) of Bologna, considered to be the father of modern plastic surgery. His contributions are summarized in the treatise he authored in 1597, "De Curtorum Chirurgia per Insitionem." The founding year of the Board, 1937, is included on the Logo. **The Board's trademarked logo is not permitted for use on diplomate or candidate websites.**



American Board of Plastic Surgery
ABMS Maintenance of Certification®

Certification Matters

The American Board of Medical Specialties (ABMS) **MOC-PS® StarMark®** logo is permitted for use by diplomates who are participating in the Maintenance of Certification Program and are current with the annual requirements.



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