



## Resident Registration and Evaluation of Training Form Instruction Letter

Please review these instructions as well as the Board's established training requirements prior to completing the Resident Registration and Evaluation of Training Form. The form and training requirements can be downloaded from the Board's website, [www.abplasticsurgery.org](http://www.abplasticsurgery.org), under the Residents tab. Retain a copy of the completed form before you submit it to the Board Office.

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. **Please keep in mind that processing of this material takes approximately 3-4 weeks.**

### Submit the Following to the Board Office

#### ❖ Required:

- Completed Resident Registration and Evaluation of Training Form (5 pages)
- A check or money order for the Processing Fee (in United States Funds only) made payable to The American Board of Plastic Surgery, Inc. Refer to the Booklet of Information for all Board fees which can be found on the Board's website [www.abplasticsurgery.org](http://www.abplasticsurgery.org). The Processing Fee is non-refundable.
- Photocopy of medical school diploma

#### ❖ If applicable:

- Photocopy of dental school diploma
- Photocopy of Certificate, Letter of Admissibility or result letter to any Board Examination process
- A letter from your prerequisite program director attesting to the completion of training, including a chief year, and recommending you to the American Board of Surgery examination process.

#### ❖ Canadian Residents:

- Review the training requirements found in the Booklet of Information specific to Canadian Residents.
- Letter confirming entry into a plastic surgery residency program through the Canadian Resident Matching Service (CaRMS).
- Must obtain certification in plastic surgery by the RCPSC (not required with this form but must be uploaded with the Application for Examination and Certification).

#### ❖ Transfers into Integrated Programs:

- 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 also provide the following to the Board before approval will be granted (full details can be found in the Booklet of Information):
  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 transferring resident, what level of training the resident will start at and how any deficiencies in the required rotations will be completed; and
  3. Completed Resident Registration and Evaluation of Training Form, Processing Fee as listed in the Fee Schedule and copy of medical school diploma.

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## Once Your Form is Submitted to the Board Office

- ❖ If training is approved, the Board will issue a **Confirmation Letter** to confirm that you have met the Board's established prerequisite and/or requisite training requirements.
- ❖ **Please notify the Board Office when:**
  - ☐ There are any **alterations to the training plan** you submitted on the form.
  - ☐ Your **prerequisite training is complete**.
- ❖ The Board will send a **Verification Form** to your prerequisite residency program director in order to complete primary source verification of your training.
- ❖ Once the completed Verification Form is returned, you will be issued a **Final Confirmation Letter**.

## ABPS Confirmation Letter

- ❖ Letter will be sent directly to you after review and approval of your training. Provide your plastic surgery program director with a copy of this letter. **The Board will not issue a Confirmation Letter** and you will be unable to complete the online Application for Examination and Certification (completed during last year of plastic surgery residency) **until this form has been received and approved by the Board**.
- ❖ The Plastic Surgery Residency Matching Program (PSMP) through the San Francisco Match requires you to provide a copy of the Board's Confirmation Letter for their application, usually due in the fall of each year.

## **FOLLOW THESE INSTRUCTIONS CAREFULLY**

- ❖ **PAGE ONE:**
  - Numbers 1-11 – Contact Information
    - Include: name, date of birth, social security number, contact information (including address and email), the name of your medical school and year of graduation.
- ❖ **PAGE TWO:**
  - Number 12 – Prerequisite Training (**Independent Residents**)
    - If you are completing full training in general surgery, you must list **ALL** five years in number 12 of the form.
    - If you are completing less than full training in general surgery, you must also list your anticipated plastic surgery residency training in Number 13 of the form.
    - Each level should be listed individually and in chronological order with the year level and number of months to be completed at each level.
  - Number 13 – Requisite Training (**Integrated Residents**)
    - If you are completing an integrated plastic surgery residency program, you must list **ALL** six years in Number 13 of the form.
    - Each level should be listed individually and in chronological order with the year level and number of months to be completed at each level.
  - Number 14 – Fellowships
    - List any fellowships you plan to complete following your plastic surgery residency training.

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## ❖ PAGES THREE and FOUR:

- Number 15 – Rotations
  - You must list your month by month rotations for your **entire** prerequisite training sequence.
  - Required clinical experience appropriate to plastic surgery education must be provided in the following content areas:
    1. Abdominal surgery (Hepatobiliary)
    2. Alimentary tract surgery (Colon and Rectal)
    3. Oncologic Breast surgery
    4. Emergency medicine
    5. Pediatric surgery
    6. Surgical critical care
    7. Surgical oncology (non-breast)
    8. Transplant
    9. Trauma management
    10. Vascular surgery
  - Integrated Residents should list the month by month rotations for plastic surgery years I-III.
  - If you are certified or admissible by a Member Board of the American Board of Medical Specialties (ABMS), this section does not require completion. Certification must be from one of the acceptable prerequisite pathways of the Board. Please refer to the Training Requirements section on the website. **A photocopy of the certificate, letter of admissibility or result letter must be included.**

## ❖ PAGE FIVE:

- Number 16 – **Admissible or Certified by another Board**
  - If you are certified or admissible by another Board, please designate the Board and include documentation.
- Number 17 – Signature
  - Sign and date the form.

It is essential that you notify the Board Office via email when your **prerequisite training is complete**.

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

Should you have any questions after careful review of this letter, please contact the Board Office at [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org).



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Certification Matters