

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

**BOOKLET OF INFORMATION**

**July 1, 2021 - June 30, 2022**



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A Member Board of the  
American Board of Medical Specialties (ABMS)  
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## IMPORTANT DATES & DEADLINES

WRITTEN EXAM – COMPUTER-BASED TEST – TUESDAY, MAY 10, 2022		
SENIOR RESIDENTS	Applications available	September 2021
	Applications Due	October 1, 2021
	Applications with Late Fee	October 2-8, 2021
PROGRAM DIRECTORS	Preliminary Residency Graduation Recommendation for Certification Due	December 31, 2021
CANDIDATES	Registration Forms Due	February 1, 2022
	Registration Forms with Late Fee	February 2-8, 2022
	Scheduling Permits Available	March 2022
	Withdrawal Deadline With Partial Refund	April 10, 2022
WRITTEN EXAMINATION	Online Examination administered by Prometric®	May 10, 2022
PROGRAM DIRECTORS	Final Residency Graduation Confirmation Due	July 1, 2022
CANDIDATES	Results Available <i>Results withheld if Final Confirmation is not received from Program Director</i>	August 5, 2022
ORAL EXAM - PHOENIX, ARIZONA THURSDAY, FRIDAY and SATURDAY, NOVEMBER 10, 11, 12, 2022		
CANDIDATES	Instructions available for 2022	July 1, 2021
	Case List Collection Period	July 1, 2021 - March 31, 2022
	Peer Evaluation Process Available	April 1, 2022
	Case List with Review Fee Due	April 22, 2022
	Case List with Late Fee	April 23-27, 2022
	Registration Form with Notification of Selected Cases Available	July 2022
	Recommendation to secure hotel reservation. Details provided with Registration Form notice.	July 2022
	Registration Forms Due	July 31, 2022
	Final Date for Notification to the Board of Insufficient Case Report Documentation	August 1, 2022
	Registration Forms with Late Fee Due	August 2-5, 2022
	Case Report Documents Uploaded	August 19, 2022
	Withdrawal Deadline with Partial Refund	October 10, 2022
	Hotel Reservation Deadline with Reduced Rate for Room Block	September 30, 2022
	Notification of Cleared Cases & Admission Form Available	October 2022
ORAL EXAMINATION	Phoenix, Arizona	November 10, 11, 12, 2022
CANDIDATES	Results Available	December 28, 2022
Requests for Special Consideration	Documents & Review Fee due prior to Board Meetings	February 1 for Spring, September 1 for Fall

## FEE SCHEDULE

Resident Registration/Evaluation of Training Fee	\$185.00
Application Registration Fee	\$450.00
Application Registration Late Fee	\$250.00
Written Examination Fee	\$1,000.00
Written Examination Late Fee	\$545.00
Written Examination Withdrawal Fee (>30 days prior to exam)	\$740.00
Written Examination Score Validation Fee	\$255.00
Oral Examination Case List Review Fee	\$685.00
Oral Examination Case List Late Fee	\$545.00
Oral Examination Fee	\$1,295.00
Oral Examination Late Fee	\$740.00
Oral Examination Withdrawal Fee (>30 days prior to exam)	\$740.00
Missing/Incomplete Items Fee	\$130.00
Administrative Fee	\$250.00
Continuous Certification Annual Fee	\$395.00
Continuous Certification Annual Fee – Late Fee	\$50.00
Annual Contribution – Lifetime Certificate Holders	\$395.00
Written and Oral Examination Reapplication Fee	\$725.00
Written and Oral Examination Extended Admissibility Application Fee	\$1,000.00
Credentials Review Fee	\$500.00
Ethics Review Fee	\$500.00
Certificate Fee	\$145.00
Verification of Status Fee	\$50.00
Photocopying or Processing Fee	\$35.00
Repeat Examination Fee	Exam Fees Above
Informal Appeal Fee	\$800.00
Formal Appeal Fee	\$1,780.00

Credit Cards accepted for most fees via the Board's website.  
All other fees must be submitted in **U.S. currency** by check or money order.  
International currencies, including Canadian, cannot be accepted.

Fees are subject to change by the Board.  
Most fees are non-refundable.

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 will consider requests to decrease special consideration fees and appeals fees by 50% for current residents.

The Board is a nonprofit organization, IRS 501(c)(6), and the fees are used solely for defraying the actual expenses of the Board. ABPS does not engage in lobbying activities.  
The Directors of the Board serve without remuneration.



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 or for any other commercial purposes.

**Board Logo Use Policy:** Section XII.3 of the Board's Bylaws prohibits the use of the Board's logo (corporate seal) as follows:

Diplomates of this Board or any person or entity, cannot use the corporate seal or the Board's name, "The American Board of Plastic Surgery, Inc.", or any registered trademark or service mark owned by the corporation, or any similar seal or name, 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.



CERTIFIED BY  
**The American Board  
of Plastic Surgery Inc.™**

The new ABPS Diplomate Certification Logo was created in an effort to allow ABPS Diplomates a common method to represent themselves as ABPS Board Certified Plastic Surgeons. Use is encouraged by all diplomates certified by The American Board of Plastic Surgery, Inc., including both lifetime certificate holders and time-limited certificate holders. The circle logo design represents the diplomate's commitment both to the public interest and to voluntary participation in a continuous program of assessment, education, and practice improvement.

A full style guide and multiple versions of the logo are available after log in on the [Board's website](#). Diplomates can access this through the My Profile page. **Diplomates must agree to the Terms of Use prior to download. The logo was trademarked by the American Board of Plastic Surgery, Inc. in 2019.**



## An ABMS Member Board

The American Board of Plastic Surgery, Inc. publishes the Booklet of Information annually to inform prospective candidates about the Board, its policies, as well as 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.abplasticsurgery.org](http://www.abplasticsurgery.org).

### **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 continuous certification of plastic surgeons as specialists and subspecialists.

### **Purposes**

The essential purposes of the Board relative to initial certification 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.
6. To encourage a culture of ethics within plastic surgery, beginning in residency training and extending throughout the professional career of all plastic surgeons.

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.

## Corresponding with the Board

Email is the primary form of communication with residents, candidates and diplomates. The Board Office can be reached at [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org). Correspondence can also be addressed to The American Board of Plastic Surgery, Inc., 1635 Market Street, 7 Penn Center, Suite 400, Philadelphia, PA 19103-2204.

Further information can be obtained at the following websites:

- The American Board of Plastic Surgery, Inc. (ABPS) - [www.abplasticsurgery.org](http://www.abplasticsurgery.org)
- Association of American Medical Colleges Electronic Residency Application Service - [www.aamc.org](http://www.aamc.org)
- American Council of Academic Plastic Surgeons (ACAPS) - [www.acaplasticsurgeons.org](http://www.acaplasticsurgeons.org)
- American Medical Association (AMA) – [www.ama-assn.org](http://www.ama-assn.org)
- Educational Commission for Foreign Medical Graduates (ECFMG) - [www.ecfm.org](http://www.ecfm.org)
- National Resident Matching Program - [www.nrmp.org](http://www.nrmp.org)
- Resident and Fellowship Matching Services - [www.sfmatch.org](http://www.sfmatch.org)
- The Residency Review Committee for Plastic Surgery (RRC-PS) at the Accreditation Council for Graduate Medical Education (ACGME) - [www.acgme.org](http://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 Continuous Certification and for the Hand Surgery Examination \(HSE\).](#)

### Board Office Reminders

**Address Changes.** A change of address, telephone, or email address must be updated under the My Profile tab, on the Board's website accessible after secure login. Diplomates may enter both a mailing address for Board communication and a public address for the consumer search.

Secure login to the Board's website provides individualized and current certification requirements.

The Board's current fee schedule is published in this booklet 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 email.

Incomplete submissions (document uploads) may result in a Missing or Incomplete Items Fee.

Incorrect submissions requiring additional processing may result in an Administrative Fee.

Reissue of Board letters or documents may require a photocopying or Processing Fee. Retain electronic or hard copies of all materials submitted to the Board Office.

Most processes are completed online on the Board's website. Otherwise, a **guaranteed delivery date service** is suggested to insure that materials are received in the Board Office by the deadline date.

Note all Board **deadline dates carefully** to avoid penalties or exclusion from examination.

## 2021-2022 OFFICERS

DAVID H. SONG, MD, Chair

MICHAEL W. NEUMEISTER, MD, Chair-Elect

JOAN E. LIPA, MD, Vice-Chair

DEBRA J. JOHNSON, MD, Secretary-Treasurer

### EXECUTIVE DIRECTOR

KEITH E. BRANDT, MD

### EXECUTIVE DIRECTOR EMERITUS

R. BARRETT NOONE, MD

## 2021-2022 DIRECTORS

AMY K. ALDERMAN, MD	Alpharetta, GA
MILTON B. ARMSTRONG, MD	Charleston, SC
HEIDI G. CONRAD, MBA	St. Paul, MN
JACK L. COX, MD	Midway, UT
FELMONT F. EAVES, III, MD	Atlanta, GA
JEFFREY D. FRIEDMAN, MD	Houston, TX
DEBRA J. JOHNSON, MD	Sacramento, CA
NOLAN S. KARP, MD	New York, NY
GABRIEL M. KIND, MD	San Francisco, CA
BERNARD T. LEE, MD	Boston, MA
KANT Y-K. LIN, MD	Milwaukee, WI
JOAN E. LIPA, MD	Toronto, CAN
MICHELE A. MANAHAN, MD	Baltimore, MD
STEVEN L. MORAN, MD	Rochester, MN
MICHAEL W. NEUMEISTER, MD	Springfield, IL
SCOTT N. OISHI, MD	Dallas, TX
FRANCIS A. PAPAY, MD	Cleveland, OH
J. PETER RUBIN, MD	Pittsburgh, PA
GEORGE A. SAROSI, JR., MD	Gainesville, FL
DAVID H. SONG, MD	Washington, DC
PETER J. TAUB, MD	New York, NY
JAMES E. ZINS, MD	Cleveland, OH

J. Peter Rubin, MD, Historian

Chris Fox, PhD  
RRC-PS, Executive Director, ABPS Ex-Officio



**STANDING COMMITTEES OF THE BOARD**

Written Examination Committee  
Joan E. Lipa, MD, Chair

Oral Examination Committee  
Peter J. Taub, MD, Chair

Continuous Certification in Plastic Surgery Program Committee  
Debra J. Johnson, MD, Chair

Hand Surgery Examination Committee  
Steven L. Moran, MD, Chair

By-Laws and Publications Committee  
James E. Zins, MD, Chair

Credentials and Requirements Committee  
Michael W. Neumeister, MD, Chair

Ethics Committee  
Felmont F. Eaves, III, MD, Chair

Aesthetic Committee  
James E. Zins, MD, Chair

**BOARD STAFF**

Melissa A. Karch, MBA  
Executive Administrator

Maria K. D'Angelo  
Test Development Manager/Examination Editor

Gwen A. Hanuscin  
Written Examination and Projects Coordinator

Melissa M. Hill  
Oral Examination Coordinator

Stephanie L. Kash  
Continuous Certification Program and  
Hand Surgery Examination Coordinator

Sarah S. Praul  
Examination Associate

Cassandra Kosielowski  
Examination Associate

**Public Members of the Board**

Public Members shall be persons elected by the Board to bring viewpoints from the public to the deliberations of the Corporation. Public Member nominations are submitted by the Directors of the Board to the Executive Committee. The Public Members shall be voting members of the Board. Public Members may serve on committees as appointed by the Chair of the Board, but may not hold office.

## Advisory Council Members of the Board

The purpose of the Board's Advisory Council is to engage in the development of examination programs for the Board as medical subspecialty content experts. This is an important group to not only assist with the Written Exam and Continuous Certification Self-Assessment item-writing assignments but also because they are the pool from which the next Board of Directors members can be selected (in the appropriate content areas). Service as an Advisory Council member is a prerequisite for eligibility to be elected as a Director of the Board.

The members listed below were nominated from one of the following: the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the Aesthetic Society (ASAPS), the American Association for Hand Surgery (AAHS), the American Society for Surgery of the Hand (ASSH), the American Society of Maxillofacial Surgeons (ASMS), the American Society for Reconstructive Microsurgery (ASRM) and the American Society of Craniofacial Surgeons (ASCFS).

### Comprehensive Plastic Surgery

David W. Chang, MD  
Lynn A. Damitz, MD  
Amanda A. Gosman, MD  
C. Scott Hultman, MD  
Debra J. Johnson, MD (ABPS), Chair  
Clara N. Lee, MD  
David W. Mathes, MD  
Julie E. Park, MD  
Liza C.G. Wu, MD

### Cosmetic Surgery

J. Brian Boyd, MD  
Heather J. Furnas, MD  
Amy K. Alderman, MD (ABPS), Chair  
W. John Kitzmiller, MD  
Lorne K. Rosenfield, MD  
Michele A. Shermak, MD

### Craniomaxillofacial Surgery

Lisa R. David, MD  
John A. Giroto, MD  
Russell R. Reid, MD  
Jesse A. Taylor, MD  
Mark M. Urata, MD  
Jack C. Yu, MD  
James E. Zins, MD (ABPS), Chair

### Hand Surgery

Jayant P. Agarwal, MD  
Benjamin Chang, MD  
Jeffrey B. Friedrich, MD  
Randy M. Hauck, MD  
Milton B. Armstrong, MD (ABPS), Chair  
Amorn N. Salyapongse, MD  
Anthony A. Smith, MD

Keith E. Brandt, MD, Executive Director is an Ex-Officio member of each council.

## INTRODUCTION

The American Board of Plastic Surgery, Inc. was organized in June 1937 by representatives of various groups interested in this type of surgery and received recognition as a subsidiary of the American Board of Surgery in May 1938. The American Board of Plastic Surgery, Inc. was given the status of a major specialty board in May 1941 by action of the Advisory Board for Medical Specialties as approved by the Council on Medical Education of the American Medical Association, which has designated certain specialty fields as being suitable to be represented by specialty boards.

The Board is organized under the laws of the state of Illinois for charitable, scientific, and educational purposes. ABPS is designated as an IRS 501(c)(6) non-profit organization. No part of its net earnings shall inure to the benefit of any private member, director, officer, or other individual, nor shall the Board ever declare or make to any such persons any dividend or other distribution. Nothing herein, however, shall prevent the payment of reasonable compensation for services rendered or the reimbursement of reasonable expenses incurred in connection with the Board's affairs.

Plastic surgeons certified by the Board can be located on the Board's website in addition to the website of the American Board of Medical Specialties (ABMS) and its licensees. **Surgeons who fulfill the requirements of the Board and who are granted certification by the Board are known as diplomates of The American Board of Plastic Surgery, Inc.**

### Description of Plastic Surgery

Plastic surgery deals with the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, external genitalia or cosmetic enhancement of these areas of the body. Cosmetic (aesthetic) medicine and surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.

Special knowledge and skill in the design and surgery of grafts, flaps, microvascular tissue transfer and replantation is necessary. Competence is required in the management of complex wounds, the use of implantable materials, regenerative medicine and in tumor management and surgery. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and craniomaxillofacial surgery, liposuction, tissue transfer and transplantation. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.

Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behavior, and interpersonal skills to achieve problem resolution and patient satisfaction.

### Sponsoring Organizations

The American Board of Plastic Surgery, Inc. consists of at least 20 Directors who manage the affairs of the Board. These individuals are the Directors of the Board. The Board elects one Director from names submitted by the American Board of Surgery. Public member(s) are elected from nominations submitted by the Directors. The Board elects at least 19 Directors from former and current Advisory Council members. Nominations to the Advisory Council are submitted by the following 20 sponsoring organizations:

The Aesthetic Surgery Education & Research Foundation, Inc.  
The Aesthetic Society  
American Council of Academic Plastic Surgeons  
The American Association for Hand Surgery  
The American Head and Neck Society  
American Association of Pediatric Plastic Surgeons  
American Association of Plastic Surgeons  
The American Burn Association  
American Cleft-Palate Craniofacial Association  
American College of Surgeons  
American Society for the Peripheral Nerve  
The American Society of Craniofacial Surgeons  
The American Society for Reconstructive Microsurgery  
The American Society for Surgery of the Hand  
The American Society of Maxillofacial Surgeons  
American Society of Plastic Surgeons, Inc.  
The American Surgical Association  
Canadian Society of Plastic Surgeons  
The Plastic Surgery Research Council  
Plastic Surgery Foundation

Once elected to the Board, the Director's primary obligation is to the Board and not to the Sponsoring Organization.

## General Requirements for Admissibility

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 Licenses, Hospital Staff Privileges and Accredited Surgery Centers in Plastic Surgery. Requirements are detailed later in this Booklet.

## 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.

It is the Board's prerogative to determine the professional, ethical, moral, physical, and mental fitness of any candidate for certification. The Board will consider opinions expressed concerning an individual's credentials only if they are in writing and signed. It is the policy of the Board to maintain its autonomy and independence from political and economic considerations that might affect plastic surgery. **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.**

## Advertising & Marketing Requirements

The Board recognizes the role of legitimate advertising in the changing medical scene but it does not approve of advertising which is false or misleading, leads to unrealistic expectations, minimizes the magnitude and possible risks of surgery, or 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. **Candidates may be deferred from the examination process for at least one year if the Board receives documentation of such advertising or other Code of Ethics violations. Refer to the Board's Code of Ethics available at [www.abplasticsurgery.org](http://www.abplasticsurgery.org).**

**NOTE TO RESIDENTS: Active practice websites, commercial blogs, and commercial podcasts may not be published before the completion of residency training in plastic surgery.** Any advertisement that will be posted prior to the start of clinical practice must clearly document the start date of clinical practice.

**Board Eligible Status:** After candidates have an approved ABPS Application for examination and certification, they may use the term **"Board Eligible"** denoting status with the ABPS for only the initial five years after successful completion of plastic surgery residency. If candidates do not complete ABPS certification within 5 years they are required to reapply to confirm continued compliance with professionalism requirements. If the reapplication is approved, admissibility to the certification process will be extended for three additional years to the maximum limit of 8 years. Candidates may again use the term **"Board Eligible"** once a reapplication is approved. The 24 Boards of the American Board of Medical Specialties limit the number of years of eligibility to seven years. ABPS candidates, however, receive an additional year because of the 9 month Oral Examination case list requirement.

**Board Review of Candidate Advertising:** Candidates are required to submit photocopies of all advertising materials to the Board during the Oral Examination process. The Board recommends that candidates perform a web-based search to identify any instances of internet advertising before submission of materials to the Board. **The candidate is responsible for all instances of advertising, including websites of third party employers or physician rating websites. The Board discourages purchased ratings (e.g. Top Ten) that are not based on meaningful criteria.**

Candidates also may **not** represent themselves as active members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society's Symbol of Excellence or that of The Aesthetic Society (ASAPS). The public may 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 or ASAPS to determine adherence to the Society's policies before placing practice advertisements in print. **Marketing events are prohibited where injectables, procedures or operations are provided in a social or educational setting where alcohol is served.**

## ACCREDITED RESIDENCY PROGRAMS

Information concerning accredited training programs may be found in the *Graduate Medical Education Directory* published by the American Medical Association ([www.ama-assn.org](http://www.ama-assn.org)) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The website of the ACGME ([www.acgme.org](http://www.acgme.org)) also lists approved plastic surgery training programs.

The Board does not review or approve residencies. The ACGME Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against accreditation of residency training programs in plastic surgery. For information, contact the RRC-PS at [www.acgme.org](http://www.acgme.org).

The RRC-PS consists of 9 members, 3 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.

### **American Osteopathic (AOA) Training Programs seeking ACGME Accreditation for the Single Accreditation System**

Residents in Osteopathic training programs which have received ACGME Accreditation may meet ABPS training requirements. Refer to the ACGME website for additional details regarding specific AOA training programs.

The Board allows graduates who hold an osteopathic degree granted in the United States or Canada by the American Osteopathic Association (AOA) to apply for positions in ACGME-accredited Integrated plastic surgery training programs. Upon successful completion of the Integrated program, the individual would be eligible to apply for the ABPS certification process.

Transfers into ACGME accredited Integrated residency training programs are allowed as listed in the **Transfer into Integrated Programs section**.

Residents with osteopathic degrees may apply to ACGME-accredited Independent Plastic Surgery training programs only if they have successfully completed a surgical residency in General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Urology or Thoracic Surgery **sufficient to qualify for certification by the corresponding ABMS surgical board**.

**Residents in an AOA general surgery residency training program that receives accreditation by the ACGME may meet the ABPS prerequisite training requirements for entry into an ACGME-accredited Independent plastic surgery program only if they are able to present evidence of their admissibility to the American Board of Surgery (ABS) Examination process.** For osteopathic general surgery training programs previously accredited by the AOA that become accredited by the ACGME, the ABS requires residents to complete at a minimum the **last three years** of residency training (PGY-III, PGY-IV, and PGY-V) in an ACGME-accredited general surgery residency program. AOA residents must apply to the ABPS by sending the following to the Board Office:

1. Resident Registration and Evaluation of Training Form
2. Copy of osteopathic degree (D.O.)
3. Evaluation of Training Fee
4. Letter from the ABS verifying eligibility to apply to the ABS examination and certification process
5. ACGME letter documenting accreditation of the program

### **Medical or Osteopathic Medical 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, matriculating into an ACGME approved plastic surgery residency, must possess a current valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). Graduates of medical schools located outside the jurisdiction of the United States and Canada matriculating into a Canadian Plastic Surgery Residency must match directly into a Plastic Surgery Residency through The Canadian Resident Matching Service (CaRMS).

## OFFICIAL RESIDENT REGISTRATION AND EVALUATION OF TRAINING

Submission of the Resident Registration and Evaluation of Training Form is required of all plastic surgery residents. It is the responsibility of the resident to submit this online evaluation form to the Board Office. A Board Confirmation Letter will be sent directly to the resident after review and approval of the training registration.

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

The Evaluation of Training Form and instruction letter are available on the Board's website. The completed online Evaluation of Training form, the non-refundable processing fee (payable by credit card only) and a copy of the Medical School Diploma are required upon submission. Forms submitted without all required materials or with incorrect items may be subject to a Missing Items Fee or an Administrative Fee. Please allow at least 3-4 weeks for the processing of the Resident Registration and Evaluation of Training Form and production of the Confirmation Letter by the Board Office.

### Submission of the Resident Registration and Evaluation of Training Form is required of:

- **Prospective residents for the Independent Model programs in plastic surgery.** An official evaluation of prerequisite training by the Board is required prior to beginning training in plastic surgery.
- **Residents in the Integrated Model.** An official evaluation of training by the Board is required during the first year of training (PSY I of VI).
- **Residents transferring into an Integrated plastic surgery residency.** Evaluation of training with the transfer request must be reviewed by the Board prior to initiating the transfer into plastic surgery training. If approved, a confirmation letter will be issued by the Board. **Refer to transfer requirements section in this booklet.**

Program Directors of accredited plastic surgery residency training programs **must** require prospective residents to have a letter from the Board approving each resident's prerequisite training, including residents in Integrated plastic surgery programs.

For residents beginning an Independent program or for residents transferring into an Integrated program, this **Evaluation of Training must be approved by the Board prior to starting plastic surgery training.** A Board Confirmation Letter must be on file for each resident.

### Matching Services

The Residency and Fellowship Matching Services require 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.

Most plastic surgery residencies participate in either the National Resident Matching Program (NRMP), [www.nrmp.org](http://www.nrmp.org) or the Plastic Surgery Residency Matching Program (PSMP), [www.sfmatch.org](http://www.sfmatch.org).

## CREDENTIALS & REQUIREMENTS COMMITTEE – SPECIAL CONSIDERATION REQUESTS

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.

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

Materials must be received in the Board Office by February 1<sup>st</sup> for the Spring Meeting and by September 1<sup>st</sup> 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.

# TRAINING REQUIREMENTS

## Introduction

There are 2 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 institution.

In both the Independent and the Integrated models, plastic surgery training is divided into:

1. Prerequisite Training. The acquisition of basic surgical science knowledge with basic principles of surgery through experience in the 8 essential content areas in general surgery.
2. Requisite Training. Plastic surgery principles and practice, which includes advanced knowledge in specific plastic surgery techniques.

In the Independent Model, residents complete prerequisite training outside of the plastic surgery residency program. In the Integrated Model, residents complete all training in the same plastic surgery program.

Medical students desiring to enter plastic surgery training directly after medical school must match into an Integrated program. Otherwise, full training in general surgery sufficient to qualify for certification by the American Board of Surgery (ABS) or one of the other approved prerequisite surgical pathways must be completed for entry into the Independent plastic surgery model.

**NOTE: The combined or coordinated programs have been eliminated. No resident may enter a combined or coordinated program after July 1, 2015.**

## PREREQUISITE TRAINING REQUIREMENTS

All prerequisite training for entry into an Independent plastic surgery residency must have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association (ADA) for Oral and Maxillofacial Surgery residents.

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

### I. General Surgery Pathway

The Board requires a minimum of **5 progressive years** of clinical training in general surgery sufficient to qualify for certification by the American Board of Surgery (ABS). The satisfactory completion of this training requirement must be verified in writing by the general surgery program director. The resident should request the Board Office to submit a Verification Form to the program director at the conclusion of training.

- **Residents who trained in a Canadian General Surgery program:** The Board requires prerequisite training sufficient to qualify for certification by the American Board of Surgery (ABS). Refer to the section on Residents who complete plastic surgery training in Canada.
- **Residents who entered a Combined or Coordinated Program prior to the July 1, 2015 deadline:** July 1, 2018 was the last date to enter an Independent plastic surgery program with only 3 years of general surgery training in the same institution.

**Required Clinical Experiences** - All residents whether in the Integrated, Independent or Coordinated pathways must receive clinical experience in the content areas listed below.

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 six 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 Pathway: Prerequisite Training in other ABMS specialties.**

Residents will be approved as meeting the Board's prerequisite requirements with the satisfactory completion of a formal training program in the U.S. or Canada, sufficient to qualify for certification, in one of the following ABMS specialties: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic and cardiac surgery, or urology. Prospective candidates, including residents trained in Canadian programs, must meet and comply with the most current requirements in these specialties sufficient to qualify for certification by the respective ABMS board.

**III. Alternate Pathway: Prospective candidates with a medical degree (MD) obtained in the United States or internationally combined with a Dental Degree (DMD or DDS) obtained in the United States or internationally**

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 training. 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 (MD) degree or the Medical Degree may be obtained before or during residency training in Oral and Maxillofacial Surgery.

This combined training must also include a minimum of 2 consecutive years of clinical general surgery residency training with progressive responsibility. If the 2 years of general surgery training are not completed in the same program as the OMFS residency training, then the 2 years of clinical general surgery training must be completed in the same ACGME-approved general surgery residency program, under the direction of the general surgery program director.

The 2 years of general surgery training must be completed after obtaining the MD degree. All rotations during these 2 years must be in General Surgery disciplines. Rotations in Oral Surgery or Plastic Surgery will not be counted towards the 2 consecutive years of general surgery residency training that is required. The 2 years of general surgery training must include the 8 Required Clinical Experiences listed under the General Surgery Pathway.

The Board will not consider rotations in general surgery during medical school, prior to the MD degree, as fulfilling any part of the 2-year minimum requirement. The general surgery program director must verify, in writing, the completion of 2 consecutive years of clinical general surgery residency training, the levels of responsibility held, inclusive dates and the specific month-by-month content of rotations.

**Evidence of current admissibility to the examination process of the American Board of Oral and Maxillofacial Surgery must be provided.**

### **Verification of Completion of Prerequisite Training for Independent Plastic Surgery Residents Only**

The Board requires a verification letter from the prerequisite training program director verifying completion of all training requirements, including the chief year, sufficient to qualify for certification by the specific ABMS specialty board. Residents should notify the Board Office when prerequisite training is completed.

The Board Office will forward a Verification Form to the prerequisite training program director for completion and return to the Board Office. This step is required to obtain written primary source verification from the program director under which the resident completed prerequisite training. It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

In lieu of the Verification Form, evidence of current admissibility to the examination process, or certification by, the respective ABMS specialty boards in the United States is acceptable.



## REQUISITE TRAINING REQUIREMENTS

For requisite training, the Board requires a minimum of 3 years of plastic surgery training in an Independent Program or 6 years of plastic surgery training in an Integrated Program. **To be eligible for certification by the ABPS, 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) and those programs approved by the Royal College of Physicians and Surgeons of Canada (RCPSC). Refer to Canadian Training Requirements.

### Content of Requisite 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, during progressive stages, until eventually assuming complete responsibility for the surgical care of the patient. 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 grafts, flaps and transplantations
12. Surgery of benign and malignant lesions of the skin and soft tissues
13. Gender affirmation surgery

The strongly suggested clinical experiences should be completed during Requisite Plastic Surgery Training if not completed during Prerequisite Training. Sufficient material of a diversified nature should be available to prepare the resident to successfully complete the Board's examinations 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 MATCHING INTO PLASTIC SURGERY AFTER PREREQUISITE TRAINING

The resident who desires to enter plastic surgery training after completion of general surgery residency or an approved alternate surgical residency pathway may elect to participate in the Plastic Surgery Residency Matching Program ([www.sfmatch.org](http://www.sfmatch.org)) for entry into an **Independent** Plastic Surgery program.

Residents can officially begin a 3-year Independent plastic surgery training program (**Requisite Training**) after completion of any of the **Prerequisite** options, which all require confirmation by the Board. This confirmation is provided after completion of the Resident Registration and Evaluation of Training Form and receipt of the Board's Confirmation Letter regarding the acceptability of the prerequisite training prior to 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).

### INTEGRATED MODEL MATCHING DIRECTLY FROM MEDICAL SCHOOL

The **Integrated** plastic surgery model begins with a match directly from medical school into a plastic surgery program for at least 6 years under the direction of the plastic surgery program director. The resident who desires to enter plastic surgery training directly from medical school may elect to participate in the National Resident Matching Program ([www.nrmp.org](http://www.nrmp.org))

The training includes the Required Clinical and Strongly Suggested Clinical Experiences listed above. The exact rotations are determined by the Plastic Surgery Program Director and must occur at programs accredited by the RRC-PS. No less than 3 years of the Integrated program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last 3 years of Integrated training must be completed in the same program.** The content of training in these 3 plastic surgery years is documented under Requisite Training.

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

#### **Competency Based Integrated Plastic Surgery Programs**

As of July 1, 2018, the Board accepts plastic surgery residents who complete less than 6 years of training in an Integrated Plastic Surgery Competency Based Residency Program approved by the Residency Review Committee for Plastic Surgery (RRC-PS).

Programs are required to identify these residents to the Board Office upon acceptance into the program. Residents are required to complete no less than 5 years of plastic surgery residency training.

Should a Competency Based Program receive a “warning” from the RRC-PS, all residents in that pathway are required to move from the Competency Based Program into the standard Integrated program and complete the entire six years. Once the “warning” has been removed and the program status is considered “Continued Full Accreditation”, then only new residents can enter the Competency Based Program and complete 5 years of training. Those residents who had to move into the standard Integrated program must remain there and complete the 6 years. Residents in a Competency Based Program who desire to transfer into another plastic surgery program must transfer into a full 6-year Integrated Program.

## **RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA**

The ABPS Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to ensure this training is approved by the Board. This requirement pertains to all those applying for admission to The American Board of Plastic Surgery, Inc. examination process. To meet the requirements for admissibility to the Examination and Certification process of the American Board of Plastic Surgery, the following provisos and documentation must be completed by the plastic surgery resident:

1. Must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME) or by the Committee on Accreditation of Canadian Medical Schools (CACMS). Medical degrees obtained through an international medical school will be accepted **only** if the resident matches directly into a Canadian Plastic Surgery Residency through CaRMS.
2. Must have entered a surgical residency through the Canadian Resident Matching Service (CaRMS). Surgical residency includes: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Thoracic and Cardiac Surgery, or Urology.
3. The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
4. Must hold a current, valid, full and unrestricted state, province or international medical license.
5. Must have successfully obtained certification in plastic surgery by the RCPSC.

Canadian residents who have completed Canadian training in general surgery, neurological surgery, orthopedic surgery, otolaryngology, thoracic and cardiac surgery, or urology as an alternate prerequisite pathway into an Independent plastic surgery program or a transfer into the last 3 years of an Integrated program in the United States must have training sufficient to qualify for certification by the respective ABMS surgical board before beginning plastic surgery training. Training is not required to be completed in the same program.

#### **Canadian residents who obtain certification by the Royal College of Physicians and Surgeons of Canada prior to 2007**

Canadian residents certified by the RCPSC prior to 2007 must be reviewed by the Board’s Credentials and Requirements Committee. Additionally, they must complete the Professional Standing Requirements of the Board’s Continuous Certification in Plastic Surgery (CC-PS) Program prior to being approved. The Professional Standing requirements must be supported with documentation and must include:

1. Current, valid, full and unrestricted state, province or international medical license;
2. Verification of active, hospital inpatient admitting privileges in plastic surgery;
3. ABPS Peer Review Evaluations (at least one must be from a Chief of Surgery, Chief of Staff or Chief of Plastic Surgery at one of the hospitals where privileges are held. Two additional forms from any of the following categories: ABPS certified plastic surgeon, anesthesiologist, nursing supervisor, or Chiefs of Staff, Surgery, Plastic Surgery);
4. Accreditation Certificates for Outpatient Surgical Facilities, if applicable; and
5. Confirmation of completion of plastic surgery residency training and recommendation to the Board’s examination process by the plastic surgery program director.

#### **NON-APPROVED RESIDENCIES**

The Board grants no credit for training, residency and/or experience in disciplines other than those named above. Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified under the acceptable pathways. 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.

# TRANSFERS DURING RESIDENCY TRAINING

## TRANSFERS INTO INTEGRATED PROGRAMS

The following rules apply to residents requesting a transfer from either a U.S. or Canadian training program. The Board will allow residents to transfer from one Integrated program to another Integrated program at or below the beginning of the PSY-IV year. **No transfers will be accepted after the plastic surgery PSY-IV year because the last 3 years of an Integrated residency program must be completed in the same institution.** All transfer requests must be approved by the ABPS **prior** to the resident transferring.

Residents may not exchange accredited years of training between the 2 different models (i.e., independent and integrated) without prior approval by the American Board of Plastic Surgery, Inc. Program Directors must request any anticipated transfers in writing, and obtain prior approval by the Board 6 months in advance of any proposed transfer in programs. 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. Only full training years will be accepted. **The Board does not grant credit for a partial year of training.**

All resident transfers into a vacant position in an Integrated Program must be approved by the accepting 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 considered:

1. Letter from the current program director indicating the exact dates of training and monthly rotations that will be completed at the time of the transfer;
2. Letter from the accepting Integrated plastic surgery program director indicating the application or acceptance of the transferring resident and at what level of training the resident will start; and
3. Completed Resident Registration and Evaluation of Training Form, Evaluation of Training Fee as listed in the Fee Schedule and photocopy of medical school diploma.

The 3 steps above must be completed for ALL transfers.

**Transfers into Integrated programs will only be allowed as follows:**

### 1. Plastic Surgery Year (PSY) I or II:

Residents may transfer into a Plastic Surgery Integrated PSY I or II position, after completion of a PGY I year in a surgical residency with the status of ACGME or RCPSC accreditation (not pre-accreditation). Approved surgical residencies include: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, Urology or another ACGME or RCPSC accredited Integrated Plastic Surgery residency program.

### 2. Plastic Surgery Year (PSY) III:

Residents may transfer into the start of Integrated PSY III position only if they have completed at least 2 progressive years in an approved surgical residency as listed in #1 above or another ACGME or RCPSC accredited Integrated Plastic Surgery residency program. Both years of residency training must have been completed in a surgical residency with the status of ACGME or RCPSC accreditation (not pre-accreditation). **Prior surgical training must be completed within the same ACGME- or RCPSC-accredited surgical residency program. These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.**

### 3. Plastic Surgery Year (PSY) IV:

- a. Residents may transfer from one Integrated Program to another Integrated Program up to the beginning of the PSY-IV year. **Transfers from one Integrated program to another are not allowed after the PSY-IV year.**
- b. Residents may transfer into an Integrated residency at the beginning of the PSY-IV level if they have completed full residency training in General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, or Urology, sufficient to qualify for certification by the corresponding ABMS Board. This is to ensure that all of the requirements have been met to allow the resident to enter the ABPS certification process. **These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.**
- c. Residents who have completed an Oral and Maxillofacial Residency sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, including two consecutive (progressive) years of general surgery training after receiving an MD degree, may transfer into an Integrated program at the PSY IV level and complete at least 3 years of plastic surgery residency training. For requirements see - Prospective candidates with a MD obtained in the United States or internationally combined with a Dental Degree (DMD or DDS).

## TRANSFERS FROM COMPETENCY-BASED PROGRAMS

Residents can transfer from a Competency Based Program (5-year program) to a Non-Competency Based Program (6-year program). The transferring resident must complete 6-years of integrated training. Transfers will not be allowed after the beginning of the PSY-IV year. Residents **cannot** transfer from a Non-Competency Based Program (6-year program) to a Competency Based Program (5-year program). Residents may not transfer from one Competency Based Program to another Competency Based Program.

## TRANSFERS INTO INDEPENDENT PROGRAMS

No transfers are allowed into Independent Plastic Surgery programs. Residents must complete all 3 years of Independent Plastic Surgery Training at the same institution. All training must commence at the beginning of the Independent Plastic Surgery program. As of July 1, 2015, the Board eliminated the 3 year combined/coordinated pathway into plastic surgery residency training.

## CLINICAL TIME REQUIREMENTS DURING RESIDENCY TRAINING

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. The 48 weeks per year may be averaged over the length of the training program to accommodate unexpected extended leaves of absence.

### Personal Leave

The American Board of Plastic Surgery has established an **optional** 12 weeks of Personal Leave that is available to residents in **Independent, Integrated and Competency-Based** plastic surgery residency training programs. The Personal Leave Policy **went into effect beginning with the 2019-2020 academic year.**

**The 12 weeks of Personal Leave may only be used for maternity leave, paternity leave, medical leave, foster care, adoption, family leave or elective rotations (both international and domestic\*).** Personal Leave can be used exclusively for leave as defined by the Board, exclusively for rotations or any combination of both. **These 12 weeks of Personal Leave replaced the previous 12-week block of elective rotations.** Personal Leave is not required to be taken as a single block, but can be distributed throughout the entire residency as the training program allows. **Effective July 1, 2021, no more than 4 weeks of personal leave can be taken during the last 3 months of plastic surgery residency training.** Personal Leave is not to be used for travel and moving activities related to transition to a new residency position, fellowship training or new practice. Residents must use the 4 non-clinical weeks allotted per year for moving activities.

To monitor resident safety, all international and individual domestic\* rotations, whether full clinical or observational, must be approved by the Program Director and the ABPS. In addition, all international rotations must be approved by the Plastic Surgery Residency Review Committee (RRC-PS). Refer to the Board's requirements for international rotations (below).

\*Domestic rotations that are a standard part of the program's curriculum (all residents in the program will complete that rotation and the training program has a Program Letter of Agreement (PLA) for that rotation) do not require Board approval. Domestic rotations that are specific to an individual will require Board approval under the Personal Leave Policy if not all residents will complete that rotation during training.

Once the 12 weeks of Personal Leave are exhausted, any additional leave must come from the 4 non-clinical weeks per year currently allowed by the Board. The 4 non-clinical weeks may be averaged over the length of the residency. The resident does not have to utilize all available non-clinical weeks before becoming eligible for this Personal Leave.

Personal Leave is considered independent of research time (6 weeks for Independent and 12 weeks for Integrated). **Residents may not use research time for Personal Leave.**

To receive approval for Personal Leave, the Program Director must provide details regarding the leave request and explain how the combination of Personal Leave and non-clinical weeks still allows the resident to accomplish the 48 clinical weeks per year that the Board requires. The 12 weeks of Personal Leave, whether used for maternity, paternity, medical, family, foster care, adoption or elective rotations will count towards the 48 clinical weeks required per year. The 4 non-clinical weeks per year **do not** count towards the 48 clinical weeks per year. The Board does not define the remaining 4 weeks per year beyond the 48 weeks of required clinical training and therefore those weeks may be used for vacation, medical leave, rotations or any activity as determined by the local institution and/or program. Personal Leave taken beyond the combination of 12 weeks of personal leave and the 4 non-clinical weeks per year, averaged over the residency, would result in extended plastic surgery residency training.

Program Directors are required to attest that the resident satisfactorily completed all Plastic Surgery Milestones. This attestation will be completed by the Program Director at the time the Residency Graduation Form is requested by the Board and the Program Director officially "signs off" on the graduating resident. Program Directors (**not residents**) must contact the Board in writing for approval of any Personal Leave. The Program Director must send a letter to the Board Office via email to [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org) detailing the following:

1. Name of resident;
2. Reason for personal leave;
3. Exact dates of expected personal leave;
4. Number of weeks of any previously used and ABPS approved personal leave;
5. Number of clinical weeks worked and expected for each year of the resident's training;
6. PSY level of training that personal leave will be taken.

## International Rotations: Full Clinical and Observational

For residents to receive credit for international rotations, the rotation(s) must be approved by the Board, the Residency Review Committee for Plastic Surgery (RRC-PS) and the Designated Institutional Officer (DIO). The request for approval for the rotation must be received in the Board Office at least 90 days before the start of the rotation. Failure to meet this deadline may result in the rotation not being accepted as part of the 48 weeks of clinical experience required per year.

The Program Director is required to submit the following to the Board Office for approval:

1. Copy of RRC-PS Application/Letter sent to the RRC-PS
2. Copy of RRC-PS Approval Letter
3. Letter of request addressed to the Board's Executive Director requesting approval. Letter must include the resident's name, PSY level, dates of rotation, duration, location, and faculty member accompanying the resident, if applicable

The Board has worked with the RRC-PS to establish criteria for international rotations that insure the educational component of the rotation and the safety of the resident. Interested residents are referred to the Plastic Surgery section of the ACGME website (<http://www.acgme.org>) for details.

The Board will allow 4 weeks of international training during a craniofacial or hand surgery fellowship.

## Research Rotations

The Board will allow a total of 6 weeks of research during a three year program and 12 weeks of research during a six year program.

These research weeks can be considered as a part of the required 48 weeks of training per training year. All training requirements must be completed for a 48-week full time residency training year.

## Military Leave

Partial years of training will be accepted towards the minimum clinical time requirements for residents who serve in the military, however, residents must complete 48 weeks of clinical training for each year of their plastic surgery residency. Training weeks may be averaged over the length of the residency. Residents do not receive credit for the time served during deployment.

Program Directors must send the Board a letter documenting the leave as military deployment and outlining how the resident will complete 48 weeks of clinical training for each year of residency.

# WRITTEN EXAMINATION COMPUTER-BASED TEST - MAY 10, 2022

One of the primary purposes of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons.

The Written Examination is a Computer Based Test (CBT) administered by Prometric®. The examination is conducted at any time deemed suitable by the Board. **The Written Examination will be administered in the spring of the senior residency year.** The examination will be given on one day throughout the United States and Canada. **No exceptions will be made, and special examinations will be given only under unusual circumstances.** The Board cannot guarantee test appointments. 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.

## Examination of Candidates with Disabilities

Refer to the Policy on examination of candidates with disabilities posted on the Board's website under the About Us Policies section. These must be identified with appropriate documentation at the time of application.

## WRITTEN EXAMINATION APPLICATION FOR RESIDENTS IN TRAINING

### Application Available in September

The Board will contact all graduating senior residents the summer before their final year of training. This e-mail notification will include a letter outlining the certification process, a timeline with important dates and the current Booklet of Information. Residents should familiarize themselves with the Booklet of Information as it contains all the necessary information to complete the certification process and deadline dates for all examination processes. To become admissible to the first part of the Certification Process, the Written Examination, 4 steps are necessary:

1. Application - submitted by the resident
2. **Preliminary** Residency Program Director Recommendation - submitted by the program director
3. Registration Form - submitted by the resident
4. **Final** Residency Program Director Recommendation and Confirmation of Graduation – submitted by the program director

In September of the resident's final year, the Board will forward usernames and passwords to access the Board's website. Residents will be instructed to begin completing the online Application for Examination and Certification.

### Written Examination Application Document Checklist for Senior Residents

1. Online Application.
2. Application Fee as listed in the Fee Schedule.
3. ECFMG Certificate (if applicable).
4. ABMS Board certification certificate or letter of admissibility (if applicable) or letter from prerequisite training Program Director.
5. Royal College of Physicians and Surgeons of Canada (RCPSC) Certificate, if plastic surgery training completed in Canada.

### Residency Program Director Recommendation & Confirmation of Graduation

In both December and June, the Board will request all plastic surgery program directors to complete an online Residency Program Director Recommendation for Certification and Confirmation of Graduation:

1. **Preliminary** Recommendation and Confirmation of Expected Graduation (December of final year). The program director confirms that the resident is expected to complete/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 and that the accredited number of years included a year of senior responsibility; and
2. **Final** Recommendation and Confirmation of Graduation (June). The program director confirms and recommends the resident for admission to the certification process of the ABPS. In making this recommendation the Program Director must approve the ethical characteristics of the resident. Any concerns must be noted and documentation supporting reservations must be included.

If the forms are not completed, this will cause a delay in confirmation of admissibility for the candidate and withholding of examination results.

If the program director elects not to sign either attestation, the program director is required to provide a full written explanation of the reason the required signature(s) were not provided.

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 which extends beyond October 31<sup>st</sup> of their final year, the program director will complete another Residency Graduation Program Director Recommendation 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 within the stipulated framework will be considered an abrogation of the responsibility of the program director. The Residency Review Committee for Plastic Surgery (RRC-PS) or the Royal College of Physicians and Surgeons of Canada (RCPS) will be notified.

**Residents who take the Written Examination and DO NOT obtain Final sign off in July:**

- Examination results will be **held** until the resident receives the **Final** Program Director approval
- Examination results are **only** valid for one year from the examination date

**Residents who obtain Final sign off within one year of graduation:**

- Examination results will be provided to candidate, once signed off, within one year of graduation

**Residents who obtain Final sign off more than one full year after graduation:**

- Examination results will be considered **VOIDED (not considered a failure)**
- Completed Application and Registration Form will be **VOIDED**
- No refund will be provided for paid Application and Registration Form fees
- Candidate will lose admissibility year(s)
- Candidate has no status with the Board – is not board eligible
- Application/Fee and Registration Form/Fee will be required to be completed again
- Candidate must re-take the Written Examination

## WRITTEN EXAMINATION APPLICATION REQUIREMENTS FOR NON-SENIOR RESIDENTS

1. **Unrestricted Medical License.** Candidates taking the Written Examination after their graduating year of residency are required to have a current, valid, full and unrestricted license to practice medicine with an expiration date valid through the Written Examination. **Restrictions or sanctions to any medical license must be reported to the Board within 30 days of the restriction.** License restrictions will delay the candidate's progress through the examination process.
2. **Active Hospital Privileges in Plastic Surgery.** Candidates must hold active, inpatient admitting medical staff privileges in plastic surgery in a United States, Canadian or international hospital throughout the Written Examination process, the Oral Examination case collection period and the examination and certification process. Appointment or reappointment letters verifying hospital privileges in plastic surgery must be provided to the Board from the medical staff office(s) of every institution.  
  
**Graduated residents are not required to provide hospital privileges if they are not actively practicing or if they are in fellowship training.**
3. **Professionalism.** Candidates must adhere to the Board's Advertising Requirements and the Code of Ethics. All Policies are available on the Board's website in the [About Us Policies tab](#). The Board reserves the right to defer a candidate in the examination process because of ethical or other similar issues.

## CERTIFICATION ADMISSIBILITY

Candidates must successfully complete both the Written and Oral Examinations within 8 years after completion of plastic surgery residency training to achieve certification. Fellowship training is included in the 8 years available to complete certification. Reapplication is required 5 years after the completion of plastic surgery residency training to reconfirm the professional standing of the candidate.

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the Written and Oral Examinations to achieve certification. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after 5 years of admissibility.

Fellowship training does not affect admissibility to the Written Examination but will delay admissibility to the Oral Examination because cases performed during fellowships, whether part of the fellowship or not and regardless of the ability to perform cases independently, may not be included in the Oral Examination clinical case log.

If the candidate fails to successfully complete both the Written and Oral Examinations by 8 years after residency graduation, and the candidate still wishes to pursue certification, an Extended Admissibility Application process is required.

Reapplication and Extended Admissibility requirements are detailed in the Admissibility Policy document posted on the Board's website under the [About Us Policies](#) section.

## WRITTEN EXAMINATION REGISTRATION FORM – Available January 2022

### SENIOR RESIDENTS

#### **Application Approval Letters and Registration Form**

After the Board has received a complete Application by the candidate and the Preliminary Residency Program Director Recommendation from the Program Director, the Board will issue an Application Approval Letter (available on the Board's website under the Written Exam tab) and will also provide the candidate with an online Registration Form. The candidate must indicate the intention to take the Written Examination by completing the online Registration Form.

#### **Registration Form Document Checklist for Residents**

- Online Registration Form.
- Examination Fee as listed in the Fee Schedule.
- Photo identification such as a valid U.S. driver's license or valid passport.

#### **Testing Accommodations**

- Requests for Testing Accommodations **MUST** be submitted during either the Application or Registration Form processes (i.e., additional break time, for example, a nursing mother). Email request to [written@abplasticsurgery.org](mailto:written@abplasticsurgery.org) no later than the Registration Form deadline. The Board **will not** guarantee accommodations for the examination if a request is received after this date.

### RETURNING CANDIDATES/NON-SENIOR RESIDENTS

#### **Registration Form for those previously approved to take the Examination - RETURNING CANDIDATES**

For those candidates who have been previously approved for the Written Examination prior to December 31, 2021, but have either not taken the Written Examination or need to repeat the examination, announcement information will be available on the Board's website with secure login in January 2022. An email alert will be sent including instructions for the Registration Form for the 2022 Written Examination.

Returning Candidates must upload all required materials as listed under the Written Examination Registration Form Checklist to finalize the Registration Form. The Board will accept the Registration Form with the late fee only during the late period. No Registration Forms can be finalized after the late deadline. Registration Forms that are incomplete may be subject to a Missing Items Fee according to the Fee Schedule.

#### **Registration Form Document Checklist for Returning Candidates:**

- Online Registration Form.
  - Examination Fee as listed in the Fee Schedule.
  - Photo identification such as a valid U.S. driver's license or valid passport.
  - Active, full, valid and unrestricted state medical license
  - Hospital appointment or reappointment letters
  - Outpatient Surgery Center Accreditation Certificates (if applicable)
1. **Medical Licensure.** Candidates must hold a current, valid, full and unrestricted license to practice medicine in any state, territory, or possession of the United States, a Province of Canada or an International location. Candidates must continue to be licensed throughout the certification process.  
  
As mentioned in Restrictions to State Medical Licensure section, it is the candidate's responsibility to report to the Board, within 30 days, all disciplinary actions to medical licenses from any and all State, Province or International Medical Licensing Boards where the candidate holds a license. All sanctions are considered a restriction on the license and will delay a candidate's admissibility to the examination process.
  2. **Hospital Medical Staff Privileges in Plastic Surgery.** Candidates must provide appointment or reappointment letters indicating active inpatient admitting privileges in plastic surgery in a hospital accessible to the candidate's main practice, throughout the examination process. This may be a U.S., Canadian Province, or International hospital where the candidate practices plastic surgery. The start and end date of staff privileges must be included in the letter. **Hospital privileges must be in effect during the entire Oral Examination case collection period and certification process.**

#### **Hospital Privilege Letter Requirements:**

- Printed in English.
- Printed on official Hospital Letterhead and signed.
- Include designation of "plastic surgery privileges" or include delineation of the plastic surgery procedures approved to perform at the hospital.
- Include status such as active, or provisional.
- Must include active inpatient admitting privileges.
- Be dated within the current year.
- Note the expiration date of privileges or length of privileges granted such as "8/1/2021-8/1/2023" must be valid through the examination process.
- Must be in effect at the start of clinical surgical practice, through the case collection period, and through the Oral Examination.

NOTE: Privileges held exclusively in outpatient facilities are not acceptable.



3. **Outpatient Surgery Center Accreditation Certificates.** The Board requires that all procedures requiring a general anesthetic or intravenous sedation be performed in an accredited surgical facility. Candidates must provide Accreditation Certificates for all Outpatient Surgery Centers utilized during the Oral Examination case collection period. If the outpatient surgery center is still in the approval process, the candidate must provide a letter from the certifying body, indicating that the certification process is ongoing and in good standing, for all non-hospital outpatient surgical facilities where surgery is performed.

The Board will not accept letters verifying surgical privileges in lieu of accreditation certificates. Hospital-based outpatient facilities, certified by The Joint Commission, must be identified on the Registration Form but certificates are not required.

## SCHEDULING AND ADMINISTRATION OF THE WRITTEN EXAMINATION For all Residents and Returning Candidates

### Scheduling Permit

Upon submission and approval of all required Registration Form materials, candidates will be scheduled for the examination. Scheduling Permits will be posted in the Written Exam tab. The Scheduling Permit will include the date of the examination, instructions, a scheduling number, and a toll free phone number for making an appointment with Prometric®. Prometric® recommends online registration at [www.prometric.com](http://www.prometric.com).

Contact the Board Office immediately if the name on the Scheduling Permit is not an EXACT match to that listed on the photographic identification that was uploaded to the Registration Form.

### Scheduling a Testing Appointment

Candidates should contact Prometric® immediately upon receipt of the Scheduling Permit to schedule an appointment. Candidates must have the Scheduling Permit in hand to schedule the appointment.

All Prometric® Administrations are set up similarly. This enhances security and provides the same standards of comfort and uniformity for all candidates. Instructions to schedule an appointment on [www.prometric.com](http://www.prometric.com) will be provided by the Board Office.

### Examination Day Requirements

Candidates must bring valid and current photographic Identification to the test center for entry. The Scheduling Permit is not required for entry at the test center. The Board recommends saving the appointment confirmation e-mail from Prometric.

NOTE: Refer to the Prometric® Test Regulations for the standard security measures. These will be provided by the Board with the Scheduling Permit and can also be found at [www.prometric.com](http://www.prometric.com).

### Withdrawal from the Examination

The Board Office must receive an email from the candidate indicating the intent to withdraw from the examination at least 30 calendar days before the date of the examination. Candidates will be refunded the Examination Fee less a processing charge according to the Fee Schedule. Candidates who withdraw from the examination after this date or who fail to appear for the examination will **forfeit** the entire Examination Fee. Written documentation informing the Board Office of withdrawal is final.

All candidates must take the entire examination on the same day. The Board will provide final approval for issues handled by Prometric® on the day of the examination.

If for any reason candidates are delayed or cannot start the appointment on time, they must notify the Board Office immediately and the Board will contact Prometric®. If candidates are unable to attend the examination, they must notify the Board Office either by email or by telephone. Any candidate who is more than 30 minutes late may not be able to sit for the examination.

Candidates are not permitted to bring any food, beverages, notes, textbooks, scrap paper, study materials, clipboards, pocketbooks, backpacks, book bags, briefcases, wallets, watches, jackets, headwear, coats, watches with internet access, electronic or mechanical devices or other reference materials into the test center. Jewelry outside of wedding and engagement rings is prohibited. Earplugs are permitted and headphones are available. **Cellular telephones and beepers must be turned off and stored in the locker provided.**

## Examination Schedule

Candidates are advised to review the Announcement Letter for possible changes in the Written Examination format.

- 15-minute tutorial (optional).
- The examination will be comprised of 250 scored items and 50 unscored items.
- The 50 unscored items will not be identifiable to the candidate. This pretesting allows the Board to analyze the psychometric properties of an item prior to it being placed on an examination and included in scoring.
- All items are multiple-choice.
- The items are formatted in three blocks of 100 items.
- Each exam block is 100 minutes.
- Total break time is 60 minutes (optional).
- Total test appointment time is approximately 6.5 hours.
- There is a survey at the end of the examination. This survey does not interfere with the time allotted for you to take the examination (optional).

All candidates will have the same number of questions and the same time allotment to take the examination. Within each block, candidates may answer questions in any order and review and/or change their answers. After exiting a block, or when time expires, no further review of questions or changing of answers within that block is possible.

Candidates will have 60 minutes of total break time, which may be used to make the transition between blocks and for a break. A break may only be taken between each block of questions. Candidates are encouraged to bring refreshments (to leave in the car or locker) as not every test center location has restaurants nearby.

## Computer Based Test (CBT) Tutorial

The Board provides a tutorial which reviews each screen and several inactive items for practice. This is provided to relieve anxiety about the mechanics of computer based testing. The tutorial also reviews the process of marking items for review prior to the completion of each block. Once a block of questions has been exited, candidates may not access questions from that block or any previous block of items. The tutorial is available on the Board's website in the Candidate's Section under "Written Examination Tutorial." Candidates should click on "Begin practice exam." The Board strongly recommends that candidates preview the tutorial to become familiar with the CBT format. Refer to the tutorial instructions and system requirements.

## Content of the Written Examination

The Examination consists of multiple-choice (one best answer) questions. In general, each test item consists of a question, a case history or a situation, followed by a list of possible answers. Instructions for completion of questions are provided in the computer program, which candidates will receive at the start of the examination. The subjects covered in the examination are listed below and will cover the entire field of plastic surgery:

1. Gross and functional anatomy and embryology.
2. Basic knowledge of pathology and physiology, e.g., the biologic behavior of neoplasms, inflammation, wound healing and repair.
3. Basic techniques, flap surgery, microsurgery, transplantation.
4. Burns, sepsis, metabolism, trauma, resuscitation, nutrition, endocrinology, shock, hematology.
5. Preoperative and postoperative care, anesthesia, cardiorespiratory care, complications, and clinical pharmacology.
6. Cosmetic and Reconstructive Breast Surgery.
7. Tumors of the head and neck, skin, and breast; including treatment by radiation therapy, immunotherapy, chemotherapy, and surgery.
8. Trunk, lower extremity, musculoskeletal system, pressure ulcers, rehabilitation. Reconstruction of perineal defects.
9. Hand, peripheral nerves, rehabilitation, transplantation.
10. Maxillofacial and craniofacial surgery and microsurgery.
11. Congenital anomalies, genetics, teratology, facial deformity, speech pathology, gynecology and genitourinary congenital problems. .
12. Gender Affirmation Surgery
13. Psychiatry related to plastic surgery and medico-legal issues.

The full Content Outline and Examination Blueprint with percentages are available on the Board's website in the Candidates section under "Examination Content." The questions for the examination cover subjects considered to be of fundamental importance to competent performance in the field of plastic surgery. The Board makes every effort to avoid "trick" questions, ambiguity, and questions involving irrelevant facts. All questions are analyzed by psychometric methods to assure their quality. Candidates will pass or fail on the strength of their performance on the entire Written Examination so candidates are encouraged to answer all questions.

### **Copyrighted Items**

Examination questions, prepared by and/or at the direction of The American Board of Plastic Surgery, Inc. (hereinafter "Board"), are the sole and exclusive property of the Board, and said examination items are protected under the copyright laws of the United States and other countries. The examination items may only be used for such purposes as are designated from time to time by the Board. The Board reserves all other rights.

Copying, by any means, of all or any part of such examination items or unauthorized use in any way whatsoever of said examination items is strictly prohibited. Candidate examination results will be invalidated if evidence is discovered to indicate that ABPS test items were disclosed, accessed or used for a Board preparation course. Candidates who copy or memorize test items for any unauthorized use will be barred from future ABPS certification examinations.

### **Examination Security Reminder. Pledge of Ethical Behavior**

Candidates must sign a pledge of ethical behavior on the Application for Examination and Certification Form and agree not to divulge any questions or content of any ABPS examination to any individual or entity. Candidates agree that a violation of the Pledge can result in the Board seeking, in a court of law, the recovery of costs and civil damages, which could be substantial, as well as other actions by the Board. It is of great importance for the Board to ensure the confidentiality of all Examination content and to promote a culture of ethical behavior by its candidates and diplomates.

**The Board will perform forensic evaluation of the Written Examination to search for suspicious unethical behavior.** Detailed analysis of exam participation and performance allows for the identification of patterns suggestive of unethical practices. If identified, the Board will forward the information to the Credentials and Requirements Committee for review. Confirmation of unethical behavior may lead to deferment or barring from future examinations.

### **Results of the Examination**

Written Examination result letters (pass or fail) will be available on the Board's website, with secure log in. The time period between administration of the examination and notification of the results is necessary to allow for extensive analysis and to assure that individual results are reliable and accurate. Each candidate will receive a single final grade (pass or fail) for the entire examination. The total number of questions answered correctly determines the score (pass or fail) on the examination. Therefore, candidates are encouraged to answer all items. A candidate who has received a failing result and desires to repeat the examination must repeat the entire Written Examination. The Board provides Program Directors with performance reports for all of their former residents.

Results will be withheld for any candidate who does not receive **Final** recommendation from their plastic surgery program director. Results/scores are only valid for one year from the examination. Refer to the section **Residency Program Director Recommendation & Confirmation of Graduation.**

### **Examination Scoring**

The Written Examination is scored from the electronic responses at each test center and analyzed by the Board's psychometricians, who possess extensive experience in the scoring and analysis of medical examinations. **Examination Result decisions are final and not subject to appeal.**

### **Cancellation of Examination**

Should The American Board of Plastic Surgery, Inc., in its sole discretion, cancel the Written Examination, or as a result of events beyond its control be unable to administer the Written Examination at the appointed date, time and location; or should the Board fail to conclude a candidate's Written Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Written Examination, nor for any expense the candidate may incur for any substitute Written Examination.

# ORAL EXAMINATION

## NOVEMBER 10, 11, 12, 2022

Prior to becoming admissible to the Oral Examination, candidates must have successfully passed the Written Examination.

Candidates admissible to the Oral Examination and those scheduled to take the Written Examination will be mailed Oral Examination Information materials on or about July 1st.

Candidates should contact the Board Office by email to [oral@abplasticsurgery.org](mailto:oral@abplasticsurgery.org), if an Information Letter has not been received by the end of July 2021. This information is also posted in the Oral Exam tab of the Board's website.

### ORAL EXAMINATION REQUIREMENTS

1. **Professionalism.** Candidates must adhere to the Board's Advertising and Marketing Requirements, as well as the Code of Ethics.

The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other similar issues. The candidate is urged to refer to the Advertising Requirements and the Board's Code of Ethics located on the Board's website under Policies.

**Peer Evaluations are required.** Candidates will provide peer names and e-mail addresses on or around April 1<sup>st</sup> prior to the Case List submission deadline. The Board Office will then e-mail evaluations to the peers. Evaluations are required from each of the following categories from **the primary hospital** where the majority of cases are performed: Chief of Surgery or Plastic Surgery, Chief of Staff, Chief of Anesthesiology, O.R. Nursing Supervisor, Former Post-Residency Fellowship Director (if applicable). The candidate will also list an ABPS Board Certified Plastic Surgeon. In addition, the Board Office will solicit a second ABPS Board Certified Plastic Surgeon within a proximal geographic location of the candidate.

The Board prefers peer evaluations from hospital personnel, but understands that not all candidates operate regularly at a hospital. The Board may accept evaluations from surgery center personnel to fulfill this requirement.

Candidates will be notified by email if required evaluations were not received. Site visits and/or Ethics Committee Review may be required if peer evaluations identify areas of concern. Candidates will be notified in early July if a site visit is required. Current Directors of the Board and Public Members of the Board will conduct the site visit and evaluation.

2. **Unrestricted State Medical License.** Candidates must have a current, valid, full and unrestricted medical license to practice medicine in all state(s) or country where they practice plastic surgery.

The license must include an expiration date valid through the Oral Examination. Candidates must report any restrictions or sanctions to any medical license within 30 days of the restriction. **Details of license restrictions are listed in this booklet under Restrictions to State Medical Licensure.** Restrictions will delay the candidate's progress through the examination process.

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 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 30 days, all disciplinary actions to medical licenses from any and all state, province or international medical licensing boards where the candidate holds a license. The following sanctions are considered a restricted license and will delay a candidate's admissibility to the examination process:

1. Practice monitoring
2. Requirements for additional CME or Professional courses
3. Requirements for medical evaluation
4. Requirements for drug testing
5. Limitation of practice or parts of practice
6. Probation
7. Probation with monitoring
8. Probation with supervision
9. Suspension
10. Revocation

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

3. **Active Practice.** Candidates must be actively engaged primarily in the practice of plastic surgery before, during and after the case collection period and throughout the examination process.
- Case collection may not occur during fellowship training.** A fellowship, approved or not approved by the ACGME, is not considered independent practice. This includes any and all cases performed during the dates encompassing the fellowship, whether in the institution of the fellowship or outside the institution, and regardless of the ability to perform cases independently.
4. **Hospital Privileges.** Candidates must hold active inpatient hospital admitting privileges in plastic surgery in the United States, Canada, or internationally where the candidate practices plastic surgery. Hospital privileges are required for the certification process and continued certification.
- Candidates must obtain privileges in at least one hospital before the start of clinical surgical practice. The Board requires inpatient admitting privileges at an accredited hospital so that the candidate can admit and care for operative patients after procedures performed in an outpatient facility should the need arise.
  - Privileges held exclusively in outpatient facilities are not acceptable. Candidates must have privileges to admit patients at a hospital during the case collection period, throughout the examination process and throughout the Continuous Certification process.
  - At least one medical staff office must provide verification of hospital privileges in plastic surgery with the Case List submission. **The date of the start of privileges must correspond to the start of the candidate's clinical surgical practice.** The expiration date of privileges must also be listed. If an expiration/reappointment date is not listed, the letter must be dated in the current year.
  - The Board requires verification of plastic surgery privileges from all hospitals in which procedures are performed with the Registration Form submission.
  - Candidates may hold hospital privileges solely at a Veterans Affairs (VA) or armed services hospital, only if the candidate does not perform surgical cases at a free-standing surgical center for non-VA or armed services patients. Inpatient admitting privileges are required at a hospital other than a VA or armed services hospital if the candidate operates in a free-standing center for patients who are not veterans or active duty.
5. **Outpatient Center Accreditation.** The Board requires that cases performed under IV sedation or a general anesthetic be done in accredited facilities (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other). **Cases performed in non-accredited surgical facilities must be included in the case list.**

## CASE LIST REQUIREMENTS - July 1, 2021 through March 31, 2022

Candidates for the 2022 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the 9-month period beginning July 1, 2021 through March 31, 2022. Surgical practice submissions **of less than 9 months are acceptable only** if they meet the criteria of sufficient quality, complexity and variety of cases to allow for an adequate case report examination.

**Minimum of 50 Major Operative Cases as Defined by the Board.** A candidate must perform a **minimum of 50 major operative cases** of sufficient quality, complexity and variety during the collection period in order to finalize the list. Candidates must enter all cases performed, as outlined, not just 50 cases. Minor cases should be entered but will not count towards meeting the 50 case minimum.

Candidate must attest that they have active admitting hospital privileges prior to case entry. Admitting privileges are required at the start of clinical surgical practice.

### Photographic Documentation

The Board advises candidates who have not acquired the habit of routine photographic documentation of all patients to do so immediately. Any case from the collection period may be selected for examination and all must have photographic documentation, including; minor cases, office procedures, emergency room procedures, and all hand cases (i.e. carpal tunnel cases, etc.). Photo documentation of hand procedures should focus on documenting preoperative limited function and postoperative improved function. Do not simply show healed incisions.

### INSTRUCTIONS FOR DATA COMPILATION

It is strongly recommended that candidates thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process. The case list compilation program is a web-based application on the Board's website, in the Oral Exam tab at <https://www.abplasticsurgery.org>. The Clinical Case Log data collection program used by the Board provides a standardized case list format that facilitates the Board's review. The data submitted to the Board is strictly confidential and will not be shared.

The Board recommends that candidates **enter cases on a weekly or monthly basis**, rather than waiting until the last month of the case list collection period to begin data entry into the Clinical Case Log data collection program. The case log screen (cases viewed as a list) will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen. The Add Case Screen highlights all required fields with a red asterisk and indicates incomplete required fields in red. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. You must use Adobe Reader or Adobe Acrobat Pro to download/print the finalized case list.

To comply with HIPAA regulations, the Board and candidates must agree to a Business Associate Agreement (BAA). This BAA will only appear after initial access to the Clinical Case Log. A sample of this BAA will be posted on the Board's website in the candidate's Oral Exam tab. The sample form does not require a signature and should not be returned to the Board Office.

#### THE CASE LIST MUST INCLUDE:

- All operative procedures whether inpatient, outpatient, or office-based surgery
- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed non-operatively
- All emergency room patients who require a procedure and therefore a procedure note
- Patients with multiple operative procedures performed on different days within the case collection period. This inclusion allows automatic cross-referencing by the computer program. However, **hospital numbers or other identifying numbers and patient initials must be consistent for the patient with multiple procedures** (e.g. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). **Do not use** the full social security number (SSN) as an identifier to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to identify and verify the cases with the patient initials
- **Co-Surgeon cases**
  - **If performed with another Plastic Surgeon:** Include only if the candidate is the surgeon of record providing preoperative assessment and postoperative care to the patient. **Indicate as a Co-Surgeon Case.**
  - **If performed with Non-Plastic Surgeon:** Include, but do NOT indicate as a Co-Surgeon Case.
- **Cases performed by a resident with the candidate as responsible attending surgeon** and listed on the operative record as such
- Procedures for patients participating in research protocols should be entered and coded appropriately. Documentation must be available for proper protections for human-subject research, including Institutional Review Board (IRB) approval and patient consent to participation
- Procedures performed during military deployment may be entered by the candidate if applicable
- Office-based surgery, e.g. skin lesion excisions, cysts, lipomas, keloid and laceration repairs, chemical peels
- **Skin Resurfacing Procedures of the head and neck will be considered major under the following conditions:**
  - Skin resurfacing of the head and neck using laser or chemical peel must:
    - include the full face
    - reach depths of the reticular dermis if chemical peel (35% or greater TCA or croton oil phenol peel)
    - reach 80 microns if ablative laser
- **Dermabrasion must:**
  - treat an area of at least 20 cm<sup>2</sup>, including upper and lower lip dermabrasion
  - Laser treatment of congenital malformations such as hemangioma must be greater than 5 cm<sup>2</sup>
  - Laser treatment of port wine stain must be greater than 100 cm<sup>2</sup> and can be elsewhere on the body

#### DO NOT INCLUDE THE FOLLOWING:

- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure
- Assistant Surgeon cases billed by the candidate as an assistant surgeon
- **Co-Surgeon cases in which the candidate is not the surgeon of record, and where the candidate did not provide a continuum of care from preoperative planning to postoperative patient care**
- Procedures for injectables and fillers such as Botox, Restylane, Sculptra, Radiesse or other dermafillers
- Laser procedures for hair or tattoo removal
- Miradry
- CoolSculpting
- Ultherapy
- Cellfina for cellulite
- Skin facials
- Steroid injections
- Micro-Needling
- Thermi/Thermage
- Microdermabrasion
- Office skin biopsy
- Epifix (amniotic membrane) for wound care
- Ear molding

## DATA ENTRY ON THE CLINICAL CASE LOG

The case list includes: patient initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, anesthesia type, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including adverse events), site of operation (i.e. inpatient vs. outpatient facility) and duration of procedure in hours and minutes. For non-operative cases, list "0" minutes. The case list can be finalized ONLY if all required fields are completed.

1. **Co-Surgeon Cases.** Check the box for *Is this a Co-Surgeon Case with another Plastic Surgeon?* only if it meets the following criteria (you must list cases performed with non-plastic surgeons, but not as co-surgeon cases):
  - a. Are you the surgeon of record? (Candidate's name must appear as a surgeon on a separate Operative Report. Do not list Assistant Surgeon Cases)
  - b. Did you provide initial pre-operative assessment to the patient?
  - c. Did you make the final management/surgery decision for the patient?
  - d. Did you provide all of the post-operative care to the patient?
2. **Enter patient name or initials,** first and last (middle initial if available). At least 2 initials must be entered. Candidates can see full name but initials only are printed. For added confidentiality, use only initials.
3. **Enter a patient number in the medical record # field.** Use the same patient number for all procedures for the same patient during the case collection period regardless of the date or location (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality. Follow institutional, state and HIPAA requirements to protect patient confidentiality.
4. **Enter patient date of birth as mm/dd/yyyy.** This DOB will not be displayed on the finalized case list. Only age in years (*years/months/days*) will be displayed on the printed list. Do not leave spaces in the DOB fields as this may cause errors with the age on the printed case list.
5. **Enter patient gender.** Gender is reported on the printed case list.
6. **Enter hospital facility name.** Click on the link [\\*Click here to add a facility to add/edit the name of a facility.](#) Candidates can enter facilities during initial setup or any time during the case collection period. An outpatient designation here will create a default entry in the admission status field during data entry. Facilities with no cases can be deleted.
7. **Enter the admission status as inpatient or outpatient.** An inpatient admission is defined as an overnight stay of one or more nights. Some hospitals define outpatient admissions as 23 hours or less even with an overnight stay. **For the purposes of the case collection, list any overnight stay as an inpatient admission.**
8. **Enter date of procedure.** Enter multiple procedures on the same patient, on the same date during the same OR session, as one case. Use the date of admission for non-operative inpatient admissions.
9. **Enter duration of procedure.** Duration is defined as skin to skin excluding anesthesia time. Enter approximate duration of the surgical procedure in hours and minutes. For non-operative cases, list "0" minutes.
10. **Anesthesia Type.** Enter the type of anesthesia used; Local only (including nerve block), IV sedation, General Anesthesia, none.
11. **Enter the diagnosis description in the free text box.** Providing accurate diagnosis information is essential. Comments about follow-up, subsequent planned procedures or other notes should be entered here. For non-operative cases, include a discharge summary diagnosis. Be concise and use professional judgment on the details/comments listed in the free text field. The Board does not require ICD-9 or ICD-10 Codes.
12. **Describe the procedure in the free text box.** From the operative notes, give an accurate description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. For non-operative cases, enter a description of the care provided. Be concise and use professional judgment on the details/comments listed in the free text field.
13. **Include all CPT codes plus modifiers used for billing purposes.** CPT codes must be assigned for all cosmetic cases. CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) are not required. For non-surgical admissions, E&M CPT codes can be used. Bilateral procedures should be entered using only one CPT code with a -50 modifier (e.g., bilateral breast reduction should be entered as 19318-50).

**To provide an equitable examination for all candidates, no candidate will be exempt from CPT coding.** Candidates practicing in Managed Care Institutions, Military, Veterans Affairs, Kaiser Permanente, Shriners Hospitals, Canada and international countries must also include CPT codes for all cases.

The automatic CPT code descriptors, which appear when a CPT code is entered, are the copyright of the American Medical Association (AMA). A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures) during that case. **Cases will be automatically designated as Major, Minor, or non-Plastic Surgery based on CPT codes when entered in the Clinical Case Log Program. 50 Major Cases are required to finalize.**

14. **Case classification fields.** The Anatomy Classification relates to the anatomical location of the procedure. The Category Classification relates to the nature or origin of the defect. Pick one option in each column for every CPT code listed. The options include:

**ANATOMY**

1. Breast
2. Hand/Upper Extremity
3. Head & Neck
4. Lower Extremity
5. Trunk/Genitalia

**CATEGORY**

1. Congenital
2. Cosmetic
3. General Reconstructive
4. Hand\*
5. Skin (including skin cancer)
6. Trauma
7. Nonoperative/Other

Case	Anatomy	Category
Abdominoplasty	Trunk	Cosmetic
Abdominoplasty & Abdominal Hernia Repair	Trunk	Cosmetic; General Reconstructive
Flexor Tendon Repair	Hand	Hand
Carpal Tunnel Release	Hand	Hand
Reduction Mammoplasty	Breast	General Reconstructive or Cosmetic
Breast Reconstruction	Breast	General Reconstructive
Cellulitis/in patient admission	Lower Extremity	Skin

\*Hand Subcategories of Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microsurgery, Vascular; Congenital; Nerve; Skin & Wound Problems; Tumor and Non-Operative will appear for the Hand Category Classification and may be used for the Hand Surgery Sub-specialty Examination case collection.

The Board Office Staff cannot advise candidates on how to classify a case. Candidates should make the most reasonable selection for each case. Candidates should use their professional judgment when more than one category applies to a case. If the case involves microsurgery, be sure to indicate this in the procedure description.

15. **Outcomes.** A complications menu appears if “#3 Adverse Events” is selected. All cases do not "heal without complications." Examples of complications that candidates should include and not dismiss are: "necrosis of tip of flap" or "normal sensation returned, but index finger stiff after tendon repair."

**Adverse Events** are displayed on the case list as a Minor, Moderate or Major Adverse Event. **Narrative statements to clarify the outcome should be concise and included in the “Describe all Adverse Events” text box. Notes entered will display on the printed case list.**

The outcome categories are as follows:

- #1 - **No Adverse Events:** No complication or complication so trivial that no intervention is required.
- #2 - **Outcome Unknown:** This includes patients lost to follow-up and is displayed that way on the case list.
- #3 - **Adverse Events:** Check all that apply including delayed healing, infection, unplanned consultation with other specialists, puncture or laceration to other body organ or structure, adverse event such as DVT, MI, PE, CVA, Flap loss, drainage, or unplanned re-operation, unplanned hospital stay or other adverse event. Concisely describe all adverse events in the text field provided.

16. Complete the **“Mortality within 30 days of procedure”** field. This is treated as a required field.

**PROOF AND FINALIZE THE CASE LIST.**

Once all data is entered, proof the case list and then finalize. The “Finalize Case List” function produces the following for printing: 9-month case list, Candidate Affidavit, Case Statistics Summary Report and Medical Records Administration Affidavit Sheets.

This is the only version that is accepted. Use the Clinical Case Log screen or the Oral Exam tab to view the case lists by institution. Carefully proofread for accuracy. Handwritten information is not accepted.

Online credit card payment according to the fee schedule is required. The payment screen will appear upon finalization.

**Once the Case List is Finalized, Print for Submission to the Board Office**

It is the candidate’s responsibility to insure that all materials have been proofread, placed in numerical order and properly collated. The Board Office does not supply copies. Candidates should save an electronic copy from the Clinical Case Log for reference purposes. The finalized case list documents are available in each candidate’s Oral Exam tab. **Candidates often use this list for application to the American College of Surgeons (ACS).**

It is recommended that candidates use Adobe Acrobat Reader DC for printing the case list, affidavits and statistics sheets for submission. Adobe Acrobat



Reader DC must be downloaded on the computer from which the case list and affidavits will be printed. Adobe Acrobat Reader DC can be downloaded without charge, to view and print the PDF files at <http://get.adobe.com/reader/>.

Data entry, proofing, editing and notarizations must be completed, in most cases, by **April 21<sup>st</sup>** in order to meet the deadline of **April 22<sup>nd</sup>**, for the case list to be physically received in the Board Office using a service that guarantees delivery date.

The Clinical Case Log program will not allow changes in the case list data after finalization. **If you discover an error after finalization, please contact the Board Office.**

## ORAL EXAMINATION DOCUMENTATION REQUIREMENTS TO BE SUBMITTED WITH THE CASE LIST

1. **Peer Evaluations** – The online Peer Evaluation process will be available by April 1<sup>st</sup>. Candidates will provide peer names and contact information on or around April 1<sup>st</sup> prior to the Case List submission deadline. The Board Office will then e-mail evaluations to the peers.
2. **Candidate Affidavit** – The Candidate Affidavit, printed as a separate document from the Oral Exam Tab, attests that the case list contains **all** cases performed during the 9-month period. The Candidate Affidavit must be signed and dated by the candidate. Notarization is not required

The Candidate Affidavit reads, “I attest that the patients listed on the attached pages are ALL of my cases. I understand that a minimum of 50 major cases is required by ABPS during the period July 1, 2021 to March 31, 2022. The CPT codes listed are an exact representation of those submitted for billing purposes. I understand that CPT codes for cases which were not billed to a third party were entered for classification purposes.”

3. **Case List with Medical Records Affidavit(s) and Statistics Sheets.** Original 9-month case list, July 1, 2021 to March 31, 2022 printed from the clinical case log, including statistics sheets and the signed and notarized affidavit per facility. Minimum of 50 major operative cases are required. The case list will print in chronological order for each institution (hospital, office-based surgery, etc.). The Medical Records Administration Affidavit for each hospital/facility will automatically print out as the last page of each institution's case list once the collection is finalized. **A notarized affidavit is required per facility.**

To attest that the cases listed for the institution represent all cases performed by the candidate at the facility, the finalized lists must be signed by the medical record administrator of each institution (hospital, ambulatory surgery center, etc.). The medical record administrator's signature must then be notarized. Only the affidavits generated by the “Finalize Case List” step can be used to obtain the notarized affidavits.

**The medical records administrator's signature attests that the cases listed represent all cases performed by the candidate at that institution. The notary's signature verifies the identity of the signee. Both signatures must be dated on the same day.**

Operations performed by the candidate in the office must be listed and signed as well as notarized by the appropriate office personnel who can attest to the completeness of the cases listed.

The Board recommends that the candidates contact the medical records department well in advance of the case list submission date to schedule the review and notarization process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

**If inconsistencies are identified by the medical records office administrator, then the candidate is responsible for correcting the information. Candidates must contact the Board Office to unfinalize the case list, make corrections, and re-finalize for printing and notarization of the corrected copy.**

4. **Case List Review Fee.** Non-refundable fee paid by credit card upon finalization of the clinical case log.
5. **Hospital Privileges.** The candidate must provide one currently dated letter from the medical staff office verifying active, admitting hospital privileges in plastic surgery. One letter is required with the Case List. However, all hospital privilege letters will be required at the time of the Exam Registration.
6. **Accreditation certificate(s).** The candidate must provide an accreditation certificate (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other) or a currently dated letter from the accrediting body documenting that certification is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). The name of the facility listed on the Clinical Case Log “add facility” function must match the facility name on the certificate or letter. Hospital-based surgical centers accredited by The Joint Commission do not require documentation but the name of the affiliated hospital should be entered on the Clinical Case Log “Add Facility” function (e.g. New Age Surgery Center-Bryn Mawr Hospital). Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Clinical Case Log (e.g. only local procedures performed without intra-venous sedation at the location).
7. **Advertising and Marketing.** The candidate is required to submit all material from the last 12 months including selected web pages and social media pages. **Documents must be translated to English.** Candidates are required to submit photocopies of all advertising materials to the Board during the Oral Examination process from the last 12 months (April 2021 – April 2022). Examples include, but are not limited to: business cards,

letterhead, brochures, Curriculum Vitae, proof copy of billboard images, flyers, magazine and newspaper advertisements, articles, and other practice advertisements.

Candidates must also submit selected website content: the candidate's and the practice's homepage, the candidate profile (About the Doctor) page, any page with candidate qualifications and credentials, any page that includes any Board or society emblem for the practice or the candidate and any page with references to Board Certification for the practice.

For social media sites, **do not submit every post or blog from the last 12 months. Profile pages are sufficient.** This includes practice profile pages for Facebook, Snap Chat, Twitter, Instagram, Tik Tok or other social media sites, and/or a list of videos from your practice posted to YouTube. Candidates should **not** include multiple procedure information pages with photos. Video based advertisement files are not required to be submitted but links to these ads should be provided.

Also required are copies of third party physician search sites such as, but not limited to: LinkedIn, Realself, Yelp, Healthgrades, Doximity, etc.

The Board recommends that candidates perform a web-based search to identify any instances of internet advertising before submission of materials. The candidate is responsible for all instances of advertising, including websites of third party physician search sites or physician rating websites.

### ASSEMBLY OF THE PRINTED MATERIAL FOR SUBMISSION OF CASE LIST TO THE BOARD OFFICE

Improperly assembled case lists delay processing and review of the submissions and may result in a Missing Items Fee or an Administrative Fee, as listed on the Fee Schedule. All documentation submitted to the Board Office must be in English. Do not place this material in binders, folders, notebooks or sheet protectors. Follow these instructions carefully:

1. The Candidate Affidavit should be the first page. Staple the "Candidate Affidavit" to the top left-hand corner of the first facility's case list.
2. Arrange the 9-month case list per facility, including the signed and notarized affidavits.
  - a. **First:** Candidate Affidavit stapled to first institution's case list only.
  - b. **Second:** Facility #1 Case List (with Candidate Affidavit as first page) with the pages in numerical order and stapled together at the top left-hand corner. The last page of each facility's case list is the Medical Records Administration Affidavit, which includes the candidate name, the six-digit Board ID number, finalized date, hospital name, number of pages and the notarized affidavit signed by the appropriate hospital or outpatient center official.
  - c. **Third:** Facility #2 Case List. As above, in numerical order with the last page as the notarized Medical Records Administration Affidavit. Do NOT include the Candidate Affidavit with the remaining facility case lists. Only one Candidate Affidavit is required.
  - d. **Fourth:** Facility #3 as above.
3. **After last Facility:** Statistics Summary Report stapled together (2-3 pages).
4. Hospital Privilege Letter.
5. Accreditation Certificate(s).
6. Candidate Advertising Material from the last 12 months and copy of Curriculum Vitae.

### DEADLINE FOR SUBMITTING CASE LIST MATERIAL – APRIL 22, 2022

The deadline date for submission of case list materials is the close of the business day. No additions, deletions or modifications can be made after the late deadline date. The Board strongly recommends that candidates send materials by a service that guarantees a delivery date, included but not limited to Fed Ex, DHL or UPS, thus providing assurance and receipt of delivery. The Board cannot confirm receipt of case lists due to the number of submissions received. Use of a guaranteed delivery service, which often can confirm receipt of delivery within 30 minutes is recommended. Certified mail service from the U.S. Postal Service does not provide a guaranteed delivery date.

The Board must receive the following items in the Board Office on or before the close of the business day on April 22, 2022, for prospective candidates to be considered for admission to the November 2022 Oral Examination:

- **Candidate Affidavit.**
- **One original case list printed by facility with medical records affidavits per institution.**
- **Statistics Summary Report.**
- **Hospital Privilege Letter from one medical staff office.**
- **Accreditation certificates.**
- **Advertising Material with CV.**

**Submit all material to the Board Office:  
1635 Market Street, Suite 400, Philadelphia, PA 19103**

### **Late Fee and Administrative Fees**

The late fee is charged automatically by credit card payment for case lists finalized from **April 23<sup>rd</sup> up to and including April 27<sup>th</sup>**. If a case list is finalized by the deadline but received in the Board Office during the late period from April 23<sup>rd</sup> to April 27<sup>th</sup>, a check for the Late Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late period from April 23<sup>rd</sup> to April 27<sup>th</sup>. Case lists that are incomplete or incorrectly submitted will be subject to a Missing Items Fee or an Administrative Fee as listed on the Fee Schedule. This fee is required when additional work is required to process or organize submissions. Help the Board avoid charging this fee!

### **BOARD REVIEW AND SELECTION PROCESS**

The Board reviews the candidate's 9-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification.

The Board selects 5 cases from the candidate's case list and the candidate is required to prepare case reports for these selected cases. The Case Reports will be prepared online utilizing the Board's program. This will allow review of the case reports for completeness, by the Oral Examination Committee prior to traveling to the Oral Examination. Candidates will be notified by e-mail of missing items. There will be a limited time window during which the candidate may submit missing items.

Candidates for the Oral Examination will be notified by email of any process changes which may occur after the publication date of this booklet.

In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the Oral Examination. This will not count as an unsatisfactory performance.

Candidates with inadequate case lists must submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

### **ORAL EXAM REGISTRATION AND NOTIFICATION OF BOARD SELECTED CASES**

An email notification will be sent once the following documents are available by logging in to the Board website: Announcement Letter, the 5 Board-selected cases for preparation of Case Reports, Exam Registration, and Travel Information. Candidates whose case lists are denied will receive an email notification as well.

#### **REGISTRATION FORM AND EXAMINATION FEE**

Candidates must signify their intent to take the Oral Examination by completing the Registration Form.

#### **Required documents for Registration:**

1. **All state medical licenses** bearing expiration date valid at the time of the examination.
2. **All medical staff hospital appointment/reappointment letters** held during the case collection and examination process. The letters must verify active inpatient admitting privileges in plastic surgery and identify the dates the privileges were in effect. Hospitals may be in the United States, Canada or country where the candidate practices plastic surgery.
3. **Accreditation certificates.** The candidate must provide an accreditation certificate for ALL non-hospital surgical facilities.
4. **Examination Fee** according to the current Fee Schedule.

Registration forms that are incomplete or incorrectly submitted will be subject to a Missing Items Fee. The Board automatically applies an additional Late Fee if the Registration Form is finalized during the late period. Candidates cannot finalize the Registration Form after the late deadline.

#### **BOARD SELECTED CASES**

The Board advises candidates to:

- Review case files of the 5 selected cases for photographs, patient consent signatures and required documentation as soon as possible after the notification is posted on the Board's website.
- Detailed instructions on how to upload case reports will be sent to the candidates along with the 5 selected cases.
- Carefully read the instructions on case preparation. Failure to submit the cases according to the specific instructions may lead to disqualification. The ABPS website also includes a case report webinar that goes through the steps required to prepare the 5 selected cases.

- **Notify the Board Office of insufficient case materials by August 1<sup>st</sup>.** Direct all questions regarding insufficient case data, especially photographs, by email to oral@abplasticsurgery.org before 5:00 pm ET on August 1<sup>st</sup>. This is a firm deadline for candidates to identify to the Board any deficiencies in the documentation needed for complete case report preparation. After Board Office review, additional cases for preparation may be assigned if the candidate has insufficient material for the selected cases.

### SELECTED CASES UPLOADED FOR EXAMINER REVIEW

The Board uses an online Case Report upload program. This program benefits candidates by providing organized platforms to construct each case report. An additional benefit is the online review of each case report by the examining teams to insure adequate materials to conduct the exam prior to traveling to the examination.

Once the case reports have been uploaded to the Board’s website and finalized by the candidate, the Board Office will combine materials into a single PDF file for each case and distribute to examiner teams. These files will be reviewed by the examiner teams and cleared as adequate to conduct an examination. The candidates will be notified by email in late September to mid-October that their cases have been cleared.

**The Board reserves the right to independently corroborate medical records in case report submissions for the Board-selected cases and to review issues related to informed consent.** The Board Case Report upload site provides fields for all of the materials that need to be submitted for the 5 selected cases. The Case Report upload process cannot be finalized until all repositories have been filled.

### PHOTOGRAPHIC DOCUMENTATION-CONSENT

The Board places particular emphasis on the necessity of photographic documentation. Preoperative and postoperative photographs are **mandatory** for all cases selected for case reports. Intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the 5 selected patient cases presented for the Oral Examination. The Board provides this form. Cropping photographs without impinging upon or changing the patient image is permissible. The Board accepts the addition of anatomic labels that do not distort the patient image. It is preferable to black out the tattoos (identifiers) as long as it does not alter the surgical result.

It is the candidate’s responsibility to maintain patient confidentiality and to follow HIPAA requirements and state law requirements as appropriate. **For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by The American Board of Plastic Surgery, Inc.** If your institution has a standard required photographic consent, the ABPS recommends that you have the patient agree and sign both the ABPS consent and your institution’s consent. If you intend to create a consent form, the following language must be included:

“I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc.”

\_\_\_\_\_ Patient Signature  
 \_\_\_\_\_ Witness Signature  
 \_\_\_\_\_ Date

### CASE REPORT REQUIRED MATERIAL

The following is a list of required materials that will need to be uploaded for Examiner review. All materials for each repository tab/section will need to be combined into a single PDF file. Only one file may be uploaded per tab/section. Uploading the 5 selected cases will proceed smoothly if all necessary PDF files are prepared before beginning the process.

These guidelines are provided to help standardize the case collection and case report materials for an equitable examination. The Board expects candidates to use professional judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to dictate every component of the content. Refer to the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully.

Note: Patient identifiers should be de-identified using either the redaction tool available with Adobe Acrobat Pro (30-day subscription or 7-day trial version available) or by blanking out all identifiers prior to scanning.

**All documentation submitted to the Board Office must be in English. If the medical record is in a language other than English, an English translation must be included next to the original language.**

## PHOTOGRAPHIC AFFIDAVIT, ELECTRONIC MEDICAL RECORDS ATTESTATION AND ADVERTISING

### Required Candidate Documents:

1. Candidate Photographic Affidavit
2. Candidate Attestation for Electronic Medical Records (EMR)
3. Candidate Advertising Documents

The forms for the Photographic Affidavit and the EMR Attestation are available on the website to download and sign. The forms must then be scanned and uploaded into the appropriate tabs.

### Notarized Candidate Photographic Affidavit.

The Photographic Affidavit Sheet, must be signed, notarized, and uploaded in the appropriate tab. This form is available for download from the Board Case Report Upload site. The Photographic Affidavit must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination.

### Electronic Medical Records Attestation.

This form will be available for download from the Board's website. The Board may request to review the revision history of any notes in the case reports. List all edits to medical records.

### Candidate Advertising.

Upload a copy of the advertising that was submitted with your case list to the Board Office and include any new advertisements published since the April submission. **Exclude Curriculum Vitae (CV).** In the advertising documents, block out any areas that contain residency and/or fellowship training locations as the exam teams will access these documents. Refer to the Advertising Requirements section of this Booklet.

#### Candidate Photographic Affidavit

ATTEST: The photographs included in my Case Reports contain original and unaltered documentation of the patient cases presented for The American Board of Plastic Surgery, Inc. Oral Examination.

I understand that cropping the photograph or blocking identifiers such as tattoos without impinging upon or changing the patient image and/or adding anatomic labels is permissible. I understand that descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

Candidate Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

WITNESS: As witness to the above signature I hereunto set my hand and affix my seal.

Notary Signature: \_\_\_\_\_

Notary commission expires: \_\_\_\_\_

#### Electronic Medical Records Attestation

I am aware of my pledge of Ethical Behavior signed at the time of application for Examination and Certification by The American Board of Plastic Surgery.

I now attest that, subsequent to the date I was notified of the cases selected for my Case Report examination, I have edited or appended notes in these medical records (circle one): YES - or - NO

I further attest that all alterations to the medical records in my Case Reports that were made subsequent to notification of my selected cases are accurately reported below. I understand that the Board may request to review the revision history of any notes in my Case Reports.

Candidate Signature \_\_\_\_\_

## CASE REPORT UPLOAD PROCESS

These guidelines are provided to help standardize the case report materials and are also provided on the online upload screen for each tab/section.

The Board expects candidates to use professional judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to proscribe every component of the content. Divider pages may be used to organize documents.

**NOTE: If the medical record is in a language other than English, an accurate, complete and concurrent English translation must be included next to the original language.**

### Additional Procedures Related to the Selected Case

In the event that more than one procedure is performed on the patient during the 9-month case list collection period, all procedures and hospitalization(s) that fall within the 9-month collection period must be included in the Case Report Submission.

**Candidates are not required to document procedures that fall prior to or after the 9-month case collection period.** However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the 9-month case collection period does not have to be completed – the candidate may be selective.

### Required Case Report Documents per Case:

1. **Title Page.** One for each case.
2. **Narrative Summary.** A narrative summary of the preoperative, operative, and postoperative course of the patient is required. A separate paragraph detailing the outcome is also required.
3. **Initial Evaluation.** Include notes that list the risks, alternatives, and benefits explained to the patient if not in initial evaluation.
4. **Photographs and Patient Photographic Consent Forms.** Consent forms from the candidate's office should be included in this section of the case report. Patient names, except patient first and last name initials, should be blocked out.
5. **Operative Reports.** Operative notes, operative consent.
6. **Anesthetic Report.** PDF file of the anesthesia records.
7. **Laboratory Data.** Pertinent laboratory data.
8. **Pathology.** Pertinent pathology reports.
9. **Radiology.** Pertinent radiographs.
10. **Hospital Progress Notes and Outpatient Clinic Notes.** **The Hospital Discharge Summary should be the first document in this section.**
11. **Billing.** Photocopies of the actual billing statement submitted, including CPT codes and procedures, with a notarized statement confirming the authenticity of the billing statement. Candidates working in a VA or military hospital, Kaiser, or Canada must provide CPT codes for the procedures performed.

### EXPLANATION OF SECTION REQUIREMENTS FOR PREPARATION OF EACH SELECTED CASE REPORT

#### 1. Title Page

Each Title Page must be typed or reproduced on standard, letter-sized (8½" X 11") white paper with the candidate's full name, six-digit Board ID number, and the Board selected case number. The Board selected case number is found on the Notification of Selected Cases document, #1, 2, 3, 4, or 5. Do not include the number from the Clinical Case Log compilation. Additional cases due to missing documentation should be numbered 6, 7, & 8 if applicable.

Classify Case: Categorize cases exactly as was done on the 9-month case list compilation (Category & Anatomy).

The hospital patient number or other identifying number should NOT be noted. Do not use the patient's full social security number.

The principal diagnosis and the primary operation(s) must also be listed on the title page. If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Use professional judgement to best present the Title Page.

SAMPLE TITLE PAGE – one per case

John L. Candidate, MD  
Candidate Board ID # 999999

- I. Board Case # (1, 2, 3, 4, or 5)
- II. Category                      Anatomy  
General Reconstructive      Breast
- III. Diagnosis—include all.
- IV. Procedure(s) performed by the candidate.

If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Candidates should use their professional judgement about how best to clearly present the Title Page.

Do not list the hospital patient number.

2. **Narrative Summary**

A narrative summary of the preoperative, operative, and postoperative course of the patient is required.

The Board has dramatically reduced the amount of documentation required in the hospital and office note section (see below). Accordingly, the Board is requesting greater detail in the Narrative Summary. Details such as prolonged dressing changes, erythema requiring oral antibiotics, prolonged physical therapy, the need for outside consultants and more serious adverse events should be described. The descriptions should be concise, but the candidate should err on being inclusive of issues and events.

Concisely describe issues that occurred in the inpatient or outpatient setting that required a more than normal amount of management.

**NOTE: Additional operative procedures performed on this patient within or outside of the 9-month case collection period should be mentioned here as well.**

A final separate paragraph entitled “outcome” must be included. The outcome of the treatment and the final condition of the patient must be indicated.

SAMPLE NARRATIVE SUMMARY – one per case

John L. Candidate, MD  
Candidate’s Board ID #: 999999

Patient Initials:                      BMJ  
Board Selected Case Number: (#1, 2, 3, 4, 5)  
Clinical Case Log Number:      #152 (per facility)

**Case Summary**

BMJ presented for delayed reconstruction of the right breast following mastectomy, chemotherapy and radiotherapy.

A left muscle sparing microvascular TRAM flap was performed for reconstruction. In the postoperative period, fat necrosis of the lateral flap developed, which required three in-office debridements to achieve final healing.

Three months after final healing and outside the case collection period, the patient underwent a mastopexy of the opposite breast for symmetry, scar revision of the area of previous fat necrosis and construction of a nipple.

**Outcome**

The final outcome was an equal volume for each breast so the patient was symmetric in clothing. The appearance of the reconstructed breast however was more uplifted because of the tighter surrounding irradiated breast skin.

3. **Initial Evaluation**

Initial history and physical or consultation performed by the candidate. Include notes from all preoperative visits by the candidate whether as an outpatient or inpatient. Include notes that list the risks, alternatives, and benefits explained to the patient if not in initial evaluation. If other consultants were involved in the preoperative assessment of the patient, include their reports here as well.

#### 4. Patient Photographic Consent Forms with Photographs

Patient Consent or Release Forms must be placed first in this section and include each patient's permission for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by the Board.

- **Note: the Candidate Photographic Affidavit was uploaded separately and applies to all submitted photographs.**

Patient names must be de-identified with the exception of the initials, on the consent form and on all materials to protect patient confidentiality. The signature on the patient consent must be blocked out except for first and last name initials. Candidates retain the original. Refer to HIPAA Guidelines at <https://hipaa-101.com/>

**A critical element is photographic documentation of all cases (including hand cases) = preoperative and postoperative photos. Hand cases should focus on demonstrating return of function.** Photos, legends and labels can easily be organized in a PowerPoint presentation. The presentation, including the scanned Consent Form and Case Photos, can then be saved as one PDF file for uploading to the case report system.

Organize photos chronologically. Multiple photos per page are acceptable. Label photos with date and clinical information (preop, intra-op, post-op) below photos or to the side. Anatomic labels may be placed for clarification. Photos may be cropped and scaled but otherwise not altered. **Clothing must not obscure key areas.** If there is a tattoo visible in the photo, it may be blocked out to protect patient identity.

**In addition to preoperative photos, preoperative images from any software used to demonstrate expected results to the patient must be included for all applicable selected cases (e.g. TouchMD, Crisalix).**

**Postoperative photos must include photos taken  $\geq$  3 months after the procedure. Post-operative photos of upper extremity cases should demonstrate functional restoration in addition to wound healing.**

**The Board strongly recommends intraoperative photographs when they provide clarifying information.** Intraoperative photos and markings are encouraged for more complex cases. Diagrams or simple drawings may be substituted for **intraoperative** photographs **only**. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

#### 5. Operative Notes and Operative Consent

The operative consent form must precede each Operative Report. It is expected that statements supporting a review of risks, alternatives, benefits and patient education is documented in the progress notes. Highlight these areas in the progress notes.

**Copies of all operative reports of procedures performed by the candidate on each specific patient during the 9-month collection period are required.** This includes operative reports of minor procedures performed by the candidate in the office during the 9-month collection period. Place reports in chronological order, with relevant operative consent preceding each report.

Candidates may include copies of the operative reports of procedures performed outside the 9-month collection period or that of another surgeon if they clarify the patient's course.

#### 6. Anesthetic Reports

Anesthetic records are required. This should include all anesthetic records for all procedures performed by the candidate during the 9-month collection period arranged in chronological order.

Candidates may include the anesthetic reports of procedures performed outside the 9-month collection period or that of another surgeon if they clarify the patient's course.

#### 7. Pertinent Laboratory Data

Pertinent laboratory data are required. These should also be grouped together in chronological order. Candidates are encouraged to use their judgment when determining how much detail to include. Please refrain from including huge files of normal lab values. Consider the patient's medical condition(s) and current medications, then provide appropriate lab work. Because the exam teams will review the files weeks in advance of the exam, they will have the opportunity to request additional select labs if indicated.

#### 8. Pathology Reports

Pertinent pathology reports are required. All pathology reports should be organized in chronological order. Highlight key areas.

#### 9. Pertinent Radiology

Reproductions of pertinent x-rays or scans are required. Each x-ray or scan must be dated in a manner that is easily visible. Include in this section photocopies of corresponding reports from the radiologist for each imaging study. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the imaging study. Mammography reports without images are sufficient. For studies



with numerous images, the candidate must use their best judgement in determining the critical images that are needed to convey the pertinent findings.

10. **Progress Notes: Hospital Progress Notes and Office/Clinic Notes**

Two separate PDF files for Hospital Progress Notes and Outpatient Clinic Notes will need to be created as outlined below:

**Hospital Progress Notes**

- Discharge Summary (first item in this section)
- All post-surgical Consultant Reports
- Any transfer reports (to/from ICU, transfer to outside hospital, transfer to a different service, etc.)
- Notes documenting any adverse events (return to OR, flap debridement, pulmonary embolism, etc.)

**Outpatient Clinic Notes**

- Immediate postoperative visit note
- Notes documenting any adverse event (infections, debridement, return to OR, etc.)
- Any hospital re-admission notes
- Final or most recent note

Initial History and Physical and all preoperative visit notes should be placed in the Initial Evaluation section.

If the patient has prior surgical procedures relative to this case, either before or within the case collection period, include only the most relevant office notes for that procedure. Include the Operative Reports for those other procedures in the Operative Report section.

11. **Billing - including CPT Codes – Notarization Required.**

All CPT codes as listed on the case list must be included. Each case must include a copy of the actual bill submitted for the procedure(s) **with the dollar amount deleted**. Billing for Office visits need not be included. These bills include, but are not limited to:

- Health Insurance Claim Forms (HICFA)
- Electronically generated bills
- Bills to patients not submitted to third party payers
- Cosmetic procedures when no bill was sent
- Procedures performed gratis or for charity
- A computer generated replacement copy for a missing bill

**Notarization.** The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent to the patient or third party payer or that a bill was not submitted. The notary verifies the identity of the person providing the signature.

If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included on the affidavit or on a separate page.

To facilitate review by examiners, CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.

For candidates who work in Veterans Administration Hospitals, Armed Services Hospitals, Shriners Hospitals, Kaiser Permanente, other self-insured health systems or who practice in Canada, or internationally, CPT codes are required for all procedures performed on the 5 selected cases. This is required so that all candidates are evaluated equally across all exams. Services performed gratis should be coded exactly as any other case.

Include the following in the appropriate tab above in chronological order: pertinent Operative Reports, consultations, lab, imaging, etc. that were associated with relevant procedures before or after the selected procedure. This can include materials from outside the case collection period. A divider sheet with date or other information can also be inserted in each section.

**EXAMINER REQUESTED ADDITIONAL DOCUMENTATION**

Examination teams will review the files weeks in advance of the examination. The examiners will have the opportunity to request additional documentation if needed. The candidate is reminded of the Code of Ethics and the honor system. Any attempt to conceal questionable management will impact the evaluation of professionalism.

The Additional Documentation tab/section only appears when the Examining Team requests additional documentation during their review in September-October. Candidates must respond in a timely manner and will be contacted via e-mail. The Additional Documentation will become a supplement to the combined PDF of the 5 Board selected cases.

## DISQUALIFICATION OF CASE REPORTS

If a candidate is disqualified from the examination process because their Case Reports are deemed unacceptable, due to insufficient volume, diversity, complexity, inadequate compilation or any other reason, the candidate will not be allowed to participate in the Oral Examination. This situation will not be recorded as a failure, however, because the Board has incurred expenses to provide a candidate with an examination, a partial refund, the Examination Fee less the processing charge, will be sent to the candidate.

## ADMISSION TO THE ORAL EXAMINATION - CLEARED CASE REPORT NOTIFICATION

Once the Registration Form is approved and the Examiner Team clears the candidate's case reports, the candidate will be scheduled for the examination.

An **Admission Form** will be available by logging in to the Board's website, approximately 4 weeks before the examination. An email will be sent when the Admission Form is available. The candidate is then cleared for the examination. The **Admission Form** includes the candidate's name, current address, Board ID number, date and location of the examination, and the general examination schedule. Individual examination session schedules are provided onsite at registration.

## ATTENDING THE ORAL EXAMINATION

The Oral Examination will be conducted once each fall or at such time as deemed suitable by the Board. The examination will be given on the dates and at the times specified. No exceptions will be made. Candidates are responsible for their own travel, hotel accommodations, and expenses.

The Oral Examination will occupy 2 ½ days. A detailed schedule is included in the Announcement Letter available in July. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination. To avoid transportation delays the Board recommends utilization of the reserved room block at the examination hotel.

### Attire at the Examination

The Board has established a practice of relative anonymity at the Oral Examination with respect to training, practice type, practice location, or special circumstances. The Board requests that no uniforms or other garments reflecting any institutional affiliation, including military service, be worn during the examination. Candidates are not permitted to have cell phones, recording, or electronic devices on their person during the examination sessions.

## PRESENTATION OF CASE REPORTS TO EXAMINERS DURING THE ORAL EXAMINATION

During the **45-minute** Case Report examination session, the candidate must be prepared to do the following:

1. Discuss patient evaluation and workup.
2. Discuss choice of and execution of the operation(s).
3. Present alternate treatment plans considered.
4. Evaluate outcome.
5. Discuss ethical or economic issues related to the case.

Hospital and office records must clearly identify the candidate as the attending physician and surgeon; however, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. **Cases performed by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.**

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgery procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized submission of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate from continued examination.

## INSTRUCTIONS AND PROCEDURES

Candidates will receive instructions for the examination including a schedule for the Registration and Orientation Sessions at the examination site. Candidates also receive a schedule indicating the time and the rooms for the 1 Case Report Session and the 2 Theory and Practice Sessions of the examination. The Examiner team names are listed on the candidate schedule. Failure to appear on time for any session of the examination will lead to a grade of *FAIL* on that section.

Candidates should be outside the examination room 10 minutes before the scheduled time for the Theory and Practice Sessions and 5 minutes before the Case Report Session. Candidates will be allowed to review the Theory and Practice cases for 10 minutes prior to the start of the exam. It is not necessary for candidates to announce their presence. However, if a candidate has not been invited into the examination room by the examiners by 5 minutes after the scheduled examination time, candidates should notify the temporary Board Office at the hotel immediately.

The Board makes every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. Candidates must notify the Board Staff immediately of any examiner conflicts during Registration. Conflicts may include an examiner who played a role in the candidate's training, is a friend or relative, is a professional associate, interviewed the candidate for a faculty position or has examined the candidate previously. Unless conflicts are identified in advance of the actual examination with the completion of the Registration Form, the Board will assume the candidate is agreeable to all examiners.

### DESCRIPTION OF THE EXAMINATION

The examination consists of 1 Case Report Session and 2 Theory and Practice Sessions. Each session is **45 minutes** in duration. For any given case, one of the examiners may take the lead but each of the examiners will ask questions of the candidates.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the strength of their **combined** performance on all 3 sessions of the Oral Examination.

Each Theory and Practice examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. For each session, the examiners are given scripted questions and response guidelines to follow. This approach facilitates a consistent exam among all candidates and uniform scoring.

The guidelines below are offered to candidates regarding the conduct of the Oral Examination:

1. Repeat candidates are not identified to examiners.
2. Responses should reflect the candidate's approach to the problem presented, not what the candidate thinks examiners would do.
3. Answer questions thoughtfully, demonstrating concern for patient safety.
4. Commit to a single management plan of your choosing. Be able to explain your choice. Be prepared with a back-up plan if the original choice fails. Demonstrate mastery of problems without wasting time on questions that you cannot answer.
5. Demonstrate competence, safety, and ethics.
6. Examiners are interested in the plastic surgery aspects of cases, not necessarily irrelevant lab data, extensive testing, etc.
7. Examiners take notes during the exam and may rapidly move to a new topic in the interest of time constraints. An equal amount of time will be spent on each question.
8. Examiners will not lead, clue, or reinforce answers.

### Performance Evaluation

The following criteria are provided to the examiners as guidelines. The candidate is rated on the following:

1. **Diagnosis/Planning:** identifies general problem(s), notes key problem(s) and evaluates patient.
2. **Management/Treatment:** surgical indications, operative procedure, and appropriate anesthesia.
3. **Complications/Outcome:** unexpected problems, alternative plans and approaches.
4. **Clinical Judgment/Limitations:** reasoning ability, problem solving, risks and benefits. This scoring item only applies to Theory & Practice Sessions.

In the Case Report Sessions, the clinical judgment scoring item will be addressed by separate grades in:

1. **Safety:** practices within acceptable standards; avoids excessive risks.
2. **Ethics/Professionalism:** honest, ethical and professional in the practice and business of plastic surgery.
3. **Case Report Preparation/Organization:** clarity, completion, detail, and honesty/integrity.

Ratings for each of the skills are provided using the following criteria:

1. Unsatisfactory (Incapable): demonstrates minimal understanding, undeveloped or inappropriate application of process or analytic skills and limited ability to evaluate information.
2. Marginal (Some capability): demonstrates basic understanding, some deficiencies in application of process or analytic skills, some ability to evaluate information.
3. Satisfactory (Proficient): demonstrates broad understanding, effective application of process and analytic skills, evaluates information appropriately.
4. Excellent (Distinguished): demonstrates extensive understanding, consistent, effective application of process or analytic skills to solve problems and extensive ability to evaluate information. **A rating of 4 is not available for safety and ethics/professionalism skills for Case Report Sessions.**

A passing performance requires the following criteria:

1. A reasonable analysis of the problem.

2. An acceptable plan of treatment that has a reasonable chance of success.
  - a. The plan must include a clear, single, initial approach and not simply provide a textbook list of the possible solutions. If challenged or questioned on the approach chosen, the candidate must be able to explain his/her choice.
  - b. The plan of action must be safe, that is, would not expose the patient to undue risk.
3. Recognition of possible complications of the initial plan with understanding of methods to avoid and treat such complications.
4. Knowledge of a “back-up” plan should the first plan fail.

A failing performance is characterized by one or more of the following four elements:

1. Ineffective analysis or lack of understanding of the problem.
2. Inability to develop a plan that would treat the problem, or presentation of a plan that is considered unsafe or dangerous.
3. Unclear or ambiguous presentation of plan.
4. Evidence of unethical behavior, for example, performing unnecessary procedures on patients, abandonment of patient with complications, clear and intentional coding deception on case reports.

#### EXAMINERS AND EVALUATORS

All examiners are diplomates of The American Board of Plastic Surgery, Inc., and are active in the practice and/or teaching of plastic surgery. They have been certified by the Board for a minimum of 7 years, and are participating and current in the Continuous Certification Program. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner.

Evaluators will review the performance of the examining teams during the examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate’s performance during the session observed.

Each candidate will be examined by 3 teams of 2 examiners. The Board’s psychometricians utilize an analytic scoring method with a multi-facet analysis method to determine the data used by the Board for the final pass-fail analysis and provide statistical correction for examiner severity. It is possible for all candidates to pass the oral examination and, conversely, it is possible for all candidates to fail. This is not a norm-referenced examination.

The Board is committed to the standard that the examination shall be as comprehensive and objective as can be practically offered. The intention is that every candidate be provided an equal opportunity to become Board Certified.

**Board Directors, Examiners and Evaluators are restricted from participating in Oral Examination Preparation Courses. The Board does not endorse or sponsor Written or Oral Examination Preparation Courses.**

#### DEBRIEFING SESSION

On the evening of the last examination day, there will be a voluntary debriefing session, which the Board encourages candidates to attend, for the purpose of evaluating the examination and providing constructive feedback. Following the debriefing, there will be a candidate and examiner reception.

#### RESULTS OF THE EXAMINATION

The Board uses a psychometric evaluation method for performance assessment, as noted above. The result letters and performance reports will be posted online. Each candidate will receive a report which will include information on his/her overall performance for the grading criteria as compared to the candidate group. The Board will send an email notification when the results are available. Program Directors are provided with performance reports for all former residents.

Reapplication requirements, should it be necessary, are explained in the Policy Section of this Booklet and are posted on the Board’s website.

#### CHANGE OF ADDRESS AND NAME ON CERTIFICATE

If a candidate's address, **as it appears on the Admission Form**, is incorrect, the corrected or new address must be submitted on the physician profile via the Board’s website. This Admission Form is required at registration for the Oral Examination. The candidate name as it appears on the Admission Form will be used for production of the certificate. **Candidates must email the Board Office to request any changes to the certificate by the end of December.**

#### CANCELLATION OF EXAMINATION

Should The American Board of Plastic Surgery, Inc., in its sole discretion, cancel the Oral Examination, or as a result of events beyond its control be unable to administer the Oral Examination at the appointed date, time and location, or should the Board fail to conclude a candidate's Oral Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Oral Examination, nor for any expense the candidate may incur for any subsequent Oral Examination.

# ABPS POLICIES

## Dispute Resolution and Appeals Policy

The Board has established a policy relative to resolution of questions or disagreements regarding its decisions on admissibility to examination, the form, content, and administration of the Written, Oral, Continuous Certification or Hand Surgery Examinations, and the suspension and/or revocation of certificates. If an individual has a concern in any of these areas, it should be expressed in writing to the Board Office. A copy of the Policy will be sent to that individual and is available on the Board's website under [About Us Policies](#).

## Examination of Candidates with Disabilities

The American Board of Plastic Surgery, Inc. has established a policy regarding examination of candidates with disabilities. If a candidate is requesting an accommodation based on a disability, this should be identified when completing the Application for Examination and Certification during senior year of residency. Candidates are required to upload the substantiating documents as a PDF file. A copy of the policy regarding *Examination of Candidates with Disabilities* will be sent to that candidate and is available on the Board's website, under [About Us Policies](#). The American Board of Plastic Surgery, Inc. complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to candidates with proven disabilities.

All materials submitted to document a disability must be received in the Board Office in a timely fashion, but no later than the deadline for all other documents required for admission to the examination for which accommodation is sought.

## Examination Irregularities

The validity of scores on the Board's examinations is protected by every means possible. The Board will not report a score that it has been determined to be invalid. The performance of all candidates is monitored and may be analyzed for the purposes of detecting invalid scores.

Prometric® Test Center proctors supervise the Written Examination to ensure that the examination is properly conducted. If evidence by observation or analysis suggests that a candidate's scores may be invalid because of irregular behavior, the Board will withhold those scores pending further investigation and the affected candidate will be notified. Examples of irregularities affecting the validity of scores for any Board exam would include (but not be limited to) the following: 1) using notes; 2) sharing information or discussing the examination in progress; 3) copying answers from another candidate; 4) permitting one's answers to be copied; 5) or unauthorized possession, reproduction, or disclosure of examination questions or other specific information regarding the content of the examination, before, during, or after the examination.

In such circumstances, upon analysis of all available information, the Board will make a determination as to the validity of the scores in question. If the Board determines that a test score is invalid, it will not release the score, and notification of that determination may be made to legitimately interested third parties.

Candidates or other persons who are directly implicated in an irregularity are subject to additional sanctions. For example, the Board may bar such persons permanently from all future examinations, terminate a candidate's participation in an ongoing examination, invalidate the results of the candidate's examination, and withhold or revoke a certificate or take other appropriate action. Candidates or other persons subject to additional sanctions will be provided with a written notice of the charges and an opportunity to respond to such charges in accordance with the reconsideration and appeal procedure established by the Board.

## Examination Security. The Pledge of Ethical Behavior

Candidates must sign a pledge of ethics on the Application for Examination and Certification Form and agree not to divulge any questions or content of this examination to any individual or entity. Candidates agree that a violation of the Pledge in the application can result in the Board seeking, in a court of law, the recovery of costs and civil damages, which could be substantial, as well as other actions by the Board. An Honor Code Agreement is also required at the time of the examination. It is of great importance for the Board to ensure the confidentiality of all Examination content and to promote a culture of ethical behavior by its Candidates and Diplomates.

## Substance Abuse or Chemical Dependency

Candidates with a history of abuse of a controlled substance or chemical dependency will not be admitted to any examination unless they present evidence satisfactory to the Board that they have successfully completed the program of treatment prescribed for their condition, and the Board is satisfied that they are currently free of such substance abuse or chemical dependency.

## Admissibility Policy

The 24 Boards of the American Board of Medical Specialties limit the number of years of eligibility to 7 years. ABPS candidates receive an additional year because of the 9-month Oral Examination case list requirement.

A Reapplication must be submitted 5 years after completion of residency training if certification is not yet achieved.

If a candidate fails to achieve certification after 8 years they must apply for the Extended Admissibility Application process. The Admissibility Policy is available on the Board's website, [www.abplasticsurgery.org](http://www.abplasticsurgery.org) in the Policies Section.

### **Candidates in Military Active Duty and Reapplication**

Candidates in the examination process called to active military duty are not required to submit a Reapplication if 5 years of admissibility expire during the active duty period. However, military documentation must be submitted to the Board Office to support this exception.

### **Guidelines for Re-entry to Surgical Practice after Extended Leave**

The Board established guidelines for those candidates and diplomates who are returning to practice after a significant leave. The Board's Guidelines for Re-entry to Surgical Practice were developed to assess the skill set of a returning physician and assist with assimilation back into clinical practice. The policy is posted on the Board's website.

### **Other Policies**

The Directors may adopt such further rules and regulations governing requirements, examinations and issuance and revocation of certification as they may from time to time determine.

The By-Laws of the Board are considered an internal document and are not distributed without a written request with a substantial reason for the request or use of the Board's By-Laws documented.

### **Certification**

After candidates have met the requirements for admissibility and successfully completed the Written and Oral Examinations, the Board will issue certificates attesting to their qualifications in plastic surgery. The certificate is valid for 10 years and is subject to all requirements of the Continuous Certification Program. A plastic surgeon granted certification by the American Board of Plastic Surgery is known as a **Diplomate** of the Board.

It shall be the prerogative of the Board to determine the professional **and ethical** fitness of any candidate for certification; and the Board, for cause, may defer or deny certification to any candidate.

Certification by ABPS is a lifelong commitment to continued education, professionalism, and ethical behavior. Failure to maintain these principles similar to initial certification may result in action by the board to revoke, suspend or place the Diplomate's certification on probation. To comply with its mission to protect the public, the Board will display state medical license actions on the Board's website concurrent with the length of the state action.

### **Certificates**

Certificates issued by the Board shall be in such form as the Directors may, from time to time, determine. Certificates are signed by the Chair, Secretary-Treasurer and Executive Director of the Board and shall have placed upon them the official seal of the Board.

Certificates of the Board shall state that the holder has met the requirements of the Board and is certified by the Board as a medical specialist in plastic surgery and is entitled to be known as a "**Diplomate of The American Board of Plastic Surgery, Inc.**" Effective 1995, certificates issued by the Board are dated and will be valid for ten years and subject to participation in the Continuous Certification Program. Certificates issued prior to 1995 are valid indefinitely.

The American Board of Plastic Surgery considers certification to be a lifelong endeavor. The ABPS expects and encourages all Diplomates including those with non-dated certificates to participate in the ABPS Continuous Certification program.

The names of all diplomates will be submitted to the American Board of Medical Specialties (ABMS) for publication in its directory. Diplomates should notify the Board in advance if they do not wish to be listed.

Additional certificates are available upon written request. A fee for each certificate ordered must be included with the request as listed on the Fee Schedule on the back cover of this Booklet and on the Board's website. The diplomate's name should be listed, as it should appear on the certificate. Only medical degrees (e.g. MD, DO, DMD, and DDS) verifiable by documents submitted during the application process and present in the candidate's file can be listed.

### **Revocation, Suspension or Probation of Certification**

**A diplomate is required to have a current, valid, full and unrestricted license which is not the current subject of any disciplinary action or sanction including, but not limited to, revocation, suspension, reprimand, qualification or other sanctions.**

The Board began revoking certification in 1988. The Board began suspending certification in 2015. The Board began placing certificates on probation in 2019. Refer to the Board's Discipline Policy, Code of Ethics, and Dispute Resolution and Appeals Policies [here](#).

### Hand Surgery Certification Examination and Hand Surgery Recertification

The Board offers a Hand Surgery Examination for Hand Subspecialty Certification and Recertification. The examination is described in a separate Hand Surgery Booklet of Information, which is available on the Board's website. There is no requirement or necessity for a Diplomate of The American Board of Plastic Surgery, Inc. to hold a Hand Subspecialty Certificate in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a Diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

### Continuous Certification Program (formerly MOC-PS<sup>®</sup>)

Effective 1995, certificates issued by the Board are dated and valid for ten years and are subject to participation in the ABPS Continuous Certification Program. Certificates issued prior to 1995 are valid indefinitely. In 2019, the ABPS transitioned to the Continuous Certification Program replacing the former Maintenance of Certification Program. **All certificates remain valid through their current expiration date.**

The key components of the Continuous Certification Program include evidence of 1) Professionalism; 2) Lifelong Learning and Self-Assessment; 3) Medical Knowledge; and 4) Improvement in Medical Practice. The Continuous Certification Booklets of Information and the information posted on the Board's website are the sources for all relevant information. Participation in Continuous Certification Activities is required throughout the 10 year certification cycle.

### Diplomate Contribution and Annual Certification Fee

Payment may be made by credit card through the Board's website. Refer to the Fee Schedule. Requests for this payment will be sent from the Board Office via email.

The Annual Certification Fee is mandatory for diplomates with time-limited certificates.

### Consumer Search Feature – "Is your Plastic Surgeon ABPS Board Certified?"

The Board's website homepage provides a search function for patients and credentialing specialists called "*Is your plastic surgeon ABPS board certified?*" Certification dates with Continuous Certification Participation status are reported. Beginning in 2016, actions or restrictions on any diplomate's license by a state licensing board are listed along with certification status. Interested parties will be referred back to the appropriate state licensing board for any details leading to the license action.

### Diplomate Profile

Once logged in to the Board's website, each diplomate may list a public office address and office phone number in the physician profile that will be viewable to the public the next business day. Retired Status can also be indicated in the secure physician profile.

Note that Social Security Numbers are not visible on the physician profile to protect the confidential nature of this information.

### Inquiries as to Status

The Board does **not** consider a candidate's record to be in the public domain. The Board will consider only written requests for verification of a candidate's status during the process of certification.

When the Board receives a telephone or email inquiry regarding a candidate's status, a general, but factual, statement is made which indicates that candidate's status in the process of certification. The Board provides this information only to individuals, organizations, and institutions with reasonably valid professional reasons.

A Verification of Status Fee, as listed in the Fee Schedule, will apply to all individuals, institutions and/or organizations that submit a written request for information on the status of an individual.

**THIS BOOKLET OF INFORMATION SUPERCEDES ALL PREVIOUSLY PUBLISHED BOOKLETS OF INFORMATION OF THE BOARD CONCERNING REQUIREMENTS, POLICIES AND PROCEDURES, AND MAY BE MODIFIED AT ANY TIME.**

## FORMER OFFICERS

### CHAIRS

*Achauer, Bruce M., MD	2001-02
*Adams, William Milton, MD	1956-57
*Aufricht, Gustave, MD	1955-56
Bennett, James E., MD	1983-84
Bentz, Michael L., MD	2013-14
Berggren, Ronald B., MD	1987-88
*Blocker, Truman G., Jr., MD	1960-61
*Brown, James Barrett, MD	1946-47
*Byars, Louis T., MD	1951-52
Cederna, Paul S., MD	2019-20
Coleman, John J., III, M.D	2002-03
*Conway, Herbert, MD	1963-64
*Courtiss, Eugene H., MD	1986-87
*Crikelair, George F., MD	1970-71
Cunningham, Bruce L., MD	2003-04
*Davis, John Staige, MD	1937-45
*Dingman, Reed O., MD	1964-65
*Dorrance, George M., MD	1945-46
*Dupertuis, Samuel M., MD	1958-59
*Figi, Frederick A., MD	1957-58
Given, Kenna S., MD	1997-99
Gradinger, Gilbert P., MD	1994-95
*Graham, William P., III, MD	1985-86
*Griffith, B. Herold, MD	1981-82
Grotting, James C., MD	2020-21
*Hamm, William G., MD	1952-53
*Hanna, Dwight C., MD	1980-81
Hoopes, John E., MD	1982-83
*Horton, Charles E., MD	1976-77
*Jurkiewicz, Maurice J., MD	1977-78
Ketch, Lawrence L., MD	2004-05
*Kiehn, Clifford L., MD	1965-66
*Kiskadden, William S., MD	1949-50
Lalonde, Donald H., MD	2011-12
Lee, W. P. Andrew, MD	2012-13
*Lewis, Stephen R., MD	1971-72
Losee, Joseph E., MD	2018-19
Luce, Edward A., MD	1990-91
*Lynch, John B., MD	1979-80
Mackay, Donald R., MD	2016-17
*Masters, Francis W., MD	1973-74
May, James W., Jr. MD	1992-93
*McCormack, Robert M., MD	1968-69
*McCoy, Frederick J., MD	1978-79
*McDowell, Frank, MD	1961-62
*McGregor, Mar W., MD	1974-75
Miller, Stephen H., MD	1989-90
*Mills, James T., MD	1954-55
*Murray, Joseph E., MD	1969-70
Neale, Henry W., MD	1995-96
*Owens, Arthur N., MD	1950-51
*Peacock, Erle E., Jr., MD	1975-76
Persing, John A., MD	2005-06
Phillips, Linda G. MD	2007-08
*Pickrell, Kenneth L., MD	1962-63
Puckett, Charles L., MD	1993-94
Riley, William B., Jr., MD	2000-01
*Robinson, David W., MD	1966-67
Robson, Martin C., MD	1996-97
Sadove, A. Michael, MD	2009-10
Serletti, Joseph M., MD	2017-18
Slezak, Sheri, MD	2015-16
Smith, David J., Jr., MD	1999-00
Spira, Melvin, MD	1984-85
*Stark, Richard B., MD	1967-68
*Steffensen, Wallace H., MD	1953-54
Stevenson, Thomas R., MD	2006-07



*Straatsma, Clarence R., MD	1959-60
Stuzin, James M., MD	2008-09
Thorne, Charles H. M., MD	2014-15
Vedder, Nicholas B., MD	2010-11
*Webster, Jerome P., MD	1947-49
*Whalen, William P., MD	1972-73
Woods, John E., MD	1988-89
Zook, Elvin G., MD	1991-92

## VICE-CHAIRS

*Anderson, Robin, MD	1980-81
Ariyan, Stephan, MD	1994-95
Baker, Thomas J., Jr., MD	1991-92
Bentz, Michael L., MD	2011-12
Bingham, Hal G., MD	1989-90
*Bostwick, John, III, MD	1999-00
*Broadbent, Thomas R., MD	1972-73
*Bromberg, Bertram E., MD	1983-84
Callison, James R., MD	1990-91
Cederna, Paul S., MD	2017-18
Coleman, John J., III, MD	2000-01
Cunningham, Bruce L., MD	2001-02
*Curtin, John W., MD	1975-76
*Edgerton, Milton T., Jr., MD	1969-70
*Fryer, Minot P., MD	1967-68
*Gaisford, John C., MD	1973-74
*Georgiade, Nicholas G., MD	1974-75
Grotting, James C., MD	2018-19
Hugo, Norman E., MD	1987-88
Jabaley, Michael E., MD	1986-87
Ketch, Lawrence L., MD	2002-03
*Krizek, Thomas J., MD	1982-83
Lalonde, Donald H., MD	2009-10
Lee, W. P. Andrew, MD	2010-11
*Longacre, J.J., MD	1961-62
Losee, Joseph E., MD	2016-17
*Macomber, W. Brandon, MD	1971-72
Mackay, Donald R., MD	2014-15
*Marzoni, Francis A., MD	1977-78
*Millard, D. Ralph, Jr., MD	1978-79
*New, Gordon B., MD	1947-49
Neumeister, Michael W.	2020-21
Noone, R. Barrett, MD	1993-94
*Paletta, Francis X., Sr., MD	1968-69
*Patton, Henry S., MD	1970-71
Persing, John A., MD	2003-04
Phillips, Linda G., MD	2005-06
*Randall, Peter, MD	1976-77
Rees, Thomas D., MD	1984-85
*Remensnyder, John P., MD	1988-89
Riley, William B., Jr., MD	1998-99
*Royster, Henry P., MD	1963-64
Ruberg, Robert L., MD	1996-97
Russell, Robert C., MD	1997-98
*Ryan, Robert F., MD	1979-80
Sadove, A. Michael, MD	2007-08
Serletti, Joseph M., MD	2015-16
Slezak, Sheri, MD	2013-14
Song, David H., MD	2019-20
Stevenson, Thomas R., MD	2004-05
Stuzin, James M., MD	2006-07
Thorne, Charles H. M., MD	2012-13
Thorne, Frank L., MD	1995-96
*Trier, William C., MD	1981-82
Vedder, Nicholas B., MD	2008-09
*Williams, H. Bruce, MD	1985-86
*Wray, R. Christie, Jr., MD	1992-93

## SECRETARIES-TREASURER

Alpert, Bernard S., MD	2006-08
*Blair, Vilray P., MD	1937-42
*Brown, James Barrett, MD	1942-46
*Byars, Louis T., MD	1947-50
Canady, John W., MD	2008-10
*Cannon, Bradford, MD	1950-56
Chang, James, MD	2014-16
Chung, Kevin C., MD	2012-14
Colen, Lawrence B., MD	2018-20
*Crikelair, George F., MD	1967-70
*Dingman, Reed O., MD	1960-64
Disa, Joseph J., MD	2016-18
*Fryer, Minot P., MD	1964-67
Gradinger, Gilbert P., MD	1991-94
*Graham, William P., III, MD	1982-85
Hoopes, John E., MD	1979-82
*Horton, Charles E., MD	1974-76
Iverson, Ronald E., MD	2004-06
*Ivy, Robert H., MD	1946-47
Johnson, Debra J., MD	2020-22
Kerrigan, Carolyn L., MD	2002-04
Larson, David L., MD	1998-02
*Lynch, John B., MD	1976-79
*McDowell, Frank, MD	1956-60
*McGregor, Mar W., MD	1970-74
Morain, William D., MD	1994-96
Mustoe, Thomas A., MD	2010-12
Riley, William B., Jr., MD	1996-98
Woods, John E., MD	1985-88
Zook, Elvin G., MD	1988-91

## FORMER DIRECTORS

*Achauer, Bruce M., MD	1995-02
*Adams, William Milton, MD	1950-57
Alpert, Bernard S., MD	2001-08
*Anastasi, Gaspar W., MD	1995-99
*Anderson, Robin, MD	1975-81
Ariyan, Stephan, MD	1989-95
Arnold, Phillip G., MD	1997-03
*Aufricht, Gustave, MD	1941-56
*Backus, Leslie H., MD	1958-63
Baker, Thomas J., Jr., MD	1986-92
*Barsky, Arthur J., MD	1960-66
Barton, Fritz E., Jr., MD	1988-94
Behrns, Kevin E., MD	2013-17
Bennett, James E., MD	1978-84
Bentz, Michael L., MD	2007-14
Berggren, Ronald B., MD	1982-88
Bingham, Hal G., MD	1984-90
*Blair, Vilray P., MD	1937-46
*Blocker, Truman G., Jr., MD	1953-61
*Bostwick, John, III, MD	1995-01
Brandt, Keith E., MD	2007-13
*Brauer, Raymond O., MD	1973-79
Brennan, Murray F., MD	1987-90
*Broadbent, Thomas R., MD	1967-73
Brody, Garry S., MD	1985-91
*Bromberg, Bertram E., MD	1978-84
*Brown, James Barrett, MD	1937-47
*Buncke, Harry J., Jr., MD	1976-82
*Byars, Louis T., MD	1946-54
Callison, James R., MD	1985-91
Canady, John W., MD	2004-10
*Cannon, Bradford, MD	1946-56
Cederna, Paul S., MD	2013-20
Chang, James, MD	2010-16
Chase, Robert A., MD	1967-73
*Chism, Carl E., MD	1974-77
Chung, Kevin C., MD	2008-14

Cohen, I. Kelman, MD	1996-98
Coleman, John J., III, MD	1996-03
Colen, Lawrence B., MD	2014-20
* Colon, Gustavo A., MD	1999-05
*Conway, J. Herbert, MD	1958-64
*Courtiss, Eugene H., MD	1981-87
Cramer, Lester M., MD	1975-81
*Crikelair, George F., MD	1965-71
*Cronin, Thomas D., MD	1961-67
Cunningham, Bruce L., MD	1996-04
*Curtin, John W., MD	1970-76
*Davis, Albert D., MD	1949-59
*Davis, John Staige, MD	1937-45
Dean, Richard H., MD	1995-99
*DesPrez, John D., MD	1982-84
*De Vito, Robert V., MD	1977-80
*Dingman, Reed O., MD	1959-65
Disa, Joseph J., MD	2012-18
*Dorrance, George M., MD	1937-46
*Dupertuis, Samuel M., MD	1951-59
Dzwierzynski, William W., MD	2015-21
*Edgerton, Milton T., Jr., MD	1964-70
Erhardt, Walter L., Jr., MD	2003-09
*Erich, John B., MD	1958-64
Eriksson, Elof, MD	1994-00
Evans, Gregory R. D., MD	2005-11
*Farmer, Alfred W., MD	1947-51
*Figgi, Frederick A., MD	1949-58
†Figueroa, Liz	2000-06
Fisher, Jack C., MD	1987-93
*Frackelton, William H., MD	1957-63
Friedland, Jack A., MD	2004-10
*Fryer, Minot P., MD	1962-68
Furnas, David W., MD	1979-85
*Gaisford, John C., MD	1968-74
*Georgiade, Nicholas G., MD	1969-75
Given, Kenna S., MD	1992-99
*Goin, John M., MD	1980-86
*Goldwyn, Robert M., MD	1984-90
*Gorney, Mark, MD	1977-83
Gosain, Arun K., MD	2008-14
*Grabb, William C., MD	1978-82
Gradinger, Gilbert P., MD	1989-95
*Graham, William P., III, MD	1980-86
*Greeley, Paul W., MD	1951-58
*Griffith, B. Herold, MD	1976-82
Grotting, James C., MD	2014-20
Guyuron, Bahman, MD	2005-11
*Hamm, William G., MD	1945-55
*Hanna, Dwight C., MD	1975-81
Hansen, Juliana E., MD	2013-19
Havlik, Robert J., MD	2009-15
Heckler, Frederick R., MD	1990-96
*Hendrix, James H., Jr., MD	1968-74
Hentz, Vincent R, MD	2001-08
Hoehn, James G., MD	1997-04
Hoopes, John E., MD	1977-83
*Horton, Charles E., MD	1971-77
Hugo, Norman E., MD	1982-88
†Iozzio, Mary Jo, Ph.D.	2014-20
Iverson, Ronald E., MD	2000-06
*Ivy, Robert H., MD	1937-47
Jabaley, Michael E., MD	1981-87
*Johnson, James Buford, MD	1956-62
*Jurkiewicz, Maurice J., MD	1972-78
Kalliainen, Loree K., MD	2015-21
Kawamoto, Henry K., Jr. MD	1994-00
*Kelleher, John C., MD	1972-78
Kenkel, Jeffrey M., MD	2011-17
*Kemper, John W., MD	1951-52
Kerrigan, Carolyn L., MD	1997-04

Ketch, Lawrence L, MD	1998-05
*Kiehn, Clifford L.D., MD	1960-66
*Kirkham, Harold L., MD	1937-49
*Kiskadden, William S., MD	1937-51
*Kitlowski, Edward A., MD	1955-62
*Klabunde, E. Horace, MD	1962-68
Klimberg, V. Suzanne, MD	2010-13
*Koch, Sumner L., MD	1937-51
*Krizek, Thomas J., MD	1977-83
Krummel, Thomas M., MD	1999-03
Kuzon, William M., Jr., MD	2009-15
*Ladd, William E., MD	1937-45
Lalonde, Donald H., MD	2005-12
Larson, David L., MD	1996-02
Lee, W.P. Andrew, MD	2006-13
Levin, L. Scott, MD	2006-12
*Lewis, Stephen R., MD	1966-72
*Lindsay, William K., MD	1965-71
*Longacre, J. J., MD	1957-63
Losee, Joseph E., MD	2012-19
Luce, Edward A., MD	1985-91
Lynch, Dennis J., MD	1999-05
*Lynch, John B., MD	1974-80
*MacFee, William F., MD	1947-53
*Macomber, Douglas W., MD	1960-66
*Macomber, W. Brandon, MD	1966-72
Mackay, Donald R., MD	2010-17
Manson, Paul N., MD	1993-99
*Marzoni, Francis A., MD	1972-78
*Masters, Francis W., MD	1968-74
*Mathes, Stephen J., MD	1993-99
Matthews, Jeffrey B., MD	2007-10
May, James W., Jr., MD	1987-93
*McCormack, Robert M., MD	1963-69
*McCoy, Frederick J., MD	1973-79
*McDowell, Frank, MD	1954-62
McGrath, Mary H., MD	1989-95
*McGregor, Mar W., MD	1969-75
*McGuire, Michael F., MD	2010-16
McKinney, Peter W., MD	1999-05
*Millard, D. Ralph, Jr., MD	1973-79
Miller, Michael J., MD	2014-20
Miller, Stephen H., MD	1984-90
Miller, Timothy A., MD	1991-97
*Mills, James T., MD	1946-55
*Moore, Andrew M., Sr., MD	1969-75
Morain, William D., MD	1992-96
*Moran, Robert E., MD	1956-58
Morgan, Raymond F., MD	1997-03
*Murray, Joseph E., MD	1964-70
*Musgrave, Ross H., MD	1970-76
Mustoe, Thomas A., MD	2006-12
Nahai, Foad, MD	2000-06
Neale, Henry W., MD	1990-96
Netscher, David T. J., MD	2012-18
*New, Gordon B., MD	1937-49
Noone, R. Barrett, MD	1988-94
*O'Connor, Gerald B., MD	1952-60
*Owens, Arthur N., MD	1947-57
*Paletta, Francis X., Sr., MD	1963-69
Pappas, Theodore N., MD	2003-06
*Patton, Henry S., MD	1965-71
*Peacock, Erle E., Jr., MD	1970-76
Pederson, William C., MD	2013-19
*Peer, Lyndon A., MD	1954-58
Persing, John A., MD	1999-06
Phillips, Linda G., MD	2000-08
*Pickering, Paul P., MD	1963-70
*Pickrell, Kenneth L., MD	1955-63
*Pierce, George W., MD	1937-49
Puckett, Charles L., MD	1988-94

*Randall, Peter, MD	1971-77
Reading, George P., MD	1986-92
*Rees, Thomas D., MD	1979-85
*Remensnyder, John P., MD	1983-89
Ridders, Layton F., MD	1990-95
Riley, William B., Jr., MD	1994-01
*Risdon, Ernest F., MD	1937-47
*Robinson, David W., MD	1961-67
Robson, Martin C., MD	1991-97
Rohrich, Rod J., MD	2000-06
Rowland, Willard D., MD	1971-77
*Royster, Henry P., MD	1959-65
Ruberg, Robert L., MD	1991-97
Russell, Robert C., MD	1992-98
*Ryan, Robert F., MD	1974-80
Sadove, A. Michael, MD	2004-10
†Sarwer, David B., Ph.D.	2014-20
†Savin-Williams, Janice	2008-14
Sawyers, John L., MD	1986-87
Serletti, Joseph M., MD	2011-18
†Shannon, Thomas A., Ph.D.	2008-14
Sherman, Randolph, MD	2000-06
Slezak, Sheri, MD	2009-16
*Smith, Ferris, MD	1937-45
Smith, David J., Jr., MD	1993-00
*Snyder, Clifford C., MD	1963-69
Spira, Melvin, MD	1979-85
*Stark, Richard B., MD	1962-68
*Steffensen, Wallace H., MD	1945-54
Stevenson, Thomas R., MD	1999-07
*Steiss, Charles F., MD	1959-65
*Straatsma, Clarence R., MD	1951-60
Stuzin, James M., MD	2002-09
Swartz, William M., MD	2003-09
Thorne, Frank L., MD	1990-96
Thorne, Charles H. M., MD	2008-15
*Trier, William C., MD	1976-82
Vasconez, Luis O., MD	1997-04
Vedder, Nicholas B., MD	2004-11
Verheyden, Charles N., MD	2011-17
Vistnes, Lars M., MD	1983-89
*Webster, George V., MD	1961-67
*Webster, Jerome P., MD	1938-51
Weeks, Paul M., MD	1981-87
Wells, James H., MD	2007-13
*Whalen, William P., MD	1967-73
*Wheeler, John M., MD	1937-38
*White, William L., MD	1966-72
*Williams, H. Bruce, MD	1980-86
*Wolfort, Francis G., MD	1996-97
Woods, John E., MD	1983-89
*Wray, R. Christie, Jr., MD	1987-93
*Zarem, Harvey A., MD	1982-88
Zook, Elvin G., MD	1986-92

## HISTORIANS

Eriksson, Elof, MD	1995-00
Kalliainen, Loree K., MD	2018-21
McGrath, Mary H., MD	1991-95
McKinney, Peter W., MD	2000-05
Netscher, David T. J., MD	2013-18
Vedder, Nicholas B., MD	2005-08
Wells, James H., MD	2008-13

## EXECUTIVE DIRECTORS

Brandt, Keith E., MD	2015-present
Noone, R. Barrett, MD	1997-2015

## EXECUTIVE DIRECTOR EMERITUS

Noone, R. Barrett, MD	2015-present
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†Public Member  
\*Deceased