The above-named Surgeon has applied for Reapplication for examination of The American Board of Plastic Surgery, Inc. In order to assist the Board in its evaluation, kindly complete both sides of this form. Please return the form to ABPS by e-mail as a PDF to written@abplasticsurgery.org, mail or fax to 215-587-9622.

Evaluation aligned with the Six Core Competencies of the American Board of Medical Specialties (ABMS). Please place an “X” in the appropriate box.

A. Patient Care and Procedural Skills. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health and effective technical and surgical skills.

B. Medical Knowledge. Demonstrates knowledge of established and evolving biomedical, technical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

C. Interpersonal and Communication Skills. Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

D. Professionalism. Demonstrates commitment to carrying out professional responsibilities and an adherence to ethical principles, honesty and trustworthiness in evaluating and demonstrating own skills and abilities.

E. Systems-based Practice. Demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

F. Practice-based Learning and Improvement. Demonstrates the ability to investigate and evaluate care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Note: If checked “UNSATISFACTORY” please explain under COMMENTS.
The American Board of Plastic Surgery, Inc. considers peer review an important component of the examination process and relies on those peer physicians in the community of the Surgeon to assist the Board in the evaluation of these individuals. We solicit your candid responses to the following:

1. Do you have personal knowledge of the Surgeon’s practice?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to Evaluate

2. Do you have a business or a close personal relationship with this Surgeon?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to Evaluate

3. Are you aware of any substance abuse?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to Evaluate

4. Are you aware of any disciplinary actions taken in the case of the Surgeon (e.g., loss or restriction of privileges, licensure revocation, suspensions, etc.)?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to Evaluate

5. Do you recommend, without any reservation, this Surgeon for certification?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unable to Evaluate

### COMMENTS

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Signature ____________________________________________

Title _________________________________________________

Date _________________________________________________