

The American Board of Plastic Surgery, Inc.®

Five Penn Center • Suite 900 • 1601 Market Street • Philadelphia, PA 19103

Phone: 215-587-9322 • Fax: 215-587-9422 • Email: info@abplasticsurgery.org

Identification of Reviewer

Name

Title (Chief of Surgery, Chief of Staff, or other)

Name of Hospital

Street Address

City, State, Zip Code



REAPPLICATION PEER REVIEW FORM

RE:

(Clearly Print Full Name of Candidate)

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 email as a PDF to written@abplasticsurgery.org or fax to 215-587-9422.

VERIFICATION OF CLINICAL PRIVILEGES AND PRACTICE

1. Is the surgeon in practice of Plastic Surgery in this hospital? ☐ Yes ☐ No ☐ Unable to Evaluate
2. Does the surgeon hold full Plastic Surgical privileges? (*If no, explain in Comments*) ☐ Yes ☐ No ☐ Unable to Evaluate
3. Do you have a relationship with the Surgeon other than in the official capacity noted above? (*If yes, explain in Comments*) ☐ Yes ☐ No ☐ Unable to Evaluate

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

		SATISFACTORY	UNSATISFACTORY	UNABLE TO EVALUATE
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.				

EVALUATION OF CLINICAL PRACTICE CHARACTERISTICS

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

Signature _____

Title _____

Date _____