

The American Board of Plastic Surgery, Inc.®

BOOKLET OF INFORMATION

July 1, 2026 - June 30, 2027



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90th Anniversary of the ABPS
Promoting safe, ethical, efficacious plastic surgery since 1937

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 11, 2027		
INTEGRATED PS RESIDENTS	Evaluation of Training Form	Required during PSY - I
INDEPENDENT PS RESIDENTS	Evaluation of Training Form	Required prior to entering Plastic Surgery training
SENIOR RESIDENTS-CANDIDATES	Applications available	September 2026
	Applications Due	October 2, 2026
	Applications with Late Fee	October 3-8, 2026
PROGRAM DIRECTORS	Preliminary Residency Graduation Recommendation for Certification Due	December 31, 2026
SENIOR RESIDENTS-CANDIDATES	Registration Forms available	Mid-January 2027
	Registration Forms Due	February 2, 2027
	Registration Forms with Late Fee	February 3-5, 2027
	Scheduling Permits Available	March 2027
	Withdrawal Deadline with Partial Refund	April 11, 2027
WRITTEN EXAMINATION	Online Examination administered at Prometric® Testing Centers	May 11, 2027
PROGRAM DIRECTORS	Final Residency Graduation Confirmation Due	July 1, 2027
SENIOR RESIDENTS-CANDIDATES	Results Available <i>Results withheld if Final Confirmation is not received from Program Director</i>	July 2027
ORAL EXAM - PHOENIX, ARIZONA THURSDAY, FRIDAY and SATURDAY, NOVEMBER 11, 12, 13, 2027		
CANDIDATES	Instructions available for 2027	July 1, 2026
	Case List Collection Period	July 1, 2026 - March 31, 2027
	Peer Evaluation Process Available	April 1, 2027
	Case List with Review Fee Due	April 20, 2027
	Case List with Late Fee	April 21 - 23, 2027
	Recommendation to secure hotel reservation. Details sent by Board Office.	June 2027
	Registration Form with Notification of Selected Cases Available	July 2027
	Registration Forms Due	July 30, 2027
	Registration Forms with Late Fee Due	July 31-August 4, 2027
	Request for Three Additional Cases-Incomplete Case Reports Only	August 16, 2027
	Case Report Documents Uploaded	August 19, 2027
	Hotel Reservation Deadline with Reduced Rate for Room Block	October 8, 2027
	Withdrawal Deadline with Partial Refund	October 11, 2027
	Notification of Cleared Cases & Admission Form Available	October 2027
ORAL EXAMINATION	Phoenix, Arizona	November 11, 12, 13, 2027
CANDIDATES	Results Available	By December 31, 2027
Requests to the Board for Special Consideration	Documents & Review Fee due	February 1 for Spring meeting, September 1 for Fall meeting

FEE SCHEDULE

Resident Registration/Evaluation of Training Fee	\$185.00
Written Examination Application Fee	\$450.00
Written Examination Application Late Fee	\$250.00
Written Examination Registration Fee	\$1,000.00
Written Examination Registration Late Fee	\$545.00
Written Examination Withdrawal Fee (>30 days prior to exam)	\$740.00
Written Examination Score Validation Fee	\$350.00
Oral Examination Case List Review Fee	\$685.00
Oral Examination Case List Late Fee	\$545.00
Oral Examination Registration Fee	\$1,295.00
Oral Examination Registration Late Fee	\$740.00
Oral Examination Withdrawal Fee (>30 days prior to exam)	\$740.00
Missing/Incomplete Items Fee	\$150.00
Administrative Fee	\$250.00
Continuous Certification Annual Fee	\$410.00
Continuous Certification Annual Fee – Late Fee	\$55.00
Annual Contribution – Lifetime Certificate Holders	\$410.00
Written and Oral Examination Reapplication Fee	\$725.00
Written and Oral Examination Extended Admissibility Application Fee	\$1,000.00
Credentials Review Fee – Special Consideration/Reconsideration	\$500.00
Ethics Review Fee – Special Consideration/Reconsideration	\$500.00
Additional Printed Certificate Fee	\$150.00
Informal Appeal Fee	\$800.00
Formal Appeal Fee	\$1,800.00
Verification of Status Fee	\$50.00
Repeat Examination Fee	Exam Fees Above

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.



ABPS Board Logo

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:

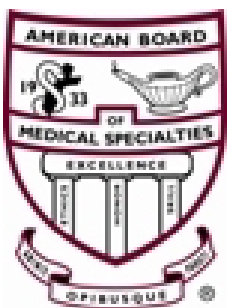
Diplomates of this Board or any person or entity, cannot use the corporate seal or the Board's name, "The American Board of Plastic Surgery, Inc.", or any registered trademark or service mark owned by the corporation, or any similar seal or name, for commercial purposes. The only acceptable use of the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



ABPS Diplomate Logo

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 to 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 (ABPS) was organized in 1937 and received recognition as a subsidiary of the American Board of Surgery in 1938.

The ABPS became a Primary Board in 1941 to advance the specialty of plastic surgery by establishing and maintaining high standards of education, training, and knowledge required for high-quality patient care.

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. Correspondence can also be addressed to The American Board of Plastic Surgery, Inc., 1601 Market Street, Suite 900, Philadelphia, PA 19103.

Further information can be obtained at the following websites:

- The American Board of Plastic Surgery, Inc. (ABPS) - www.abplasticsurgery.org
- The American Board of Medical Specialties (ABMS) – www.abms.org and www.certificationmatters.org
- Association of American Medical Colleges (AAMC) - www.aamc.org
 - Electronic Residency Application Service (ERAS): <https://students-residents.aamc.org/applying-residencies-eras/apply-residencies-eras-system>
- American Council of Educators in Plastic Surgery (ACEPS) - www.aceplasticsurgeons.org
- American Medical Association (AMA) – www.ama-assn.org

- Educational Commission for Foreign Medical Graduates (ECFMG) – a Division of Intealth – www.ecfm.org
- National Resident Matching Program - www.nrmp.org
- Resident and Fellowship Match Services – www.sfmach.org
- The Review Committee for Plastic Surgery (RC-PS) at the Accreditation Council for Graduate Medical Education (ACGME) – www.acgme.org/specialties/plastic-surgery/overview/

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

Contact Information 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 tracking of 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 an administrative 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 ensure 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.

2026-2027 OFFICERS

AMY K. ALDERMAN, MD, Chair
NOLAN S. KARP, MD, Chair-Elect
MARK M. URATA, MD, Vice-Chair
MICHELE A. SHERMAK, MD, Secretary-Treasurer

EXECUTIVE DIRECTOR

KEITH E. BRANDT, MD

EXECUTIVE DIRECTOR EMERITUS

R. BARRETT NOONE, MD

2026-2027 DIRECTORS

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JESSE A. TAYLOR, MD	Philadelphia, PA
MARK M. URATA, MD	Los Angeles, CA

Michele A. Shermak, Historian

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

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Michele A. Manahan, MD, Chair

Oral Examination Committee

Galen Perdakis, MD, Chair

Continuous Certification in Plastic Surgery Program Committee

Mark M. Urata, MD, Chair

Hand Surgery Examination Committee

Scott N. Oishi, MD, Chair

By-Laws and Publications Committee

C. Scott Hultman, MD, Chair

Credentials and Requirements Committee

Amanda A. Gosman, MD, Chair

Ethics Committee

Clara N. Lee, MD, Chair

Aesthetic Committee

Michele A. Shermak, MD, Chair

Integrity, Diligence, Excellence, Action (IDEA) Committee

Lisa R. David, 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

Cassandra Kosielowski

Ethics Coordinator and Examination Associate

Sarah S. Praul

Credentialing Specialist and 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.

Sponsoring Organizations

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

The Aesthetic Foundation
The Aesthetic Society
American Council of Educators in Plastic Surgery
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.

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 group assists with the Written Exam and Continuous Certification Self-Assessment item-writing assignments. It is also the pool from which the next Board of Directors members will be selected from. . Service as an Advisory Council member is a prerequisite for eligibility to be elected as a Director of the Board.

Comprehensive Plastic Surgery - Nolan S. Karp, MD (ABPS), Chair

Richard C. Baynosa, MD
Devra B. Becker, MD
Lynn A. Damitz, MD
Jamie P. Levine, MD
Bruce A. Mast, MD
Minh-Doan T. Nguyen, MD
Vu T. Nguyen, MD
Justin M. Sacks, MD
Loren S. Schechter, MD
Thomas H-H. Tung, Jr., MD

Cosmetic Surgery - Michele A. Shermak, MD (ABPS), Chair

Anureet K. Bajaj, MD
J. Brian Boyd, MD
Jerome D. Chao, MD
Sara R. Dickie, MD
David A. Jansen, MD
John Y-S. Kim, MD
Samuel J-W. Lin, MD
Nicole Z. Sommer, MD
Gary A. Tuma, MD
Michael S. Wong, MD

Craniofacial Surgery - Jesse A. Taylor, MD (ABPS), Chair

Hermann P. Lorenz, MD
Delora L. Mount, MD
Kamlesh B. Patel, MD
Richard J. Redett, III, MD
Alison K. Snyder-Warwick, MD

Hand Surgery - Scott N. Oishi, MD (ABPS), Chair

Stephen H. Colbert, MD
Scott L. Hansen, MD
Timothy S. Johnson, MD
Amber R. Leis, MD
Scott D. Lifchez, MD
Ines C-Y. Lin, MD

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

INTRODUCTION

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. **Any violation of a policy, rule, requirement, or procedure set forth in this Booklet of Information is grounds for disciplinary action pursuant to the Board's Code of Ethics and Professionalism.**

The Board provides this Booklet to each candidate applying for an 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.

The American Board of Plastic Surgery, Inc.

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.

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 and Professionalism. Moral and ethical practices that do not conform to the Board's Code of Ethics and Professionalism 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.

Ethical and 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 to:

1. Request lists of operations performed solely by the candidate for a designated period of time.
2. Request special and extra examinations: written, oral or practical.
3. Request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification.
4. 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 board admissibility or 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 and Professionalism available at <https://www.abplasticsurgery.org/about-us/policies/>.**

NOTE TO RESIDENTS: Active practice websites, commercial blogs, and commercial podcasts that allow clinic visits or procedures to be performed prior to July 1 of the resident's graduating year 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 independent 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 achieve 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 all advertising materials to the Board during the Oral Examination process. The Board recommends that candidates perform a web-based search to identify and correct all instances of internet listings that state the candidate’s Board status inappropriately 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. 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 The Aesthetic Society to determine adherence to the Society’s policies before publishing advertisements.

Marketing events are prohibited where injectables, procedures or operations are provided in a social or educational setting where alcohol is served. Participation in raffles, contests, and promotions is limited to those that do not require an incision. The promotion must stipulate the establishment of an appropriate physician/patient relationship to determine suitability.

Refer to the following excerpt from section 4 of the ABPS Code of Ethics and Professionalism:

- 4.1. The actions of any Diplomate or Candidate may be investigated by the Ethics Committee and the Board. Disciplinary action can include a public or private letter of reprimand, suspension, revocation or probation of certification, or any other action that the Board considers appropriate in the circumstances. Just and sufficient reasons for such disciplinary action may include, but are not limited to:
 - L. Failing to establish an appropriate physician/patient relationship during the perioperative period, failing to personally ensure an adequate preoperative evaluation, failing to personally explain the risks of a procedure with adequate time for the patient to contemplate the consequences, failing to obtain an informed consent, failing to establish adequate postoperative management for all patients regardless of distance.
 - M. Using marketing promotions (contests/raffles, etc.) or charitable donations that include a surgical procedure or an integral component of a surgical procedure (e.g. breast implants)
 1. Marketing promotions or charitable donations may include a free consultation, non-invasive treatment (neuromodulator or filler injection), skin care product, or a gift certificate for non-surgical services

Medical or Osteopathic Medical Education

Before beginning 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).

ACCREDITED RESIDENCY PROGRAMS

The Board requires that all residency and fellowship training be accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ABPS does not review or approve residency programs. The ACGME Review Committee for Plastic Surgery (RC-PS) inspects and makes recommendations for or against accreditation of residency training programs in plastic surgery. The RC-PS consists of 12 members, including 3 representatives from each of the following organizations: The American Board of Plastic Surgery, Inc., the American College of Surgeons, and the American Medical Association. The RC-PS also includes a representative from the American Osteopathic Association, one Public Member and one Resident Member. Information concerning accredited training programs may be obtained through the ACGME. The website of the ACGME (www.acgme.org) lists all ACGME-accredited plastic surgery residency training programs. For information regarding the current accreditation status of training programs, review the ACGME program search at <https://apps.acgme.org/ads/Public/Programs/Search>. Additional information can be obtained through the American Medical Association (AMA) Fellowship and Residency Electronic Interactive Database (FREIDA™). The FREIDA™ database has several filters that allow users to search for residency programs, <https://freida.ama-assn.org/>.

The Directors of the Board and the ABPS office staff are not responsible for the placement of residents for training. The Board does *not* maintain a list of available openings in programs. Residents seeking ACGME-accredited training positions in plastic surgery should correspond directly with the training programs in which they are interested.

Residents training in an American Osteopathic Association (AOA) Training Program:

1. Graduates with a Doctor of Osteopathic Medicine (DO) degree, granted in the United States or Canada by the American Osteopathic Association (AOA) may apply for positions in ACGME-accredited Integrated plastic surgery training programs. Upon successful completion of the Integrated plastic surgery residency program, the individual would be eligible to apply for the ABPS Examination and Certification process.
2. Transfers into ACGME-accredited Integrated plastic surgery residency training programs are allowed per the **Transfers section of this booklet**.
3. Residents who complete prerequisite training in an AOA general surgery program that has been accredited by the ACGME for at least the last 3 years may be eligible for ABPS certification. The resident must document that they are eligible for certification by the American Board of Surgery (ABS). Residents who train in a vascular, neurological, orthopaedic, otolaryngology-head and neck, urology, cardiac or thoracic AOA surgical residency must document that they are eligible for certification through the corresponding ABMS surgical board. This documentation, plus completion of an ABPS Resident Registration and Evaluation of Training Form, must be approved by the ABPS office before the resident will be allowed to participate in the Plastic Surgery Match through the SF Match program..
4. Residents who train in an AOA accredited general surgery program that does not have at least the last 3 years of ACGME accreditation may decide to train in an ACGME-accredited Independent plastic surgery training program, but they will not be eligible for certification by the ABPS. After completion of training, the resident may be eligible for certification through the AOA. To participate in the plastic surgery match (SF Match), the resident must obtain a letter from the AOA, indicating that they are eligible for AOA certification.

The ABPS encourages all AOA residents to submit an Evaluation of Training Form as early as possible so the resident's exact status can be determined well before the submission deadlines of the SF Match. Reach out to the Board Office at info@abplasticsurgery.org.

1. Resident Registration and Evaluation of Training Form – [online form available on the Board website](#).
2. Evaluation of Training Processing Fee
3. Copy of osteopathic degree (D.O.)

4. Letter from the general surgery program director or Department Chair indicating that the resident successfully completed 5 years of training with at least the last 3 years in an ACGME-accredited general surgery (or alternate surgical) training program, including exact dates of training and the year levels completed.
 - a. Clinical (month-by-month) Rotation Schedule; and
 - b. Certificate of Completion of Training.
5. ACGME letter documenting accreditation of the program

OFFICIAL RESIDENT REGISTRATION AND EVALUATION OF TRAINING

Residents must complete the ABPS Resident Registration and Evaluation of Training Form and receive ABPS approval during their PSY-I year 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 registration and evaluation of training 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 Office will also document non-approvals when applicable.

The Board will not issue a Confirmation Letter or allow completion of an Application for Examination and Certification until the Resident Registration and Evaluation of Training Form has been reviewed and approved by the Board. Approval of residency training in plastic surgery will be provided to those residents who meet the Board's established prerequisite training requirements.

The Resident Registration and 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 to be provided by the Board Office.

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

- **Prospective residents for an Independent Plastic Surgery Residency** - An official evaluation of prerequisite training by the Board is required prior to participating in the SF Match for a position in an Independent program.
- **Residents in an Integrated Plastic Surgery Residency** - An official evaluation of training by the Board is required during the first year of plastic surgery residency training (PSY I of VI). This includes Canadian Residents who have matched into plastic surgery residency through CaRMS (PSY I of V).
- **Residents transferring into an Integrated Plastic Surgery Residency.** Evaluation of training with the transfer request must be reviewed and approved by the Board prior to initiating the transfer. If approved, a confirmation letter will be issued by the Board. **Refer to the transfer requirements section in this booklet.**

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

Most plastic surgery residencies participate in either the National Resident Matching Program (NRMP), www.nrmp.org or the Plastic Surgery Residency Matching Program (PSMP), www.sfmatch.org. The PSMP requires residents to provide a copy of the Board's Confirmation Letter for the Match Application. Residents should be aware of the Match Application deadline, usually in the fall.

UNITED STATES & CANADIAN GRADUATING PLASTIC SURGERY RESIDENTS' TIMELINE

Resident Registration and Evaluation of Training Form	Integrated residents: submit during PSY Year 1 of plastic surgery training. Independent residents: submit prior to participating in the PSMP match
Written Examination Application Available	Mid-September of Senior Resident Year
Preliminary Residency Graduation Recommendation	December 31 st – submitted online by Program Director
Written Examination Registration Available	Mid-January
Scheduling Permits Available to register at Prometric Test Centers	March
Written Examination	May
Final Residency Graduation Recommendation and Confirmation	July 1 st – submitted online by Program Director
Results Available	July

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 who desire 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.

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). Oral and Maxillofacial Surgery residents applying to Plastic Surgery Independent programs must have completed all of their prerequisite training at programs accredited by the American Dental Association (ADA) and the ACGME.

Residents who are completing, or have completed, general surgery residency training or another accepted surgical specialty applying for an **Independent** plastic surgery residency training position:

- Must complete the last three years of general surgery residency training, or training in any other accepted surgical specialty, in the same program, with progressive responsibility.

- If the resident has completed general surgery residency training, or residency training in any other accepted surgical specialty, in three or more institutions, they MUST obtain ABS certification, or certification in the other accepted ABMS surgical specialties. The resident may apply to a plastic surgery residency training position, but the resident must obtain ABS certification, or certification in the other accepted ABMS surgical board, before becoming ABPS eligible.

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 ABPS Office to submit a Verification Form to the program director at the conclusion of training.

- **The combined or coordinated programs (3 GS + 3 PS) were eliminated in 2021.**
- **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 Train in Canada.

Required Clinical Experiences - All residents whether in the Integrated or Independent pathways must receive clinical experience in the following content areas:

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 Review Committee for Plastic Surgery (RC-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 trauma 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 – head and neck surgery, thoracic and cardiac surgery, or urologic surgery. Prospective candidates, including residents who 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: Prerequisite Training in Oral and Maxillofacial Surgery:

Candidates with a dental degree (DMD or DDS) obtained in the United States or Internationally and are pursuing an Oral and Maxillofacial fellowship may be eligible for ABPS certification through an alternate pathway for prerequisite training. Oral and Maxillofacial training must 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. The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing.

The Oral and Maxillofacial training must also include a minimum of 2 years of clinical general surgery residency training with progressive responsibility. If the 2 years of general surgery residency training are not completed in the same institution as the OMFS residency training, then the 2 years of clinical general surgery residency training must be completed in a single 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 years of general surgery residency training. No more than one month of anesthesia training will be counted towards the 2 years of general surgery training. 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, or 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 progressive 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 surgical specialty board or the ABOMS. Residents should notify the ABPS 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 surgical specialty board in the United States is acceptable.

Residents must submit the following:

1. Letter from the prerequisite Program Director or Department Chair indicating the resident successfully completed prerequisite residency training, including exact dates of training, year levels completed with graduation date, and that the resident was in good standing at the time of graduation and departure from the program.
2. Clinical rotation schedule
3. Certificate of completion of training; or a letter from the ABMS surgical specialty board indicating admissibility to the examination and certification process, or documentation of certification.

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. A minimum of 48 clinical weeks per year is required and may be averaged over the length of training. The Board requires all requisite training to be completed under the supervision of the plastic surgery program director. Residents who transfer from prerequisite training into a plastic surgery residency training program and are considered off-cycle (starting plastic surgery after July 1st) will not be permitted to supplement with previously completed prerequisite rotations to offset the standard 48 clinical weeks of required requisite training per year.

To be eligible for certification by the ABPS, training in plastic surgery must be obtained in either the United States or Canada.

The Board only accepts training from programs in the United States that has been accredited by the Review Committee for Plastic Surgery (RC-PS) of 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. 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, including lymphedema management
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) for entry into an **Independent** Plastic Surgery program. Residents can only participate in the match for a 3-year Independent plastic surgery training program after the ABPS issues a Confirmation Letter approving the candidate's prerequisite training. This ABPS Confirmation Letter is provided after completion and approval of the Resident Registration and Evaluation of Training Form verifying the acceptability of the prerequisite training. The form must be submitted and the resident must receive Board approval prior to participating in the Plastic Surgery Residency Matching Program. In the Independent Model, only the **Requisite** Plastic Surgery training is under the supervision of the Review Committee for Plastic Surgery (RC-PS).

INTEGRATED MODEL

MATCHING DIRECTLY FROM MEDICAL SCHOOL

The **Integrated** plastic surgery model begins by matching directly from medical school into a plastic surgery program for 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 should participate in the National Resident Matching Program (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 ACGME. No less than 3 years of the Integrated program must be concentrated in plastic surgery, and the final 12 months must include senior clinical plastic surgery responsibility. **The last 3 years of Integrated training must be completed in the same program.** The required content of training in these 3 plastic surgery years is documented under Requisite Training. **All training programs must be accredited 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 their academic years of training in an Integrated Plastic Surgery Competency Based Residency Program approved for the Competency Based Time Variable Training Pilot, by the Review Committee for Plastic Surgery (RC-PS) and the ABPS. Programs are required to identify all residents to the Board Office upon acceptance into the program, but no later than the beginning of PSY-IV year. Residents completing the Competency-Based training pathway are required to complete a minimum of 5 years of academic plastic surgery residency training with progressive responsibility.

The Board will require PSOLs from the Competency Based program, including both integrated and competency based residents, during the residents' PSY-IV and PSY-V years to determine if they are meeting case minimums to graduate. Submission of milestones are also required from competency based residents at the end of the PSY-IV and PSY-V years. If there are concerns, the Board will address directly with the program.

Should a Competency Based Program receive a "warning" from the ACGME RC-PS, all residents in that pathway are required to move from the Competency Based Program into the standard Integrated program and complete the entire 6 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 pathway. Those residents who are required 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. If a resident in a Competency Based Program must repeat a plastic surgery year, or training is extended for any reason, the resident will no longer qualify for the Competency Based pathway. The resident must then move into the standard 6-year Integrated Program, and complete the entire PSY-VI year of training.

5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship

As of July 1, 2022, the Board has established a training pathway through which plastic surgery residents who complete 5 progressive years of plastic surgery training plus 1 year of a hand fellowship accredited by the ACGME RC-PS or the RC-Orthopaedic Surgery in the same institution, will be considered eligible for both ABPS primary certification in Plastic Surgery and Subspecialty Certification in Hand Surgery. Only Integrated Plastic Surgery programs with a Hand Fellowship accredited through the ACGME RC-PS or the RC-Orthopaedic Surgery may participate in this pathway. The program must apply to both the Board and the RC-PS for approval **prior to** designating residents into this pathway. The resident must be identified by PSY-IV year and must complete all plastic surgery requisite requirements and graduate from plastic surgery training at the end of their PSY-V year. Plastic surgery training and hand fellowship training must be completed sequentially, at the same institution in this 5+1 model. Residents who complete this 5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship program are eligible to take the ABPS Plastic Surgery Written Examination in the final year of plastic surgery residency training (year 5) and prior to the start of the hand fellowship. Once successful on the ABPS Written Examination, the resident has the opportunity to sit for the Hand Surgery Examination following hand surgery fellowship graduation and prior to the ABPS Oral Examination.

RESIDENTS WHO TRAIN IN CANADA

It is the responsibility of residents in Canada to ensure their training is approved by the ABPS. The Resident Registration and Evaluation of Training Form must be submitted for review. If approved, the ABPS will issue a Preliminary Confirmation of Approval Letter. This initial evaluation of training is required and pertains to all residents applying for admission to The American Board of Plastic Surgery, Inc. certification process. To be eligible for entry into a United States ACGME-accredited Plastic Surgery Residency Training Program, the following provisos and documentation must be completed:

I. Canadian Surgical Residents who complete one of the approved alternate surgical residency pathways and intend to apply to an ACGME-accredited Independent Plastic Surgery Training Program in the United States:

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 (IMGs) will be accepted only if the resident matches directly into a Canadian Surgical Residency through CaRMS (Canadian Residency Matching System), completing prerequisite training in one of the below accepted surgical specialties in Canada.
2. Must have entered an ABPS approved alternate surgical residency through the Canadian Resident Matching Service (CaRMS). The only surgical residencies approved are: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology-Head and Neck Surgery, Thoracic and Cardiac Surgery, and Urologic Surgery.
3. Prerequisite training must be completed in no more than two residency training programs. Residents who are completing, or have completed, general surgery residency training (or one of the approved alternate surgical specialties) and applying for an **Independent** plastic surgery residency training position must:
 - complete the last three years of general surgery residency training, or training in the approved alternate surgical specialty, in the same program, with progressive responsibility.
 - provide a letter from the prerequisite surgical residency training Program Director or Department Chair attesting to the resident completing their prerequisite surgical residency training, including exact dates of training, the year levels completed/to be completed with expected graduation date, a complete clinical month by month rotation schedule, and a certificate of completion. The letter must also confirm the resident is in good standing.
 - obtain primary certification in the approved surgical specialty by the Royal College of Physicians and Surgeons of Canada (RCPSC).
 - obtain eligibility to the examination and certification process in the same surgical specialty from the United States ABMS surgical member board.

4. Complete 48 weeks of clinical training per year, averaged over the length of the training.
5. Have no more than 3 months of non-clinical or non-surgical training during the residency.
6. Have no more than 12 months of rotations outside of the primary specialty residency training.
7. Train in a residency program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for the entire length of residency training.

Residents will be approved as meeting the ABPS prerequisite training requirements after the satisfactory completion of a formal surgical training program in 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-head and neck surgery, thoracic and cardiac surgery, or urologic surgery. 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.

Plastic surgery training is not required to be completed in the same institution as the approved alternate prerequisite pathway.

The Board requires a verification letter from the prerequisite training program director documenting completion of all training requirements, including the chief year, sufficient to qualify for certification by the specific ABMS specialty board. Residents considering plastic surgery training in the United States should notify the ABPS two years prior to the expected completion of their Canadian surgical training. The Board Office will forward an ABPS Verification Form to the Canadian surgical training program director for completion. This step is required to obtain written primary source verification from the program director to the completion of training and an evaluation of performance. It is the resident's responsibility to determine that the form has been submitted to the Board office and approved. In lieu of the ABPS Verification Form, evidence of current admissibility to the examination process, or certification by, the respective ABMS specialty boards in the United States is acceptable.

II. Canadian Plastic Surgery Residents who desire to Transfer into an ACGME-accredited Integrated Plastic Surgery Residency Program in the United States:

See the section on **TRANSFERS INTO INTEGRATED PROGRAMS**. No transfers are allowed into Independent Plastic Surgery programs.

III. Canadian Integrated plastic surgery residents who graduated from residency and are applying for ABPS eligibility:

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).
2. Medical degrees obtained through a non-Canadian international medical school will be accepted only if the resident matches directly into a Canadian Plastic Surgery Residency through CaRMS.
3. Must have entered Canadian Plastic Surgery Training through the Canadian Resident Matching Service (CaRMS).
4. Complete 48 weeks of clinical training per year, averaged over the length of the training.
5. Train in a residency program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for the entire length of residency training.
6. Must successfully obtain certification in plastic surgery by the RCPSC. (ABPS Written Examination results will not be provided until receipt of RCPSC certification).

7. ABPS Certification must be achieved within eight years after successful completion of plastic surgery residency training. Refer to the ABPS Admissibility Policy for details.

Canadian residents who obtain certification by the Royal College of Physicians and Surgeons of Canada

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 Program prior to being approved for application to the Board. 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 the approved surgical specialties 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 – UNITED STATES AND CANADA

The following rules apply to residents requesting a transfer from either a United States 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. Program Directors must request any anticipated transfers in writing and obtain prior approval by the Board 6 months in advance of any proposed transfers.

For the Board to approve a transfer from one integrated plastic surgery program to another integrated plastic surgery program, the resident must have successfully completed their training year(s) and be in good standing at the time of the transfer. The program director must provide a letter to the Board confirming the successful completion of training and that the resident was in good standing at the time of departure from the program.

Residents may not exchange accredited years of training between the two different models (i.e., independent and integrated) without prior approval by the Board. It is imperative that residents hold positions of increasing responsibility when obtaining training in more than one institution, and one full year of experience must be at the senior level. **The Board will only accept partial years of training for Integrated to Integrated transfers up to the beginning of the PSY-IV training year. Only full months of clinical training will be considered for transfers, not weeks of training. Residents cannot use rotations completed during prerequisite training towards training to be completed in the Integrated plastic surgery residency training program.**

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 acknowledging the transfer request, indicating acceptance of the transferring resident, confirming at what level of training the resident will start and if necessary explaining how the resident will complete any missing required rotations; and
3. Completed Resident Registration and Evaluation of Training Form, Evaluation of Training Fee as listed in the Fee Schedule and copy of medical school diploma.

The three steps above must be completed for ALL transfers.

Transfers into Integrated programs will only be allowed as follows:

1. Transfer into Integrated 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 one of the approved surgical residencies including: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology-Head and Neck Surgery, Thoracic and Cardiac Surgery, Urologic Surgery or Integrated Plastic Surgery residency program. All residency training programs must be accredited by the ACGME or the RCPSC.

2. Transfer into Integrated Plastic Surgery Year (PSY) III:

Residents may transfer into the start of an Integrated PSY III position only if they have completed at least two consecutive, progressive years in the same accredited surgical residency, from one of the approved residencies listed in #1 above. 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 does not need to be completed in the same institution as the accepting Plastic Surgery Program.**

3. Transfer into Integrated 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 start of 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-Head and Neck Surgery, Thoracic and Cardiac Surgery, or Urologic Surgery, 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. **Prior surgical training does 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 progressive years of general surgery training at the same program after receiving an MD degree, may transfer into an Integrated program at the PSY IV level and complete at least 3 years of progressive plastic surgery residency training. For requirements see - **Prerequisite Training in Oral and Maxillofacial Surgery.**

4. Transfer into Integrated Plastic Surgery Year (PSY) V or VI are not accepted:

The last three years of plastic surgery training must be completed at the same training program. Accordingly, there cannot be any transfers beyond the beginning of the fourth year. The last three years of training must be progressive in responsibility and case complexity.

TRANSFERS FROM COMPETENCY-BASED PROGRAMS

Residents can transfer from a Competency Based Program (potential 5-year program) to a Non-Competency Based Program (6-year program). The transferring resident must complete 6 years of integrated training between the two programs. 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 (potential 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 residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any outside activities (moonlighting) that take away from learning plastic surgery knowledge and skills. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks per academic year of full-time clinical training experience with progressive responsibility. The 48 clinical weeks per year may be averaged over the length of the training program to accommodate unexpected extended leaves of absence. Integrated residents are required to complete 288 clinical weeks over the 6 years of their plastic surgery training. Independent residents are required to complete 144 clinical weeks.

Academic conferences/educational meetings are considered part of the 48 clinical weeks of residency training. Residents must utilize their non-clinical weeks for fellowship and job interviews.

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 current policy is available on the [Board's website](#).

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*, for a minimum of 5 consecutive days (one week) or more. Personal Leave can be used exclusively for medical/family leave, as defined by the Board, exclusively for rotations or any combination of both. **These 12 weeks of Personal Leave replace 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.

Personal Leave may not be used for short term required Military obligations associated with Reservist or National Guard requirements. The decision to enlist as a Reservist or with the National Guard was a conscious decision and the required activities were a known requirement. The ABPS Personal Leave Policy may not be used for deployment associated active-duty military obligations. For long term deployments, greater than 3 months, as active duty, National Guard or Reservist, the resident may request the Board to consider accepting partial years of training. Only full months of clinical training will be considered, not weeks of training.

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, new practice or interviews. Residents must use the 4 non-clinical weeks allotted per year for moving activities and interviews. Academic conferences/educational meetings are considered part of the 48 clinical weeks of residency training.

Personal Leave is not to be used for isolated/single scheduled medical appointments or sick days. The intention of the Personal Leave Policy is to cover unexpected or planned extended medical or family leave related to significant medical or family events. It is not the intention of the Board to monitor and approve every sick day during the resident's training. The Personal Leave Policy was designed to help those residents who have significant medical episodes that might cause them to extend their plastic surgery residency training.

Program Directors should inform the Board as soon as they learn that Personal Leave will be required. Because of the large number of weeks requested, maternity/paternity/medical/other personal leave should be requested in an expeditious manner. International and domestic rotations should be requested 90 days prior to the scheduled rotation. Approval by the Board prior to the event, will hopefully prevent extended training by confirming that the proposed leave is allowed.

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 in a timely manner 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 4 non-clinical weeks per year 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.

To monitor resident safety and completion of training, all personal leave and 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 Review Committee (RC-PS). Refer to the Board's requirements for international rotations.

*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 and will count toward the clinical week of training. Domestic rotations that are specific to an individual and are not completed by all residents at that program, will require Board approval under the Personal Leave Policy.

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 detailing the following:

1. Full 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.

Hand Surgery Fellows – Personal Leave:

Hand surgery fellows are required to complete 48 clinical weeks of training per year. Effective November 2021, if requested by the fellowship program director and approved by the Board, the fellow may take up to 4 weeks of personal leave during

the 48 clinical weeks. Refer to the [ABPS Hand Fellowship Personal Leave Policy](#) posted on the Board's website for more detailed information.

International Rotations: Full Clinical and Observational

For residents to receive clinical credit for **international rotations**, the rotation(s) must be approved by the Board, the Review Committee for Plastic Surgery (RC-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 Application/Letter sent to the RC-PS
2. Copy of RC-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 RC-PS to establish criteria for international rotations that ensure 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 ABPS will allow a total of 6 weeks during a 3-year Independent program and 12 weeks during a 6-year Integrated program for research. These research weeks can be considered as part of the 48 clinical weeks of clinical training required each academic year. The weeks do not have to be successive but should not be divided into more than: 3 blocks for integrated residents, and 2 blocks for independent residents. This research time must be devoted exclusively to research and should not be utilized for personal leave or elective domestic or international away rotations.

To utilize the research time effectively, a project should be submitted to the Program Director or their designee at least 90 days before the research time is scheduled to begin. The Program Director must approve the project and assign a faculty mentor who will supervise the resident. A written report summarizing the results of the research project must be submitted to the Program Director at the conclusion of the research time. Research rotations do not have to be approved by the Board and the final report does not have to be submitted to the Board Office.

Military Leave

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 clinical training credit for the time served during deployment, regardless of the activities performed. Residents serving in the military that are deployed for more than 3 months may request the Board to consider accepting partial years of training. Only full months of clinical training will be considered, not weeks of training.

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

CREDENTIALS & REQUIREMENTS COMMITTEE – SPECIAL CONSIDERATION REQUESTS

Residents who do not meet the Board's established prerequisite or requisite 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 about eligibility, may require a decision by one or more committees of the Board. Committee decisions are referred

to the entire Board for approval at the next scheduled Board Meeting. Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation, Curriculum Vitae and the Review Fee for consideration by the Credentials and Requirements Committee.

Materials must be received in the Board Office by February 1st for the Spring Meeting and by September 1st for the Fall Meeting. The process of reaching a final decision may require several months, since the full Board meets only twice annually. The Board will provide a written decision of the request within 60 days of the Board Meeting.

CERTIFICATION ADMISSIBILITY LIMITS

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 8 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 posted on the Board's website under the [About Us -Policies](#) section.

WRITTEN EXAMINATION COMPUTER-BASED TEST - MAY 11, 2027

The Written Examination is a Computer Based Test (CBT) administered by Prometric®. **Currently, the Written Examination is administered in the spring of the candidate's final residency year.** The examination will be given on one day throughout the United States and Canada. **No exceptions will be made, and special accommodations 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.

Testing Accommodations

Requests for Testing Accommodations MUST be submitted during either the Application or Registration Form processes (i.e., additional break time, a nursing mother, etc.). Email request to 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.

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 email 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 plastic surgery training year). The program director confirms that the resident is expected to complete or has completed a residency training program in plastic surgery accredited by the 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 needed which extends training beyond October 31st of the final residency year, the program director must 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 Review Committee for Plastic Surgery (RC-PS) or the Royal College of Physicians and Surgeons of Canada (RCPSC) will be notified.

Residents who do not receive Preliminary Sign Off by their Program Director:

- Application will not be approved; the resident will not be permitted to sit for the Written Examination.

Residents who take the Written Examination and do not obtain Final sign off by 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 VOIDED (not considered a failure)
- Previous Application and Registration Forms will be VOIDED
- No refund will be provided for paid Application and Registration Form fees
- Candidate will lose admissibility for all years since graduation
- Candidate has no status with the Board – is not board eligible
- If the resident eventually receives final sign off, new Application/Fee and Registration Form/Fee will be required
- Candidate must re-take the Written Examination

**WRITTEN EXAMINATION APPLICATION REQUIREMENTS
FOR CANDIDATES WHO HAVE GRADUATED FROM RESIDENCY AND ARE IN ACTIVE PRACTICE**

1. **Unrestricted State Medical License.** Candidates taking the Written Examination after their graduating year of residency are required to continuously maintain a current, valid, full and unrestricted medical license to practice medicine in all states, provinces or countries where they practice. A current, valid, full and unrestricted medical license must be maintained continuously throughout the ABPS examination and certification process.

The license must include an expiration date valid through the Written Examination. Candidates must report to the Board 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.** ABPS investigation of State Medical Board restrictions or sanctions may delay the candidate's progress through the examination process. Medical license restrictions, limitations on practice, monitoring or any other condition will lead to deferment until the action is completely resolved and a final order from the state licensing board is received in the Board Office. License status postings from State Medical Board websites will not be accepted in lieu of the final order.

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 ABPS, within 30 days, all disciplinary actions to their medical license(s) from any and all state, province or international medical licensing boards. The following list includes most but not all sanctions that are considered a restricted license and will delay a candidate's admissibility to the examination process:

- Practice investigation
- Practice monitoring
- Requirements for additional CME or Professional courses
- Requirements for medical evaluation
- Requirements for substance testing
- Limitation of practice or parts of practice
- Probation
- Probation with monitoring/Probation with supervision
- Suspension/Stayed suspension

- Reprimands
- Fines
- Citations
- Community service
- Revocation

Other sanctions, investigations or accusations to a candidate's state medical license 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.

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 continuously throughout the Written Examination process, the Oral Examination case collection period and the Oral Examination. 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. **Ethics and Professionalism.** Candidates must adhere to the Board's Advertising Requirements and the Code of Ethics and Professionalism. 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.

WRITTEN EXAMINATION REGISTRATION FORM – Available January 2027

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 their 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.

RETURNING CANDIDATES/CANDIDATES WHO HAVE GRADUATED RESIDENCY AND ARE IN ACTIVE PRACTICE

For those candidates who have been previously approved for the Written Examination prior to December 31, 2026 but have never 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 2027. An email alert will be sent including instructions for the Registration Form for the May 2027 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 their medical license(s) from a State, Province or International Medical Licensing Board. All sanctions are considered a restriction on the license and may 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 by hospital official.
- 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 "8/1/2026-8/1/2028" must be valid throughout 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. Candidates should only do strictly local anesthetic procedures prior to approval of admitting hospital privileges. Any case that requires IV sedation or general anesthetic must wait until you have admitting privileges at a nearby hospital.

3. **Outpatient Surgery Center Accreditation Certificates.** The Board requires that all procedures requiring intravenous sedation or a general anesthetic be performed in, accredited surgical facilities. Acceptable accreditation includes; CMS, QuadA; AAAHC; ACHC; State Licensure; Other). The candidate must provide an accreditation certificate or a currently dated letter from the accrediting body documenting that initial accreditation or renewal is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation. 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 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 on the Board website. The Scheduling Permit will include the date of the examination, instructions, a link to an online scheduling page, and an individual candidate scheduling number. Prometric® recommends online registration at 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 schedule their preferred testing site at Prometric® immediately upon receipt of the Scheduling Permit. **The Board attempts to block the appropriate number of seats at test center locations based on candidate cohort zip codes. ABPS cannot guarantee availability at all test centers. Candidate must schedule as soon as possible to secure a seat.** 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 will be provided with your scheduling permit.

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 bringing the appointment confirmation email 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.

All candidates must take the entire examination on the same day. 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 get to the examination for their appointment, 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. The Board will provide final approval for rescheduling if technical issues occur on the day of the examination.

Unauthorized personal items may not be brought into the test room. Such items include, but are not limited to: outerwear, hats, food, drinks, purses, briefcases, notebooks, watches, cell phones, smart eyewear, electronic devices, wearable technology, or notes/study material. Weapons are not allowed in any Prometric Test Center. Jewelry outside of wedding/engagement rings is prohibited. Candidates are not permitted to bring outerwear into the test center but may bring a light clothing item such as a sweater, suit jacket, or scarf. Only soft earplugs (no wires/cords/blue tooth device attached unless for impaired hearing), center-supplied tissues, and center-supplied headphones are permitted in the test center. **Cell phones and electronic accessories such as ear buds or watches must be disconnected/powered down and stored in the locker provided.**

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.

Examination Schedule

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

- 15-minute practice exam (strongly recommended).
- 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 field testing allows the Board to analyze the psychometric properties of an item prior to it being included in scoring.
- All items are multiple-choice with single correct answer.
- 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.

Practice Examination

The Board provides a practice exam which reviews each screen and several inactive plastic surgery items for practice. This is provided to relieve anxiety about the mechanics of computer-based testing (CBT). The practice exam 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 practice exam is available on the Board's website in the Candidate's Section under "ABPS Written Examination – Practice Exam." Candidates should click on "Begin Tutorial and practice exam." The Board strongly recommends that candidates preview the practice exam to become familiar with the CBT format.

Content of the Written Examination

The Examination consists of multiple-choice (one best answer) questions. Each test item consists of a question, a case history or a situation, followed by a list of possible answers. Instructions for completing the questions is provided 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 plastic surgery techniques, grafts, flap surgery, microsurgery revascularization, replantation.
4. Burn management, 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. Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities
8. Tumors of the head and neck, skin, and breast; including treatment by radiation therapy, immunotherapy, chemotherapy, and surgery.
9. Trunk, lower extremity, musculoskeletal system, pressure injury, rehabilitation. Reconstruction of perineal defects.
10. Hand, peripheral nerves, rehabilitation.
11. Maxillofacial and craniofacial surgery and microsurgery.
12. Congenital anomalies, genetics, teratology, facial deformity, speech pathology, gynecology and genitourinary congenital aspects.
13. Transplantation and Immunology
14. Lymphatic surgery
15. Gender Affirmation Surgery.
16. Psychiatric issues related to plastic surgery and medico-legal issues.

The full Content Outline and Examination Blueprint with target 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 fundamental competent performance plastic surgery. The Board makes every effort to avoid "trick" questions, ambiguity, or 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 any purpose such as study materials or 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 and 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

If the American Board of Plastic Surgery, Inc. in its sole discretion cancels the Written Examination or, based on events beyond its control, is unable to administer or 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. The Board is not responsible for any future expense the candidate may incur related to a substitute Written Examination.

ORAL EXAMINATION NOVEMBER 11, 12, 13, 2027

Prior to becoming admissible to the Oral Examination, candidates must have successfully passed the Written Examination. Candidates admissible to the Oral 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, if an Information Letter has not been received by the end of July. 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 and Professionalism. The Board reserves the right to defer a candidate from the examination process for ethical or professionalism 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 1st 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. Evaluations are also required from the **primary surgery center** if that is where the majority of cases were performed.
- **Peer Evaluations are also required from the Chief of Surgery or Plastic Surgery from ALL other hospitals where privileges are held.**

- Post-Residency Fellowship Director(s) (if applicable).
- ABPS Board Certified Plastic Surgeon designated by the Candidate (this peer can be located anywhere).
- ABPS Board Certified Plastic Surgeon within a proximal geographic location of the candidate solicited by the Board Office.

The Board requires peer evaluations from hospital personnel, but understands that not all candidates operate regularly at a hospital. Evaluations are also required from each of the following categories from the primary surgery center/office (if applicable): Medical Director, Anesthesiologist, O.R. Nursing Supervisor. The outpatient facility peer evaluation section must be completed if the candidate operates in a surgery center/office.

- If the candidate is in solo practice and uses the office OR as the primary location for procedures, then evaluations are required from the anesthesiologist most commonly utilized and the lead O.R. Nursing Supervisor for that office.

Candidates will be notified by email if required evaluations were not received. Site visits, practice biopsies 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, practice biopsy, and/or Ethics Committee Review is required. The action required by the Board, may delay a candidate from taking the examination as planned. Current Directors of the Board and Public Members of the Board will conduct the site visits and evaluations.

2. **Unrestricted State Medical License.** Candidates must continuously maintain a current, valid, full and unrestricted medical license to practice medicine in all states, provinces or countries where they practice plastic surgery. A current, valid, full and unrestricted medical license must be maintained continuously throughout the Oral Examination case collection period and throughout the ABPS examination and certification process.

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.** ABPS investigation of State Medical Board restrictions or sanctions may delay the candidate's progress through the examination process. Medical license restrictions, limitations on practice, monitoring or any condition will lead to deferment until the action is completely resolved and a final order from the state licensing board is received in the Board Office. License status postings from State Medical Board websites will not be accepted in lieu of the final order. Candidates may not collect cases for the Oral Examination while their license is restricted, or if the state medical board imposes additional requirements. Case collection may begin on the date the state medical board removes all restrictions and requirements.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty do not need to 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:

- Practice investigation
- Practice monitoring
- Requirements for additional CME or Professional courses
- Requirements for medical evaluation
- Requirements for substance testing

- Limitation of practice or parts of practice
- Probation
- Probation with monitoring/Probation with supervision
- Suspension/Stayed suspension
- Reprimands
- Fines
- Citations
- Community service
- Revocation

Other sanctions, investigations or accusations to a candidate's state medical license 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 continuously through the case collection period and throughout the certification 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. **Hand Surgery or Oral Maxillofacial privileges alone are not acceptable for the initial certification process.**

- 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 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.

NOTE: Privileges held exclusively in outpatient facilities are not acceptable. Candidates should only do strictly local procedures prior to approval of admitting hospital privileges. Any case that requires IV sedation or general anesthetic must wait until you have admitting privileges at a nearby hospital.

5. **Outpatient Center Accreditation.** The Board requires that cases performed under IV sedation or a general anesthetic be done in accredited surgical facilities (e.g., CMS, QuadA; AAAHC; ACHC; State Licensure; Other). **Cases performed in non-accredited surgical facilities must also be included in the case list.**

Accreditation certificate(s). The candidate must provide an accreditation certificate or a currently dated letter from the accrediting body documenting that initial accreditation or renewal is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation.

6. **Candidates are required to establish an appropriate physician-patient relationship prior to any treatment.** In non-emergent cases, the physician-patient relationship should be established **in-person at least the day before surgery**, so the patient has sufficient time to contemplate the risks, benefits, and alternatives of the proposed treatment after discussion with and examination by the surgeon performing the procedure. For example, meeting a patient for the first time in the preoperative area on the day of surgery, after commitments have been made (payment has already been made, postoperative care arranged, time off work arranged), would not be considered acceptable. These commitments, as well as the excitement or anxiety related to the upcoming procedure, may constrain the ability of the patient to freely contemplate proceeding with the procedure and creates a negative incentive to cancel or delay the procedure. Likewise, an appropriate physician-patient relationship requires appropriate postoperative care, which should include the surgeon performing the procedure and not be fully delegated. Urgent/emergent reconstructive consults the day of a procedure are exempt from this requirement. Minor (requiring local anesthetic only) reconstructive procedures, such as Mohs repairs are also exempt from the above requirement. It is recommended that candidates assess their postoperative patients **in-person within the first 30 days after the day of surgery**. In addition, candidates must obtain postoperative photographs of all patients 90 days or more after the day of the procedure. It is strongly recommended that the operating surgeon take the initial postoperative and the 90-day postoperative photos. Telemedicine may be used for intervening visits.

CASE LIST REQUIREMENTS - July 1, 2026 through March 31, 2027

Candidates for the Oral Examination are required to provide the Board with a compilation of all operative cases during the 9-month period beginning July 1st through March 31st. 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 to finalize the list. Candidates must enter all cases performed during the 9-month case collection period, as outlined, not just 50 cases. Minor cases should be entered but will not count towards meeting the 50-case minimum. **A maximum of three cases per patient will count toward the 50-major 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 return to function in addition to wound healing. Do not simply show healed incisions.

Patient Records Consent forms must be obtained from all patients during the case collection period – refer to the “Patient Photographic Documentation and Records Consent” section of this booklet for language specific to the ABPS Examination and Certification process. It is the candidate’s responsibility to obtain this consent.

Preoperative, Intraoperative and Postoperative photos are required of all cases. If modeling software is used preoperatively to demonstrate expected results to patients, those software generated images must be submitted (eg. TouchMD, Crisalix).

All cases must include postoperative pictures at least 90 days out from the index procedure and preferably from the last procedure. The Board strongly recommends that you continue to see patients in the clinic until these postoperative pictures are obtained.

In addition to preoperative and postoperative photos, candidates are required to take intraoperative photos for all operative cases performed during the nine-month case collection period. **Sufficient intraoperative photos are required for each Board-selected case. This includes cases that do not involve an incision.** The Board requires enough intraoperative photographs that display or adequately portray the pertinent details of the key procedure(s) performed during that case. Candidates who work in institutions that do not allow intraoperative photos will need to request a waiver of that facility's photographic requirements during the ABPS case collection period. Candidates will not be exempt from the intraoperative photo requirement.

- The Board requires sufficient intraoperative photo(s) of every case that demonstrates the key component of the procedure.
- The intraoperative photo(s) should demonstrate how the procedure corrected, changed, and/or improved the original problem.
- The candidate should use their best judgment in deciding which image(s) best demonstrate what was done during the case to correct the problem.
 - If a flap was performed, then the defect and the raised flap should be demonstrated.
 - If a breast reduction was performed, then the reduced breast pedicle with pedicle supporting the nipple/areolar complex should be demonstrated.
 - Fracture cases must demonstrate the reduced fracture with the applied fixation.
 - For procedures that do not involve an incision, such as liposuction or liposuction with fat grafting, before and after intraoperative photographs from the operating room demonstrating the change achieved are required.
 - Liposuction procedures must show preoperative markings of the areas to be lipo-suctioned and then photos of the same areas at the end of the case. If fat grafting is performed, then those areas must also be included.
 - If ultrasound imaging is utilized during the procedure, still images representing key findings should be included.
 - **Photos of closed incisions, taken at the end of the procedure in the operating room will not be accepted to satisfy the intraoperative photo requirement. The intraoperative photo must occur after the initial incision and before the closure.**
 - If multiple procedures are performed on the same patient, then Intra-op photos are required of each site.
 - For intra-op consults, pre-op photos from the operating room are acceptable.

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 an application hosted 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. 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 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.

THE CASE LIST MUST INCLUDE:

- All operative procedures whether inpatient, outpatient, or office-based surgery
- 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).
- **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 the case, but do NOT indicate as a Co-Surgeon Case.
- **Cases performed by a resident with the candidate listed on the operative record as the responsible attending surgeon**
- 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
- Office-based surgery, e.g. skin lesion excisions, cysts, lipomas, keloid and laceration repairs
- Laser treatment of congenital malformations such as hemangiomas. Lesion must be greater than 5 cm²
- Laser treatment of port wine stain must be greater than 100 cm²
- Awake liposuction procedures

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
- Cases that are managed non-operatively in an inpatient or outpatient setting
- 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
- Aesthetic facial laser procedures; Vaginal rejuvenation lasers; Laser procedures for hair or tattoo removal
- Miradry
- CoolSculpting and stand alone noninvasive/minimally invasive body contouring technologies (exs. Body Tite, Renuvion, Emsculpt Neo)
- Ultherapy and Sofwave
- Cellfina and Aveli for cellulite
- Skin facials and in-office peels
- 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, 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. The case list can be finalized ONLY if all required fields are completed.

1. **Co-Surgeon Cases with a Plastic Surgeon** - Check the box for *Is this a Co-Surgeon Case with another Plastic Surgeon?* only if it meets the following criteria:
 - 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)
 - Did you provide initial pre-operative assessment to the patient?
 - Did you make the final management/surgery decision for the patient?
 - Did you provide all of the post-operative care to the patient?
2. **Co-Surgeon cases with a non-Plastic Surgeon.** Include on the case log, but do NOT indicate as a Co-Surgeon Case.
3. **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.
4. **Enter the patient identification number.** Use the same patient identification number for all procedures for the same patient throughout the case collection period and across facilities (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality. The official medical record number is not required but the identification number must be consistent. Follow institutional, state and HIPAA requirements to protect patient confidentiality.
5. **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.
6. **Enter patient gender.** Gender is reported on the printed case list.
7. **Enter hospital facility name.** Enter all facilities where active admitting privileges/employment are held. 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. All facilities must be entered where privileges/employment are held, even if no cases were performed during the collection period. Candidates do not have the ability to delete facilities – contact the Board Office if assistance is needed.
8. **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.**
9. **Enter date of procedure.** Enter multiple procedures on the same patient, on the same date during the same OR session, as one case.
10. **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.
 - co-surgeon cases with another plastic surgeon should include the duration of the entire procedure.
 - co-surgeon cases with a non-plastic surgeon should include the duration of the plastic surgery portion of the procedure

11. **Anesthesia Type.** Enter the type of anesthesia used; Local only (including nerve block), IV sedation, General Anesthesia, none.
12. **Enter the diagnosis description in the free text box.** Providing accurate diagnosis information is essential. Comments about follow-up, planned subsequent procedures or other notes should be entered here. 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.
13. **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. Be concise and use professional judgment on the details/comments listed in the free text field.
14. **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. 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. A maximum of three cases per patient will count toward the 50-case minimum.**

15. **Case classification fields (Anatomy & Category).** The Anatomy Classification relates to the anatomical location of the procedure. The Category Classification relates to the nature or origin of the defect. Select one option in each column for every CPT code listed.

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.

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. 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

Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microsurgery, Vascular; Congenital; Nerve; Skin & Wound Problems; Tumor and Other will appear for the Hand Category Classification and may be used for the Hand Surgery Subspecialty Examination case collection.

16. **Outcome (at least 4-6 weeks out)** A complications menu appears if “Adverse Events” is selected. All cases do not "heal without complications."

Adverse Events are displayed on the case list as a Minor, Moderate or Major Adverse Event (see below chart). **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.

Major Adverse Events	Moderate Adverse Events	Minor Adverse Events
Unplanned admission	Unplanned Re-op w/o sedation	Seroma requiring drainage
MI, DVT, CVA, PE	Dressing changes > 6 weeks	Hematoma requiring drainage
Unplanned Re-op w/sedation	Infection - IV antibiotics as outpt.	Wound Infection requiring drainage
Infection - IV antibiotic as inpatient	Unplanned consult w/other specialist	PO antibiotics
Adverse drug event		Dressing changes less than 6 weeks
Unplanned ED visit		Increased number of office visits
Flap loss		
Prolonged hospital stay		

Report outcomes based on a 4 to 6 week window after the procedure. For those cases performed in February/March, select the appropriate category as known at the time of submission. The outcome categories are as follows:

- **No Adverse Events:** No complication or complication so trivial that no intervention is required.
- **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.

17. 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 ensure 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 for printing the case list, affidavits and statistics sheets for submission. Adobe Acrobat Reader must be downloaded on the computer from which the case list and affidavits will be printed. Adobe Acrobat Reader 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 19th** to meet the deadline of **April 20st** 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 1st. Candidates will provide peer names and contact information on or around April 1st 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. This form will become available once the case list is finalized. **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, 2026 to March 31, 2027. 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, 2026 to March 31, 2027 printed from the clinical case log, including statistics sheets and the signed and notarized affidavit per facility. 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 for all facilities, including any facility where the candidate holds privileges/employment but may not have performed cases during the collection period.**

The institutional case lists are required to confirm that the case list represents 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, or that no cases were performed. The notary's signature verifies the identity of the signee. Both signatures must be dated on the same day. Electronic/remote notarization services are acceptable.

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 from an accrediting organization (e.g. CMS, QuadA; AAAHC; ACHC; State Licensure; Other) or a currently dated letter from the accrediting body documenting that initial accreditation or renewal 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 2026 – April 2027). Examples include, but are not limited to: business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, flyers, magazine/print advertisements, articles, and other practice advertisements.

Candidates must 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 the correct reporting of data in 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.
 - **First:** Candidate Affidavit stapled to first institution's case list only.
 - **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.
 - **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.
 - **Fourth:** Facility #3 as above.
3. **After last Facility:** Statistics Summary Report stapled together (2-3 pages).
4. Hospital Privilege Letter.
5. Outpatient Facility Accreditation Certificate(s).
6. Candidate Advertising Material from the last 12 months and copy of Curriculum Vitae.

DEADLINE FOR SUBMITTING CASE LIST MATERIAL – APRIL 20, 2027

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 20, 2027, for prospective candidates to be considered for admission to the November 2027 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.
- Outpatient Facility Accreditation certificates.
- Advertising Material with CV.

**Submit all material to the Board Office:
1601 Market Street, Suite 900, Philadelphia, PA 19103**

Late Fee and Administrative Fees

The late fee is charged automatically by credit card payment for case lists finalized from **April 21st up to and including April 23rd**. If a case list is finalized by the deadline but received in the Board Office during the late period, a check for the Late Fee must accompany the Case List materials and advertising documents. The check should be made payable to the American Board of Plastic Surgery, Inc. in the amount listed on the Fee Schedule. No case lists will be accepted after the late period. 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 assessed when additional work is required to process or organize submissions.

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 in July 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 records, 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.
- Patient records, consents, preoperative, intraoperative and postoperative photos (**≥ 90 days after the procedure**) are required for each selected case. Candidates lacking three-month post-operative photos are encouraged to locate the patient and attempt to obtain the necessary photos/documentation prior to contacting the Board Office about a deficiency. Three additional cases will automatically be assigned to candidates who notify the Board Office of incomplete case report documentation. **This assignment is FINAL - the three additional cases will not be removed, even if the documentation or photos are obtained at a later date completing the original case(s).** The case report upload deadline is August 19th at 12:00 p.m. EST. Candidates must request three additional cases for incomplete case reports no later than August 16th. All cases, including the three additional cases, must be finalized by August 19th by 12:00 p.m. EST. No exceptions.

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 ensure 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 defer examination if the case report documentation is deemed inadequate for examination.

The Board also 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.

PATIENT PHOTOGRAPHIC DOCUMENTATION & RECORDS CONSENT

The Board places particular emphasis on the necessity of photographic documentation. Preoperative, intraoperative and postoperative photographs are **mandatory** for all cases selected for case reports. Intraoperative photographs 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. Generative artificial intelligence (AI) software applications and advanced natural language processing programs may not be used in any form.

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 patient medical records, 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 patient 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 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. Candidates that do not use electronic medical records must transcribe handwritten notes prior to uploading. The original handwritten notes and the transcription must be uploaded together.**

PHOTOGRAPHIC AFFIDAVIT, ELECTRONIC MEDICAL RECORDS ATTESTATION AND ADVERTISING

Required Candidate Documents:

1. Photographic Affidavit
2. Attestation for Electronic Medical Records (EMR)

The forms for the Photographic Affidavit and the EMR Attestation are available on the website to download and sign. The forms must be 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 notary services are acceptable.

Electronic Medical Records Attestation.

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

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. Generative artificial intelligence (AI) software applications or advanced natural language processing programs have not been used in any form to manipulate any pictures.

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: Patient identifiers should be de-identified using either the redaction tool available with Adobe Acrobat Pro or by blanking out all identifiers prior to scanning. **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. Candidates that do not use electronic medical records must transcribe handwritten notes prior to uploading. The original handwritten notes and the transcription must be uploaded together.**

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, documentation of 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 occurred prior to or after the 9-month case collection period, however, if these procedures increase the understanding of the case, they should be included. Documentation for procedures occurring outside the 9-month case collection period does not have to be complete – 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.** Initial history and physical or consultation performed by the candidate. Include and highlight the preoperative notes that list the risks, alternatives, and benefits explained to the patient
4. **Photographs and Patient Records 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. Limit to 50 pages total per case for both Hospital Progress Notes and Outpatient Clinic Notes combined.
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 include the candidate's full name and the Clinical Case Log number. The case number from the Clinical Case Log compilation is found on the finalized case list by facility.

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

- Do NOT include Candidate Board ID #
- Do NOT include the Board Selected Case # of 1, 2, 3, 4, or 5.
- Do Not include the hospital patient number or other identifying number.
- 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 judgment to best present the Title Page.

SAMPLE TITLE PAGE – one per case

John L. Candidate, MD

Patient Initials:

Clinical Case Log Number:

Category

General Reconstructive

Anatomy

Breast

Diagnosis—include all

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 judgment about how best to clearly present the Title Page.

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

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

SAMPLE NARRATIVE SUMMARY – one per case

John L. Candidate, MD

Patient Initials: BMJ

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 initial 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 already documented in initial evaluation history and physical. If other consultants were involved in the preoperative assessment of the patient, include their reports here as well. Highlight all areas of documentation where risks were discussed for the Exam Team.

4. Patient 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 medical records including illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by The American Board of Plastic Surgery, Inc.. The photographs should be placed after the consent.

- **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) which must include preoperative, intraoperative and postoperative photos. Hand cases should focus on demonstrating initial loss of function followed by postoperative return of function. Photos, legends and labels can easily be organized in a slide 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 – sufficient preoperative, intraoperative and postoperative photos are required per case. 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).

The Board requires sufficient intraoperative photographs as they provide clarifying information. Candidates who work in institutions that do not allow intraoperative photos should have requested a waiver of that facility's photographic requirements during the ABPS case collection period. Candidates will not be exempt from the intraoperative photo requirement.

Postoperative photos must include photos taken ≥ 90 days after the procedure. Post-operative photos of upper extremity cases should demonstrate functional restoration in addition to wound healing.

5. Operative Consent and Operative Report

The Operative Consent Form must precede each Operative Report. For the selected case, copies of all operative reports are required. This should include all operative reports for procedures performed on the patient by the candidate during the 9-month collection period. This includes operative reports of minor procedures performed by the candidate in the office during the 9-month collection period. This also includes operative reports from the co-surgeon, if applicable. 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.

It is expected that statements supporting a review of risks, alternatives, benefits and patient education are documented in the **Initial Evaluation** section.

6. Anesthetic Reports

For the selected case, anesthetic records are required. This should include all anesthetic records for all procedures performed on the patient 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 judgment 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.)
- Pertinent daily progress notes. Copy and paste only necessary notes if prolonged hospital stay
- 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
- Pertinent progress notes
- Final or most recent note

Limit to 50 pages total per case for both Hospital Progress Notes and Outpatient Clinic Notes combined.

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**. This also includes billing statements from the co-surgeon, if applicable. 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

Billing for Office visits need not be included.

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. Electronic notary services are acceptable.

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 the date or other information can also be inserted within 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 Professionalism 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 of 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

Formal business attire is preferred for the examination sessions – casual dress is acceptable for the Candidate Briefing/Debriefing. 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 Case Report Session and the 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. In the Theory & Practice Sessions, the candidate will be rated on some or all of 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. **Intraoperative or Early Postoperative Complications:** unexpected problems, alternative (back up) plans and approaches.
4. **Late Complications:** reasoning ability, problem solving, risks and benefits. This scoring item only applies to Theory & Practice Sessions.

In the Case Report Sessions, 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. **Safety:** practices within acceptable standards; avoids excessive risks.
5. **Ethics/Professionalism:** honest, ethical and professional in the practice and business of plastic surgery.
6. **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 includes 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 ABPS 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. Board staff may also monitor cases to observe the performance of Board equipment and programs.

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.

NAME ON CERTIFICATE

The Admission Form is required at registration for the Oral Examination. The candidate's 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 December 1st.**

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 may apply for the Extended Admissibility Application process. The Admissibility Policy is available on the Board's website, 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 5 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 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 an alert on the Board's website based on confirmed state medical license actions.

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 1995-2023 certificates issued by the Board were dated and valid for ten years and subject to participation in the Continuous Certification Program. **Since 2024, printed certificates no longer include an expiration date. However, all diplomates will begin a certification cycle valid for five years and are required to participate 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 investigation, 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 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

Effective 1995-2023, certificates issued by the Board were dated and valid for ten years and 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.**

Starting January 1, 2024, each new class of diplomates will start a 5-year cycle of Continuous Certification. All new ABPS certificates issued will NO LONGER include expiration dates. Any diplomate certifying or recertifying in 2024 and beyond will receive a new paper certificate without an expiration date. Once a new or recertified diplomate has received the non-dated ABPS Certificate, no additional paper certificates will be issued unless duplicate copies are ordered. Current certification status and historical certification dates of Diplomates will be maintained on the ABPS Website for patients, the public, and credentialers.

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. The Diplomate Contribution is requested of life-time certificate holders but not required unless they are participating in the Continuous Certification Program.

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
Alderman, Amy K., MD	2026-27
*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, MD	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
Friedman, Jeffrey D., MD	2024-25
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
Kind, Gabriel M., MD	2025-26
*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
Lipa, Joan E., MD	2023-24
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
Neumeister, Michael W., MD	2022-23
*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
Song, David H., MD	2021-22
*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

Alderman, Amy K., MD	2024-25
*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
Friedman, Jeffrey D., MD	2022-23

*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
Karp, Nolan S., MD	2025-26
Ketch, Lawrence L., MD	2002-03
Kind, Gabriel M., MD	2023-24
*Krizek, Thomas J., MD	1982-83
Lalonde, Donald H., MD	2009-10
Lee, W. P. Andrew, MD	2010-11
Lipa, Joan E., MD	2021-22
*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
Urata, Mark M., MD	2026-27
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
Moran, Steven L., MD	2022-24
Morain, William D., MD	1994-96
Mustoe, Thomas A., MD	2010-12
Papay, Francis A., MD	2024-26
Riley, William B., Jr., MD	1996-98
Shermak, Michele A., MD	2026-28
*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
Armstrong, Milton B., MD	2020-26
*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
+Conrad, Heidi G., MBA	2019-25
*Conway, J. Herbert, MD	1958-64
*Courtiss, Eugene H., MD	1981-87
+Cox, Jack L., MD	2019-25
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
Eaves, Felmont F., III, MD	2017-23
*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
*Figi, 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
Friedman, Jeffrey D., MD	2018-25
*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	2014-21
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
Johnson, Debra J., MD	2016-22
*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

Kind, Gabriel M., MD	2019-26
*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, Bernard T., MD	2019-25
Lee, W.P. Andrew, MD	2006-13
Levin, L. Scott, MD	2006-12
*Lewis, Stephen R., MD	1966-72
Lin, Kant Y-K., MD	2019-25
*Lindsay, William K., MD	1965-71
Lipa, Joan E., MD	2017-24
*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
Moran, Steven L., MD	2018-24

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
Papay, Francis A., MD	2020-26
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
Rikkers, 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
Rubin, J. Peter, MD	2018-24
Russell, Robert C., MD	1992-98
*Ryan, Robert F., MD	1974-80
Sadove, A. Michael, MD	2004-10
Sarosi, George A., Jr., MD	2017-22
†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
Song, David H., MD	2015-22
*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
Taub, Peter J., MD	2017-23
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
Zins, James E., MD	2016-22
*Zook, Elvin G., MD	1986-92

HISTORIANS

Eriksson, Elof, MD	1995-00
Kalliainen, Loree K., MD	2018-21
Kind, Gabriel M., MD	2022-25
McGrath, Mary H., MD	1991-95
McKinney, Peter W., MD	2000-05
Netscher, David T. J., MD	2013-18
Rubin, J. Peter, MD	2021-22
Shermak, Michele A., MD	2025-present
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