

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



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**BOOKLET OF INFORMATION
July 1, 2014 - June 30, 2015**

**A Member Board of the
American Board of Medical Specialties (ABMS)**

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IMPORTANT DATES & DEADLINES

WRITTEN EXAM (WE) - COMPUTER BASED TEST (CBT) - TUESDAY	OCTOBER 13, 2015
Submission of Senior Resident Application Requests by Plastic Surgery Program Directors	December 31, 2014
Reply Form available to Candidates Approved before 12/31/14	January 2015
Application available to Senior Residents	February 2015
WE Reply Forms Finalized for Candidates Approved before 12/31/14	March 3, 2015
WE Reply Forms Finalized with Late Fee for Candidates Approved before 12/31/2014	March 4-10, 2015
Applications Finalized for Senior Residents	April 1, 2015
WE Applications Finalized for Senior Residents with Late Fee	April 2-9, 2015
Residency Graduation Program Director Recommendation for Certification Due from Plastic Surgery Program Directors	July 1, 2015
WE Reply Forms Finalized for Senior Residents & Those Approved after 12/31/14	August 3, 2015
WE Reply Forms Finalized with Late Fee for Senior Residents & Those Approved after 12/31/14	August 4-7, 2015
Scheduling Permits Available to Scheduled Candidates	August 2015
Withdrawal Date with Partial Refund	September 14, 2015
Written Examination CBT	October 13, 2015
WE Results Mailed/Available Online	December 22, 2015
ORAL EXAM (OE)– PHOENIX, ARIZONA	NOVEMBER 12, 13, 14, 2015
Case Collection Instructions Mailed for 2015	July 1, 2014
Case List Collection Period	July 1, 2014- March 31, 2015
Case List with Review Fee	April 20, 2015
Case List with Late Fee	April 21-27, 2015
OE Reply Form with Notification of 5 Selected Cases Available	August 3, 2015
Candidate Notification to the Board of Insufficient Case Report Data	September 1, 2015
OE Reply Forms Finalized	September 1, 2015
OE Reply Forms Finalized with Late Fee	September 2-8, 2015
Hotel Reservation Deadline	October 9, 2015
OE Withdrawal Date with Partial Refund	October 12, 2015
Oral Examination	November 12, 13, 14, 2015
OE Results Mailed/Available Online	December 31, 2015
OTHER IMPORTANT DATES	
Requests for Special Consideration at the Spring Board Meeting, Documents & Fee Due from Individuals	February 1
Requests for Special Consideration at the Fall Board Meeting, Documents & Fee Due from Individuals	September 1

The American Board of Plastic Surgery, Inc. publishes the Booklet of Information annually to inform prospective candidates about the Board, its policies, as well as the rules, requirements, and procedures for examination and certification.

The Board provides this Booklet to each candidate applying for examination. **Careful attention to the information in the booklet will eliminate time-consuming correspondence and unnecessary delays.** Since the rules and procedures of the Board may change from time to time, all candidates must comply with those currently in effect. **Therefore, it is important for candidates to follow the most recently published booklet** which is available on the Board's website at www.abplsurg.org. Check the Board's home page for examination alerts and deadline dates.

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 maintenance of certification of plastic surgeons as specialists and subspecialists.

Purposes

The essential purposes of the Board 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.

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. The Board is not a primary source of censure or a primary reviewer of ethical problems.

Important Notice for Prospective Residents - Resident Registration/Evaluation of Training Form Requirement

Prospective residents for the Independent Model programs in plastic surgery **must** have an official evaluation of prerequisite training by the Board **before** beginning training in plastic surgery. **It is the responsibility of the resident to obtain this evaluation. Residents may obtain the Resident Registration/Evaluation of Training Form and the Cover Letter with Instructions by downloading the form in a PDF from the Board's website.** Residents in the Integrated Model must complete this registration/tracking step during PGY I. A non-refundable Processing Fee, by check, is required.

Program Directors of accredited plastic surgery training programs **must** require prospective residents to have such an official evaluation or registration step completed before they initiate training in plastic surgery. A Board Confirmation Letter should be on file for each resident.

Corresponding with the Board

All correspondence with the Board should be addressed to: The American Board of Plastic Surgery, Inc., 1635 Market Street, Seven Penn Center, Suite 400, Philadelphia, PA 19103-2204 or email to info@abplsurg.org.

Further information can be obtained at the following websites:

- The American Board of Plastic Surgery, Inc. (ABPS) - **www.abplsurg.org**
- Association of American Medical Colleges Electronic Residency Application Service - **www.aamc.org**
- American Council of Academic Plastic Surgeons (ACAPS) - **www.acaplasticsurgeons.org**
- American Medical Association (AMA) – **www.ama-assn.org**
- Educational Commission for Foreign Medical Graduates (ECFMG) - **www.ecfm.org**
- National Residency Match Program (NRMP) - **www.nrmp.org**
- Plastic Surgery Matching Program (PSMP) - **www.sfmach.org**
- The Residency Review Committee for Plastic Surgery (RRC-PS) - **www.acgme.org**

IMPORTANT NOTICE

This Booklet is intended to document the mission, purposes and policies of the Board; and to detail the requirements for initial certification. Separate Booklets are published for Maintenance of Certification (**MOCPS®**) and for Subcertification in Surgery of the Hand (SOTH).

Board Office Policies and Reminders

- A change in address, telephone, or email address must be updated in the physician profile, My Profile Tab, on the Board's website at www.abplsurg.org, accessible after secure login.
- Email is the main form of communication with candidates and diplomates. Secure login to the Board's website provides individualized current requirements.
- **The Board's current fee schedule is published inside the back cover of the 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) will result in a Missing or Incomplete Items Penalty Fee.
- Incorrect submissions requiring additional processing may result in an Administrative Penalty Fee.
- Reissue of Board letters or documents may require a photocopying or processing fee.
- Retain electronic or hard copies of all materials submitted to the Board Office.
- Most processes are completed online on the Board's website. Otherwise, use a **guaranteed delivery date service** to insure that materials are received in the Board Office by the deadline date. Note that certified mail from the U.S. Postal Service does not guarantee a delivery date, only a signature. Delivery information can often be obtained from the carrier within 30 minutes of delivery.
- Note all Board **deadline dates carefully** to avoid penalties or exclusion from examination.
- **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.

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2014-2015 OFFICERS

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Vice-Chair

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Philadelphia, PA

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HISTORIAN

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STANDING COMMITTEES OF THE BOARD

Written Examination Committee
Sheri Slezak, M.D., Chair

Oral Examination Committee
William M. Kuzon, Jr., M.D., Ph.D., Chair

Maintenance of Certification in Plastic Surgery Program
(~~MOC-PS~~[®]) Committee
Donald R. Mackay, M.D., Chair

Certification and Recertification in the Subspecialty of
Surgery of the Hand (SOTH) Committee
James Chang, M.D., Chair

By-Laws and Publications Committee
Jeffrey M. Kenkel, M.D., Chair

Credentials and Requirements Committee
Robert J. Havlik, M.D., Chair

Ethics Committee
Michael F. McGuire, M.D., Chair

BOARD STAFF

Administrator
Theresa M. Cullison, RN, MSN

~~MOC-PS~~[®] and SOTH Coordinator
Maria K. D'Angelo

Admin. Assistant/Credentialing Specialist
To Be Announced

Examination and Projects Coordinator
Gwen A. Hanuscin

Test Manager/Examination Editor
Melissa A. Karch

Oral Examination Coordinator
Melissa M. Rinnier

THE BOARD'S ADVISORY COUNCIL MEMBERS

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

Comprehensive Plastic Surgery

Charles E. Butler, M.D. (AAPS)
Michael F. McGuire, M.D. (ABPS), Chair
Steven L. Moran, M.D. (ASRM)
Deepak Narayan, M.D. (AAPS)
Sheri Slezak, M.D. (ABPS)
David H. Song, M.D. (ASPS)

Cosmetic Surgery

Al S. Aly, M.D. (ASAPS)
James C. Grotting, M.D. (ABPS)
Jeffrey M. Kenkel, M.D. (ABPS), Chair
Anne Taylor, M.D. (ASPS)
James E. Zins, M.D. (ASAPS)

Craniomaxillofacial Surgery

Steven R. Buchman, M.D. (ASPS)
Kant Y. K. Lin, M.D. (ASCSF)
Joseph E. Losee, M.D. (ABPS)
Donald R. Mackay, M.D. (ABPS), Chair
Henry C. Vasconez, M.D. (ASMS)

Hand Surgery

James Chang, M.D. (ABPS), Chair
Matthew J. Concannon, M.D. (ASPS)
Michael W. Neumeister, M.D. (AAHS)
Scott N. Oishi, M.D. (ASSH)
William C. Pederson, M.D. (ABPS)

INTRODUCTION

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

The Board is organized under the laws of the state of Illinois for charitable, scientific, and educational purposes. 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.

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

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

Sponsoring Organizations

The American Board of Plastic Surgery, Inc. consists of at least 20 Directors who manage the affairs of the Board. The Board elects one Director from names submitted by the American Board of

Surgery. Public member(s) are elected from nominations submitted by the Directors. The Board elects at least 19 Directors from names submitted by the following 21 sponsoring organizations:

The Aesthetic Surgery Education & Research Foundation, Inc.
American Council of Academic Plastic Surgeons
The American Association for Hand Surgery
The American Head and Neck Society
American Association of Pediatric Plastic Surgeons
American Association of Plastic Surgeons
The American Burn Association
American Cleft-Palate Craniofacial Association
American College of Surgeons
American Society for the Peripheral Nerve
The American Society for Aesthetic Plastic Surgery, Inc.
The American Society of Craniofacial Surgery
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 Council on State Affairs
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. These individuals are the Directors of the Board. 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.

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.

Policies

It is the Board's prerogative to determine the professional, ethical, moral, physical, and mental fitness of any candidate for certification.

The Board will consider opinions expressed concerning an individual's credentials only if they are in writing and signed.

It is the policy of the Board to maintain its autonomy and independence from political and economic considerations that might affect plastic surgery.

Advertising and 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, which leads to unrealistic expectations, which minimizes the magnitude and possible risks of surgery, or which 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. **NOTE TO RESIDENTS: Active practice websites may not be published before the completion of residency training in plastic surgery.**

Although in the examination process, candidates may not advertise **any status (including board eligible)** with the Board until after successfully completing the Oral Examination. Candidates are required to submit photocopies of all advertising materials to the Board. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) listings, advertisements and other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Candidates must also submit selected website content, for example, the candidate's and the practice's qualifications and credentials and any references to Board Certification for the practice in the practice profile. Candidates should NOT include multiple procedure information pages with photos. Audiovisual ads are not required to be submitted at this time.

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. The public can 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 to determine adherence to the Society's policies before placing practice advertisements in print.

Marketing events are prohibited where injectables, procedures or operations are provided in a social or educational setting where alcohol is served.

Candidates may be deferred from the examination process for at least one year if the Board receives written documentation of such advertising or other Code of Ethics violations. Refer to the Board's Code of Ethics available at www.abplsurg.org.

General Requirements

The following requirements for admissibility are in agreement with those promulgated by the American Board of Medical Specialties (ABMS).

1. The Board will accept only those candidates whose major professional activity is limited to the field of plastic surgery.
2. Candidates must maintain an ethical standing in the profession and moral status in the community acceptable to The American Board of Plastic Surgery, Inc. in conformity with the Board's Code of Ethics. Moral and ethical practices that do not conform to the Board's Code of Ethics may result in rejection of an application, invalidation of an examination result or in deferral of examination until such matters have been resolved satisfactorily.
3. Candidates must meet requirements for State Medical Licenses, Hospital Staff Privileges and Accredited Surgery Centers in Plastic Surgery. Requirements are detailed later in this Booklet.

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.

Professional Requirements

The Board considers the requirements detailed in the sections on Prerequisite Training and Requisite Training to be only minimal requirements. Candidates are encouraged to take advantage of broadening experiences in other fields.

The Board reserves the right:

1. To request lists of operations performed solely by the candidate for a designated period of time.
2. To request special and extra examinations: written, oral or practical.
3. To request any specific data concerning the candidate that may be deemed necessary before making a final decision for certification.
4. To consider evidence that a candidate's practice after completion of training is not in accord with generally accepted medical or ethical standards, which may result in rejection of the application or deferral of the examination until such time as the matter has been satisfactorily resolved.

Undergraduate Medical or Osteopathic Medicine Education

Before prerequisite training, residents must have graduated from a medical school in a state or jurisdiction of the United States which is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian Medical School accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or from a United States school of osteopathic medicine accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada must possess a current valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed a Fifth Pathway program in an accredited school of medicine in the United States.

DEADLINE DATE ALERT

WRITTEN REQUESTS FOR SPECIAL CONSIDERATION

Materials must be received in the Board Office by **February 1st** for the **Spring** Meeting of the Board 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.

CREDENTIALS AND REQUIREMENTS COMMITTEE

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

ETHICS COMMITTEE

Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation and the Ethics Review Fee for consideration by the Ethics Committee by the dates listed.

OFFICIAL RESIDENT REGISTRATION/ EVALUATION OF TRAINING FORM

The Board will not issue a Confirmation Letter or an Application for Examination and Certification until the **Resident Registration and Evaluation of Training Form** has been received and approved by the Board.

Residents are required to complete an official Resident Registration and Evaluation of Training Form **prior to the initiation of residency training in plastic surgery for residents in Independent or Combined Programs, and during the first year of residency for those in Integrated Plastic Surgery Programs.** This simple preliminary step will prevent later disappointment. It is the responsibility of all prospective candidates for certification in plastic surgery to complete this registration/evaluation step as **early as possible during early years of training, preferably PGY I or II but no later than December of the final year of plastic surgery residency.**

The Resident Registration and Evaluation of Training Form and

instruction letter should be downloaded as a PDF from the Board's website. **The completed Resident Registration and Evaluation of Training Form, the non-refundable processing fee (made payable to The American Board of Plastic Surgery, Inc., in U.S. Funds by check or money order only) and a photocopy of the Medical School Diploma** are required upon submission. Forms submitted without all required materials or with incorrect items will be subject to a Missing Items Penalty Fee or an Administrative Penalty Fee.

A Board Confirmation Letter will be sent directly to the resident after review and approval of the prerequisite training or registration with the Board for Integrated residents. **The Plastic Surgery Matching Program requires residents to provide a photocopy of the Board's Confirmation Letter** for the Match Application. Residents should be aware of the Match Application deadline, usually in the fall. Please allow at least six weeks for the processing of the Resident Registration and Evaluation of Training Forms and mailing of the Confirmation Letter from the Board Office.

Program Directors of accredited residency training programs in plastic surgery must require all residents to have an official evaluation and approval of prerequisite training by the Board **before the resident begins plastic surgery training. Integrated residents must complete the registration step in the PGY I level.**

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

Residents who do not meet the Board's established prerequisite training requirements may request special consideration by the Board. The Credentials and Requirements Committee will review and make official evaluations. Individual officers or directors of the Board cannot and will not make such estimates or rulings. It should be emphasized that answers to questions may require a decision by one or more of the committees of the Board. Decisions are referred to the entire Board at the next scheduled Board Meeting.

TRAINING REQUIREMENTS

Introduction

There are two 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 program. In both the Independent and the Integrated models, plastic surgery training is divided into two parts:

1. The acquisition of **basic surgical science knowledge** and experience with basic principles of surgery (**PREREQUISITE TRAINING**).
2. **Plastic surgery principles and practice**, which includes advanced knowledge in specific plastic surgery techniques (**REQUISITE TRAINING**).

In the Independent Model, residents complete **PREREQUISITE TRAINING** outside of the plastic surgery residency program, whereas in the Integrated model, residents complete all training in the same training program. **In a combined or coordinated program**, residents complete prerequisite training for the general surgery training program in the same institution as the plastic surgery program. The current minimum requirement is three years of general surgery training in a combined program. **The combined or coordinated program is being phased out, and after July 1, 2015, no applicants will be accepted in this model.** Therefore, July 1, 2018 will be the last date a resident may enter plastic surgery residency after three years of general surgery training.

Residents entering plastic surgery training must complete five progressive years of clinical general surgery residency training, sufficient to qualify for certification by the American Board of Surgery (ABS), unless three years of general surgery are completed in the same program as the plastic surgery residency training. July 1, 2015 is the last date a resident can enter general surgery training in a combined program. See Variations A & B under Requisite Training.

The minimum acceptable residency year, for both prerequisite and requisite training, must include at least **48 weeks of full-time training experience** per year. **For research rotations completed during the entire training program, the Board will allow a total of 12 weeks of research during a six year program and allow a total of 6 weeks of research during a three year program.**

Leave of Absence During Residency Training

A leave of absence during training will not be included toward completion of the minimum 48-week requirement. This includes Military Leave and Maternity/Paternity Leave.

PREREQUISITE TRAINING **FOR THE INDEPENDENT MODEL**

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

I. General Surgery.

The Board requires a minimum of **five 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. If completing less than full general surgery training, plastic surgery training must be completed in the same institution as the general surgery training.

Effective July 1, 2015, the three-year prerequisite pathway **will be discontinued for those completing general surgery training in the same program as plastic surgery training.** Therefore, full training in general surgery will be required for

those entering plastic surgery residencies on July 1, 2018 and thereafter. Therefore, July 1, 2015 is the last date a general surgery resident may begin training with the expectation of completing plastic surgery training in the same institution. The Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) must accredit both programs. Broad surgical training experience is required.

If less than an entire residency in general surgery is completed, documentation of clinical experiences appropriate to plastic surgery education must be provided in the following areas:

1. Abdominal surgery
2. Alimentary tract surgery
3. Breast surgery
4. Emergency medicine
5. Pediatric surgery
6. Surgical critical care
7. Surgical oncology
8. Transplant
9. Trauma management
10. Vascular surgery

The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following areas **before completion of plastic surgery training**. These clinical experiences may occur during prerequisite or requisite training, if verified, and documented by the plastic surgery program director.

1. Acute Burn Management
2. Anesthesia
3. Dermatology
4. Oculoplastic Surgery or Ophthalmology
5. Oral and Maxillofacial Surgery
6. Orthopaedic Surgery

II. Alternate Prerequisite Pathways Accepted

Prospective candidates may initiate residency training in plastic surgery following satisfactory completion of the entire course of training in the United States or Canada, as prescribed for certification by the American Board of Surgery including the Vascular Surgery Board of the American Board of Surgery, American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, the American Board of Otolaryngology, the American Board of Thoracic Surgery or the American Board of Urology. Prospective candidates **must** meet and comply with the most current requirements in these specialties. The training program director must verify satisfactory completion of training in writing (see Verification of Prerequisite Training). **The Board requires a letter from the prerequisite training program director verifying completion of training requirements, including the chief year, for certification by the specific ABMS specialty**

board. The candidate may also provide evidence of current admissibility to, or certification by, the respective ABMS specialty board's examination process in the United States.

III. For prospective candidates with a medical degree (M.D.) obtained in the United States or Canada combined with a Dental Degree (D.M.D. or D.D.S.)

Satisfactory completion of a residency program in Oral and Maxillofacial Surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency.

The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing. This program **may** include the integration of a medical school component resulting in a Doctor of Medicine (M.D.) degree or the Medical Degree may be obtained before or after residency training in Oral and Maxillofacial Surgery.

This combined training **must** also include a **minimum** of two years of **only** clinical general surgery training, including the content areas listed in I. General Surgery, above, with progressive responsibility under the direction of the general surgery program director **after** obtaining the M.D. degree. These 24 months must be devoted only to those rotations in the 10 essential content areas of general surgery as listed on the previous page. The general surgery program director must verify, in writing, the completion of two years of clinical general surgery training, the levels of responsibility held, inclusive dates and 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.** The Board will not consider rotations in general surgery during medical school, prior to the M.D. degree, as fulfilling any part of the two-year minimum requirement. If the general surgery training is completed at an institution other than the sponsoring institution of the Oral and Maxillofacial Surgery residency, then this training must be completed consecutively with both years spent in the same general surgery program which has been approved by the Residency Review Committee (RRC) for Surgery and is accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States.

Verification of Prerequisite Training

The Board Office will mail a **Verification Form** to the 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. **Residents should notify the Board Office when prerequisite training is completed.** It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

REQUISITE TRAINING

Distinctions between the Integrated Model and the Independent “Combined” or “Coordinated” Model

The distinctions between the Integrated Model and the Independent “Combined” or “Coordinated” Model curriculum are found in the administrative supervision of the **PREREQUISITE** years. That is, whether the RRC-PS (as with Integrated programs) or the RRC for General Surgery (as with Coordinated programs) accredits the program. A list of plastic surgery programs can be obtained on the ACGME website www.acgme.org. All residents in the Integrated, Independent, Combined or Coordinated model of training must complete the ABPS Resident Registration and Evaluation of Training Form. Residents must obtain a confirmation letter of approval of prerequisite general surgery training from the Board before beginning the **REQUISITE** plastic surgery residency for Independent program residents and a confirmation of registration letter for Integrated program residents in the first year of training.

MATCHING DIRECTLY FROM MEDICAL SCHOOL

The medical student who desires to enter plastic surgery training after graduation may elect one of two pathways:

1. The “Combined” or “Coordinated” variation of the Independent Model begins with the resident matching into a general surgery program for completion of at least three years of clinical general surgery **PREREQUISITE** training in the same institution as the plastic surgery residency. The resident is eligible to enter the **Independent** program at the same institution for **REQUISITE** training in plastic surgery upon successful completion of the training. The general surgery program director must confirm successful completion of the **PREREQUISITE** years to satisfy the Board’s requirements. After satisfactory completion of the Independent plastic surgery program (**REQUISITE TRAINING**), the resident has met the training requirements of the Board.

The three year combined program will be eliminated effective July 1, 2015. Medical students desiring to enter plastic surgery training directly after medical school must match into an Integrated program beginning with the 2016 match. Otherwise, full training in general surgery must be completed for entry into the Independent plastic surgery pathway. July 1, 2018 will be the last date to enter an Independent program with only three years of general surgery residency training. Residents entering plastic surgery residency on July 1, 2019 will be required to complete five years of general surgery residency training.

2. The **Integrated** plastic surgery model begins with a match directly after medical school into a plastic surgery program for at least six years under the direction of the plastic surgery program director. All training is completed in the same program.

MATCHING AFTER PREREQUISITE TRAINING

The resident who desires to enter plastic surgery training after completion of a prerequisite pathway may elect to participate in the Plastic Surgery Match Program for completion of at least three years of clinical plastic surgery residency education in an Independent Plastic Surgery program.

Graduate Education in Plastic Surgery

The Board requires a minimum of three years of plastic surgery training, and the final year must be at the level of senior responsibility.

Effective July 1, 2014, all three years of an Independent Program must be completed in the same program.

Residents **may not** exchange accredited years of training between the two different models without prior approval by the American Board of Plastic Surgery, Inc. Residents must request any anticipated transfers in writing and obtain prior approval by the Board well in advance of the proposed change in programs. Refer to the Transfers to Integrated Programs section found later in this Booklet.

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 normal training year for the program must be completed. The Board **does not** grant credit for a partial year of training.

Training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the Residency Review Committee for Plastic Surgery (RRC-PS) and accredited by the Accreditation Council for Graduate Medical Education (ACGME) and those programs approved by the Royal College of Physicians and Surgeons of Canada (RCPSC). Refer to Canadian Training Requirements.

Content of Training

Residents must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training

experience per year. For research rotations during training, **the Board will allow a total of 12 weeks of research during a six year program and allow a total of 6 weeks of research during a three year program in a 48-week full time residency training year.**

Should absence exceed four weeks per annum for any reason, the circumstances and possible make-up time of this irregular training arrangement must be approved by the program director and the additional months required in the program must be approved by the RRC-PS. Documentation of this approval must be provided to the Board by the program director.

No credit, but no penalty, is given for military, maternity/paternity or other leaves during training. Faculty supervised resident experiences for international surgical rotations are considered part of the 48 weeks of full-time clinical residency training. International rotations without faculty supervision must be included in allotted vacation time.

Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in the following areas:

1. Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery
2. Head and neck surgery, including neoplasms of the head, neck and oropharynx
3. Craniomaxillofacial trauma, including fractures
4. Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities
5. Plastic surgery of the breast
6. Surgery of the hand/upper extremity
7. Plastic surgery of the lower extremities
8. Plastic surgery of the trunk and genitalia
9. Burn reconstruction
10. Microsurgical techniques applicable to plastic surgery
11. Reconstruction by tissue transfer, including flaps and grafts
12. Surgery of benign and malignant lesions of the skin and soft tissues

The experiences listed previously in section I, General Surgery (#1 acute burn through #6 orthopaedic surgery), are strongly suggested and should be completed during plastic surgery residency if not completed during Prerequisite Training.

Sufficient material of a diversified nature should be available to prepare the resident to pass the examinations of the Board 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

This model includes programs with three years of plastic surgery training. Residents who matched after July 1, 2010 and started training as of July 1, 2011 completed residency training according to these program requirements. Residents currently in plastic surgery training will complete residency training in the program length which was approved at the time the resident started plastic surgery residency training.

July 1, 2018 will be the last date a resident may begin plastic surgery training after three years of general surgery prerequisite training.

Residents can officially begin a plastic surgery training program (**REQUISITE TRAINING**) after completion of any of the **PREREQUISITE** options, which all require confirmation by the Board. This confirmation is provided after completion of the Resident Registration and Evaluation of Training Form and receipt of the Board's Confirmation Letter regarding the acceptability of the prerequisite training for entry into a plastic surgery residency program.

In the Independent Model, only the **REQUISITE** training is under the supervision of the Residency Review Committee for Plastic Surgery (RRC-PS). However, in the "combined" model, the general surgery years are accredited by the RRC for General Surgery and **not** the RRC-PS. The Independent Model currently has **two options**. The first option has two variations. Each of the pathways described satisfy the requirements of the Board for entry into the certification process.

1. **Option 1, variation A General Surgery.** Five years of ACGME-approved clinical general surgery residency training with progressive responsibility sufficient to qualify for certification by the American Board of Surgery (ABS) is required. The five years of training must be completed **before** the resident enters a plastic surgery residency. **Effective July 1, 2009, and eliminated after the 2015 match, if the resident enters a plastic surgery residency in the same institution as the general surgery residency, then only three years of general surgery residency are required.**

Option 1, variation B is the "combined" or "coordinated" residency. **PREREQUISITE AND REQUISITE** requirements are completed at the same institution in this model. As previously noted, this pathway will be eliminated effective July 1, 2015. This option currently requires only three years of general surgery training. The resident matches into an ACGME-approved general surgery training program with a non-contractual understanding that they will become plastic surgery residents at the same institution after satisfactorily completing three-years of general surgery. During this time they are considered designated preliminary residents in general surgery, but are not considered plastic surgery residents by the RRC-PS, ACAPS, or ABPS until completing

the **PREREQUISITE** training program and entering the requisite plastic surgery training. These programs are not differentiated in the ACGME's Graduate Medical Education Directory but rather are found listed among general surgery and independent plastic surgery programs.

1. **Option 2** is available for residents who have satisfactorily completed a formal training program **and have satisfied the training to apply for/or are certified** in the following: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, or oral and maxillofacial surgery (the latter requiring two years of clinical general surgery training in addition to an M.D. /D.D.S. or D.M.D.). Successful completion of these ACGME or ADA accredited programs fulfills the **PREREQUISITE** training requirement.

INTEGRATED MODEL

Residents must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the Liaison Committee for Medical Education (LCME) or the American Osteopathic Association (AOA).

Graduates of allopathic medical schools in the United States or Canada accredited by the Liaison Committee for Medical Education (LCME) who have successfully completed the licensure requirements in a United States jurisdiction are deemed to have appropriate undergraduate medical credentials.

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

Training in the Integrated Model requires no less than **six years** of RRC-PS accredited residency under the **authority and direction of the plastic surgery program director**. The curriculum includes the basic experience in clinical general surgery and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than three years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last three years of training must be completed in the same program.** The content of training in these three plastic surgery years is documented on the following pages.

During the six years of Integrated program training, clinical experiences appropriate to plastic surgery education should be provided in alimentary tract surgery, abdominal surgery, breast surgery, emergency medicine, pediatric surgery, surgical critical care, surgical oncology, transplant, trauma management, and vascular surgery.

The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences

are documented in the following areas before completion of plastic surgery training. These clinical experiences may occur during prerequisite training in the Independent Model, if verified, and documented by the plastic surgery program director.

1. Acute burn management
2. Anesthesia
3. Dermatology
4. Oculoplastic surgery or ophthalmology
5. Oral and maxillofacial surgery
6. Orthopaedic surgery

International Medical School Training

Graduates of medical schools from countries other than the United States or Canada who are applying for the Integrated Pathway must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG). For information, contact ECFMG, 3624 Market Street, Philadelphia, Pennsylvania 19104-2688; (215) 386-5900; www.ecfmg.org.

TRANSFERS INTO INTEGRATED PROGRAMS

A resident transfer at or below the **PGY III** level into a vacant position in an Integrated Program must be approved by the 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 granted:

1. Letter from the current program director indicating the exact dates of training and month to month rotations that will be completed at the time of the transfer;
2. Letter from the receiving Integrated plastic surgery program director indicating the acceptance of the resident for the curriculum at that level of transfer; and
3. Completed Resident Registration and Evaluation of Training Form, Processing Fee as listed in the Fee Schedule and photocopy of medical school diploma.

Transfers into Integrated programs will only be allowed as follows: The three steps above must be complete for ALL transfers.

- Beginning PGY I or PGY II: residents may transfer after completion of PGY I year in a surgical specialty, such as General Surgery (including the Vascular Surgery Board of the American Board of Surgery), Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery or Urology or another integrated plastic surgery residency program.
- Beginning PGY III: residents may transfer only if they have completed at least two years of an approved surgical pathway (listed above) or another integrated plastic surgery residency program.

- Beginning PGY IV: residents may transfer **only** if they have completed full training in one of the approved surgical specialties for the Independent programs, such as General Surgery (including the Vascular Surgery Board of the American Board of Surgery), Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery, Urology or Oral and Maxillofacial Surgery.
- **No transfers will be accepted after the beginning of PGY IV because the last three years of Integrated Program training must be completed in the same institution.**

ACCREDITED RESIDENCY PROGRAMS

Information concerning accredited training programs may be found in the *Graduate Medical Education Directory* published by the American Medical Association (AMA) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME).

For information, contact the Order Department, American Medical Association (AMA), P.O. Box 930876, Atlanta, Georgia 31193-0876, 1-800-621-8335 or online www.ama-assn.org.

The Board does not review or approve residencies. The Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency has filed an application for approval by the RRC-PS. For information, contact the RRC-PS at (312) 755-5000; www.acgme.org.

The RRC-PS consists of nine members, three representatives from each of the following: The American Board of Plastic Surgery, Inc., the American College of Surgeons, and the American Medical Association.

The Directors of the Board cannot be responsible for the placement of residents for training. The Board does *not* maintain a list of available openings in programs. Residents seeking accredited training in plastic surgery should correspond directly with the program directors of those training programs in which they are interested.

Most plastic surgery residencies participate in the Plastic Surgery Matching Program. For information, contact Plastic Surgery Matching Program, 655 Beach St., San Francisco, California 94109; (415) 447-0350; www.sfmarch.org.

Non-Approved Residencies

Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified above. 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.

The Board grants no credit for training, residency and/or experience in disciplines other than those named.

RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA

The Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to ensure this material is completed and approved by the Board.

This requirement pertains to all those applying for admission to The American Board of Plastic Surgery, Inc. examination process.

Graduates of Canadian Plastic Surgery Residency Programs may satisfy the requirements of The American Board of Plastic Surgery for admissibility to the Written and Oral Examinations. To meet the requirements for Examination and Certification by the Board, the following provisos and documentation must be completed:

- 1) The plastic surgeon must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME).
- 2) The plastic surgeon must have entered plastic surgery residency through the Canadian Residency Match Program (CaRMS) or the CaRMS-Equivalent Program at the University of Montreal prior to 2005 or must have transferred into PGY-I, II or III in a Canadian program after completing five years of an ACGME approved residency in general surgery in the United States.
- 3) The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- 4) The plastic surgeon must hold a current, valid, unrestricted state or province medical license.
- 5) The plastic surgeon must have successfully obtained certification in plastic surgery by the RCPSC.

The policy above will apply to those residents obtaining certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2007 or later.

Candidates certified by the RCPSC prior to 2007 may be reviewed by the Board's Credentials and Requirements Committee, but must complete the Professional Standing Requirements of the Maintenance of Certification in Plastic Surgery (~~AMOC-PS~~[®]) Program prior to being approved.

The Professional Standing requirements must be supported with documentation and must include:

- 1) Current, valid, unrestricted state or province medical license;
- 2) Verification of active, inpatient hospital admitting privileges in plastic surgery;
- 3) Three Peer Review Evaluations (at least one must be from a Chief of Surgery or Chief of Staff or Chief of Plastic Surgery);
- 4) Membership in one of the 21 Sponsoring Organizations of the Board; and
- 5) Accreditation Certificates for Outpatient Surgical Facilities, if applicable.

WRITTEN EXAMINATION OCTOBER 13, 2015

APPLICATION DEADLINE ALERT

THE WRITTEN EXAMINATION APPLICATION PROCESS

The online Application will be available on the Board's website in early February. Email notifications will be sent.

Identification of Senior Residents in order to receive access to the Written Exam Application is **verified to the Board by the Plastic Surgery Programs in October.**

APPLICATION FOR ADMISSION TO THE OCTOBER 2015 WRITTEN EXAMINATION

- √ The deadline date for finalization of all Applications is **April 1, 2015.**
- √ A late penalty fee will automatically be applied when finalized between **April 2nd up to and including April 9th.**
- √ Access to the Application will not be available on the Board's website after April 9th for admission to the October Written Examination.
- √ **Finalized Applications that are incomplete or incorrect will be subject to a Missing Items Penalty Fee.**

WRITTEN EXAM INTRODUCTION

The prime purpose of the Board is to evaluate the education, training, and knowledge of broadly competent and responsible plastic surgeons.

The Written Examination is a Computer Based Test (CBT) offered at Prometric® Test Centers. The Examination will be conducted in the fall each year or at any other time deemed suitable by the Board. The examination will be given on one day throughout the United States and Canada. **No exceptions will be made, and special examinations will be given only under unusual circumstances (see Special Situations).** The Board cannot guarantee scheduling for specific test centers.

REQUIREMENTS FOR THE WRITTEN EXAMINATION

1. Candidates must hold active, inpatient admitting medical staff privileges in plastic surgery in a United States, Canadian or international hospital throughout the examination process.

Appointment/reappointment letters verifying **hospital privileges in plastic surgery** must be provided to the Board from the medical staff office(s) of **every** institution. See details under Document Alert for Hospital Letters.

2. Candidates must have a current, full, valid and unrestricted license to practice medicine with an expiration date valid through the examination. Restrictions or sanctions to any medical license must be reported to the Board within 60 days of the restriction. Details of license restrictions are listed earlier in this booklet. Restrictions will delay the candidate's progress through the examination process.
3. Candidates must successfully complete both the Written and Oral Examinations required to achieve certification within eight years after completion of plastic surgery residency training. Reapplication requirements are required at the end of the first five years of admissibility.
4. Candidates must adhere to the Board's Advertising Requirements, listed earlier in this booklet, as well as the Code of Ethics, available on the Board's website in the Policies Tab.
5. Active practice in plastic surgery is a requirement for admissibility to the Written and Oral Examinations.
6. Fellowship training does not affect admissibility to the Written Examination but will delay admissibility to the Oral Examination.

The Board reserves the right to defer a candidate in the examination process for consideration of ethical or other issues. Refer to the Board's Code of Ethics.

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.

Notification of Admissibility

Candidates will be admissible to the Written Examination in the fall following successful completion of residency in plastic surgery, provided the Application for Examination and Certification is approved.

The Board cannot issue letters attesting to admissibility to the examination process to any person, institution, or organization until this formal application, along with the required supporting documents, has been reviewed and approved.

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the certification examinations. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional

Reapplication requirements after five years of admissibility or the more rigorous requirements for the Re-Entry Application for Admissibility after eight years in the examination process is exhausted. Candidates are advised to refer to the Admissibility policy and reference table available on the Board's website under Policies.

PREPARING FOR APPLICATION FOR EXAMINATION AND CERTIFICATION

The Application Process

To qualify for an Application for Examination and Certification in Plastic Surgery, candidates must have a Final Confirmation Letter issued by the Board after completion of prerequisite training or in PGY I or II of an Integrated Program. A Resident Registration and Evaluation of Training Form must be submitted to the Board for review and approval. Upon approval, a Confirmation Letter is provided.

The Board requests verification of senior resident status from all Program Directors in October. Information for registration to the Application will be provided to the resident by email and U.S. mail in early February. The Application must be completed and finalized by the deadline indicated in the Application Cover Letter. The Application Cover Letter of Instructions is available on the Board's website with secure login.

Candidates must complete the **Application for Examination and Certification** after completion of their plastic surgery residency in order to be considered for admission to the examinations leading to Board Certification.

Address Changes

All address changes can be completed on the physician profile on the Board's website, www.abplsurg.org, once the application logon information is sent in January.

Candidates with Disabilities: Submission of Application Material & Documentation Requirement

Candidates with disabilities requesting special accommodations for the examination must indicate this on the Application and provide documentation of the disability when submitting the Application for Examination and Certification (refer to Examination of Candidates with Disabilities Policy).

WRITTEN EXAMINATION APPLICATION DOCUMENT CHECKLIST ALERT

1. Complete Application Data Fields
2. Registration Fee as indicated in the Fee Schedule (credit card payment.)
3. ALL State Medical Licenses.
4. Driver's License or Passport.
5. ECFMG Certificate (if applicable).
6. Board Certification Certificate or Letter of Admissibility (if applicable) or letter from the prerequisite training Program Director.
7. Royal College of Physicians and Surgeons of Canada (RCPSC) Certificate (if applicable).
8. Residency Graduation Recommendation submission by the Plastic Surgery Program Director by July 1st.

The following items are required for submission and approval of the Application for Examination and Certification by **April 1, 2015**:

Medical Licensure

Candidates must have a **current, valid, registered, full and unrestricted** license to practice medicine in a state, territory, or possession of the United States or by a Canadian province. **Candidates must continue to be licensed throughout the certification process.** Candidates must upload a photocopy of the license and all renewal certificate(s), bearing an expiration date valid at the time of the examinations, with each finalized Reply Form for all states (or Provinces) of current practice at the time of the deadline.

Senior Residents may upload a temporary, limited or resident license such as an educational, institutional, or house permit at the time the Application is finalized, **but must provide a current, valid, full and unrestricted medical license with the Reply Form** even if completing fellowship training. The license must bear an expiration date valid at the time of the examination. **Fellowship licenses are not accepted.**

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 registration of 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 60 days, all disciplinary actions to state medical licenses from any and all State Medical Licensing Boards. The following sanctions by any and all State Medical Licensing Boards where the candidate holds a license are considered a restricted license and will delay a candidate's admissibility to the examination process:

1. Limitation on practice or parts of practice
2. Probation
3. Probation with monitoring
4. Probation with supervision
5. Suspension

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

Hospital Medical Staff Privileges in Plastic Surgery

By the time of the Reply Form in August, candidates must provide appointment/reappointment letters indicating active inpatient admitting privileges in plastic surgery in a hospital throughout the examination process. The start and end date of staff privileges must be included in the letter. However, immediately after completion of residency or during fellowship training, the lack of hospital privileges will not prevent candidates from participating in their **first** opportunity for the Written Examination in the graduating year.

RESIDENCY GRADUATION PROGRAM DIRECTOR RECOMMENDATION

An email regarding the **Residency Graduation Program Director Recommendation** will be provided by the Board Office directly to the plastic surgery program director for completion at the end of the resident's training in plastic surgery. Verification by the Program Director will be required for each resident and will require attestations in two places. The **first attestation**, verifies that the resident has completed a residency training program in plastic surgery accredited by the Residency Review Committee for Plastic Surgery or by the Royal College of Physicians and Surgeons of Canada under his/her direction and that the accredited number of years included a year of senior responsibility. The **second attestation** signifies that the program director recommends the resident for admission to the examination process of the Board. **In making this recommendation, the program director must approve the ethical characteristics of the resident. Concerns must be noted and documentation supporting reservations must be included.**

The Board requires each program director to finalize a Residency Graduation Program Director Recommendation for each graduating resident by July 1st of the year of residency completion.

If the program director elects not to sign either statement, the program director is required to provide a full written explanation of the reason the required signature(s) are not provided. The resident's application cannot be processed or approved, nor will the resident be admitted to the examination process of the Board, without both required signatures.

The program director **must** record any deficiencies that were responsible for the lack of signature(s) and discuss these with the resident. This written communication **must** be given to the resident and a copy must be forwarded to the Board Office. If further educational training or experience is completed, the program director will complete another **Residency Graduation Program Director Recommendation** the following year. If the resident is still considered deficient and not recommended for admission to the examination process of the Board, the program director again **must** provide a full written explanation of the cause for the lack of signature(s) to the Board Office.

Failure on the part of the program director to complete the **Residency Graduation Program Director Recommendation** within the stipulated framework will be considered an abrogation of the responsibility of the program director and the Residency Review Committee for Plastic Surgery (RRC-PS) or the Royal College of Physicians and Surgeons of Canada (RCPSC) will be notified.

TERMS OF ADMISSIBILITY TO THE EXAMINATION PROCESS

Effective April 2012, and in compliance with the eligibility policy of the American Board of Medical Specialties (ABMS), **candidates must successfully complete both the Written and Oral Examinations no later than eight years after completion of plastic surgery residency training.** For those who have completed residency and have not yet achieved certification, the transition period to be compliant with this policy will end with the 2018 Oral Examination. **Candidates are notified annually regarding the ABPS Admissibility Policy.**

Candidates are advised to utilize every opportunity to complete the certification examinations. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after five years of admissibility. The Re-Entry Application for Admissibility will be required when eight years after residency is reached and the admissibility period in the examination process is exhausted. Refer to the Admissibility Policy available on the Board's website in the Policies Tab.

Notification of Admissibility to the Written Examination

Candidates who have an approved Application for Examination and Certification will have an Approval Letter available on the physician profile in the Written Exam tab on the Board's website and will be notified by email and U.S. mail.

Deferred Candidates and Reapplication

Candidates whose admissibility has expired five years after completion of residency training will be sent information for the Reapplication process. However, after January 1, 2019, a **Re-Entry Application for Admissibility** will be required as noted previously.

A **Reapplication** must be submitted five years after completion of residency training if certification is not yet achieved. The **Reapplication Materials** for admissibility to the Written or Oral Examinations are available on the Board's website.

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 five years of admissibility expire during the active duty period. However, military documentation must be submitted to the Board Office to support this exception.

Reapplication Material

The Reapplication Material is available on the Board's website. Submission of the following is required:

1. Reapplication Form
2. A non-refundable Reapplication Fee according to the Fee Schedule
3. Curriculum Vitae
4. Evidence of all valid and unrestricted State Medical Licensure
5. Hospital Appointment/Reappointment letter(s) verifying active inpatient admitting/operating privileges in plastic surgery
6. Documented proof of 150 hours of CME credits is required within the preceding three years. Of the 150 hours, **a minimum of 75 hours must be Category I educational activities in plastic surgery** and a minimum of 20 hours must be in patient safety
7. ABPS Peer Evaluations completed by the Chief of Surgery/ Chief of Staff from every hospital and from two additional colleagues, from one of the following categories: Chief of Plastic Surgery, Anesthesiologist, Nursing Supervisor, or ABPS board certified plastic surgeon. Peer Evaluations must be completed by those in the hospital setting as opposed to an outpatient surgery facility to satisfy this requirement
8. Two recommendation letters completed by individuals who are familiar with the candidate's work in addition to the peer evaluation forms
9. Malpractice Claims Form
10. Photocopies of all advertising and marketing material
11. Evidence of membership in professional medical organizations, including regional and local plastic surgery societies
12. Outpatient Surgery Center Accreditation Certificates (if applicable)

All candidates must comply with the current requirements in effect for the year in which the examination is taken regardless of the time the original application was approved.

- The deadline for all completed Reapplication material is June 1st.
- An approved Reapplication provides additional years of admissibility to the examination process up to the expiration of the eighth year after completion of plastic surgery residency training.

- The approved Reapplication candidate must complete the Written Examination or Oral Examination Reply Form by the deadline dates.
- Effective January 1, 2019, an approved Re-Entry Application provides an additional **four** years of admissibility to the examination process, beginning with the Written Examination. **This requires successful completion of both the Written and Oral Examinations.**

A Re-Entry Application for Admissibility to the examination process may be submitted if certification is not achieved eight years after completion of residency training. **A Re-entry Application for Admissibility must be submitted within two years of the final admissibility expiration date.** An approved Re-Entry application provides admissibility to the Written Examination even if that was successfully completed during the initial eight years of admissibility. Requests for a Re-Entry Application submitted more than two years after the final admissibility expiration date must be reviewed and approved by the Credentials and Requirements Committee for Special Consideration.

It is the responsibility of candidates to seek information concerning the current requirements for certification by the Board. These requirements are delineated annually in the Booklet of Information. The Board does not assume responsibility for notifying candidates of changing requirements. The Board recommends that candidates visit the Board's website for the current Booklet of Information and to review the current requirements and deadline dates.

Candidates Previously Approved for Examination

Examination announcement information will be available on the Board's website with secure login in January to candidates approved for the examination process on or before December 31, 2014.

Admission to Examination

The Board will not accept candidates for admission to the Written Examination if they do not finalize the Reply Form, Examination Fee and all required materials by the deadline date indicated in the Announcement Letter. **Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee.**

Two groups of candidates will be taking the examination in 2015. The groups include those who completed residency before 2015 and have an approved Application for Examination and Certification and those who complete residency on June 30, 2015 and are applying for the first time.

WRITTEN EXAMINATION REPLY FORM

DEADLINE ALERT REPLY FORM & EXAMINATION FEE DUE 3/3/2014

Previously Approved Candidates

- ▶ **For candidates approved for the Examination and Certification process before December 31, 2014**, an email alert will be sent in January 2015, including instructions for the Reply Form.
- ▶ The Reply Form deadline for the Written Examination for those approved prior to December 31, 2014 is **March 3, 2015**. All required items listed below must be submitted online in order to be scheduled for the Written Examination.
- ▶ **Reply Forms that are incomplete or incorrect will be subject to a Missing Items Penalty Fee as listed in the Fee Schedule.**

Documentation must be uploaded as PDF files. **Submit:**

1. Finalized Reply Form data fields.
 2. Examination Fee as listed in the Fee Schedule paid by credit card.
 3. A valid unrestricted state medical license bearing an expiration date valid at the time of the examination (NOTE: temporary, training, resident, fellowship or institutional licenses **are not** accepted for examination).
 4. A current unexpired driver's license or valid passport.
 5. Hospital appointment/reappointment letters verifying privileges in **plastic surgery** from **all** hospital medical staff offices.
 6. Outpatient Surgery Center Accreditation Certificates from all non-hospital outpatient surgical facilities where surgery is performed as listed on the Reply Form. 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 Reply Form but certificates are not required.
- ▶ **NOTE: A Late Penalty Fee** according to the Fee Schedule will automatically be applied when finalized on March 4, 2015 up to and including March 10, 2015.

HOSPITAL PRIVILEGE CHECKLIST UPLOAD AS A PDF

Medical Staff Privilege letters must:

1. Be in English.
2. Be on official Hospital Letterhead and signed.

3. Include designation “plastic surgery privileges” or must include delineation of the plastic surgery procedures approved to perform at the hospital.
4. Include status such as active, provisional, courtesy.
5. Include active inpatient admitting privileges in plastic surgery.
6. Be dated within the last three months.
7. Note the expiration date of privileges or length of privileges granted such as “3/1/2014-3/1/2016” and be valid through the examination process.
8. Be in effect at the start of clinical surgical practice to meet requirements for the 2015 Oral Examination.

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

Senior Resident Candidates Approved for Examination

Approval Letter and examination announcement information will be available on the Board’s website with secure login in July 2015 for **candidates approved for the examination process after June/July 2015.**

Reply Forms and Examination Fees cannot be finalized **after the late deadline dates of March 10th or August 7th** as noted above, and **will not be accepted** for admission to the 2015 Written Examination. Candidates must list all hospital privileges and academic appointments as well as include documentation uploaded as a PDF file to finalize the Reply Form.

DEADLINE ALERT **REPLY FORM AND** **EXAMINATION FEE DUE 8/3/15**

Senior Resident Candidates

- ▶ **For candidates approved for the Examination and Certification process after December 31, 2014 (Senior Residents), the Board will send an email notification including the Reply Form Instructions.**
- ▶ **The Reply Form deadline for the Written Examination is August 3, 2015. The candidate must upload all required materials listed below to finalize the Reply Form. The Board will accept the Reply Form with the late fee only from August 4th - 7th, and that deadline is absolute. No Reply Forms can be finalized after August 7th.**
- ▶ **Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee according to the Fee Schedule.**

Documentation must be uploaded as PDF files. **Submit:**

1. Finalized Reply Form data fields.
2. Examination Fee according to the Fee Schedule by credit card.
3. A valid, unrestricted state medical or provincial license bearing an expiration date valid at the time of the examination. (NOTE: temporary, training, resident, fellowship or institutional licenses **are not** accepted for examination).
4. Hospital appointment/reappointment letters verifying privileges in **plastic surgery** from **all** hospital medical staff offices.
5. Outpatient Surgery Center Accreditation Certificates from all non-hospital outpatient surgical facilities where surgery is performed as listed on the Reply Form. The Board will not accept letters verifying surgical privileges in lieu of accreditation certificates. The candidate must identify hospital-based outpatient facilities, certified by The Joint Commission, on the Reply Form, but certificates are not required.

- NOTE: Reply Forms and Examination Fees cannot be finalized after the close of the business day on March 10th or August 7th, as noted above. Candidates must finalize by those dates for admission to the October 2015 Written Examination.

Scheduling Permit

Upon submission and approval of all required Reply Form materials, candidates will be scheduled for the examination. Scheduling Permits will be posted in the Written Exam Tab at the end of August. The Scheduling Permit will include the date of the examination, instructions, a scheduling number, and a toll free phone number for making an appointment at a Prometric® Test Center. 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 Application Form or Reply Form.**

Test Centers for Computer-Based Testing (CBT)

Prometric® provides services for professional licensure, academic assessment, and certification for various other professional and academic needs. Prometric® administers testing programs for educational institutions, corporations, professional associations, and other organizations.

All Prometric® Test Centers are set up similarly. This enhances security and provides the same standards of comfort and uniformity for all candidates. Candidates can find locations of Prometric® Test Centers available for the Written Examination on the Prometric® website, www.prometric.com.

- Step 1: Enter Test Sponsor: “ABPS”
- Step 2: Select “American Board of Plastic Surgery”

- Step 3: Click “Locate a Test Center”
- Step 4: Select “Country” and “State” and click “Next”
- Step 5: Select the Exam “Plastic Surgery Written Exam” then click “Next.”

Scheduling a Test Center Appointment

Candidates should contact Prometric® immediately upon receipt of the Scheduling Permit in order to schedule an appointment. **Candidates must have the Scheduling Permit in hand to schedule the appointment.** Prometric® recommends scheduling the test appointment on the Prometric.com website. Information from the Scheduling Permit is required to schedule. If a preferred test center is not available, the candidate will be advised of other nearby test centers where a testing appointment is available. Candidates are responsible for their own travel and expenses to test center sites.

Examination Day Requirements

Candidates will NOT be admitted to the Prometric® Test Center without the following items:

1. **Scheduling Permit**
2. **Photographic Identification (valid, current)**

Withdrawal from Examination

The Board Office must receive an email or letter 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. No rescheduling will be considered.

REGISTRATION AND ADMINISTRATION OF THE WRITTEN EXAMINATION

All candidates must take the entire examination on the same day. The Board will provide final approval for issues handled on-site at individual Prometric® Test Centers on the day of the examination.

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

Candidates are not permitted to bring any food, beverages, notes,

textbooks, scrap paper, study materials, clipboards, pocketbooks, backpacks, book bags, briefcases, wallets, watches, jackets, headwear, coats, watches with internet access, electronic or mechanical devices or other reference materials into the test center. Earplugs are permitted and headphones are available. **Cellular telephones and beepers must be turned off and stored in the locker provided.**

Examination Schedule

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

The Written Examination will consist of the following format:

- 15-minute optional tutorial
- 400 multiple-choice questions formatted in four blocks of 100 questions
- Each block is one hour and 40 minutes in length
- Total break time of 45 minutes (optional)
- Total testing time is six hours and 40 minutes. Total time at the test center is no longer than seven hours and 40 minutes

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. When exiting a block, or when time expires, no further review of questions or changing of answers within that block is possible.

Candidates will have 45 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) as not every test center location has restaurants nearby.

Computer Based Test (CBT) Tutorial

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

Content of the Written Examination

The Examination consists of multiple-choice (one best answer) questions. In general, each test item consists of a question, a

case history or a situation, followed by a list of possible answers. Instructions for completion of questions are provided in the computer program, which candidates will receive at the start of the examination.

The subjects covered in the examination are listed below and will cover the entire field of plastic surgery:

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

The full Content Outline and Exam Blueprint percentages are available on the Board's website in the Examination Information section, ABPS Written Exam. The questions for the examination cover subjects considered to be of fundamental importance to competent performance in the field of plastic surgery. The Board makes every effort to avoid "trick" questions, ambiguity, and questions involving irrelevant facts. All questions are analyzed by psychometric methods to assure their quality.

Candidates will **pass** or **fail** on the strength of their performance on the entire Written Examination.

Copyrighted Items

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

Copying, by any means, of all or any part of such examination items or unauthorized use in any way whatsoever of said examination items is strictly prohibited. Candidate examination results will be invalidated if evidence is discovered to indicate that ABPS test

items were disclosed, accessed or used for a Board preparation course.

Examination Security Reminder. 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 any ABPS examination to any individual or entity. Candidates agree that a violation of the Confidentiality Agreement 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.

Results of the Examination

Written Examination result letters (pass and fail) will be mailed and available on the Board's website, with secure log in, by **December 22nd**. 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.

The Board Office will not divulge the results of the examination to **anyone** by phone until after the result letter has had time to reach candidates. The Board provides Program Directors with performance reports for all former residents.

Each candidate will receive a single final grade (**pass or fail**) for the entire examination. The total number of alternatives answered correctly determines the score (**pass or fail**) on the examination. Therefore, candidates are encouraged to answer all items.

Pass

The Board mails a passing letter and performance report when a candidate passes the Written Examination. The Board also posts the letter and report on the website, accessible with secure log in, on the Written Exam tab.

Fail

The Board mails a failure letter and performance report when a candidate fails the Written Examination. The Board also posts the letter and report on the website, accessible with secure log in, on the Written Exam tab. A candidate who has received a failing result and desires to repeat the examination must repeat the entire Written Examination.

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. The scoring is completed with absolute accuracy.

Cancellation of Examination

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

ORAL EXAMINATION NOVEMBER 12, 13, 14, 2015

Admissibility Policy effective April 2012

Candidates must successfully complete both the Written and Oral Examinations required to achieve certification within eight years after completion of plastic surgery residency training. Reapplication requirements are required at the end of the first five years of admissibility.

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the certification examinations. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after five years of admissibility or the more rigorous requirements for the Re-Entry Application for Admissibility after eight years is exhausted in the examination process. Refer to the Admissibility policy available on the Board's website under Policies.

INFORMATION LETTER

- ▶ Candidates admissible to the Oral Examination and those taking the 2014 Written Examination will be mailed 2015 Oral Examination Information materials on or about July 1st.
- ▶ Candidates should contact the Board Office, preferably by email to oral@abplsurg.org, if an Information Letter and Program Instructions have not been received by the end of July 2014. This information is also posted in the Oral Exam Tab of the Board's website.

DEADLINE DATE ALERT
DEADLINE TO SUBMIT:
CASE LIST, REVIEW FEE, ADVERTISING
DOCUMENTS & VERIFICATION OF HOSPITAL
PRIVILEGES

The Board must receive the following items in the Board Office on or before the close of the business day on **April 20, 2015** for prospective candidates to be considered for admission to the November 2015 Oral Examination:

1. A nine month case list, July 1, 2014 to March 31, 2015, including statistics sheets and signed & notarized affidavits.
 2. One exact photocopy of the case list, statistics sheets and notarized affidavits.
 3. Case List Review Fee (non-refundable) paid by credit card upon finalizing the clinical case log.
 4. ALL advertising and marketing documents from the last 12 months (two copies). Including selected web pages.
 5. Letter from one medical staff office dated 2015 verifying active inpatient admitting hospital privileges in plastic surgery corresponding to the start of clinical surgical practice with expiration of privileges listed.
- NOTE: The late penalty fee is charged automatically by credit card payment for Case Lists finalized from **April 21st up to and including April 27th**. However, if a case list is finalized by the deadline but received in the Board Office during the late penalty period from April 21st to April 27th, a check for the Late Penalty Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late fee deadline date.

Case Lists that are incomplete or incorrectly submitted will be subject to a Missing Items Penalty Fee or an Administrative Penalty Fee as listed on the Fee Schedule. This fee is required when additional work is necessary to process or organize submissions. Help the Board avoid this fee!

CASE COLLECTION INSTRUCTIONS

REQUIREMENTS AND INFORMATION
FOR ADMISSIBILITY TO THE
NOVEMBER 2015 ORAL EXAMINATION

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.

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

Admissibility to the Oral Examination

Candidates admissible to the Oral Examination will be sent an Information Letter annually, including instructions to log in to the Board's website for access to the Clinical Case Log and requirements for case list compilation. The case list compilation program is a web-based application hosted by Web Data Solutions at secure.dataharborsolutions.com/clinicalcaselog. 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 with the Society (ASPS). These standardized data collection fields will be familiar to candidates in the future when presenting data to ASPS for TOPS for research, for quality assurance activities, or for membership application to the American College of Surgeons (ACS).

Candidates must have internet access to complete the case list compilation. It is strongly recommended that candidates dedicate at least 30 minutes to thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

Printing problems have been reported with the use of MAC computers. It is recommended that candidates use a PC with Adobe Reader for printing the case list, affidavits and statistics sheets for submission. **Refer to the Clinical Case Log Manual for sample screen captures.** A Portable Document Format (PDF) will be available to assist with compatibility. Adobe reader must be downloaded on the computer from which the case list and affidavits will be printed. Adobe reader can be downloaded at www.adobe.com/products/acrobat/readmain.html, without charge, to view and print the PDF files.

PRACTICE REQUIREMENTS FOR THE ORAL EXAMINATION

1. Candidates must be actively engaged primarily in the practice of plastic surgery before, during and after the case collection period and throughout the examination process.
2. Candidates must hold medical staff hospital privileges (active inpatient admitting privileges) in plastic surgery in the United States, Canada, or internationally throughout the case collection and examination process. Candidates must obtain **privileges in at least one hospital at the start of clinical surgical practice.** Candidates must have inpatient admitting privileges at an accredited hospital that will allow the candidate to admit and care for operative patients

for procedures performed in an outpatient facility. At least **one** medical staff office must provide **currently-dated** verification of hospital privileges in **plastic surgery** with the Case List Submission and the date must correspond to the start of the candidate's surgical practice.

Privileges held exclusively in outpatient facilities are not acceptable. Candidates must have the privileges to admit patients to the plastic surgery service at a hospital during the case collection period and throughout the examination process. The Board requires verification of plastic surgery privileges from all hospitals with the Reply Form submission. Each letter must list the start and end dates of staff privileges.

Candidates may hold hospital privileges **solely at a Veterans Administration (VA) hospital** only if the candidate does not perform surgical cases also at a free-standing surgical center for non-VA patients. **Inpatient admitting privileges are required at a hospital other than a VA hospital if the candidate operates in a free-standing center for patients who are not veterans.**

3. Accreditation certificates (e.g. 1. AAAASF; 2. AAAHC; 3. Medicare Certification; 4. State Licensure; 5. Other) or currently dated letters from the accrediting body documenting certification of ALL non-hospital surgical facilities, including Office Surgery Centers, where the candidate operates (if applicable). The name of the facility listed on the Reply Form must match 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 in the text box on the Reply Form. Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Reply Form (e.g. only local procedures performed without conscious sedation at the location). **Cases performed in non-accredited surgical facilities must be included in the case list.** The Board requires that cases performed under conscious sedation are done in accredited facilities.
4. Candidates must have a valid, unrestricted medical license to practice medicine in the state or country where they practice plastic surgery. Candidates must report any restrictions or sanctions to any medical license within 60 days of the restriction. **Details of license restrictions are listed earlier in this booklet under Restrictions to State Medical Licensure.** Restrictions will delay the candidate's progress through the examination process.
5. **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.

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

CASE LIST COMPILATION

- Candidates for the November 2015 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the nine-month period beginning **July 1, 2014 and ending March 31, 2015**.
- Surgical practice submissions **of less than nine months are acceptable** if they meet the criteria of sufficient quality, complexity and variety of cases to allow for an equitable case report examination.
- A candidate must perform a **minimum of 50 operative cases** during the collection period in order to finalize the list. Candidates must enter all cases performed, as outlined. That is, not just 50 cases.
- Candidates must also perform **at least one case in four of the six category classifications and three of the five anatomy classifications in order to finalize the list**. Refer to the section title, Data Entry on the Clinical Case Log, number 12.

Refer to the deadlines listed in the **Deadline Alert Box** and the **Deadline List on the inside Booklet Cover**.

Address Changes

Update address changes on your physician profile page (My Profile tab) on the Board's website, www.abplsurg.org.

Components of the Case List

The finalized case list will print in chronological order for each institution (hospital, office-based surgery, etc.). The case list includes: patient's initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including adverse events), site of operation (i.e. inpatient vs. outpatient facility) and duration of procedure in hours and minutes. For non-operative cases, enter the average time for a bedside visit or just "0" minutes.

Affidavits

Affidavits for each institution automatically print out as the last page of each institution's list of cases. The Candidate Affidavit, printed as a separate document from the print cases screen, attests that the case list contains **all** cases performed during the nine-month period. The Candidate Affidavit also attests that the CPT codes listed are an exact representation of those submitted, or would have been submitted

(e.g. CPT codes listed for cosmetic cases, Veterans, Military, Kaiser Permanente or international practice environments), for billing purposes. The case list can be finalized **ONLY** if all required fields are completed. Refer to program instructions for reviewing the case list available on the menu in the Clinical Case Log program.

Deadline for Submission

Data entry, proofing, editing and notarizations must be completed, in most cases, by **April 19, 2015** in order to meet the submission deadline of **April 20, 2015** 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. In some instances, soon after the deadline date, the case list can be unfinalized without an additional Case List Review Fee. The Board may require a letter of explanation to provide to the examiners with the Case List.

INSTRUCTIONS FOR DATA COMPILATION

Clinical Case Log Website

The Board recommends that candidates **compile the case list on a weekly or monthly basis**, rather than waiting until the last month of the case list collection period to begin data compilation on the Clinical Case Log application. 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 including case number, patient name, medical record number, facility, date of surgery, edit date and status. Candidates can search by clicking the Search Cases at the top of that page. The Add Case Screen highlights all required fields with an asterisk and outlines incomplete required fields with a red box. 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. **To comply with HIPAA regulations, the Board and candidates must agree to a Business Associate Agreement (BAA). This BAA will only appear after initial login to the Clinical Case Log. A sample of this BAA is included in the instruction packet mailed in July and posted on the Board's website in the Oral Exam Tab. The sample form does not require signature and should not be returned to the Board Office.**

GENERAL GUIDELINES

THE CASE LIST MUST INCLUDE:

- All operative procedures whether inpatient, outpatient, or office-based surgery.
- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed non-operatively.
- All emergency room patients who required an operation and therefore an operative note.
- Multiple operative procedures performed on the same patient. This inclusion allows automatic cross-referencing by the computer program. However, **hospital numbers or other identifying numbers and patient initials must be consistent for the patient with multiple procedures** (e.g. if a patient

is listed at more than one institution, the same identifying number must be used to identify the patient). **Do not use** the full social security number (SSN) as an identifier in order to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to verify and identify the cases with the patient initials.

- **Co-Surgeon cases only** in which the candidate is the surgeon of record providing preoperative assessment and postoperative care to the patient.
- **Cases performed by a resident with the candidate as responsible attending surgeon** and listed on the operative record as such.
- Procedures for patients participating in research protocols should be entered and coded appropriately. Documentation must be available for proper protections for human-subject research, including Institutional Review Board (IRB) approval and patient consent to participation.

DO NOT INCLUDE:

- Office-based surgery of a minor nature (e.g. small benign lesion excisions, removal of lipomas, cysts, warts, keloids and minor laceration repairs).
- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure.
- Assistant cases, namely 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.

Data Entry on the Clinical Case Log

Required fields are noted with an asterisk and are outlined with a red box (incomplete) until data is entered.

1. Enter patient name, first and last. Only patient initials (first, middle-if available, last) will be displayed to the Board and on the case list. **At least two initials must be entered. For added confidentiality, use only patient initials.**
2. Enter a patient number in the medical record # field. **Use the same patient number for all procedures for the same patient during the case collection period regardless of the location (e.g. office, outpatient facility, hospital) to allow for cross-referencing.** Do not use full social security

numbers in order to protect patient confidentiality. Follow institutional, state and HIPAA requirements to protect patient confidentiality.

3. Enter patient date of birth as mm/dd/yyyy. This DOB is not displayed on the finalized case list. Only age in years (*years/months/days*) will be displayed on the printed list. Spaces in the DOB fields may cause errors with the age on the printed case list.
4. Enter patient gender. Male or female is reported on the printed case list.
5. Enter hospital facility name. Click on the yellow asterisk/pencil to add/edit the name of a facility. Candidates can enter facilities during initial setup or any time during the case collection period. An outpatient designation here will create a default entry in the admission status field during data entry. Facilities with no cases can be deleted.
6. Enter the admission status as inpatient or outpatient. An inpatient admission is defined as an overnight stay of one or more nights. An outpatient admission is defined as 23 hours or less.
7. Enter date of procedure. Enter multiple procedures on the same patient, on the same date during the same OR session, as one case. Use the date of admission for non-operative inpatient cases.
8. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Enter approximate duration of the surgical procedure in hours and minutes. For non-operative cases, list the average time for a bedside visit or “0” minutes.
9. Enter the diagnosis description in the free text box. **Providing complete diagnosis information is essential.** From the operative notes, give an accurate written description of the diagnosis. Comments about follow-up procedures or other notes should be entered here. **For non-operative cases, include a discharge summary diagnosis.** Be concise and use professional judgment on the details/comments listed in the free text field.
10. Enter the procedure description in the free text box. Providing complete procedure information is **essential**. From the operative notes, give an accurate written description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. The Board does not require ICD-9 Codes. **Enter comments or explanations about Adverse Events or death of a patient in this section. A text box is also provided in the outcomes section, titled “Describe All Adverse Events.”** For non-operative cases, enter a description of wound care or dressing changes, for example, with an Evaluation and Monitoring CPT code.

Be concise and use professional judgment on the details/ comments listed in the free text field.

11. Include **all** CPT codes plus modifiers used for insurance billing purposes. CPT codes must be assigned as well for all cases that were **not** billed to insurance (e.g. cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc.) **are not required**. For non-surgical admissions 99 CPT codes can be used. **Bilateral procedures should be entered using only one CPT code with a .50 modifier. E.g., bilateral breast reduction should be entered as 19318.50.**

To provide an equitable examination for all candidates, **no candidate will be exempt from CPT coding**. Candidates practicing in Managed Care Relationships, Military, Veterans Administration, 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 (# of times) is included so that a CPT code may be entered once with the number of times the procedure was performed (X2, X3, etc. e.g. for multiple skin grafting procedures) in the same location.

12. Case classification fields are two-part items in order to reduce the category overlap. The **Category Classification** relates to the nature or origin of the defect. The **Anatomy Classification** relates to the anatomical location of the procedure. In the Clinical Case Log screen, these fields become available when the *Add CPT Code* option is clicked. Pick one option in each column for every CPT code listed. **In cases where multiple procedures are performed, each procedure can satisfy the minimum requirements. That is the requirement of one case in four of the six category classifications and three of the five anatomy classifications. The options include:**

CLASSIFICATION	
CATEGORY	ANATOMY
1. Congenital	1. Breast
2. Cosmetic	2. Hand/Upper Extremity
3. General Reconstructive	3. Head & Neck
4. Hand*	4. Lower Extremity
5. Skin (including skin cancer)	5. Trunk/Genitalia
6. Trauma	
Non-Operative/Other not included in the minimums**	

*Hand Subcategories of Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microvascular Surgery; Congenital; Nerve; Skin & Wound; Tumor and Non-Operative will appear for the Hand Category Classification and may be used for the Surgery of the Hand (SOTH) examination case collection.

****A “Non-Operative/Other” Category will be listed but may not be used to complete the four of the six mandatory category requirements and the three of five anatomy classification requirements.**

PLEASE NOTE: 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. A few examples are:

Abdominoplasty:	Cosmetic;	Trunk
Abdominoplasty:	Cosmetic;	Trunk
& Abd. Hernia Repair:	Gen Reconstr;	Trunk
Flexor Tendon Repair:	Gen Reconstr;	Hand
Carpal Tunnel Repair:	Hand;	Hand
Trigger Finger:	Hand;	Hand
Reduction Mammoplasty:	Gen Reconstr;	Breast
or	Cosmetic;	Breast
Breast Reconstruction:	Gen Reconstr;	Breast
Cellulitis/in patient:	Skin;	Lower
	Extremity	

13. Providing “outcome” information is required. A complications menu appears when number three “adverse events” is selected. There is no expectation that all cases “heal without complications.” Examples of complications that candidates should include and not dismiss are: “necrosis of tip of flap” or “normal sensation returned, but index finger stiff after tendon repair.”

Adverse Events are displayed on the case list only as a Minor, Moderate or Major Adverse Event. Refer to the Board’s Web Manual available on the Clinical Case Log menu under *Instructions* as well as the case list instruction mailing for the category break down. Narrative statements to clarify the outcome can be included in the other adverse event text box and will display on the printed case list. The outcome categories are as follows:

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

14. Complete the “**Mortality within 30 days of procedure**” box. This is treated as a required field. However, the Mortality data will not be displayed in the printed case list.

15. The completed lists must be signed by the medical record librarian/administrator of each institution (hospital, ambulatory surgery center, etc.) and properly signed and notarized as a complete list of the candidate's operative experience. The signed and notarized affidavit attests that the cases listed for the institution represent all cases performed by the candidate at the facility. Operations done by the candidate in the office, exclusive of those of a minor nature listed above, under General Guidelines, must be listed and signed **as well as notarized** by the appropriate office personnel who can attest to the completeness of the cases listed. Each institution's affidavit sheet prints out in sequence as the last page of each institution's case list.
16. 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 notarized signature process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.
17. Two copies of the Candidate Case Statistics Summary Reports must be submitted. **This is a two to three page report and should be printed using the "printer friendly" option on the screen.** This report facilitates the Board's review. The Clinical Case Log application generates the form directly by menu selection after the case list has been finalized. Candidates can find a sample in the Clinical Case Log Manual provided in July with the Case List Announcement mailing and in the Clinical Case Log website menu, under *Instructions*.

PREPARATION FOR SUBMISSION OF DATA

1. The Finalize Case List action, noted with a key icon, is used to allow printing the final nine-month Case List, Candidate Case Statistics Summary Report and Affidavit Sheets. This is the only copy that is accepted. Use the Clinical Case Log screen to view the case lists by institution. Carefully proofread for accuracy. **Handwritten information is not accepted.** Once the case list is finalized it is not possible to add, delete or modify any data. If an error is discovered after finalization, please contact the Board Office to discuss the ability to edit the data. **Printing and Affidavit notarization must be completed in advance to meet the April 20, 2015 deadline. The Case List Review Fee credit card payment, as listed in the Fee Schedule, is required at the time of finalization.**

NOTE: The Clinical Case Log program displays a prompt to complete missing data elements before allowing you to proceed with the Finalize Case List action.

2. Obtain notarized affidavits from the medical record librarian/administrator of **each institution** (see Instructions for Data Compilation above). Only the affidavits generated by "Finalize Case List" step may be used to obtain the notarized affidavits.

Submit the version of the case list to the Board Office that was verified by medical records. The finalized dates on each facility in the case list must correspond to the finalized date on the notarized affidavit page. **The medical records administrator's signature attests that all cases are listed as compared to the facility records; the notary's signature verifies the identity of the signee. Both signatures must be dated on the same day.**

3. It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order and properly collated. Candidates should then copy the entire case list including notarized affidavits. The Candidate Affidavit should be the first page and the two or three page Candidate Case Statistics Summary Report should be the last pages.

Candidates often use this list for application to the American College of Surgeons (ACS). Therefore, candidates should retain an additional photocopy of the case list. The Board Office does not supply copies. Candidates should save an electronic copy from the Internet site (using the "Save As" option under File on the toolbar) to disk, CD or personal hard drive/flash drive for reference purposes. The case list is available under the "print cases" option on the left hand menu after finalization and in each candidate's Oral Exam tab.

4. **Staple the "Candidate Affidavit Sheet" to the top left-hand corner of the first institution's case list.** Follow the same procedure for the copy. The Candidate Affidavit Sheet prints as a separate sheet. It reads, **"The patients listed on the attached pages are ALL of my cases during the period 7/1/14 through 3/31/15 and the CPT codes listed are an exact representation of those submitted for billing purposes."** Candidates can view a sample candidate affidavit provided in the Clinical Case Log Manual sent in July with the Case List Announcement mailing as well as in the Clinical Case Log website menu, under *Instructions*.
5. Arrange the **original** nine-month case list, including the signed and notarized affidavits as described here. **Follow these instructions carefully:**

First: Candidate Affidavit sheet stapled to first institution.

Second: Facility #1 (with Candidate Affidavit as first page) with the pages in numerical order and **stapled together at the top left-hand corner. The end of each facility's case list is noted by the Medical Records Administration Affidavit Sheet**, 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. As above, for Facility #1, in numerical order with the last page as the notarized Medical Records Administration Affidavit Sheet. Do NOT include the Candidate Affidavit Sheet with the remaining facility case lists. Only one Candidate Affidavit is required as the top page of facility #1.

Fourth: Facility #3 as above.

After last Facility: 2-3 page Statistics Sheet, stapled together.

Last: Candidate Advertising and Marketing Material from the last 12 months.

Candidates are required to submit **two copies of all** advertising and marketing materials. Examples of practice advertisements include, but are not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) advertisements and other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Also submit **selected** website content (for example, the candidate's and the practice's homepage, the candidate profile or "About the Doctor" page, qualifications and credentials and any references to Board Certification for the practice in the practice profile. Do NOT include procedure information pages). **Video or audiotapes are not required.** Please refer to the **Advertising Requirements** in the Advertising and Marketing section of the Booklet. **The submission should be two identical packets of advertising materials.**

Perform a web-based search to identify any instances of internet advertising before submission of materials to the Board. The candidate is responsible for all instances of advertising.

6. **Prepare a full copy of all submission documents:**
Arrange an exact copy of the case list in the same manner as outlined above.
7. Letter from one medical staff office dated 2015 verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice. The privilege expiration date must be listed. Candidates must have active inpatient admitting privileges in plastic surgery.

Include a copy of one current hospital privilege letter. Note that all hospital privilege letters are required at the time of the Reply Form.

Improperly assembled case lists delay processing and review of the submissions and may result in a Missing Items Penalty Fee or an Administrative Penalty Fee, as listed on the Fee Schedule. This is required when over an hour of additional work is required to process or organize

submissions. Help the Board avoid this fee by carefully following the instructions above.

Do not place this material in binders, folders, notebooks or sheet protectors. Use rubber bands or binder clips to separate the original from the copy.

SUBMITTING MATERIAL
TO THE BOARD OFFICE

The deadline date for submission of case list materials for the November 2015 Examination is the close of the business day on **April 20, 2015. No additions, deletions or modifications can be made after the late deadline date of April 27, 2015.**

DOCUMENT CHECKLIST ALERT

Credit card payment, as listed on the Fee Schedule, is required when the case list is finalized.

Candidates are required to submit the following items to the Board Office:

- 1. Two copies of the case list. This includes the signed and notarized affidavits for each institution. The top page, the Candidate Affidavit Sheet, should be stapled on top of the first institution's list. Each institution should be stapled separately with the affidavit for that institution as the last page.**
- 2. Two copies of the Statistical Summary Report. Staple this 2 to 3 page Report and attach as the last section of the case list submission.**
- 3. Two copies of ALL required advertising materials as listed previously.**
- 4. Letter from one medical staff office dated 2015 verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice. The privilege expiration or reappointment date must be listed. Candidates must have active inpatient admitting privileges in plastic surgery.**

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

- ▶ The Board strongly recommends that candidates send materials **by a service that guarantees 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 volume. 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.

Reminder: Candidates who do not provide the required items in the manner outlined will not be considered for admission to the Oral Examination.

The late penalty fee is charged automatically by credit card payment for Case Lists finalized from **April 21st up to and including April 27th**. However, if a case list is finalized prior to the late penalty period but is received in the Board Office from April 21st to April 27th, a check for the Late Penalty Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late fee deadline date.

PHOTOGRAPHIC DOCUMENTATION

Particular emphasis should be placed on the necessity of photographic documentation. Pre-operative and post-operative photographs are **mandatory** for all cases selected for case reports, and intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the five selected patient cases presented for the Oral Examination. The Board provides this form in the case report preparation packet sent after the Reply Form is reviewed and approved. Digital photographs are acceptable. 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.

The Board advises candidates who have not acquired the habit of routine photographic documentation of **all** patients to do so immediately. **Any** cases from the collection period may be selected and all must have photographic documentation, including all hand cases (i.e. carpal tunnel cases, etc.). Transparencies are **not** acceptable.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA requirements and state law as appropriate. **For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by The American Board of Plastic Surgery, Inc.** HIPAA requirements and state law must be followed. An example

of wording for the consent a candidate must provide to the patient would be:

“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

BOARD REVIEW AND SELECTION PROCESS

The Board reviews the candidate’s nine-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. 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 2015 Oral Examination. This **will not** count as an unsatisfactory performance.

The candidate 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.

The Board selects five cases from the candidate’s case list and the candidate is required to prepare five case reports for these selected cases. The selected case reports will be prepared in the same format and with similar requirements as in past years.

NOTIFICATION OF SELECTED CASES

NOTIFICATION DATE FOR SELECTED CASES

- ▶ An email will be sent no later than **August 3, 2015**. The email will include notification that the Reply Form, Announcement Letter, Travel Information and the five Board-selected cases for preparation of Case Reports are available by logging in to the Board’s website with the secure username and password.

INSUFFICIENT CASE SUPPORT DATA

- ▶ Review the selected cases as soon as the email notification is received.
- ▶ Carefully read the instructions on case preparation detailed later in this booklet.
- ▶ Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site.
- ▶ Contact the Board Office by email to oral@abplsurg.org for questions regarding insufficient case support data, especially photographs, by the close of the business day on **September 1, 2015**. **This is a firm deadline for candidates to identify to the Board any deficiencies in the documentation needed for complete case book preparation for the examination once the five selected cases are identified not later than August 3rd. Case books determined as incomplete at the examination may result in the denial of examination.**

ATTENDING THE ORAL EXAMINATION

The Oral Examination will be conducted each fall or at such other 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.

ANNOUNCEMENT INFORMATION & ADMISSION TO THE ORAL EXAMINATION

The Board will send an email no later than **August 3, 2015** that will include notification that the Reply Form, Announcement Letter, Travel Information and the five Board-selected cases for preparation of Case Reports are available by logging in to the Board's website with your username and password. Candidates whose case lists are denied will also receive an email.

DEADLINE ALERT

ORAL EXAM REPLY FORM & EXAMINATION FEE

The Reply Form deadline for the Oral Examination is the close of the business day on **September 1, 2015**. Candidates must complete and upload all required items listed below in order to be scheduled for the Oral Examination.

1. The finalized Reply Form.
2. The Examination Fee, as listed on the Fee Schedule, by credit card payment via the website only.

Uploaded PDF files of the following:

3. All state medical licenses bearing expiration date valid at the time of the examination.
4. **All** medical staff hospital appointment/reappointment letters dated within the last three months verifying active inpatient admitting privileges in **plastic surgery** from **all** hospitals held during the examination process. The start and end dates of staff privileges must be listed and valid at the time of the examination, e.g. "7/1/2014-7/1/2016". **This must include an updated letter from the facility sent in April with the Clinical Case Log submission.**
5. **Accreditation certificates** (e.g. 1. AAAASF; 2. AAAHC; 3. Medicare Certification; 4. State Licensure; 5. Other) or currently dated letters from the accrediting body documenting certification of ALL non-hospital surgical facilities, including Office Surgery Centers, where the candidate operates (if applicable). The name of the facility listed on the Reply Form must match 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 in the text box on the Reply Form. Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Reply Form (e.g. only local procedures performed without conscious sedation at the location).

► **Reply Forms that are incomplete or incorrectly submitted will be subject to a Missing Items Penalty Fee.**

► **NOTE: The Board automatically applies an additional Late Penalty Fee if the Reply Form is finalized between September 2nd and September 8th. Help the Board avoid this fee!**

Refer to the Fee Schedule on the back cover of this booklet for all examinations fees.

► **Candidates cannot finalize the Reply Form after September 8, 2015.** The form will **not** be accepted for admission to the Oral Examination.

Candidates must signify their intent to take the examination by completing and finalizing the Reply Form with Examination Fee by credit card payment **and all required materials uploaded as PDF files** to the Board's website by **September 1, 2015 to be scheduled for the 2015 Oral Examination. Refer to fees as listed on the Fee Schedule.**

The Reply Form and required uploaded documents **must** be complete. Candidates will not be scheduled for examination without a complete listing and verification of current hospital privileges in **plastic surgery** from **all** medical staff offices. Privileges must be active inpatient admitting privileges in plastic surgery. Incomplete or incorrect required materials will be subject to a **Missing Items Penalty Fee** or an **Administrative Penalty Fee**, if additional administrative effort is required to organize or obtain missing submissions as per the outlined requirements.

Reply Forms finalized between September 2, 2015 and September 8, 2015 will automatically be charged the Late Penalty Fee. Material cannot be submitted after September 8, 2015 and will **not** be accepted for admission to the Oral Examination.

Candidates are responsible for their own travel, hotel accommodations, and expenses.

ADMISSION TO THE ORAL EXAMINATION

Once the Reply Form and required materials are finalized and approved, the candidate will be scheduled, and a case report preparation packet will be mailed from the Board Office. This includes materials for assembling and binding the selected case reports. These materials include folders, tab indices, a Photographic Affidavit Sheet and Progress Note Section Dividers. Avery Labels or another appropriate white label approximately 1.3" to 2" x 4" should be purchased for front covers and are not included with this packet. Requests for duplicate packets must be sent in writing with a check for \$40.00 to the Board Office.

Candidates will also be provided with an Admission Form, available by logging in to the Board's website, approximately four weeks before the examination. An email will be sent when the form is available. The Admission Form lists the candidate's name, current address, Board ID number, date and location of the examination, and the examination schedule.

The Board reserves the right **to independently corroborate medical records in case report submissions** for the five Board-selected cases and to review issues related to informed consent.

WITHDRAWAL FROM THE EXAMINATION

Candidates wishing to **withdraw** from the examination must provide written notification to the Board Office **at least 30 calendar days** before the date of the examination. Candidates will be refunded the Examination Fee less a processing charge as listed on 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 of the request for withdraw is final upon receipt in the Board Office. No rescheduling will be considered.

CASE REPORT PREPARATION, PRESENTATION AND REQUIREMENTS

INSUFFICIENT CASE SUPPORT DATA

Candidates should review the selected cases as soon as possible after the notification of the five selected cases is posted on the Board's website. Candidates are advised to carefully read the instructions on case preparation detailed later in this booklet. Failure to prepare the cases according to the specific instructions may lead to the disappointment of disqualification at the examination site.

Questions regarding insufficient case support data, especially photographs **should be directed by email to oral@abplsurg.org before the close of the business day on September 1, 2015, Eastern Time.** This is a firm deadline for candidates to identify to the Board any deficiencies in the documentation needed for complete case book preparation for the examination once the five selected cases are identified to candidates by August 3rd. Case books determined as incomplete at the examination may result in the denial of examination.

The following materials, collated in the order below, must be present in each of the submitted case reports. Candidates are required to use folders, tab indices, the one Candidate Photographic Affidavit Sheet and Progress Note Section Dividers provided by the Board to assemble each of the five case reports. This will facilitate review of the case reports by the Examiners.

Note: Patient names should be blanked out, with the exception of the initials, in all materials submitted as listed below to protect patient confidentiality. Sample: T [REDACTED] L. C [REDACTED]

It is essential that candidates indicate the six-digit Board ID number on each label to be affixed to the cover of each case report (Avery Label or another appropriate white label approximately 1.3" to 2" x 4"), along with the other required information on the sample label below (also noted on Guidelines for Case Report Preparation mailed with the blue folders):

<p>Candidate Name Board ID # (six digits): 123456 Case Number 3 Patient's Hospital (or other identifying) number: 45678</p>

If the medical record is in a language other than English, an English translation must be included next to the original language.

The required materials are:

Before the First Tab:

1. One Selected Case List Summary Sheet
(before the first tab of case report #1 only)
2. One Candidate Photographic Affidavit Sheet
(before the first tab of case report #1 only - this sheet provided by the Board)
3. Candidate Attestation for Electronic Medical Records
4. Title Page for each case report
(before the first tab of each case report)

Tabs:

1. Narrative Summary
2. Initial Consultation
3. Photographs and Patient Photographic Consent Forms from the candidate's office should be included in this section of the case report folder. Patient names should be blanked out as noted previously
4. Operative Notes: Photocopies of the operative notes, operative consent
5. Anesthetic Report: Photocopies of the anesthesia records
6. Laboratory Data: Photocopies of pertinent laboratory data
7. Pathology: Photocopies of pertinent pathology reports
8. Radiology: Photographs of the pertinent radiographs
9. Progress Notes: Copies of hospital progress notes and/or office/clinic notes (separate office/clinic from hospital notes with divider sheet provided)
10. Billing: Photocopies of bills, including CPT codes and procedures, with notarized statements
11. Other: if needed (e.g. information from patient case before or after the nine-month case collection period)

Candidates must use the ten tab indices, provided by the Board, to divide the material compiled when assembling case reports for the required sections above.

See the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully. Incomplete, improper or incorrectly organized presentation of this material is sufficient cause to disqualify a candidate from continued examination.

In the event that more than one procedure is performed on the patient during the nine-month case list collection period, all procedures and hospitalization(s) that fall within the nine-month collection period must be included. Candidates are not required to document procedures that fall prior to or after the nine-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the nine-month case collection period does not have to be complete – the candidate may be selective.

EXPLANATION OF REQUIREMENTS

The Board provides the following guidelines, based in part on suggestions from previous candidates, as assistance for current candidates to produce uniform and consistent case report submissions for an equitable examination.

Before the First Tab:

1. Selected Case List Summary Sheet

(Before the first tab of case report #1 only)

Candidates must provide one Selected Case List Summary Sheet, typed on standard letter-sized (8 ½" X 11") white paper. If necessary, copy multiple pages as a double-sided list. Insert the summary sheet(s) before Tab 1, at the beginning of the folder for case report #1. The list must be identified with the candidate name and six-digit Board ID number. **Refer to sample #1. This is a separate page from the title page for case #1.**

2. Photographic Affidavit Sheet

(Before the first tab of case report #1 only: one sheet, provided by the Board)

One Affidavit Sheet, provided by the Board, must be signed, notarized, and placed immediately behind the Selected Case List Summary Sheet prior to the first Tab in case report #1. **Refer to sample #2.**

3. Candidate Attestation for Electronic Medical Records

(Before the first tab of case report #1 only: one sheet, provided by the Board)

This form is included in the Case Report Preparation mailing from the Board Office after receipt of the Reply Form. **The candidates must attest that, subsequent to the notification of the cases selected for the Case Report examination, he/she has edited or addended notes in these medical records (circle YES/NO). The candidate further attests that all alterations to the medical records in the Case Report Books that were made subsequent to notification of the selected cases are accurately reported in a table supplied by the Board Office. The Board may request to review the revision history of any notes in the casebooks.**

#1 - Sample Case List Summary Sheet

**(PLACED BEFORE THE FIRST TAB OF THE FIRST
CASE REPORT FOLDER, ONE PAGE ONLY)**

2015 ORAL EXAMINATION

John L. Candidate, M.D.

Candidate Board ID #: 123456 (six digits)

List one anatomy & one category for each CPT code

Board Case Number:	1
Category:	Congenital; Head and Neck (List ALL per CPT Codes)
Patient Number:	1001111
Primary Diagnosis:	Unilateral left cleft lip
Procedure:	Primary repair of unilateral cleft lip
Board Case Number:	2
Category:	Trauma; Head and Neck
Patient Number:	2227772
Primary Diagnosis:	Pan facial fracture and complex facial lacerations
Procedure:	Debridement of frontal sinus and frontal bone fracture, ORIF frontal bone, obliteration of frontal sinus, complication: enophthalmos
Board Case Number:	3
Category:	General Reconstructive; Breast
Patient Number:	1572340
Primary Diagnosis:	Absence of right breast following mastectomy Left mammary hypertrophy & Basal cell CA forehead 0.6 cm.
Procedure:	Right breast reconstruction with TRAM Flap Left Reduction Mammoplasty Excision malignant lesion of forehead 0.5 – 1.0 cm.
Board Case Number:	4
Category:	Trauma; Hand/Upper Extremity
Patient Number:	123456
Primary Diagnosis:	Multiple tendon lacerations of the left wrist
Procedure:	Exploration and repair complete transection of flexor digitorum superficialis of ring and small finger and partial transection of flexor carpi ulnaris to the left wrist
Board Case Number:	5
Category:	General Reconstructive; Breast OR Cosmetic; Breast
Patient Number:	234567
Primary Diagnosis:	Mammary hypertrophy & back pain
Procedure:	Bilateral breast reduction

**#2 - Sample Candidate Photographic Affidavit - Provided by
the Board with Case Report Preparation Mailing**

**(PLACED BEFORE THE FIRST TAB OF THE FIRST
CASE REPORT FOLDER, ONE PAGE ONLY)**

THE AMERICAN BOARD OF PLASTIC SURGERY, INC.

CANDIDATE PHOTOGRAPHIC AFFIDAVIT

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

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

Candidate Signature: _____

Print Name: _____

Date: _____

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

Notary Signature: _____

Notary commission expires: _____

4. Title Page

(Before the first tab of each case report)

Each report must be typed or reproduced on standard, letter-sized (8½" X 11") white paper with the candidate's full name, six-digit Board ID number, the Board case number (**i.e. #1, 2, 3, 4, & 5 – not the assigned number from the case list compilation. Assignment of three additional cases due to missing documentation should be numbered 6, 7, & 8 if applicable**), the hospital or other identifying number e.g. office-assigned patient number (do not use the patient's full social security number); the principal diagnosis; and the primary operation listed on the title page. **Categorize cases exactly as was done on the nine-month case list compilation. Refer to sample #4.**

#4 - Sample Title Page For Each Case #1, 2, 3, 4 & 5

**(PLACED BEFORE THE FIRST TAB OF EACH CASE
REPORT FOLDER, SUBMIT A TOTAL OF FIVE)**

**For each case, include the following title page information in
front of the first tab:**

John L. Candidate, M.D.

Candidate Board ID #123456 (six digits)

I. Board Case Number (1, 2, 3, 4 or 5)

II. CATEGORY*	ANATOMY*
Congenital	Breast
Cosmetic	Hand/Upper Extr.
General Reconstructive	Head & Neck
Hand	Lower Extremity
Skin (including skin cancer)	Trunk/Genitalia
Trauma	

***Select only one Category & Anatomy per CPT code from each
column as listed in your case list (e.g. Cosmetic; Breast.)**

**Patient Number (hospital or other identifying number from the case
list, do not use full SSNs to protect patient confidentiality.)**

III. Diagnosis – include all

IV. Procedure(s) performed by the candidate

**If more than one operation was performed for the selected
patient, a second title page can be submitted to list each
procedure and each case.**

#5 - Sample Narrative Summary for Each Case, 1, 2, 3, 4 & 5

**(PLACE IN THE NARRATIVE SUMMARY SECTION OF
EACH CASE REPORT FOLDER, SUBMIT A TOTAL OF FIVE)**

John L. Candidate, M.D.

Candidate's Board ID #: 123456 (six digits)

Patient: BMJ

Board Case Number: #5 (or #1, 2, 3, 4)

Case List Number: #152

Summary

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

A left unipedicle TRAM flap was used for reconstruction. There
was, in the postoperative period, fat necrosis which required
debridement and advancement flaps of the adjacent skin.

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

Outcome

The outcome was a symmetrical satisfactory breast reconstruction.

EXPLANATION OF TAB REQUIREMENTS

These guidelines are provided to help standardize the case report materials. 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.

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.

1. Narrative Summary (First Tab)

A brief (one page) narrative summary of the preoperative, operative, and postoperative course of the patient is required. A final separate paragraph entitled “outcome” must be included. The outcome of the treatment and the final condition of the patient must be indicated. If more than one operation was performed on the selected patient, this information can be included in the narrative, or on the following page, or in column format on one page. **Refer to sample #4.**

2. Initial Consultation

Copies of the chart notes and all correspondence from the initial pre-operative patient consultation must be included.

3. Photographs

Preoperative and postoperative photographs, approximately 4” X 6” prints should be provided on standard letter-sized (8 ½” X 11”) white paper. Digital photos may be printed on 8 ½” X 11” paper. The Board strongly recommends intraoperative photographs when they provide clarifying information. Organize photos chronologically. Multiple photos per page are acceptable. Label photos with date and clinical information (pre-op, 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.

Note the one Candidate Photographic Affidavit Sheet (provided by the Board and placed behind the Selected Case List Summary Sheet) applies to all submitted photographs. 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. Cropping and scaling the photograph without impinging upon or changing the patient image and/or anatomic labels is permissible. Diagrams or simple drawings may be substituted for **intraoperative** photographs **only**. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

The five Patient Consent (Release) Forms for use of patient photographs and records must be included in **each** casebook. Patient Consent or Release Forms must include

each patient's permission for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by the Board. Patient names must be blanked out, 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 blanked out except for first and last name initials. Candidates retain the original. Refer to HIPAA Guidelines at www.hipaa-101.com.

4. **Operative Report**

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

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

5. **Anesthetic Report**

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

Candidates may include copies of the operative reports of procedures performed outside the nine-month collection period or that another surgeon performed if they clarify the patient's course. **These may be placed in the "Other" Tab.**

6. **Laboratory Data**

Copies of pertinent laboratory data are required. These should also be grouped together in chronological order. Candidates are encouraged to use their judgment when including this material.

7. **Pathology**

Copies of any pertinent pathology reports are required. All pathology reports should be organized in chronological order.

8. **Radiology**

Reproductions of pertinent x-rays or scans are required. Actual x-rays are unacceptable. 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 x-ray. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the radiograph. Mammography reports without films are sufficient.

9. **Progress Notes - Hospital Progress Records and Office/Clinic Notes**

Copies of the original progress notes including the patient's

history and physical examination, discharge summaries, and all post-operative and post-discharge progress notes, both in the hospital and from the office/clinic records. If legibility is a problem, a typewritten copy may be added. Photocopies of physician orders, vital signs, and nursing notes are not necessary, and may be included only if they are needed to clarify the patient's course. Separate Hospital notes from office/clinic progress notes with the divider sheet provided by the Board. Organize all notes in chronological order.

When **excessively long hospitalizations result in progress note sections of such thickness that they cannot be bound in one case folder**, this section may be edited of non-essential notes, bound separately, and brought to the examination. The candidate retains the notes and does **not** submit these pages with the case reports. A notation regarding the editing must appear at the beginning of the progress note section. The candidate will produce this extra material only upon the examiners' request.

10. **Billing - including CPT Codes**

- ◆ Each case must include a copy of all bills generated for the procedure(s) **with the dollar amount deleted**. Office visit billing need not be included.
- ◆ All CPT codes as listed on the case list must be included. A separate sheet may be used.
- ◆ 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 or that the bill was not submitted to a patient or third party payors. The notary public verifies the identity of the person providing the signature.
- ◆ If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included on the affidavit or separate page.
- ◆ **These bills include, but are not limited to:**
 - a. **Health Insurance Claim Forms (HICFA)**
 - b. **Electronically generated bills**
 - c. **Bills to patients not submitted to third party payors**
 - d. **Cosmetic procedures when no bill was sent**
 - e. **Procedures performed gratis or for charity**
 - f. **A computer generated replacement copy for a missing bill**
- ◆ **To facilitate review by examiners, procedures or CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.**
- ◆ **CPT codes for Veterans Administration patients, as well as candidates practicing in Canada, Shriners Hospitals, Kaiser Permanente, other self-insured health systems and services performed gratis should be coded exactly as any other case.**

11. Other (Tenth Tab)

Any additional material such as procedures performed on the patient before or after the case collection period may be added here. Edited material from long hospitalizations should not be included in this tab.

DISQUALIFICATION OF CASE REPORTS

If a candidate is disqualified for continuation in the examination process because the Case Reports are judged unacceptable (for whatever reason) it will not be recorded as a failure. However, because the Board has incurred expenses to provide a candidate with an examination, a refund, the Examination Fee less the processing charge, will be sent to the candidate.

PRESENTATION OF CASE REPORTS

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

- 1) Defend his/her treatment planning, choice of and execution of the operation.
- 2) Present alternate treatment plans considered.
- 3) 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 preparation of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate from continued examination.

EXAMINATION SCHEDULE

The Oral Examination will occupy two and one half days. A detailed schedule is included in the Announcement Letter available in early August. 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. **The Board recommends utilization of the reserved room block at the examination hotel.**

INSTRUCTIONS AND PROCEDURES

Candidates receive specific instructions for the examination including an examination 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 two 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. The Board recommends using the selected hotel site to avoid transportation delays.** Candidates should be outside the examination room ten minutes before the scheduled time for the Theory and Practice Sessions and five minutes before the Case Report Session. 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 ten minutes after the scheduled 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 have the opportunity to identify any examiner conflicts during registration and must notify the Board Staff immediately of such. 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, the conduct and grades of that session cannot be contested based on prior contact or knowledge.

DESCRIPTION OF THE EXAMINATION

Each 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. During each session, the examiners are given guidelines to follow. This approach facilitates uniformity of examination technique and limits duplication. Each of the examiners on each team will pose problems and questions to candidates.

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is **45 minutes** in duration.

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 three sessions of the Oral Examination.

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 approach to the problem presented, not what the candidate thinks examiners would do.
3. Answer questions thoughtfully, demonstrating safety.
4. Prepare to defend your position and choice of procedure with a back-up, if necessary.
5. Demonstrate mastery of problems without wasting time on questions that you cannot answer.
6. Demonstrate competence, safety, and ethics.

7. Examiners are interested in the plastic surgery aspects of cases, not necessarily irrelevant lab data, extensive testing, etc.
8. Examiners take notes and may move to a new topic in the interest of time constraints.
9. Examiners will not lead, clue, or reinforce answers.

Performance Evaluation

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

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

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

- Safety: practices within acceptable standards; avoids excessive risks.
- Ethics: honest, ethical and professional in the practice and business of plastic surgery.
- Case Report Preparation: 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 skills for Case Report Sessions.**

A passing performance requires most or all of the following criteria:

1. A reasonable analysis of the problem.
2. An acceptable plan of treatment, that is, one with 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 defend 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 would be unsafe or even dangerous.
3. Unclear or ambiguous presentation of plan..
4. Evidence of unethical behavior, for example, clear and intentional coding deception on case reports.

EXAMINERS & 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, have been certified by the Board for a minimum of five to seven years, and are participating and current in the **MOC-PS®** Program. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner. Evaluators review performance of the 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.

Three teams of two examiners will examine each candidate. 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.

CHANGE OF ADDRESS & NAME ON CERTIFICATE

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

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.

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 mailed from the Board Office no later than January 8, 2016. 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. Program Directors are provided with performance reports for all former residents. Result Letters and Performance Reports will also be available on the Board's website, by secure login, on the Oral Exam Tab no later than January 8, 2016. The Board will send an email notification when the results are available.

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.

POLICIES OF THE BOARD

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, ~~ABOC-PS~~[®] or Hand Examinations, and the 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 Appeals Policy will be sent to that individual which is available on the Board's website under *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. 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 *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 available. The Board will not report a score that it has determined to be invalid, i.e., which does not represent a reasonable assessment of the candidate's knowledge or competence sampled by the examination. 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 the scores are invalid, it will not release them, 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 Confidentiality Agreement 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 CBT. 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 full Admissibility Policy is available on the Board's Website, www.abplsurg.org, in the Policies Tab.

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 ten years and is subject to all requirements of the Maintenance of Certification (MOC-PS®) Program. A plastic surgeon granted certification by the Board is known as a **diplomat** of the Board.

It shall be the prerogative of the Board to determine the fitness, professionally and ethically, of any candidate for a certificate; and the Board, for cause, may defer or deny certification to any candidate.

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 **“diplomat of The American Board of Plastic Surgery, Inc.”** Effective 1995, certificates issued by the Board are dated and will be valid for ten years but subject to participation in the

ABOC-PS® Program. Certificates issued prior to 1995 are valid indefinitely.

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. M.D., D.O., D.M.D., and D.D.S.) verifiable by documents submitted during the application process and present in the candidate's file can be listed.

ABOC-PS® Revocation of Certification

Any diplomate of the Board will be subject to disciplinary action including suspension and revocation if at any time the Board determines, in its sole judgment, that the diplomate holding the certificate was not properly qualified to receive it, or for just and sufficient reason, including, but not limited to:

1. Conviction of a felony;
2. The diplomate did not possess the necessary qualifications and requirements to receive the certificate at the time it was issued;
3. The diplomate misrepresented his or her status with regard to Board Certification, including any misstatement of fact about being Board Certified in any specialty or subspecialty;
4. The diplomate engaged in conduct resulting in discipline by any medical licensing authority or in a revocation, suspension, qualification or other limitation of his or her license to practice medicine in any jurisdiction;
5. The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification or other limitation from membership in a local, regional, national or other organization of his or her professional peers;
6. Resignation from any organization while under investigation.

The diplomate will be given written notice of the reasons for the Board's action by registered or certified mail to the last address that the holder has provided to the Board. Discipline is final upon the mailing of the notification.

Individuals may appeal the decision imposing discipline by complying with the Appeals Policy. Failure to make a timely appeal will result in a loss of appeal rights.

Should the circumstances that justified discipline be corrected, the Board may, at its discretion, reinstate the diplomate after appropriate review of the diplomate's licensure and performance. Written notification to the Board is required.

Each certificate issued by the Board shall be subject to revocation if the diplomate so certified has made any misstatement of material fact, or has failed to make any statement of material fact, in his

or her application for such certificate or in any other statement or representation to the Board or its representatives, or has otherwise acquired the certificate by deception. Upon revocation, the original certificate(s) must be returned to the Board.

The Board shall have the jurisdiction and right to determine whether or not the information placed before it is sufficient to constitute grounds for the revocation of any certificate. The diplomate will be provided with a copy of the Appeals Policy of the Board, and this policy will be observed in pursuing resolution of the problem.

Certification and Recertification in the Subspecialty of Surgery of the Hand (SOTH)

The Board offers an examination for Certification and Recertification in the Subspecialty of Surgery of the Hand. 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 Certificate in the Subspecialty of Surgery of the Hand in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.

Maintenance of Certification in Plastic Surgery (MOC-PS®) Program

Effective 1995, certificates issued by the Board are dated and will be valid for ten years but subject to participation in MOC-PS®. Certificates issued prior to 1995 are valid indefinitely.

The key components of the MOC-PS® Program include evidence of 1) professional standing, 2) lifelong learning, 3) successful completion of a cognitive examination and 4) practice profile assessment with tracer cases. The Maintenance of Certification Booklets of Information and the information posted on the Board's website are the sources for all information relevant to MOC-PS®. Participation in Maintenance of Certification Activities is required throughout the 10 year certification cycle. The Professional Standing update and a Practice Assessment in Plastic Surgery (PA-PS) module are required in years three, six and nine of the 10 year MOC-PS® cycle.

Annual Newsletter to Diplomates, Diplomate Contribution and MOC-PS® Annual Contribution

The Diplomate Contribution is only requested of lifetime certificate holders who elect not to participate in the MOC-PS® Program. Payment may be made by credit card through the Board's website. Refer to the Fee Schedule.

The MOC-PS® Annual Contribution is requested at the time of publication of the Annual Newsletter to Diplomates in February and is due by April 15th. The MOC-PS® Annual Contribution is mandatory for diplomates with time-limited certificates who are participating in the MOC-PS® Program.

Consumer Feature – “Is your Surgeon Certified?”

The Board’s website homepage provides a section for patients and credentialers called “*Is your surgeon certified?*”. Certification dates with Maintenance of Certification Participation status are reported. 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 consumer 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 accepts only written requests for verification of a candidate’s status during the process of certification.

When the Board receives an 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., M.D.	2001-02
* Adams, William Milton, M.D.	1956-57
* Aufricht, Gustave, M.D.	1955-56
Bennett, James E., M.D.	1983-84
Bentz, Michael L., M.D.	2013-14
Berggren, Ronald B., M.D.	1987-88
* Blocker, Truman G., Jr., M.D.	1960-61
* Brown, James Barrett, M.D.	1946-47
* Byars, Louis T., M.D.	1951-52
Coleman, John J., III, M.D.	2002-03
* Conway, Herbert, M.D.	1963-64
* Courtiss, Eugene H., M.D.	1986-87
* Crikelair, George F., M.D.	1970-71
Cunningham, Bruce L., M.D.	2003-04
* Davis, John Staige, M.D.	1937-45
* Dingman, Reed O., M.D.	1964-65
* Dorrance, George M., M.D.	1945-46
* Dupertuis, Samuel M., M.D.	1958-59
* Figi, Frederick A., M.D.	1957-58
Given, Kenna S., M.D.	1997-99
Gradinger, Gilbert P., M.D.	1994-95
* Graham, William P., III, M.D.	1985-86
Griffith, B. Herold, M.D.	1981-82
* Hamm, William G., M.D.	1952-53
* Hanna, Dwight C., M.D.	1980-81
Hoopes, John E., M.D.	1982-83
* Horton, Charles E., M.D.	1976-77
* Jurkiewicz, Maurice J., M.D.	1977-78
Ketch, Lawrence L., M.D.	2004-05
* Kiehn, Clifford L., M.D.	1965-66
* Kiskadden, William S., M.D.	1949-50
Lalonde, Donald H., M.D.	2011-12
Lee, W. P. Andrew, M.D.	2012-13
* Lewis, Stephen R., M.D.	1971-72
Luce, Edward A., M.D.	1990-91
Lynch, John B., M.D.	1979-80
* Masters, Francis W., M.D.	1973-74
May, James W., Jr. M.D.	1992-93
* McCormack, Robert M., M.D.	1968-69
* McCoy, Frederick J., M.D.	1978-79
* McDowell, Frank, M.D.	1961-62
* McGregor, Mar W., M.D.	1974-75
Miller, Stephen H., M.D.	1989-90
* Mills, James T., M.D.	1954-55
* Murray, Joseph E., M.D.	1969-70
Neale, Henry W., M.D.	1995-96
* Owens, Arthur N., M.D.	1950-51
* Peacock, Erle E., Jr., M.D.	1975-76
Persing, John A., M.D.	2005-06
Phillips, Linda G. M.D.	2007-08

* Deceased

CHAIRS (cont.)

* Pickrell, Kenneth L., M.D.	1962-63
Puckett, Charles L., M.D.	1993-94
Riley, William B., Jr., MD	2000-01
* Robinson, David W., M.D.	1966-67
Robson, Martin C., M.D.	1996-97
Sadove, A. Michael, M.D.	2009-10
Smith, David J., Jr., M.D.	1999-00
Spira, Melvin, M.D.	1984-85
* Stark, Richard B., M.D.	1967-68
* Steffensen, Wallace H., M.D.	1953-54
Stevenson, Thomas R., M.D.	2006-07
* Straatsma, Clarence R., M.D.	1959-60
Stuzin, James M., M.D.	2008-09
Vedder, Nicholas B., M.D.	2010-11
* Webster, Jerome P., M.D.	1947-49
* Whalen, William P., M.D.	1972-73
Woods, John E., M.D.	1988-89
Zook, Elvin G., M.D.	1991-92

VICE-CHAIRS

* Anderson, Robin, M.D.	1980-81
Ariyan, Stephan, M.D.	1994-95
Baker, Thomas J., Jr., M.D.	1991-92
Bentz, Michael L., M.D.	2011-12
Bingham, Hal G., M.D.	1989-90
* Bostwick, John, III, M.D.	1999-00
* Broadbent, Thomas R., M.D.	1972-73
Bromberg, Bertram E., M.D.	1983-84
Callison, James R., M.D.	1990-91
Coleman, John J., III, M.D.	2000-01
Cunningham, Bruce L., M.D.	2001-02
* Curtin, John W., M.D.	1975-76
Edgerton, Milton T., Jr., M.D.	1969-70
* Fryer, Minot P., M.D.	1967-68
Gaisford, John C., M.D.	1973-74
* Georgiade, Nicholas G., M.D.	1974-75
Hugo, Norman E., M.D.	1987-88
Jabaley, Michael E., M.D.	1986-87
Ketch, Lawrence L., M.D.	2002-03
Krizek, Thomas J., M.D.	1982-83
Lalonde, Donald H., M.D.	2009-10
Lee, W. P. Andrew, M.D.	2010-11
* Longacre, J.J., M.D.	1961-62
* Macomber, W. Brandon, M.D.	1971-72
* Marzoni, Francis A., M.D.	1977-78
* Millard, D. Ralph, Jr., M.D.	1978-79
* New, Gordon B., M.D.	1947-49
Noone, R. Barrett, M.D.	1993-94
* Paletta, Francis X., Sr., M.D.	1968-69
* Patton, Henry S., M.D.	1970-71
Persing, John A., M.D.	2003-04

* Deceased

VICE-CHAIRS (cont.)

Phillips, Linda G., M.D.	2005-06
Randall, Peter, M.D.	1976-77
Rees, Thomas D., M.D.	1984-85
* Remensnyder, John P., M.D.	1988-89
Riley, William B., Jr., M.D.	1998-99
* Royster, Henry P., M.D.	1963-64
Ruberg, Robert L., M.D.	1996-97
Russell, Robert C., M.D.	1997-98
* Ryan, Robert F., M.D.	1979-80
Sadove, A. Michael, M.D.	2007-08
Slezak, Sheri, M.D.	2013-14
Stevenson, Thomas R., M.D.	2004-05
Stuzin, James M., M.D.	2006-07
Thorne, Charles H. M., M.D.	2012-13
Thorne, Frank L., M.D.	1995-96
Trier, William C., M.D.	1981-82
Vedder, Nicholas B., M.D.	2008-09
Williams, H. Bruce, M.D.	1985-86
* Wray, R. Christie, Jr., M.D.	1992-93

SECRETARIES-TREASURER

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

*Deceased

FORMER DIRECTORS

* Achauer, Bruce M., M.D.	1995-02
* Adams, William Milton, M.D.	1950-57
Alpert, Bernard S., M.D.	2001-08
* Anastasi, Gaspar W., M.D.	1995-99
* Anderson, Robin, M.D.	1975-81
Ariyan, Stephan, M.D.	1989-95
Arnold, Phillip G., M.D.	1997-03
* Aufrecht, Gustave, M.D.	1941-56
* Backus, Leslie H., M.D.	1958-63
Baker, Thomas J., Jr., M.D.	1986-92
* Barsky, Arthur J., M.D.	1960-66
Barton, Fritz E., Jr., M.D.	1988-94
Bennett, James E., M.D.	1978-84
Bentz, Michael L., M.D.	2007-14
Berggren, Ronald B., M.D.	1982-88
Bingham, Hal G., M.D.	1984-90
* Blair, Vilray P., M.D.	1937-46
* Blocker, Truman G., Jr., M.D.	1953-61
* Bostwick, John, III, M.D.	1995-01
Brandt, Keith E, M.D.	2007-13
Brauer, Raymond O., M.D.	1973-79
Brennan, Murray F., M.D.	1987-90
* Broadbent, Thomas R., M.D.	1967-73
Brody, Garry S., M.D.	1985-91
Bromberg, Bertram E., M.D.	1978-84
* Brown, James Barrett, M.D.	1937-47
* Buncke, Harry J., Jr., M.D.	1976-82
* Byars, Louis T., M.D.	1946-54
Callison, James R., M.D.	1985-91
Canady, John W., M.D.	2004-10
* Cannon, Bradford, M.D.	1946-56
Chase, Robert A., M.D.	1967-73
* Chism, Carl E., M.D.	1974-77
Chung, Kevin C., M.D.	2008-14
Cohen, I. Kelman, M.D.	1996-98
Coleman, John J., III, M.D.	1996-03
Colon, Gustavo A., M.D.	1999-05
* Conway, J. Herbert, M.D.	1958-64
* Courtiss, Eugene H., M.D.	1981-87
Cramer, Lester M., M.D.	1975-81
* Crikelair, George F., M.D.	1965-71
* Cronin, Thomas D., M.D.	1961-67
Cunningham, Bruce L., M.D.	1996-04
* Curtin, John W., M.D.	1970-76
* Davis, Albert D., M.D.	1949-59
* Davis, John Staige, M.D.	1937-45
Dean, Richard H., M.D.	1995-99
* DesPrez, John D., M.D.	1982-84
* De Vito, Robert V., M.D.	1977-80
* Dingman, Reed O., M.D.	1959-65
* Dorrance, George M., M.D.	1937-46
* Dupertuis, Samuel M., M.D.	1951-59

*Deceased

FORMER DIRECTORS (cont.)

Edgerton, Milton T., Jr., M.D.	1964-70
Erhardt, Walter L., Jr., MD	2003-09
* Erich, John B., M.D.	1958-64
Eriksson, Elof, M.D.	1994-00
Evans, Gregory R. D., M.D.	2005-11
* Farmer, Alfred W., M.D.	1947-51
* Figi, Frederick A., M.D.	1949-58
Figueroa, Liz	2000-06
Fisher, Jack C., M.D.	1987-93
* Frackelton, William H., M.D.	1957-63
Friedland, Jack A., M.D.	2004-10
* Fryer, Minot P., M.D.	1962-68
Furnas, David W., M.D.	1979-85
Gaisford, John C., M.D.	1968-74
* Georgiade, Nicholas G., M.D.	1969-75
Given, Kenna S., M.D.	1992-99
* Goin, John M., M.D.	1980-86
* Goldwyn, Robert M., M.D.	1984-90
Gorney, Mark, M.D.	1977-83
Gosain, Arun K., M.D.	2008-14
* Grabb, William C., M.D.	1978-82
Gradinger, Gilbert P., M.D.	1989-95
* Graham, William P., III, M.D.	1980-86
* Greeley, Paul W., M.D.	1951-58
Griffith, B. Herold, M.D.	1976-82
Guyuron, Bahman, M.D.	2005-11
* Hamm, William G., M.D.	1945-55
* Hanna, Dwight C., M.D.	1975-81
Heckler, Frederick R., M.D.	1990-96
* Hendrix, James H., Jr., M.D.	1968-74
Hentz, Vincent R, M.D.	2001-08
Hoehn, James G., M.D.	1997-04
Hoopes, John E., M.D.	1977-83
Horton, Charles E., M.D.	1971-77
Hugo, Norman E., M.D.	1982-88
Iverson, Ronald E., M.D.	2000-06
* Ivy, Robert H., M.D.	1937-47
Jabaley, Michael E., M.D.	1981-87
* Johnson, James Buford, M.D.	1956-62
* Jurkiewicz, Maurice J., M.D.	1972-78
Kawamoto, Henry K., Jr. M.D.	1994-00
* Kelleher, John C., M.D.	1972-78
* Kemper, John W., M.D.	1951-52
Kerrigan, Carolyn L., M.D.	1997-04
Ketch, Lawrence L, M.D.	1998-05
* Kiehn, Clifford L.D., M.D.	1960-66
* Kirkham, Harold L., M.D.	1937-49
* Kiskadden, William S., M.D.	1937-51
* Kitlowski, Edward A., M.D.	1955-62
* Klabunde, E. Horace, M.D.	1962-68
Klimberg, V. Suzanne, M.D.	2010-13

*Deceased

FORMER DIRECTORS (cont.)

* Koch, Sumner L., M.D.	1937-51
Krizek, Thomas J., M.D.	1977-83
Krummel, Thomas M., M.D.	1999-03
* Ladd, William E., M.D.	1937-45
Lalonde, Donald H., M.D.	2005-12
Larson, David L., M.D.	1996-02
Lee, W.P. Andrew, M.D.	2006-13
Levin, L. Scott, M.D.	2006-12
* Lewis, Stephen R., M.D.	1966-72
* Lindsay, William K., M.D.	1965-71
* Longacre, J. J., M.D.	1957-63
Luce, Edward A., M.D.	1985-91
Lynch, Dennis J., M.D.	1999-05
Lynch, John B., M.D.	1974-80
* MacFee, William F., M.D.	1947-53
* Macomber, Douglas W., M.D.	1960-66
* Macomber, W. Brandon, M.D.	1966-72
Manson, Paul N., M.D.	1993-99
* Marzoni, Francis A., M.D.	1972-78
* Masters, Francis W., M.D.	1968-74
* Mathes, Stephen J., M.D.	1993-99
Matthews, Jeffrey B., M.D.	2007-10
May, James W., Jr., M.D.	1987-93
* McCormack, Robert M., M.D.	1963-69
* McCoy, Frederick J., M.D.	1973-79
* McDowell, Frank, M.D.	1954-62
McGrath, Mary H., M.D.	1989-95
* McGregor, Mar W., M.D.	1969-75
McKinney, Peter W., M.D.	1999-05
* Millard, D. Ralph, Jr., M.D.	1973-79
Miller, Stephen H., M.D.	1984-90
Miller, Timothy A., M.D.	1991-97
* Mills, James T., M.D.	1946-55
* Moore, Andrew M., Sr., M.D.	1969-75
Morain, William D., M.D.	1992-96
* Moran, Robert E., M.D.	1956-58
Morgan, Raymond F., M.D.	1997-03
* Murray, Joseph E., M.D.	1964-70
Musgrave, Ross H., M.D.	1970-76
Mustoe, Thomas A., M.D.	2006-12
Nahai, Foad, M.D.	2000-06
Neale, Henry W., M.D.	1990-96
* New, Gordon B., M.D.	1937-49
Noone, R. Barrett, M.D.	1988-94
* O'Connor, Gerald B., M.D.	1952-60
* Owens, Arthur N., M.D.	1947-57
* Paletta, Francis X., Sr., M.D.	1963-69
Pappas, Theodore N., M.D.	2003-06
* Patton, Henry S., M.D.	1965-71
* Peacock, Erle E., Jr., M.D.	1970-76
* Peer, Lyndon A., M.D.	1954-58

*Deceased

FORMER DIRECTORS (cont.)

Persing, John A., M.D.	1999-06
Phillips, Linda G., M.D.	2000-08
* Pickering, Paul P., M.D.	1963-70
* Pickrell, Kenneth L., M.D.	1955-63
* Pierce, George W., M.D.	1937-49
Puckett, Charles L., M.D.	1988-94
Randall, Peter, M.D.	1971-77
Reading, George P., M.D.	1986-92
* Rees, Thomas D., M.D.	1979-85
* Remensnyder, John P., M.D.	1983-89
Rikkers, Layton F., M.D.	1990-95
Riley, William B., Jr., M.D.	1994-01
* Risdon, Ernest F., M.D.	1937-47
* Robinson, David W., M.D.	1961-67
Robson, Martin C., M.D.	1991-97
Rohrich, Rod J., M.D.	2000-06
Rowland, Willard D., M.D.	1971-77
* Royster, Henry P., M.D.	1959-65
Ruberg, Robert L., M.D.	1991-97
Russell, Robert C., M.D.	1992-98
* Ryan, Robert F., M.D.	1974-80
Sadove, A. Michael, M.D.	2004-10
Savin-Williams, Janice	2008-14
Sawyers, John L., M.D.	1986-87
Shannon, Thomas A., Ph.D.	2008-14
Sherman, Randolph, M.D.	2000-06
* Smith, Ferris, M.D.	1937-45
Smith, David J., Jr., M.D.	1993-00
* Snyder, Clifford C., M.D.	1963-69
Spira, Melvin, M.D.	1979-85
* Stark, Richard B., M.D.	1962-68
* Steffensen, Wallace H., M.D.	1945-54
Stevenson, Thomas R. M.D.	1999-07
* Steiss, Charles F., M.D.	1959-65
* Straatsma, Clarence R., M.D.	1951-60
Stuzin, James M., M.D.	2002-09
Swartz, William M., M.D.	2003-09
Thorne, Frank L., M.D.	1990-96
Trier, William C., M.D.	1976-82
Vasconez, Luis O., M.D.	1997-04
Vedder, Nicholas B., M.D.	2004-11
Vistnes, Lars M., M.D.	1983-89
* Webster, George V., M.D.	1961-67
* Webster, Jerome P., M.D.	1938-51
Weeks, Paul M., M.D.	1981-87
Wells, James H, M.D.	2007-13
* Whalen, William P., M.D.	1967-73
* Wheeler, John M., M.D.	1937-38
* White, William L., M.D.	1966-72
Williams, H. Bruce, M.D.	1980-86
* Wolfort, Francis G., M.D.	1996-97

*Deceased

FORMER DIRECTORS (cont.)

Woods, John E., M.D.	1983-89
* Wray, R. Christie, Jr., M.D.	1987-93
Zarem, Harvey A., M.D.	1982-88
Zook, Elvin G., M.D.	1986-92

*Deceased

HISTORIANS

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

FEE SCHEDULE - U.S. FUNDS ONLY

Resident Registration/Training Evaluation	\$185.00
Application Registration Fee	\$580.00
Application Registration Late Penalty Fee	\$545.00
Written Examination Fee	\$1,380.00
Written Examination Late Penalty Fee	\$545.00
Written Examination Withdrawal Fee (>30 days prior to exam)	\$74000
Written Examination Score Validation Fee	\$255.00
Oral Examination Case List Review Fee	\$685.00
Oral Examination Case List Late Penalty Fee	\$545.00
Oral Examination Fee	\$1,295.00
Oral Examination Late Penalty Fee	\$740.00
Oral Examination Withdrawal Fee (>30 days prior to exam)	\$740.00
Oral Examination Duplicate Case Book Materials	\$40.00
Missing/Incomplete Items Penalty Fee	\$130.00
Administrative Penalty Fee	\$250.00
ABC - PS ® Annual Contribution	\$235.00
Diplomate Contribution	\$235.00
Written and Oral Examination Reapplication Registration Fee	\$725.00
Credentials Review Fee	\$280.00
Ethics Review Fee	\$280.00
Certificate Fee	\$145.00
Verification of Status Fee	\$50.00
Photocopying or Processing Fee	\$35.00
Repeat Examination Fee	Exam Fees Above
Informal Appeal Fee	\$800.00
Formal Appeal Fee	\$1,780.00

1. Credit Cards accepted only for most fees via the Board's website.
2. All other fees must be submitted in United States currency by check or money order.
3. Foreign currencies, including Canadian, are unacceptable.

Fees are subject to change by the Board.

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 is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The Directors of the Board serve without remuneration. Most fees are non-refundable.



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.**



American Board of Plastic Surgery
ABMS Maintenance of Certification®

Certification Matters

The American Board of Medical Specialties (ABMS) ~~MOC-PS~~® StarMark® logo is permitted for use by diplomates who are participating in the Maintenance of Certification Program and are current with the annual requirements.



An ABMS Member Board