ABPS Mission Statement: “The Mission of The American Board of Plastic Surgery, Inc. is to promote safe, ethical, and 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.”

Coming clean on MOC

Question: Is the American Board of Plastic Surgery (ABPS) serving its financial interest when it requires diplomates to participate in MOC?

Answer: Yes. The ABPS receives more revenue from MOC than from the Written or Oral Exams, the other two sources of the Board’s income.

Scandal? Maybe not.

Background: The American Board of Medical Specialties (ABMS) is the parent organization of the legitimate medical boards and consists of 24 such boards (Family Medicine, Surgery, Internal Medicine, Pediatrics, Otolaryngology etc) one of which is your board, the American Board of Plastic Surgery (ABPS). The 24 Boards all agreed to develop an MOC program for their diplomates. Each MOC program consists of four common parts: Professionalism, Life Long Learning and Self-Assessment, Cognitive Expertise (test), and Practice Performance Improvement. Within this common format, each specialty has some latitude to develop its own MOC program. Hence, MOC-Plastic Surgery is not exactly the same as MOC-Neurosurgery. Ours is cooler; more about this later…

Lawsuit: The Association of American Physicians and Surgeons (AAPS) sued the ABMS in 2013 over the requirement for MOC, citing, among other things, restraint of trade. The AAPS also alleged that MOC imposes unnecessary recertification burdens on physicians which do not improve patient care and, in fact, keep physicians from their patients. Opponents of MOC say further that it is designed only to make money on the backs of the diplomates. A large number of diplomates in another specialty have refused to participate, citing staff salaries and some investments by their board as evidence that MOC is just a money making scam.

Truth. Finding truth takes at least a lifetime, but, I will explain below why the ABPS believes that MOC is worthwhile and what the ABPS is doing to administer MOC responsibly and make it as painless and inexpensive as possible. Opposition has benefits; it forces proponents to improve their product as we continue to do with MOC, making significant changes every year (enumerated below).

Common sense. It is hard to argue against physicians needing to demonstrate some type of lifelong learning and having to meet minimal standards as their years in practice tick by. To do otherwise would not be right for our patients and it would not pass the test of common sense. Someone has to police plastic surgeons. Common sense would also suggest that we do this ourselves. So if we agree that demonstrating competence over a medical career is reasonable, then we need only debate the number, and the height, of the hurdles that a physician is required to get over—and at what cost.

Facts about the ABPS:

1. The Directors of the ABPS receive no stipend or compensation, other than travel expenses for two meetings per year, one of which directly precedes the Oral Examination.

Chair Report - Continues on Page 2
PUBLICATIONS

Dr. Caterson, Noone, Singh history article submitted to PRS, October 27, 2014. Plastic & Reconstructive Surgery, A Tribute to The Founding Figures of The American Board of Plastic Surgery. Just submitted to PRS we should not report on it until it is accepted and has a publication date.

ABPS ADMISSIBILITY POLICY

The American Board of Plastic Surgery, in accordance with the ABMS Eligibility Policy, approved the admissibility policy in 2012 for surgeons seeking certification in plastic surgery by ABPS:

Residents who complete an accredited plastic surgery residency training program in 2012, and thereafter, must complete the certification process within eight years of the conclusion of residency. This allows for the practice requirement of one year which is necessary to collect and submit cases for the Oral Examination. Candidates currently in the examination process must become certified by successfully completing the Oral Examination by November 2018 to meet the January 1, 2019 ABMS Policy deadline.

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 is 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 Reentry Application for Admissibility after eight years is exhausted in the examination process. The full policy is posted on the Board’s website under Policies.
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Charles N. Verheyden, M.D.

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Administrative Assistant/Credentialler
Julia A. Winter
jwinter@abplsurg.org

Directors of the Board 2014-2015 Phoenix, Arizona

First Row – L to R – Mary Jo Iozzie, Ph.D., James Chang, M.D., Charles H. M. Thorne, M.D., R. Barrett Noone, M.D., Sheri Slezak, M.D., Donald R. Mackay, M.D. and Joseph E. Losee, M.D.

Second Row – L to R – Robert J. Havlik, M.D., Juliana E. Hansen, M.D., Jeffrey M. Kenkel, M.D., Michael J. Miller, M.D., David B. Sarver, Ph.D., Joseph J. Disa, M.D., Paul S. Cederna, M.D. and David T. J. Netscher, M.D.

Last Row – L to R – Joseph M. Serletti, M.D., Kevin E. Behms, M.D., James C. Grotting, M.D., Michael F. McGuire, M.D., Lawrence B. Colen, M.D., William M. Kuzon, Jr., M.D., Charles N. Verheyden, M.D. and William C. Pederson, M.D.

VISIT www.abplsurg.org
The American Board of Plastic Surgery, recognizing a need for a practicing plastic surgeon to become its first Chief Executive Officer, held a retreat 18 years ago in January 1997 to address the governance of the Board, becoming among the last of the 24 certifying member boards of the American Board of Medical Specialties (ABMS) to elect an Executive Director. I was privileged and honored to be selected by the Board for this important position. Eighteen years later I have a unique opportunity to look back at over three decades of service to the Board, to the specialty and to the public, beginning as an examiner, progressing as a Director and culminating as Executive Director for 18 years.

During these 30 plus years, significant achievements in quality assurance and dramatic changes in the landscape of the board certification enterprise have occurred, many to the direct benefit of our specialty and its diplomates.

Because this will be my final Newsletter column, I decided to reflect upon the Board’s achievements during my “watch,” working with Directors whom I consider to be the greatest achievers in our specialty and its diplomas.

Space does not allow a full compilation of the Board’s achievements and efforts, so I have attempted to list what I consider the 10 most prominent advancements made over my period of responsibility.

In true “Letterman” fashion, they are as follows:

10. Keeping Pace with the Electronic Age.

It seems difficult to believe that in 1997 we were communicating by snail mail, and fax machines. Typewriters and hard copy revisions allowed much thought before a letter was completed. The rapid progression of electronic communication through the e-mail system has had a major impact upon communications throughout the world and has not spared the Board. Recognizing the need for existence in the electronic world, in 1998 the Board website was developed. This was followed by; online registrations for all examinations, online submission of oral examination cases, online development of the Written and MOC Examinations, and online tracking of residents. Although it may seem that the transition to electronic communication has been daunting, expensive and time consuming, and has involved investing in cyber insurance, it actually has been a “saver” of time and expense by the Board.


Every CEO of a non-profit organization fears the economic impact from a worldwide recession. The specialty of plastic surgery and practicing plastic surgeons were not exceptions in 2008-2009. Because the Board activities are supported by examination fees and voluntary contributions, the generosity of the diplomates carried us through difficult financial times. This allowed the Board to return to its budgetary commitment of having one full year of operating expenses in reserve funds.

8. Continued Improvement of Interspecialty Relations.

Because plastic surgery is a specialty without a specific anatomic area, the direction of the specialty has always been to improve appearance and function of all parts of the human organism. This requires cooperation and occasionally conflict with overlapping specialties. The first of such relationships involved the American Boards of Orthopedic Surgery (ABOS) and Surgery (ABS) when the discussions began in 1982 regarding a subspecialty examination in Surgery of the Hand (SOTH). A joint committee was appointed in 1984, but interspecialty debate continued until May of 1989 when the specialty of plastic surgery decided to join the Joint Committee for SOTH.

Other interspecialty difficulties came to the forefront with otolaryngology, specifically the relationship with the American Academy of Facial Plastic and Reconstructive Surgery. After many years of contentious debate at the ABMS regarding a subspecialty in facial plastic surgery, the Board came to a compromise with Otolaryngology in 1998. A subspecialty certificate in Plastic Surgery Within the Head and Neck was created. The fellowships and examinations never materialized. At the present time however, this type of fellowship is being developed with the cooperation of both specialties at the level of the ACGME. Interspecialty cooperation exists also between plastic surgery, dermatology and ophthalmology, the latter by defining parameters for training in oculoplastic surgery.

From the Executive Director - Continues on Page 5
7. Establishing a Culture of Ethics.

The Board is committed to the promotion of safe, ethical, efficacious plastic surgery to the public. Accordingly, the Board is leading an initiative to establish a culture of ethics throughout the entire specialty of plastic surgery, beginning with educational programs during residency and continuing with evaluation of ethical practice through the Maintenance of Certification (MOC) program. The original two-year practice requirement before the Oral Examination intended to allow community evaluation of ethical behavior. Because of the greater need to achieve certification sooner, this was eliminated in 1996, allowing the candidate to become certified as early as 16 months following residency. This forced the Board to place even more emphasis on evaluating ethical principles and practice through the examination processes. Prohibitions were enforced on false and deceptive advertising, including references to “board admissible,” “board qualified” and “board eligible.” Those who advertised board certification before passing the Oral Examination were automatically deferred for at least one year from the examination process.

Recognizing its mission as separate from the societal organizations in plastic surgery, the Board wrote and approved its own Code of Ethics in 2002. Before 1999, only three certificates had been revoked. Because of intense monitoring of the state medical board actions, certificate revocations now total 79. This serious commitment to evaluating ethical practice led to the appointment of an Ad Hoc Committee on Ethics to develop stronger culture. This policy, working directly with the program directors in plastic surgery, has led to a substantial curriculum of ethical practice for educating residents.

6. Election of Public Members.

The mission of the Board is and has always been the protection of the public. Recognizing a need to reinforce its mission by developing a more formal relationship with the public we serve, and because the Board realized plastic surgery is a specialty with high public visibility, a policy was developed to allow non-physicians to serve as directors. The public members have made substantial contributions to the mission and accomplishments of the Board while sitting as full voting directors. Since 2001, five non-physicians have functioned in this position, including a state senator, an academic bioethicist, a finance expert, an ethics professor, and a psychologist specializing in human appearance. The Board has grown to rely on the opinions and deliberations of these non-physicians who bring a broad and much needed perspective from the public point of view.

5. Changing Requirements for Education.

Since its origin in 1937, the Board in subsequent decades adhered to the principle of the minimum requirement of three years in general surgery, followed by two years of plastic surgery training. Following a retreat 1990 of representatives from the entire specialty, the concept of integrated residency programs, with matching directly from medical school into plastic surgery, was introduced into the specialty. This expanded on a purpose originally established by two years of plastic surgery training. Following a retreat in 1990 of representatives from the entire specialty, a policy was developed to allow non-physicians to serve as directors. The public members have made substantial contributions to the mission and accomplishments of the Board while sitting as full voting directors. Since 2001, five non-physicians have functioned in this position, including a state senator, an academic bioethicist, a finance expert, an ethics professor, and a psychologist specializing in human appearance. The Board has grown to rely on the opinions and deliberations of these non-physicians who bring a broad and much needed perspective from the public point of view.

The independent programs, following the traditional pathway of general surgery or another surgical specialty before entering plastic surgery remained strong. Later another segue into the independent programs through the combined or coordinated programs was established. Thus, medical students seeking careers in plastic surgery could match out of medical school into a general surgery residency for three years with the expectation of completing plastic surgery residency at the same institution. With the continued progress of integrated programs, which feature plastic surgery and related educational experiences, the Board decided to discontinue the combined pathway, after residents match in 2015 for progression to plastic surgery in 2018.

The program directors and Residency Review Committee for Plastic Surgery (RRC-PS) joined the Board in deciding that five years was not sufficient to provide full training in the specialty. Accordingly, beginning July 2011, all programs were transitioned to six years in length, with the plastic surgery component focused in the last three years.

4. Improvements in the Examinations.

A major effort in improving the Written Examination came in 1999 when the Board contracted with the Philadelphia-based National Board of Medical Examiners (NBME) to assist the examination committee with development, editing, production and psychometric evaluation. For many years, the examination was administered in hotel ballrooms. In keeping with the rapid changes in technology, in 2002, following the lead of the NBME, the Board went to a computer based test at Prometric Centers throughout the country, sparing the candidates the expense and difficulties associated with traveling to a central location for a pencil and paper examination. Keeping pace with examination technology was a big step. The next major change came in 2010 when the Board studied the possibility of web-based examination development, whereby the question items were written securely online, edited by the appropriate committees, and then sent to the examination centers for computer-based testing. This process became a reality in 2013 when both the Written Examination and the Maintenance of Certification Examination were developed online by the Board. The NBME contract was allowed to expire in 2012.

The Oral Examination has always included an evaluation of the candidate’s practice. The “practice biopsy” which was established in 1987 gave the Board an opportunity to select candidates’ cases for examination. Using technology as it existed at the time, in 1990, the 10 cases were sent to the Board Office on computer discs. In 2000, the case entry became web-based and now the Oral Examination Committee has the ability to select the candidate’s cases online.

After many years of administering the examination at the Hyatt Regency O’Hare in Chicago, the examination moved to Houston in 1997 and then to Phoenix in 2003. The 12th consecutive examination at the Hilton at Tapatio Cliffs was completed in November 2014.

Traditionally, the examinations were graded on a pass/fail basis, known as the Holistic System. The Board made a major change in decisions for grading when the Analytical System was established in 2007. The benefit of such scoring adjusted for severity of the examiner, and difficulty of the cases presented. The Board has remained committed to the more objective method of analytical scoring. Grading is supervised by consultant psychometricians.

3. A Greater Presence at ABMS.

Prior to 1997, the ABPS had variable and occasionally inconsistent representation in the important “house” of medical certification, the American Board of Medical Specialties (ABMS). After the governance reorganization in 1997, your executive director and other representatives of the Board became very involved in representing the specialty at the ABMS. Serving on important committees such as the Task Force on Maintenance of Certification, the Committee on Monitoring and Oversight of Maintenance of Certification, (COMMOC), the Committee on Certification (COCERT), the Board of Directors of ABMS, the Executive Committee, and the Executive Director Caucus. This has not only given plastic surgery representation in this very important area of evaluation of medical practice and quality, but has lead to recognition of plastic surgery as a leader in this arena. The importance to our specialty of having strong representation among the other specialties in medicine cannot be overemphasized. Promoting specialization through the programs of enhanced public trust initiatives at ABMS has elevated that organization to justified recognition in the health care delivery and evaluation system in the United States.
The first examination, a computer based test given in 2003, specifically focused on the area of practice of the diplomate, mirroring the above subspecialties represented by the Advisory Councils. The ABMS-mandated MOC programs gave the Board the opportunity to take a fresh look at such issues as professionalism and state medical license disciplinary actions. The self-assessment of individual practices through the tracer procedures in the practice assessment modules has given the individual diplomate a unique opportunity to compare practice against benchmarks established by colleagues performing the same operation. Since 2008, evidence-based educational offerings through journal articles and MOC courses at national meetings are created parallel to the practice assessment modules.

Participation in MOC is now widely regarded as an important quality indicator in the evolution of the healthcare system in the United States, and plans are developing among the Federation of State Medical Boards to allow MOC participants to satisfy the coming requirements of maintenance and licensure (MOL).

SIGNING OFF

Although many will not agree with the order, I have recognized the 10 main achievements of the Board and ranked them according to my personal experience.

As I complete my final column for the Newsletter, I extend sincere thanks to the specialty of plastic surgery for allowing me to serve as the face of our specialty in the important world of certification medicine. Leading the mission of the American Board of Plastic Surgery has been the most distinct honor and privilege of my professional life. Of course, an important role in leadership is to encourage the participation and dedication of all interested and involved parties. Therefore, recognition and thanks must be extended to Terry M. Cullison RN, MSN, the outstanding administrator who has worked closely at my side during the past 18 years; and the hardworking, dedicated staff at the Board Office who are listed on page 2. In multiple ways, the 108 directors, including 27 Chairs of the Board with whom I have worked since my first year as a Director in 1988 have contributed greatly to the success of ABPS. It is not possible to give special recognition to any single person among the most accomplished and dedicated group of individuals I have ever known. They have all been exceptional professionals, colleagues and friends.

I conclude this column with a sense of achievement and satisfaction that the Board is exemplary in its mission to serve the public. I am comforted by the knowledge that my successor, Dr. Keith E. Brandt, will continue to lead the Board to new heights by focusing on that mission.

2. Unification of Subspecialty Interests.

In the 1990’s, a major trend towards subspecialization, despite its recognized values, became a concern to the specialty. Fragmentation through many subspecialty areas has been feared because of the possible future destruction of the corpus or core of plastic surgery. Facing the challenges of subspecialization in surgery of the hand, and the external pressures brought about by other specialties in medicine, the entire specialty emphasized in 1990 that such areas as cosmetic surgery, craniomaxillofacial surgery and microsurgery were core parts of the specialty and should not be divided into formally recognized subspecialty areas with certification. However, because of many external pressures, and following the principle that subspecialization needed recognition in the specialty while preserving the integrity of its core, a landmark retreat by the Board in 1999 addressed this issue.

The most important decision of the retreat was the establishment of Advisory Councils to the Board. The councils represent the major subspecialty areas in plastic surgery including hand surgery, cosmetic surgery, craniomaxillofacial surgery and the comprehensive practice of plastic surgery. Since 2000 the Advisory Councils have proved to be invaluable to the structure and function of the Board and the support of its mission. Particularly important were the contributions of the council members to the development of the MOC program and the modifications to the program and the examinations over the past 15 years. They have also served an essential role in the development of future directors for the Board. Facing the subspecialization issue by incorporating subspecialty interests within the core mission of the Board has prevented fragmentation and the potential future dissolution of the specialty.

And, finally, the most controversial, most time-consuming, and potentially most effective achievement:

1. The Development of Maintenance of Certification (MOC).

MOC is obviously not a four letter word, but a serious attempt to carry the mission of the Board through the lifetime practice of the diplomate. Dr. Thorne’s report on page 1 in this Newsletter is devoted to questions about the MOC program, and the Board’s efforts to face the responsibility of assuring the public that our diplomates are upholding the values of professionalism and are dedicated to continuing education, self-evaluation and practice improvement. After many years of delay compared to other specialties, the Board decided that mandatory recertification was necessary, and the first time limited certificates were issued in 1995, requiring recertification within a 10 year period. Because of the delay in establishing recertification compared to other specialties, an opportunity existed for ABPS to base its recertification program on the knowledge that MOC, which began development in 2000 was inevitable. Accordingly, the ABPS recertification program was based on the four parts of MOC.

ABPS CONSUMER SEARCH - “IS YOUR SURGEON CERTIFIED?”

The Board’s website www.abplsurg.org offers the ability for consumers to search for board certified plastic surgeons. The surgeon’s certification status, dates of initial certification, and maintenance of certification, and status of whether a surgeon is current or not current with MOC requirements is provided. Lifetime Certificate Holders have a listing in the MOC-P® Participation Column only if voluntarily participating, otherwise that column remains blank. There are approximately 196 Lifetime Certificate Holders currently enrolled in MOC-P®.

Web searches increase each year with an average of 51,968 per year. ABMS also verifies certification at www.certificationmatters.org.

ETHICS CURRICULUM

The Board, the American Council of Academic Plastic Surgeons (ACAPS) and the Plastic Surgery Education Network (PSEN) at ASPS developed an Ethics Curriculum which was published on PSEN on July 1st.
The American Board of Plastic Surgery, Inc. extends sincere appreciation to the following Directors for their dedicated service to the Board:

Special Recognition

Michael L. Bentz, M.D. ........................................ 2007-2014
Madison, WI
Officer of the Board:
Chair 2013-2014, Chair-Elect 2012-2013, Vice-Chair 2011-2012
Committees:
Oral Examination Chair, Credentials and Requirements, Ethics Chair, Maintenance of Certification (MOC-P®), Executive Committee, Budget and Finance, Comprehensive Advisory Council, Representative to Residency Review Committee for Plastic Surgery (RRC-PS)

Kevin C. Chung, M.D. ........................................ 2008-2014
Ann Arbor, MI
Officer of the Board:
Secretary-Treasurer 2012-2014
Committees:
Oral Examination, Maintenance of Certification (MOC-P®), Budget and Finance, Chair, Hand Surgery (SOTH), Hand Surgery Advisory Council Chair, Hand Surgery Consultant, Representative to the American Board of Surgery (ABS), ABS Representative to the Joint Committee of Surgery of the Hand (JCSOTH), Representative to the Residency Review Committee for Plastic Surgery (RRC-PS)

Arun K. Gosain, M.D. ........................................ 2008-2014
Chicago, IL
By-Laws and Publications, Written Examination, Maintenance of Certification (MOC-P®), PSWPHN, Craniofacial and Maxillofacial Surgery Advisory Council Chair, Advisory Council for Plastic and Maxillofacial Surgery, Representative to the Residency Review Committee for Plastic Surgery (RRC-PS)

Janice Savin-Williams ........................................ 2008-2014
New York, NY • Public Member of the Board
Committees:
Ethics, Budget and Finance, Credentials and Requirements

Thomas A. Shannon, Ph.D. ................................. 2008-2014
Eagles Mere, PA • Public Member of the Board
Committees:
Ethics, Oral Examination, Maintenance of Certification (MOC-P®), By-Laws and Publications

Thank you to Our Diplomates

The Board is very indebted to our diplomates. With your support in volunteerism, in financial contributions, and in valuing the certification and maintenance of certification processes, we have strength and pride as the family of plastic surgery. We are indeed a unique group with a bright future, thanks to you.

In Recognition

The American Board of Plastic Surgery, Inc. gratefully acknowledges the contributions and commitment of those plastic surgeons who served as Item Writers for the Written Examination and Hand Examination and those who served as Examiners and Evaluators for the Oral Examination.

2015 WRITTEN EXAMINATION
ITEM WRITERS
Nominees and/or Advisory Council Members
Al S. Aly
David L. Brown
Steven R. Buchman
Charles E. Butler
Grant W. Carlson
Benjamin Chang
Matthew J. Concannon
Lisa R. David
Gregory A. Dumanian
William W. Dzwierzynski
Felmont F. Eaves, III
Jeffrey D. Friedman
Scott B. Glasberg
James C. Grotting
Geoffrey C. Gurthner
Karlo A. Gutowski
James P. Higgins
C. Scott Hultman
Jeffrey E. Janis
Loree K. Kallinaen
William J. Kitzmiller
Kant Y. K. Lin
Joan E. Lipa
Steven L. Moran
Delora L. Mount
Robert X. Murphy, Jr.
Deepak Narayan
Scott N. Oishi
Neal R. Reisman
David H. Song
Peter J. Taub
Anne Taylor
Henry C. Vasconez
Jack C. Yu

2015 ORAL EXAMINATION EXAMINERS AND EVALUATORS
Amy K. Alderman
Stephan Baker
Stephen P. Beals
Michael L. Bentz
Steven C. Bonawitz
John B. Boyd
James P. Bradley
Keith E. Brandt
Steven R. Buchman
Charles E. Butler
Grant W. Carlson
Paul S. Cederna
Benjamin Chang
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Jerome D. Chao
Kevin C. Chung
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Lorne K. Rosenfield
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Warren V. Schubert
Joseph M. Serletti

VISIT www.abplsurg.org
Candidates are not permitted to advertise any status with the Board until certification is achieved. This includes use of the terms board qualified, board eligible or board admissible. Senior partners and practice managers should check all advertising with new physicians in the practice. The Board reaffirmed this policy in November 2012 and defers candidates in the examination process for one year for misstatements, however inadvertent, of board status. Candidates are responsible for misleading advertising, no matter how inadvertently placed.

The Board welcomes its diplomates to report any false, misleading or deceptive advertising to the Board Office. For example, use of the Board’s trademarked logo on a website. Refer to the Board’s logo notice.

THE BOARD’S TRADEMARKED LOGO – Not permitted for use

The use of the Board’s Logo is exclusive for business of the Board only and is not permitted for any other purpose. Diplomates should remove this logo from all practice websites and materials. Please notify your web vendor. The Board appreciates the cooperation of all diplomates.

THE ABMS STARMARK LOGO

The American Board of Medical Specialties (ABMS) Starmark® logo is allowed for use by each diplomate who participates in the MOC® program. A sample of the Starmark® logo is below. The Board encourages those who qualify to use the logo on public communications such as letterhead, web sites, etc. Logo files are available for download once MOC requirements are met each calendar year.

RENEWAL CERTIFICATES

Renewal certificates are mailed December 1st of the expiration year rather than at the completion of the MOC® examination. All MOC® requirements must be met for diplomates to receive a new certificate. Look for frequent e-mail reminders regarding outstanding requirements. As of 2014, the original certification dates will be included on all MOC certificates.

Congratulations!
ELECTED TO SERVE ON THE BOARD FROM 2014 - 2019

The Board welcomes the following New Directors elected in May 2014 in Philadelphia, Pennsylvania

- **Lawrence B. Colen, M.D.**
  - Medical School: Dartmouth Medical School
  - General Surgery Residency: University of California, San Francisco
  - Plastic Surgery Residency: University of California, San Francisco
  - Fellowship: Microsurgery and Hand, Harry J. Buncke M.D.
  - Current Academic Appointment: Professor of Surgery (Plastic & Reconstructive) Eastern Virginia Medical School
  - Administrative Titles: Immediate Past President, Sentara Hospitals-Norfolk Medical Staff and private practice - Norfolk Plastic Surgery
  - Board Certification: Director, American Society of Plastic Surgeons (2009-2012), Director, Physicians for Peace (2010-present)

- **James C. Grotting, M.D.**
  - Medical School: University of Minnesota Medical School
  - General Surgery Residency: University of Washington Affiliated Hospitals, Seattle, WA
  - Plastic Surgery Residency: University of California, San Francisco
  - Fellowship: Clinical Professor, Plastic Surgery, University of Alabama at Birmingham, Clinical Adjunct Professor, Plastic Surgery, University of Wisconsin, Madison, WI
  - Current Academic Appointment: Private Practice, and Fellowship Director, Aesthetic and Breast Surgery, Grotting and Cohn Plastic Surgery, Birmingham, AL

- **Mary Jo Iozzo, Ph.D.**
  - Medical School: University of Pennsylvania Medical School
  - General Surgery Residency: Dartmouth Medical Center
  - Plastic Surgery Residency: The Ohio State University
  - Fellowship: Reconstructive Microsurgery, Tulane University
  - Current Academic Appointment: Professor of Plastic Surgery, Department of Plastic Surgery, The Ohio State University Wexner Medical Center
  - Administrative Titles: Chair of Plastic Surgery, Department of Plastic Surgery, The Ohio State University Wexner Medical Center
  - Leadership and Editorial Positions: General and Plastic Surgery Devices Advisory Committee, FDA and Senior Editor, Reconstructive Surgical Oncology, Annals of Surgical Oncology
  - Board Certification: Diplomate, American Board of Plastic Surgery 1993 and MOC® 2010

- **Michael J. Miller, M.D.**
  - Medical School: University of Massachusetts Medical School
  - General Surgery Residency: Berkshire Medical Center
  - Plastic Surgery Residency: The Ohio State University
  - Fellowship: Reconstructive Microsurgery, Tulane University
  - Current Academic Appointment: Professor of Plastic Surgery, Department of Plastic Surgery, The Ohio State University Wexner Medical Center
  - Administrative Titles: Chair of Plastic Surgery, Department of Plastic Surgery, The Ohio State University Wexner Medical Center
  - Leadership and Editorial Positions: General and Plastic Surgery Devices Advisory Committee, FDA and Senior Editor, Reconstructive Surgical Oncology, Annals of Surgical Oncology
  - Board Certification: Diplomate, American Board of Plastic Surgery 1993 and MOC® 2010

- **David B. Sarwer, Ph.D.**
  - Medical School: Loyola University Chicago
  - General Surgery Residency: University of California, San Francisco
  - Plastic Surgery Residency: University of California, San Francisco
  - Fellowship: Microsurgery and Hand, Harry J. Buncke M.D.
  - Current Academic Appointment: Professor of Surgery (Plastic & Reconstructive) Loyola University Chicago
  - Administrative Titles: Clinically, Dr. Sarwer provides psychotherapeutic treatment to persons who have body dysmorphic disorder or other appearance concerns. 1995-present, Consultant to the Edwin Fannie Gray Hall Center for Human Appearance at the University of Pennsylvania Medical Center and where he conducts research on the psychological aspects of physical appearance.
TO OUR NEW BOARD DIPLOMATES

The American Board of Plastic Surgery, Inc. certified 158 diplomates in November 2014. To date the Board has certified 8,679 plastic surgeons. Those certified in 2014 are:

Oluwaseun Adelanke Adetayo
Faisal Mufarrej AlMufarrej
Jonathan Curtis Amspacher
Alexander David Anzarut
Diana Lynette Aviles Castillo
Karim Bakri
Michael Joseph Bass
Evan Wareing Beale
Emily Hannah Beers
Christopher Scott Beller
Kirit Arvind Bhatt
Christie Mae Bialowas
Keith Michael Bleichman
Brian Paul Bradow
John Patrick Brosious
Donald William Buck, II
Jason Lee Buseman
Christopher Alexander Campbell
Anthony Emil Capito
Daniel Eduardo Careaga
Adam Daniel Cash
Michael Paul Cash
Johnny Tzer-ren Chang
Chuma Jidefo Chike-Obi
Gyu Sang Chin
Matthew Choi
Thomas Lawrence Chung
Nicholas Wayne Clavin
John Larsen Clayton
Patrick Duffy Combs
Joseph Rudet Coscia
Benjamin Joseph Cousins, III
Ovidiu Gratian Cristea
Jarrod Ryan Daniel
Payman Joseph Danielpour
Augusto Santos DaSilva
Gabriel Alfonso Del Corral
Jordan Christopher
Dechamps-Braly
Lara L DeVgan
Brian Peter Dickinson
Lawrence Bradford Draper
Steven Alexander Earle
Frederick Ngomba Eko
Marco Fredrick Ellis
Jordan Phillip Forkas
John Gregory Fernandez
Orna Fisher
Theodore Thomas Foley
Joshua Fosnot
Michael Thomas Friel
Joubin Solomon Gabbay
Charles John Galanis
Barbu Razvan Gociman
Jesse Aaron Goldstein
Alexander Jacob Gougoutas
David Anthony Graham
Katharine Roxanne Grawe
Sara Marie Guerra
Tolga Gursel
Ivan Hadad
Summer Elizabeth Hanson
Victor Joseph Hassid
Jason Thomas Hedrick
Douglas Laurence Helm
Cathy Renee Henry
Fernando Antonio Herrera, Jr.
Fawn Sun Hogan
Luther Hamilton Holton, III
Andrew Hua-Hu Huang
Bradley Alan Hubbard
Franziska Huettner
Tarik Muhammad Husain
Wright Antonio Jones
Justin Thomas Kane
Jonathan David Keith
Farah Naz Khan
Kelly Lynne Killeen
Esther Athyong Kim
Melissa Rae Kinder
Christopher Dale Knotts
Aaron Michael Kosins
Anita R. Kulikarni
Mauricio Kuri
Theodorus Jonathan Kurkjian
Matthew David Kwan
Michael Thomas Lake
Jeffrey David Larson
John Christian Layke
Edward Ilho Lee
Justine Chia Lee
Michael Robert Lee
Andre Yuan Levesque
Steven Michael Levine
David Matthew Light
Benjamin Liliav
Luis Humberto Macias
Keshav Tandav Magge
Milorad Marjanovic
Derik Ivan Marrero
Derek Lee Masden
Marissa Rae Matarrese
Aisha Jenelle McKnight-Baron
Neil Robert McMullin
Benjamin Monson
Victor Andrews Moon
Benjamin Lee Moosavi
Amir Raza Nasir
Sheila Sharon Nazarian Mobin
Keith Charles Neaman
Marlyn Quynh Nguyen
Shelley Suzanne Noland
Karoline Stephanie Nowillo
Joshua Robert Olson
Adam Jeremy Oppenheimer
Eamon Boyce O'Reilly
Shwetambara Parakh
Dong Jun John Park
Parit Arun Patel
Anthony Perrone
Troy Allen Pittman
Sing-Wing Poon
Aravind Pothula
Samir Satish Rao
Dino Joseph Ravnic
Todd Alan Richards
Ashley Brooke Robey
Carolyn Ruth Rogers-Vizena
Salem Samra
Marc Anthony Sarica
Patrick John Schaner
Daniel Benjamin Schmid
Mark Bernhardt Schoemann
Warren Patrick Schutte
Marc Anthony Serret
Christopher Magnin Shale
Alison Shore
Oliver Pope Simmons
James Alan Slaby
Adam Bryant Smith
Ali M. Soltani
Ahmed Sirageldin Suliman
Kenneth Toshio Sumida
Manoucher Lance Tavana
Nathan Samuel Taylor
Michael James Terry
James Elliott Tidwell, III
Jason Daniel Toranto
Jason Patrick Ulm
Michael Martin Van Vliet
Christian John Vercler
Galen Samuel Wachtman
Theresa You-Hui Wang
Gila R. Weinstein
Mary Johanna Dailey Wright
George Dimitrios Xipoles
Jonathan Christian Yang
Siranush Sara Yegiyants
Levi James Young

2015 Oral Examiners and Evaluators - Continued from Page 7

Michele A. Shermak
Randolph Shermak
Joseph H. Shin
Aamir Siddiqui
Sheri Slezak
David J. Smith, Jr.
David H. Song
Rajiv Sood
Thomas R. Stevenson
James M. Stuzin
Anne Taylor
Charles H. M. Thorne
Anthony P. Tufaro
Gary A. Tuma
Henry C. Vasconez
Luis O. Vasconez
Nicholas B. Vedder
Charles N. Verheyden
Dale Collins Vidal
Aron Wahrman
Paul R. Weiss
Mark D. Wells
Bradon J. Wilhelm
William A. Wooden
Michael R. Zenn
James E. Zins
### Written Examination

#### Written Examination Passing Rates 2004-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Takers</th>
<th>Fail</th>
<th>% Fail</th>
<th>Pass</th>
<th>% Pass</th>
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<td>242</td>
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<td>195</td>
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<tr>
<td>2007</td>
<td>235</td>
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<td>19.6%</td>
<td>189</td>
<td>80.4%</td>
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<tr>
<td>2008</td>
<td>251</td>
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<td>82.5%</td>
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<tr>
<td>2009</td>
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<td>204</td>
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<tr>
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<tr>
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<tr>
<td>2013</td>
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<tr>
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### Oral Examination

#### Oral Examination Passing Rates 2004-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Takers</th>
<th>Fail</th>
<th>% Fail</th>
<th>Pass</th>
<th>% Pass</th>
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<tr>
<td>2006</td>
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<tr>
<td>2007</td>
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<td>78.1%</td>
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<tr>
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<td>19.6%</td>
<td>176</td>
<td>80.4%</td>
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<tr>
<td>2012</td>
<td>234</td>
<td>52</td>
<td>22.2%</td>
<td>182</td>
<td>77.8%</td>
</tr>
<tr>
<td>2013</td>
<td>248</td>
<td>28</td>
<td>11.3%</td>
<td>229</td>
<td>88.7%</td>
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<tr>
<td>2014</td>
<td>195</td>
<td>37</td>
<td>19.0%</td>
<td>158</td>
<td>81.0%</td>
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</tbody>
</table>

### MOC-PS® Program Examination 2004-2014

#### MOC-PS® Tracer Procedures 2008-2014

<table>
<thead>
<tr>
<th>Tracer Procedure</th>
<th>Tracer Completion</th>
<th>% Total</th>
<th># Tracer Cases</th>
<th>Module</th>
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<tbody>
<tr>
<td>Primary Augmentation Mammaplasty</td>
<td>1674</td>
<td>27.26</td>
<td>16,740</td>
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<tr>
<td>Reduction Mammaplasty</td>
<td>1399</td>
<td>22.79</td>
<td>13,990</td>
<td>Comprehensive</td>
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<tr>
<td>Carpal Tunnel Syndrome</td>
<td>564</td>
<td>9.19</td>
<td>5,640</td>
<td>Hand</td>
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<tr>
<td>Breast Reconstruction*</td>
<td>652*</td>
<td>10.61</td>
<td>6,520</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Autologous Breast Reconstruction Primary - Immediate or Delayed*</td>
<td>Included Above*</td>
<td>0.54</td>
<td>0</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Breast Reconstruction (Primary) Expander/Implant*</td>
<td>Included Above*</td>
<td>0.54</td>
<td>0</td>
<td>Comprehensive</td>
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<tr>
<td>Abdominoplasty</td>
<td>33</td>
<td>7.96</td>
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<tr>
<td>Facial Skin Malignancy</td>
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<tr>
<td>Face Lift</td>
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<tr>
<td>Cleft Palate (Primary)</td>
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<td>Blepharoplasty</td>
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<td>Lower Extremity Acute Trauma</td>
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<td>Metacarpal Fracture</td>
<td>51</td>
<td>0.83</td>
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<tr>
<td>Non-Syndromal Craniosynostosis</td>
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<td>0.81</td>
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<td>Pressure Sores</td>
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<td>0.80</td>
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<tr>
<td>Flexor Tendon Laceration</td>
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<td>Carpopedalibrachial Joint Arthroplasty</td>
<td>27</td>
<td>0.44</td>
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<td>Zygapophyseal Orbital Fractures</td>
<td>25</td>
<td>0.41</td>
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<td>CMF</td>
</tr>
<tr>
<td>Wound Management - Including Burns</td>
<td>15</td>
<td>0.24</td>
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<tr>
<td>Dupuytrens Disease</td>
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<td>0.18</td>
<td>11</td>
<td>Hand</td>
</tr>
<tr>
<td>Unilateral Cleft Lip Repair</td>
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<td>0.18</td>
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<tr>
<td>Secondary Cleft nasal Deformity</td>
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<tr>
<td>Rhinoplasty</td>
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<tr>
<td>Mandible Fractures</td>
<td>3</td>
<td>0.05*</td>
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Total All Tracers | 6140 | 100 | 56,590 |
EXAMINATION STATISTICS (continued)

Initial Certification in the Subspecialty of Surgery of the Hand - SOTH

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TAKERS</th>
<th>FAIL</th>
<th>%FAIL</th>
<th>PASS</th>
<th>%Pass</th>
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<tbody>
<tr>
<td>2004</td>
<td>18</td>
<td>3</td>
<td>16.7%</td>
<td>15</td>
<td>83.3%</td>
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<tr>
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</tr>
<tr>
<td>2006</td>
<td>11</td>
<td>1</td>
<td>9.1%</td>
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<tr>
<td>2007</td>
<td>8</td>
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<td>5</td>
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<tr>
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<td>5.3%</td>
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<tr>
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<td>77.3%</td>
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<tr>
<td>2011</td>
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<td>5</td>
<td>20.0%</td>
<td>20</td>
<td>80.0%</td>
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<tr>
<td>2012</td>
<td>28</td>
<td>3</td>
<td>17.9%</td>
<td>23</td>
<td>82.1%</td>
</tr>
<tr>
<td>2013</td>
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<tr>
<td>2014</td>
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<td>87.9%</td>
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</table>

Recertification in the Subspecialty of Surgery of the Hand - SOTH

<table>
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<tr>
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<th>%FAIL</th>
<th>PASS</th>
<th>%Pass</th>
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</thead>
<tbody>
<tr>
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<td>9</td>
<td>20.5%</td>
<td>35</td>
<td>79.5%</td>
</tr>
<tr>
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<td>40.9%</td>
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<td>59.1%</td>
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<tr>
<td>2006</td>
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<td>79.2%</td>
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<tr>
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<tr>
<td>2014</td>
<td>34</td>
<td>6</td>
<td>17.6%</td>
<td>28</td>
<td>82.4%</td>
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</table>

Diplomates Certified Over 10 Years

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<th>%FAIL</th>
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<th>%Pass</th>
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<tbody>
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<td>2014</td>
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</tbody>
</table>

2015 EXAMINATION DATES & LOCATIONS

Maintenance of Certification in Plastic Surgery (MOC-PS) Examination
April 1, 2015 through April 30, 2015 - Computer Based Test at Prometric Test Centers throughout the United States and Canada

Hand Surgery Examination and Hand Surgery Recertification Examination
September 9, 2015, Wednesday – Initial Hand Surgery Examination
September 9, 2015 through September 22, 2015 - Hand Surgery Recertification Examination Computer Based Test at Prometric Test Centers throughout the United States and Canada

Written Examination
October 13, 2015, Tuesday - Computer Based Test at Prometric Test Centers throughout the United States and Canada.

Oral Examination
November 12, 13, 14, 2015, Thursday, Friday and Saturday in Phoenix, Arizona

Errata: In the 2014 Newsletter the SOTH failure rate for the 2012 examination was incorrectly reported as 10.7%. The correct failure rate is 17.9%.

VISIT www.abplsurg.org
TO OUR DIPLOMATES WHO SUCCESSFULLY COMPLETED THE
MOC-PS® COGNITIVE EXAMINATION

In April 2014 the following 264 diplomates successfully completed the MOC-PS® cognitive examination. In addition, *16 diplomates used the Surgery of the Hand Examination or Surgery of the Hand Recertification Examination (SOTH) to complete the process. To date, 2,343 diplomates have completed the MOC exam process including 121 via SOTH.

Cognitive Examination - Continues on Page 13
**CONGRATULATIONS**

To Our Diplomates who were Certified or Recertified in the Subspecialty of Surgery of the Hand (SOTH)

In 2014, The American Board of Plastic Surgery, Inc. certified 29 diplomates in SOTH and recertified 28 diplomates in SOTH. To date, the Board has certified 700 diplomates and has recertified 386 diplomates in Hand Surgery.

<table>
<thead>
<tr>
<th>DIPLOMATES CERTIFIED IN HAND SURGERY IN 2014</th>
<th>DIPLOMATES RECERTIFIED IN HAND SURGERY IN 2014</th>
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<tr>
<td>Richard James Redett, III</td>
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<td>Gloria Francs Rogers*</td>
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<td>Jerry Alan Rubin*</td>
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<td>John Francis Zavell</td>
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<td>Thomas Edward Zewert</td>
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</tbody>
</table>

**VISIT** www.abplsurg.org
### 2015 POTENTIAL ORAL EXAMINATION CANDIDATES

The following physicians are candidates potentially admissible to the 2015 Oral Examination. The Board will review comments regarding the suitability of any candidate for certification. Please direct written comments on official letterhead, signed and received in the Board Office by April 1, 2015. If you are aware of a potential candidate omitted from this list, please e-mail to oral@abplsurg.org.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<th>Name</th>
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<tr>
<td>Brenon Lee Abernathie</td>
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2015 POTENTIAL ORAL EXAMINATION CANDIDATES (continued from page 14)

Rafael Gerardo Magana
Herbert Stephen Maguire
Janae Lynn Maher
Edward Walter Malin, IV
Benjamin Alden Mandel
Brandon-Dzung Tien-Duc Mang
Jason James Marengo
Michael Dean Marion
Mark Khajag Markarian
Garry Michael Martin, ll
Mark Colin Martin
Matthew Daniel Martin
Jorys Martinez Jorge
Glykeria Martou
Michael Evans McClure
Cindy Marie McCord
Jarred Michael McDaniel
John Allen McFate
Bryan Charles McIntosh
Miguel Angel Medina, III
Ankur Kishor Mehta
Duncan Alexander Goodwin Miles
Ryan Taylor Marshall Mitchell
Brent Richard Moister
Rolando Morales, Jr.
Clinton Strauss Morrison
Timothy Scott Mountcastle
Carlos Andres Murillo
Jill Marie Murphy
Patrick Shawn Murphy
Meghan Hennessey Nadeau
Theodore William Nagel
Jane Namkung
Kailash Narasimhan
Rahim Shiraz Nazeri
Robert Guy Neumann
Hoang Minh Lawrence Nguyen
Luan Nghi Nguyen
Son Xuan Nguyen
Trang Quynh Nguyen
Michael Carl Nicoson
Jared Christian Nimtz
Mostafa M. Noury, Jr.
Matthew Jordan Nykiel
Elizabeth Amy O’Connor
Milcent Odunze
Christopher John Pannucci
Paul Warner Papillion
Brian Juel Parker
Joseph William Parks, IV
Craig Joseph Pastor
Ketan Mukund Patel
Niyant Virendra Patel
Lauren Marie Patrick
Martin Theodore Paukert
Stephanie Lee Peng
Helen Peralis
Maxim Pekarev
Ronald Steven Perlman
Michael Robert Pharaon
Benjamin Zachary Phillips
Emile Anthony Picarella
Paul Michael Pierce
David Michael Plank
Elisabeth House Potter
Jason Michael Prigozen
Adrian Mariusz Przybyla
Karina Laura Quinn
Smita Rao Ramanadham
Gangadasu E. C. V. Sagar Reddy
Richard Garett Reish
Matthew James Reiss
Jeffrey Ryan Rice
Bryson Gibbs Richards
Jose Rafael Rodriguez-Feliz
Elise Marie Roe
Jason Roostaeian
Forrest Sussman Roth
Steven Joel Rottman
Michael Colin Rymer
Salim Charles Saba
Karim Walid Sadik
Sumita Saha
Frederick Cortney Sailes
Rafael Emerick Salas
George Emmanuel Salib
Lars Johan Marcus Sandberg
Jeremy Drew Sanderson
Shawkat Sati
Erika Aki Sato
Thomas Satterwhite
Abeer Mohamad Walid Sawwaf
Syed Mujahid Sayeed
William Frederick Schleicher
Lisa Frances Schneider
Hans Jonathan Serleth
Mitchel Seruya
Kyle Kit Shaddix
Darshan Ravindra Shah
Thomas Oswald Shannon
Anil Kolkebail Rajeeva Shetty
Pak Ho Samuel Shih
Brian Michael Showalter
Sachin Mahavir Shridharani
Aleksandr Shteynberg
Hani Hashem Sinno
Magdalena Soldanska
Angela Yunyoung Song
Charles Derrick Spikes
Jack Baker Stephenson, IV
Julia Catherine Stevenson
Tyler Clayton Street
Rachel Elizabeth-Simmons Streu
Jessica Sommer Suber
Ian Richard Sunderland
Scott David Swanson
Maakan Taghizadeh
Goretti Taghva
Youssef Tahiri Hassani
John Ray Talley
David Madison Tauber
Edward Teng
Oren Tessler
Winnie Mao Yi Tong
Julia Marie Toto
Tsung-Lin Roger Tsai
John Paul Tutela
Cristiane Mayumi Ueno
Prashant Kudigram Upadhayya
Sybile Val
Haritha Bodduluri Veeramachaneni
Nicholas Vendemia
Raj Mahesh Vyas
William Bryant Walker
Jules Andrew Walters, III
Kelli Nicole Webb
Tonja Ielene Palauro Weed
Cindy Hsin-yao Wei
Katie Elizabeth Weichman
Tormod Schumacher Westvik
Kanye Willis
Eric Geoffrey Wimmers
Keith Garret Wolter
Nancy Wong
Ryan Keith Wong
Benjamin Chadwick Wood
Jeyhan Suzan Wood
Cindy Wu
Kristen Shui-chun Yee
Deborah Yu

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MAINTENANCE OF CERTIFICATION (MOC-PS®) PROGRAM

The Board Office will send mailings and e-mail notifications to the applicable diplomates prior to any deadlines. Be sure that your e-mail address is updated in the “My Profile” tab available once logged in to the Board’s website. E-mail staff@abplsurg.org if you did not receive your MOC information for 2015-2016.

Diplomates should log in to the Board’s website to review their individual MOC-PS® Tracking page to ensure they are current with requirements to maintain certification. The tracking page outlines MOC-PS® requirements by year and lists deadline dates, status and completion dates.

Once the MOC-PS® requirements are met in any calendar year, the following documents are available to download:

• Confirmation of Participation letter;
• Certificate verifying the MOC-PS® requirements have been met; and
• The ABMS MOC Starmark logo. Diplomates are encouraged to use this logo on their website, letterhead, advertisements and business cards.

American Board of Plastic Surgery
ABMS Maintenance of Certification

Review the general timeline below for an outline of requirements within the 10 year MOC cycle:

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<th>10 YEAR CYCLE:</th>
<th>MOC-PS® Annual Contribution required each year</th>
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<td>STEP 2: Professional Standing Update including CME report(s), medical license, hospital privileges, outpatient facility accreditation, advertising material, society membership and peer evaluations.</td>
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<tr>
<td>YEAR 6</td>
<td>STEPS 1 &amp; 2: PA-PS Module &amp; Professional Standing</td>
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<td>YEAR 7, 8 OR 9</td>
<td>Examination Application</td>
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<td>YEAR 9</td>
<td>STEPS 1 &amp; 2: PA-PS Module and Professional Standing</td>
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<td>YEAR 8, 9 OR 10</td>
<td>MOC-PS® Computer Based Test (CBT)</td>
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<td>YEAR 10</td>
<td>MOC-PS® Certificates mailed to those who successfully completed the 10 year cycle</td>
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The MOC exam study guide offered by the Plastic Surgery Education Network (PSEN) is an excellent reference for exam preparation, www.pсенetwork.org.

This Year for MOC-PS®

2015 Examination
Diplomates taking the April 2015 MOC-PS® Examination, with approved applications and reply forms on file, will receive scheduling permits by February 27th. The Computer Based Test (CBT) will be administered throughout the month of April at Prometric® Test Centers in the U.S. and Canada.

The American Medical Association (AMA) Physician Recognition Awards Program provides 60 Category I CME credits for the successful completion of initial certification, maintenance of certification and hand surgery examinations. Contact the AMA at www.ama-assn.org for details.

2016 Exam Application
Diplomates originally certified in 2006, 2007 or 2008 are eligible to submit the on-line Application for the April 2016 MOC-PS® Examination. The Application must be finalized by September 1, 2015. Lifetime Certificate holders are welcome to apply! NOTE: The six month clinical case log requirement has been eliminated.

2015 Activities – Practice Assessment Module & Professional Standing Update
Diplomates originally certified in 1996, 1999, 2002, 2006, 2009 or 2012 and lifetime certificate holders who voluntarily entered the MOC program in 2006, 2009 or 2012 are required to finalize the MOC-PS® Activities by December 1, 2015. Diplomates are encouraged to repeat the same tracer for two sequential (three year) cycles in order to provide a full self-assessment and learning experience for practice improvement. Diplomates will have the ability to access their historical tracer data for comparison purposes and to evaluate improvement between cycles.

After two cycles of the same procedure, selection of a different tracer procedure is recommended to optimize other areas of practice.

NOTE: Four new tracer procedures were added in 2014. Breast reconstruction has been divided into two tracers for a better practice assessment experience.

Change of Address to the ABMS
Update your listing in the ABMS Directory by faxing or mailing a notice on your stationery directly to:

The American Board of Medical Specialties (ABMS)
353 North Clark Street, Suite 1400
Chicago, IL  60654
Attention: Database Department
Phone Number: 312-436-2600
Fax Number: 312-436-2700
Website: ABMS.org

2015 Diplomate Dues and MOC-PS® Annual Contribution
Enclosed is one of two forms for reference: a 2015 Diplomate Contribution Form for Lifetime Certificate Holders or the 2015 MOC-PS® Annual Contribution Form for Time Limited Certificate Holders.

Time-limited Certificate Holders – The MOC-PS® Fee is mandatory for diplomates with time-limited certificates who are participating in the MOC-PS® Program. Log in to the Board’s website and pay by credit card. You must use your username and password. If you have not already created a username and password, your username is your six digit board number which can be found on the enclosed form. Your password is your last name (this is case sensitive, first letter should be capitalized, e.g., Smith).

Lifetime Certificate Holders – The Diplomate Contribution is requested of lifetime certificate holders who elect not to participate in the MOC-PS® Program. Credit card payment is the preferred method for submission. However, if necessary, you can complete the form and forward a check made payable to The American Board of Plastic Surgery, Inc. and return it to the Board Office by April 15, 2015.

The ongoing support of diplomates has been gratifying. Since 1999, more than half of our diplomates have responded. The income from this support has greatly assisted the Board in its operations and its mission, and has been especially helpful in defense of the standards represented by the ABPS certificate and development of web-based procedures.

REVOKED CERTIFICATES
The Board continues to review and assess diplomates who have had sanctions, revocations, etc. on state medical licenses. The Board revoked one certificate in 2014. To date, a total of 79 certificates have been revoked.

Roger Lee Gordon, M.D. - FL