The American Board of Plastic Surgery, Inc.®

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BOOKLET OF INFORMATION
July 1, 2016 - June 30, 2017

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

IMPORTANT DATES & DEADLINES

WRITTEN EXAM (WE)	COMPUTER BASED TEST (CBT)	OCTOBER 16, 2017 MONDAY
PROGRAM DIRECTORS	Confirmation of Senior Residents for Application	December 31, 2016
CANDIDATES APPROVED BEFORE 12/31/16	Reply Form available	January 2017
SENIOR RESIDENTS	Application available	February 2017
CANDIDATES APPROVED BEFORE 12/31/16	Reply Forms Due	March 3, 2017
CANDIDATES APPROVED BEFORE 12/31/16	Reply Form with Late Fee Due	March 4-10, 2017
SENIOR RESIDENTS	Applications Due	April 3, 2017
SENIOR RESIDENTS	Applications with Late Fee	April 4-8, 2017
PROGRAM DIRECTORS	Residency Graduation Recommendation for Certification Due	July 3, 2017
SENIOR RESIDENTS APPROVED	Reply Forms Due	August 3, 2017
SENIOR RESIDENTS APPROVED	Reply Forms with Late Fee	August 4-8, 2017
ALL WE CANDIDATES	Scheduling Permits Available	August 2017
ALL WE CANDIDATES	Withdrawal Deadline With Partial Refund	September 16, 2017
WRITTEN EXAMINATION	CBT Date	October 16, 2017
ALL WE CANDIDATES	WE Results Available Online	December 22, 2017
ORAL EXAM (OE) - PHOENIX, ARIZONA	PHOENIX, ARIZONA	NOVEMBER 9, 10, 11, 2017
CASE COLLECTION 7/1/16-3/31/2017	Instructions for 2017	July 1, 2016
OE CANDIDATES	Case List Collection Period	July 1, 2016-March 31, 2017
CANDIDATES	Case List with Review Fee Due	April 19, 2017
CANDIDATES	Case List with Late Fee	April 20-25, 2017
CANDIDATES	Reply Form with Notification of 5 Selected Cases Available	July 17, 2017
CANDIDATES	Final Date Notification to the Board of Insufficient Case Report Data	August 11, 2017
CANDIDATES	Reply Forms finalized	August 11, 2017
CANDIDATES	Reply Forms finalized with Late Fee Due	August 12-16, 2017
CANDIDATES	Last date to upload Case Report Documents	September 1, 2017
CANDIDATES	Withdrawal Date with Partial Refund	October 9, 2017
CANDIDATES	Hotel Reservation Deadline with Reduced Rate for Room Block	October 11, 2017
ORAL EXAMINATION	Phoenix, Arizona	November 9, 10, 11, 2017
CANDIDATES	OE Results Available	December 29, 2017
OTHER IMPORTANT DATES		
Requests for Special Consideration at the Spring/Fall Board Meeting, Documents & Fee Due from Individuals		February 1 / 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.abplasticsurgery.org

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 relative to initial certification are:

1. To establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense.
2. To conduct examinations of approved candidates who seek certification by the Board.
3. To issue certificates to those who meet the Board's requirements and pass the respective examinations.
4. To protect the independence and integrity of the Board.
5. To do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.
6. To encourage a culture of ethics within plastic surgery, beginning in residency training and extending throughout the professional career of all plastic surgeons.

The Board is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer, on any person, legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery.

Standards of certification are clearly distinct from those of licensure. Possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals, or to define who shall or shall not perform plastic surgery procedures.

Corresponding with the Board

Email is the main form of communication with residents, candidates and diplomates at info@abplasticsurgery.org Alternately, correspondence can be addressed to The American Board of Plastic Surgery, Inc., 1635 Market Street, Seven Penn Center, Suite 400, Philadelphia, PA 19103-2204.

Further information can be obtained at the following websites:

- The American Board of Plastic Surgery, Inc. (ABPS) - **www.abplasticsurgery.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.ecfmg.org**
- National Resident Matching Program - **www.nrmp.org**
- Resident and Fellowship Matching Services - **www.sfmatch.org**
- The Residency Review Committee for Plastic Surgery (RRC-PS) at the Accreditation Council for Graduate Medical Education (ACGME) - **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 (MOC-PS®) and for the Hand Subspecialty Certificate (HSC).

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.abplasticsurgery.org accessible after secure login.

- Secure login to the Board's website provides individualized current certification 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) may result in a Missing or Incomplete Items Fee.

- Incorrect submissions requiring additional processing may result in an Administrative Fee.

- Reissue of Board letters or documents may require 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.

Board Logo Use Policy: Section XII.3 of the Board's Bylaws prohibits the use of the Board's logo (corporate seal) as follows: **Diplomates of this Board or any person or entity, cannot use the corporate seal or the Board's name, "The American Board of Plastic Surgery, Inc.", or any registered trademark or service mark owned by the corporation, or any similar seal or name, for commercial purposes. The only acceptable use of the seal is by the Board itself as an entity for promotion of the programs of the Board or to advance the mission of the Board.**

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JOSEPH M. SERLETTI, M.D.
Chair-Elect

JOSEPH E. LOSEE, M.D.
Vice-Chair

JOSEPH J. DISA, M.D.
Secretary-Treasurer

KEITH E. BRANDT, M.D.
Executive Director

R. BARRETT NOONE, M.D.
Executive Director Emeritus

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Donna L. Lamb, RN, MBA, Executive Director, RRC-PS
Ex-Officio

DAVID T. J. NETSCHER, M.D.
Historian

STANDING COMMITTEES OF THE BOARD

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Oral Examination Committee
Joseph E. Losee, M.D., Chair

Maintenance of Certification in Plastic Surgery (MOC-PS®)
Program Committee
Paul S. Cederna, M.D., Chair

Hand Surgery Examination Committee (HSC)
William C. Pederson, M.D., Chair

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

Credentials and Requirements Committee
Joseph J. Disa, M.D., Chair

Ethics Committee
James C. Grotting, M.D., Chair

BOARD STAFF

Theresa M. Cullison, RN, MSN
Administrator

Hope A. Allen
Admin. Assistant/Credentialing Specialist

Maria K. D'Angelo
MOC-PS® and HSC Coordinator

Gwen A. Hanuscin
Examination and Projects Coordinator

Melissa M. Hill
Oral Examination Coordinator

Melissa A. Karch
Test Manager/Examination Editor

Carole McCurry
Examination Associate

THE BOARD'S ADVISORY COUNCIL MEMBERS

The purpose of the Board's Advisory Councils is to communicate Board activities to the major specialty society sponsoring organizations and to engage in the development of examination programs for the Board in the role of medical content experts.

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 for Hand Surgery (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

Jeffrey E. Janis, M.D. (AAPS)
Debra J. Johnson, M.D. (ABPS)
Steven L. Moran, M.D. (ASRM)
Deepak Narayan, M.D. (AAPS)
David H. Song, M.D. (ABPS), Chair

Cosmetic Surgery

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

Craniomaxillofacial Surgery

Kant Y. K. Lin, M.D. (ASCFS)
Joseph E. Losee, M.D. (ABPS), Chair
Donald R. Mackay, M.D. (ABPS)
Francis A. Papay, M.D. (ASPS)

Hand Surgery

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

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. ABPS is designated as an IRS 501c (6) non-profit organization. No part of its net earnings shall inure to the benefit of any private member, director, officer, or other individual, nor shall the Board ever declare or make to any such persons any dividend or other distribution. Nothing herein, however, shall prevent the payment of reasonable compensation for services rendered or the reimbursement of reasonable expenses incurred in connection with the Board's affairs.

Plastic surgeons certified by the Board can be located on the Board's website in addition to the website of the American Board of Medical Specialties (ABMS) and its licensees.

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 20 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 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.

Candidates may not advertise any status (including board eligible) with the Board until after successfully passing the Oral Examination. Candidates are required to submit photocopies of all advertising materials to the Board during the Oral Examination process. 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, other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Candidates must also submit selected website content, the candidate's and the practice's homepage, the candidate profile (About the Doctor) page, any page with candidate qualifications and credentials, any page that includes any Board or society emblem for the practice or the candidate and any page with references to Board Certification for the practice. Candidates should **not** include multiple procedure information pages with photos. Audiovisual ads are not required to be submitted at this time.

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, including websites of third party employers or physician advertising websites

Candidates also may **not** represent themselves as active members of the American Society of Plastic Surgeons (ASPS) by statements or use of the Society's Symbol of Excellence or that of the American Society for Aesthetic Plastic Surgery (ASAPS). The public may regard this as evidence of certification by the Board. Although the Board may not penalize a candidate for use of the Society Symbol alone, it is recommended that candidates and senior partners contact the marketing department of ASPS or ASAPS 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.abplasticsurgery.org.

General Requirements for Admissibility

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

1. The Board will accept only those candidates whose major professional activity is limited to the field of plastic surgery.

2. Candidates must maintain an ethical standing in the profession and moral status in the community acceptable to The American Board of Plastic Surgery, Inc. in conformity with the Board's Code of Ethics. 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.

OFFICIAL RESIDENT REGISTRATION/EVALUATION OF TRAINING FORM

Prospective residents for the Independent Model programs in plastic surgery **must** have this official evaluation of prerequisite training by the Board **before** beginning training in plastic surgery. Residents in the Integrated Model must complete this registration step during the first year of training (PSY1 of 6). Residents transferring into an Integrated plastic surgery residency must complete this Evaluation of Training Form and receive a confirmation letter from the Board prior to initiating plastic surgery training. **It is the responsibility of the resident to obtain this evaluation.**

The form and instruction letter should be downloaded from the Board's website. **The completed form, the non-refundable processing fee (made payable to The American Board of Plastic Surgery, Inc. in US 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 may be subject to a Missing Items Fee or an Administrative Fee.

A Board Confirmation Letter will be sent directly to the resident after review and approval of the prerequisite training registration. Please allow at least three weeks for the processing of the Resident Registration and Evaluation of Training Form and mailing of the Confirmation Letter from the Board Office.

Program Directors of accredited plastic surgery training programs **must** require prospective residents to have a letter form the Board approving each resident's prerequisite training, including residents in Integrated plastic surgery programs. For residents beginning an Independent program or for residents transferring into an Integrated program, this Evaluation of Training must be

approved by the Board prior to starting plastic surgery training. A Board Confirmation Letter should be on file for each resident.

Matching Services

The Residency and Fellowship Matching Services require 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.

The Board cannot 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.

Program Directors of Independent Plastic Surgery residency training programs must require all residents to have an official evaluation and approval of prerequisite training by the Board **before the resident begins plastic surgery training**.

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

Credentials & Requirements Committee Special Consideration

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.

WRITTEN REQUESTS FOR SPECIAL CONSIDERATION

CREDENTIALS AND REQUIREMENTS & ETHICS COMMITTEE

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

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.

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 institution. 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 either through Prerequisite Training or through experience in the 10 essential content areas in general surgery provided during Integrated Plastic Surgery programs.

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. In the **Integrated Model**, residents complete all training in the same plastic surgery program.

The combined or coordinated programs have been eliminated. No residents may enter a combined/coordinated program after July 1, 2015.

Medical students desiring to enter plastic surgery training directly after medical school must match into an **Integrated** program. Otherwise, full training in general surgery qualifying for certification by the American Board of Surgery (ABS) must be completed for entry into the Independent plastic surgery model.

PREREQUISITE TRAINING FOR THE INDEPENDENT MODEL

For those residents who entered a Coordinated Program prior to the July 1, 2015 deadline, the Board requires a **minimum of three years** of plastic surgery training in the Independent Model, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

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.

- **July 1, 2015 was the last date to enter three years of prerequisite general surgery training prior to entering an Independent Plastic Surgery program.**
- **July 1, 2018 is the last date to enter an Independent plastic surgery program with only three years of general surgery prerequisite training in the same institution.**
- **Residents entering an Independent plastic surgery residency on July 1, 2019 will be required to complete five years of general surgery residency training sufficient to qualify for certification by the American Board of Surgery (ABS).**

For those residents who complete less than five years of general surgery training but will meet the training requirements and deadlines mentioned above, documentation of the required clinical experience appropriate to plastic surgery education must be provided in the following content areas:

1. Abdominal surgery (Hepatobiliary)
2. Alimentary tract surgery (Colon and Rectal)
3. Oncologic Breast surgery
4. Emergency medicine
5. Pediatric surgery
6. Surgical critical care
7. Surgical oncology (non-breast)
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 six areas **before completion of plastic surgery training**. These clinical experiences may occur during prerequisite or requisite training, if verified, and documented by the plastic surgery program director:

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

II. Alternate Prerequisite Pathways Accepted

Residents will be approved as meeting the Board's prerequisite requirements with the satisfactory completion of a formal training program, sufficient to qualify for certification, in one of the following ABMS specialties: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, or urology.

All prerequisite training for entry into a plastic surgery residency must have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the

American Dental Association (ADA) at the time of graduation.

Prospective candidates **must** meet and comply with the most current requirements in these specialties sufficient to qualify for certification by the respective ABMS board.

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 training.

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 10 essential content areas listed in I. General Surgery, with progressive responsibility under the direction of the general surgery program director **after** obtaining the M.D. degree. **The two years** of general surgery training must be devoted only to those rotations in the **10 essential content areas** of general surgery or the six strongly suggested rotations as listed above.

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.

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.

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.

The Board Office will mail a **Verification Form** to the prerequisite training program director for completion and return to the Board Office. This step is required to obtain written primary source verification from the program director under which the resident completed prerequisite training. **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

All residents in either an **Integrated or Independent** program must complete the ABPS Resident Registration and Evaluation of Training Form available on the Board's website. Please refer to the official Resident Registration and Evaluation of Training Form section of this Booklet.

For requisite training, the Board requires a minimum of three years of plastic surgery training in an Independent Program or six years of plastic surgery training in an Integrated Program.

To be eligible for certification by the ABPS, 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

As previously noted, 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.**

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.

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

Sufficient material of a diversified nature should be available to prepare the resident to successfully complete the Board's examinations after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science - anatomy, pathology, physiology, biochemistry, and microbiology - to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthetics, and chemotherapy.

CLINICAL TIME REQUIREMENTS DURING RESIDENCY TRAINING

Leave of Absence

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. The 48 weeks per year may be averaged over the length of the training program to accommodate extended leaves of absence.** To accommodate extended leaves of absence near the end of training, the Board will accept 94 weeks of training averaged over the final two years of training in both the Integrated and Independent training pathways.

The Board does not define the remaining four weeks per year and therefore those weeks may be used for vacation, meeting attendance or medical leave as determined by the local institution and/or program.

Plastic Surgery Program Directors must contact the Board in writing, for approval of any leave of absence that extends beyond 4 weeks per year and the additional 2 weeks in the final two years of training. Written requests must include details on the total leave of absence expected and the program's plan to make up the deficit.

GRADUATE EDUCATION IN PLASTIC SURGERY

INDEPENDENT MODEL
MATCHING INTO PLASTIC SURGERY
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 Residency and Fellowship Matching Program (www.sfmatch.org) for entry into an **Independent** Plastic Surgery program.

For those residents who started a Coordinated program prior to July 1, 2015 deadline, the Board requires a **minimum of three years** of plastic surgery training, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

The independent model includes programs with three years of plastic surgery training.

July 1, 2018 will be the last date a resident may begin plastic surgery training in the same institution with less than five years of general surgery prerequisite training. Residents must have completed three years of general surgery training, any research time and any make-up time for a leave of absence **prior to July 1, 2018.** Residents beginning plastic surgery in an Independent program after July 1, 2018 must complete five years of general surgery training or full training in an alternate accepted Prerequisite pathway.

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). The Independent Model has two Prerequisite Options.

Option 1. ***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

general surgery training must be completed **before** the resident enters a plastic surgery residency.

Option 2. ***Alternate Prerequisite Pathways Accepted.*** Refer to alternate pathways listed under prerequisite training.

INTEGRATED MODEL
MATCHING DIRECTLY FROM MEDICAL SCHOOL

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.

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

The curriculum includes the essential content areas 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.

As previously outlined, The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following six areas before completion of plastic surgery training.

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.

Research Rotations during Plastic Surgery Training

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**. These research weeks can be considered as a part of the required 48 weeks of training per training year. **All training requirements must be completed for a 48-week full time residency training year.**

International Rotations during Plastic Surgery Training

For clinical international rotations during training, the Board will allow a total of 12 weeks of international rotations during a six year Integrated Plastic Surgery Residency; 6 weeks during a three year Independent Plastic Surgery Residency; and 4 weeks during a craniofacial or hand surgery fellowship.

International rotations must be approved by the Board, the Plastic Surgery Residency Review Committee (RRC) and the Institution DIO. The request for approval for the international rotation must be received in the Board Office at least 90 days before the start of the rotation. Failure to meet this deadline may result in the rotation not being accepted as part of the 48 weeks of clinical experience required per year.

The Board has worked with the Plastic Surgery RRC to establish criteria for international rotations that insure the educational component of the rotation and the safety of the resident. Interested residents are referred to the Plastic Surgery section of the ACGME website (http://www.acgme.org) for details.

TRANSFERS INTO INTEGRATED PROGRAMS

Residents **may not** exchange accredited years of training between the two different models (i.e., independent and integrated) without prior approval by the American Board of Plastic Surgery, Inc. Program Directors must request any anticipated transfers in writing and obtain prior approval by the Board well in advance of the proposed change in programs.

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

All resident transfers into a vacant position in an Integrated Program must be approved by the Program Director and The American Board of Plastic Surgery, Inc. **Only transfers** at or below the **PGY IV** level can be considered. 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 transferring resident, what level of training the resident will start at and how any deficiencies in the required rotations will be completed; and
3. Completed Resident Registration and Evaluation of Training Form, Processing Fee as listed in the Fee Schedule and photocopy of medical school diploma.

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

1. **Beginning Plastic Surgery Year, PSY I or PSY II**: residents may transfer after completion of PGY I year in a surgical residency with the status of ACGME accreditation (not pre-accredited). Approved surgical residencies include: General Surgery Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery or Urology or another ACGME accredited integrated plastic surgery residency program.
2. **Beginning Plastic Surgery Year, PSY III**: residents may transfer only if they have completed at least two progressive years of an approved surgical residency as listed in #1 above or another ACGME accredited integrated plastic surgery residency program.
3. **Beginning Plastic Surgery Year, PSY IV**: residents may transfer **only** if they have completed full training sufficient to qualify for certification in one of the ACGME accredited surgical residencies listed in #1 above. Transfers from one Integrated program to another are not allowed after the PSY III year.
4. **No transfers will be accepted after the beginning of plastic surgery PSY 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 (www.ama-assn.org) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The website of the Accreditation Council for Graduate Medical Education (www.acgme.org) also lists approved plastic surgery training programs.

The Board does not review or approve residencies. The ACGME Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against accreditation of residency training programs in plastic surgery. 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 either the National Resident Matching Program (NRMP), www.nrmp.org or the Plastic Surgery Residency and Fellowship Matching Services. For information, contact the San Francisco (Plastic Surgery) Match Program, 655 Beach St., San Francisco, California 94109; (415) 447-0350; www.sfmatch.org.

RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA

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

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

To meet the requirements for admissibility to the Examination and Certification process of the American Board of Plastic Surgery, the following provisos and documentation must be completed:

1. The plastic surgery resident 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 must have transferred into a PSY-I position in a Canadian Independent 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, full and unrestricted state, province or international 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 must be reviewed by the Board's Credentials and Requirements Committee. Additionally, they must complete the Professional Standing Requirements of the Board's Maintenance of Certification in Plastic Surgery (MOC-PS®) Program prior to being approved.

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

1. Current, valid, full and unrestricted state, province or international medical license;
2. Verification of active, hospital inpatient admitting privileges in plastic surgery;
3. 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 20 Sponsoring Organizations of the Board or regional or local societies;
5. Accreditation Certificates for Outpatient Surgical Facilities, if applicable; and
6. Residency Graduation confirmation of plastic surgery training and recommendation to the Board's examination process by the plastic surgery program director.

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 above.

American Osteopathic (AOA) Training Programs seeking ACGME Accreditation for the Single Accreditation System

Residents in Osteopathic Training programs which have received ACGME Accreditation may meet ABPS training requirements. Refer to the ACGME website for additional details regarding specific AOA training programs. ACGME advises residents of the following:

1. Programs that are AOA-approved and have matriculated residents as of July 1, 2015, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for "pre-accreditation status," through the ACGME. See www.acgme.org for details about how to apply for pre-accreditation status.
2. Programs that are AOA-approved as of July 1, 2015 with no matriculated residents as of that date, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for "pre-accreditation status."

Current ABPS policies allow graduates who hold an osteopathic degree granted in the United States or Canada by the American Osteopathic Association (AOA) to apply for posi-

tions in ACGME accredited Integrated plastic surgery training programs. Upon successful completion of the complete Integrated program the individual would be eligible to apply for the ABPS certification process.

Transfers into ACGME accredited Integrated residency training programs are allowed as listed above in **Transfer into Integrated Programs**.

Residents with osteopathic degrees may apply to Independent Plastic Surgery training programs if they have successfully completed a surgical residency in General Surgery, Vascular Surgery, Neurological Surgery, Orthopedic Surgery, Urology or Thoracic Surgery sufficient to qualify for certification by the corresponding ABMS surgical board.

WRITTEN EXAMINATION
OCTOBER 16, 2017

APPLICATION DEADLINE

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 Examination Application is **verified to the Board by the Plastic Surgery Programs in October.**

APPLICATION
FOR ADMISSION TO THE
OCTOBER 2017 WRITTEN EXAMINATION

√ The deadline date for finalization of all Applications is **April 3, 2017.**

√ A late penalty fee will automatically be applied when finalized between **April 4th up to and including April 8th.**

√ Access to the Application will not be available after April 8th 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

One of the primary purposes 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.** 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 Written Examination process, the Oral Examination case collection period and 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.

2. Candidates must have a current, valid, full and unrestricted license to practice medicine with an expiration date valid through the Written and Oral examinations. **Restrictions or sanctions to any medical license must be reported to the Board within 30 days of the restriction.** License 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. Fellowship training is included in the eight years available to complete certification. To allow reassessment of licensure, hospital privileges, CME's, etc., a reapplication is required at the end of the first five years of admissibility.

4. Candidates must adhere to the Board's Advertising Requirements, listed in the Introduction under the heading Advertising and Marketing Requirements, as well as the Code of Ethics, available on the Board's website in the About Us/ 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 because cases performed during fellowships may not be used in the Oral Examination clinical case log.

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 Written and Oral Examinations to achieve certification. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after five years of admissibility.

If the candidate fails to successfully complete both the Written and Oral Examinations by eight years after residency graduation, and the candidate still wishes to pursue certification, a RE-ENTRY process is required.

PREPARING FOR THE CERTIFICATION PROCESS

The Application Process for Senior Residents

The Board will contact all senior residents by October of their final year of training. This mailing will include a letter outlining the certification process, a timeline with important dates and the current ABPS Booklet of Information. Residents should familiarize themselves with the Booklet of Information as it contains all the necessary information to complete the certification process and deadline dates for all examination processes.

To become admissible to the first step of the Certification Process, the Written Examination, three steps are necessary. These three steps are listed below and then a more detailed explanation follows.

1. Online Application	**(submitted by resident)**
2. Residency Graduation Recommendation	**(program director)**
3. Online Reply Form	**(submitted by resident)**

Online Application

In January of the resident's final year, the Board will forward usernames and passwords that residents can use to access the Board's website. Residents should go to the Board's website and begin completing the online Application for Examination and Certification.

In addition to a completed online application the Board requires:

Written Examination Application Document Checklist

1. **Photocopy of all medical licenses (institutional or full state medical license)**
2. **Photocopy of government ID (valid driver's license or passport)**
3. **Application Fee**
4. **ECFMG Certificate (if applicable)**
5. **Non-ABPS Board certification certificate or letter of admissibility (if applicable) or letter from pre-requisite training Program Director**
6. **Royal College of Physicians and Surgeons of Canada (RCPSC) Certificate (if applicable)**

A Residency Graduation Program Director Recommendation will be submitted by the plastic surgery program director by July 3rd to complete the Application Process.

Examination of Candidates with Disabilities

Refer to the Policy on examination of candidates with disabilities. These must be identified with appropriate documentation at the time of application.

Medical Licensure

For the initial application residents must submit all current medical licenses. An Education or Institutional license will be adequate for this first step (Application). Please note that for the third step (Reply Form), candidates must hold a current, valid, full and unrestricted license to practice medicine in any state, territory, or possession of the United States, a Province of Canada or an International location. Candidates must continue to be licensed throughout the certification process.

A full state license often takes several months to obtain, so the resident should start the process immediately. If a definitive practice location has not been determined the Board suggests obtaining a license in the state of training in order to qualify for the certification process. The license requirement extends throughout the certification process even if completing a fellowship.

Candidates must upload a photocopy of the license and all renewal certificate(s), bearing an expiration date valid at the time of the examination, with the Reply Form, for all states (or Provinces) of current practice.

Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current licensure, but must provide appropriate documentation regarding their current military status.

Limits on 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. This includes years spent in fellowship training. Candidates are advised to utilize every opportunity (examination administration) to complete the certification process.

Restrictions to State Medical Licensure

It is the candidate's responsibility to report to the Board, within 30 days, all disciplinary actions to medical licenses from any and all State, Province or International Medical Licensing Boards where the candidate holds a license. The following sanctions are considered a restricted license and will delay a candidate's admissibility to the examination process:

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

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

Residency Graduation Program Director Recommendation

In June, the Board will request all plastic surgery program directors to complete an online Residency Graduation Program Director Recommendation for certification attesting to two aspects of training for all graduating residents.

1. The program director confirms 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 and that the accredited number of years included a year of senior responsibility; and

2. The program director recommends the resident for admission to the examination process of the ABPS. In making this recommendation the Program Director must approve the ethical characteristics of the resident. Any concerns must be noted and documentation supporting reservations must be included.

The Board requires each program director to finalize the Residency Graduation Program Director Recommendation for each graduating resident by July 3rd 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 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. The Residency Review Committee for Plastic Surgery (RRC-PS) or the Royal College of Physicians and Surgeons of Canada (RCPSC) will be notified.

Online Reply Form

After the Board has received a complete application by the candidate and the Residency Graduation Program Director Recommendation from the Program Director (due July 3rd), the Board will issue an Application Approval Letter (available on the Board's website under the Written Exam tab) and will also provide the candidate with an online Reply Form. The candidate must indicate the intention to take the Written Examination in 2017 by completing the online Reply Form. The following documents are required with the Reply Form submission.

WRITTEN EXAMINATION REPLY FORM
Required Documents

Documentation must be uploaded as PDF files.

1. Reply Form with completed data fields.
2. Examination Fee as listed in the Fee Schedule.
3. A current, valid, full and unrestricted medical license in the United States, Canadian Province or International location where the candidate practices. The license must bear 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 hospitals in your current practice in the U.S., Canada or Internationally.

6. Outpatient Surgery Center Accreditation Certificates or letter from the certifying body, indicating that the certification process is ongoing and in good standing, from all non-hospital outpatient surgical facilities where surgery is performed as listed on the Reply Form.

Licensure Requirements

Candidates must hold a current, valid, full and unrestricted license to practice medicine in any state, territory, or possession of the United States, a Province of Canada or an International location. Candidates must continue to be licensed throughout the certification process.

As mentioned in Restrictions to State Medical Licensure above, it is the candidate's responsibility to report to the Board, within 60 days, all disciplinary actions to medical licenses from any and all State, Province or International Medical Licensing Boards where the candidate holds a license. Any sanctions are considered a restricted license and will delay a candidate's admissibility to the examination process.

Hospital Medical Staff Privileges in Plastic Surgery

Candidates must provide appointment/reappointment letters indicating active inpatient admitting privileges in plastic surgery in a hospital throughout the examination process. This may be a U.S., Canadian Province, or International hospital where the candidate practices plastic surgery. The start and end date of staff privileges must be included in the letter. Hospital privileges must be in effect during the entire case collection period.

Hospital Privilege Checklist

All documents must be submitted as PDFs.

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 2017.
7. Note the expiration date of privileges or length of privileges granted such as "3/1/2016-3/1/2018" and be valid through the examination process.
8. Be in effect at the start of clinical surgical practice and the case collection period, through the 2018 Oral Examination.

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

Outpatient Surgery Center Accreditation Certificates

The Board requires that all procedures requiring a general anesthetic or intravenous sedation be performed in an accredited surgical facility. Candidates must provide Accreditation Certificates for all Outpatient Surgery Centers utilized during the case collection period. If the outpatient surgery center is still in the approval process, the candidate must provide a letter from the certifying body, indicating that the certification process is ongoing and in good standing, for all non-hospital outpatient surgical facilities where surgery is performed.

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.

DEADLINE FOR SENIOR RESIDENT CANDIDATES

Reply Form and Examination Fee Deadline is August 3, 2017

The Reply Form deadline for Senior Resident candidates for the Written Examination is August 3, 2017. The candidate must upload all required materials listed above to finalize the Reply Form. The Board will accept the Reply Form with the late fee only from August 4th - 8th. No Reply Forms can be finalized after August 8th.

Reply Forms that are incomplete will be subject to a Missing Items Penalty Fee according to the Fee Schedule.

CANDIDATES PREVIOUSLY APPROVED FOR EXAMINATION

For those candidates who have been previously approved for the Written Examination prior to December 31, 2016, but have either not taken the Written Examination or need to repeat the examination, announcement information will be available on the Board's website with secure login in January 2017. An email alert will be sent in January 2017, including instructions for the Reply Form for the 2017 Written Examination.

The documents required for submission with the Reply Form are the same as listed in Written Examination Reply Form Required Documents above.

The Reply Form deadline for previously approved candidates is March 3, 2017. All required items listed below must be submitted online in order to be scheduled for the 2017 Written Examination.

Reply Forms that are incomplete or incorrect will be subject to a Missing Items Penalty Fee as listed in the Fee Schedule.

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 various academic and professional assessments.

Scheduling a Test Center Appointment

Candidates should contact Prometric® immediately upon receipt of the Scheduling Permit to schedule an appointment. **Candidates must have the Scheduling Permit in hand to schedule the appointment.**

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 and schedule an appointment 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."

Examination Day Requirements

Candidates must bring the following items to the Prometric® Test Centers:

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

NOTE: Refer to the Prometric® Test Center Regulations for the standard security measures to expect at the test center. These will be provided with the scheduling permit and can be found at www.prometric.com.

Withdrawal from the 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.

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

Candidates will have 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 or locker) 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 prior to the completion of each block. Once a block of questions has been exited, candidates may not access questions from that block or any previous block of items. **The tutorial is available on the Board's website in the Candidate's Section under "Written Examination Tutorial." Candidates should click on "Begin practice exam." The Board strongly recommends that candidates preview the tutorial 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 Examination Blueprint with percentages are available on the Board's website in the Candidates section under "Examination Content." The questions for the examination cover subjects considered to be 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. The Board performs forensics data analysis to detect any instances of fraudulent activity.

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 Pledge can result in the Board seeking, in a court of law, the recovery of costs and civil damages, which could be substantial, as well as other actions by the Board. It is of great importance for the Board to ensure the confidentiality of all Examination content and to promote a culture of ethical behavior by its candidates and diplomates.

The Board will perform forensic evaluation of the Written Examination to search for suspicious unethical behavior. Detailed analysis of exam participation and performance allows for the identification of patterns suggestive of unethical practices. If identified the Board will forward the information to the Credentials and Requirements Committee for review. Confirmation of unethical behavior may lead to deferment or barring from future examinations.

Results of the Examination

Written Examination results letters (pass or fail) will be 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 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 provides a passing letter and performance report when a candidate passes the Written Examination. The Board posts the letter and report on the website, accessible with secure log in, on the Written Exam tab.

Fail

The Board provides a failure letter and performance report when a candidate fails the Written Examination. The Board 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.

NOTE: Examination Result decisions are final and not subject to appeal.

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 9, 10, 11, 2017

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. Fellowship training is included within the eight years available to complete certification. 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 2016 Written Examination will be mailed 2017 Oral Examination Information materials on or about July 1, 2016.

- Candidates should contact the Board Office by email to oral@abplasticsurgery.org, if an Information Letter and Program Instructions have not been received by the end of July 2016. This information is also posted in the Oral Exam Tab of the Board's website.

DEADLINE DATE 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 19, 2017** for prospective candidates to be considered for admission to the November 2017 Oral Examination:

1. A nine month case list, July 1, 2016 to March 31, 2017, 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 finalization of 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 2017 verifying active inpatient admitting hospital privileges in plastic surgery corresponding to the start of clinical surgical practice with expiration of privileges listed.

6. Accreditation certificate(s) or currently dated letter(s) from accrediting body documenting certification of all non-hospital surgical facilities, including Office Surgery Centers, where the candidate operates.

- NOTE: The late penalty fee is charged automatically by credit card payment for case lists finalized from **April 20th up to and including April 25th**. However, if a case list is finalized by the deadline but received in the Board Office during the late penalty period from April 20th to April 25th, 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 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 charging this fee!

REQUIREMENTS AND INFORMATION FOR ADMISSIBILITY TO THE 2017 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 data collection program and requirements for case list compilation. The case list compilation program is a web-based application hosted by Web Data Solutions at https://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).

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

It is recommended that candidates use a PC with Adobe Acrobat Reader DC for printing the case list, affidavits and statistics sheets for submission. **Refer to the Clinical Case Log Manual for sample screen captures**. Adobe Acrobat Reader DC reader must be downloaded on the computer from which the case list and affidavits will be printed. Adobe reader can be downloaded at http://get.adobe.com/reader/, 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 where the candidate practices plastic surgery throughout the case collection and examination process.

   - Candidates must obtain **privileges in at least one hospital at the start of clinical surgical practice.** The Board requires inpatient admitting privileges at an accredited hospital so that the candidate can admit and care for operative patients after procedures performed in an outpatient facility should the need arise. This can be in the United States, Canada or internationally where the candidate practices plastic surgery.
   - **Privileges held exclusively in outpatient facilities are not acceptable.** Candidates must have privileges to admit patients at a hospital during the case collection period and throughout the examination process.
   - At least **one** medical staff office must provide verification of hospital privileges in **plastic surgery** with the Case List submission. The date of the start of privileges must correspond to the start of the candidate's surgical practice.
   - 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 Affairs (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. AAAASF; AAAHC; Medicare Certification; State Licensure; 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). **Cases performed in non-accredited surgical facilities must be included in the case list**. The Board requires that cases performed under IV sedation or a general anesthetic are done in accredited facilities.

4. Candidates must have a current, valid, full and 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 30 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 under *Policies*.

CASE LIST COMPILATION

- Candidates for the 2017 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, 2016 and ending March 31, 2017.**

- 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, not just 50 cases.

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 (My Profile tab) on the Board's website, www.abplasticsurgery.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, anesthesia type, 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, jus list "0" minutes.

Affidavits

Affidavits for each hospital/facility will automatically print out as the last page of each institution's list of cases once the list is finalized. 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 **Tuesday, April 18, 2017** in order to meet deadline of **April 19, 2017 for** the case list to be physically received in the Board office using a service that guarantees delivery date. The Clinical Case Log program will not allow changes in the case list data after finalization. If you discover an error after finalization, please contact the Board Office. Under certain rare circumstances, soon after the deadline date, the case list can be unfinalized without an additional Fee. The Board will 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 **upload cases on a weekly or monthly basis**, rather than waiting until the last month of the case list collection period to begin data entry into the Clinical Case Log data collection program. The case log screen (cases viewed as a list) will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen 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 log in 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 Clinical Case Log in the candidate's Oral Exam Tab. The sample form does not require a 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 require an operation and therefore an operative note.
- Patients with multiple operative procedures performed on different days within the case collection period. This inclusion allows automatic cross-referencing by the computer program. However, **hospital numbers or other identifying numbers and patient initials must be consistent for the patient with multiple procedures** (e.g. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). **Do not use** the full social security number (SSN) as an identifier 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 identify and verify the cases with the patient initials.
- **Co-Surgeon cases** only if 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.
- Skin resurfacing laser procedures of the head and neck or laser ablation of congenital malformations greater than five cm squared.
- Office-based surgery, e.g. lesion excision, cysts, lipomas, keloid and laceration repairs. **Note this change for 2017.**

DO NOT INCLUDE:

- 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 Surgeon cases billed by the candidate as an assistant surgeon.
- **Co-Surgeon cases in which the candidate is not the surgeon of record, and where the candidate did not provide a continuum of care from preoperative planning to postoperative patient care.**
- Procedures for injectables and fillers such as Botox, Restylane, Sculptra, Radiesse or other dermafillers.
- Laser procedures for hair or tattoo removal.

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 or initials,** first and last. (middle initial if available). At least two initials must be entered. **Candidates can see full name but initials only are printed. For added confidentiality, use only 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 date or location (e.g. office, outpatient facility, hospital) to allow for cross-referencing.** Do **not** use full social security numbers 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 will not be displayed on the finalized case list. Only age in years (*years/months/days*) will be displayed on the printed list. Do not leave spaces in the DOB fields as this may cause errors with the age on the printed case list.

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.

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 admissions.

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 "0" minutes.

9. **Anesthesia Type.** Enter the type of anesthesia used; local only, IV sedation, general anesthetic, none.

10. **Enter the diagnosis description in the free text box. Providing complete diagnosis information is essential**. Give an accurate description of the diagnosis. Comments about follow-up, subsequent planned 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. The Board does not require ICD-9 or ICD-10 Codes

11. **Enter the procedure description in the free text box.** Providing complete procedure information is **essential.** From the operative notes, give an accurate description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. For non-operative cases, enter a description of wound care or dressing changes, for example, with an Evaluation and Management CPT code. Be concise and use professional judgment on the details/comments listed in the free text field.

12. **Include all CPT codes plus modifiers used for billing purposes**. CPT codes must be assigned for all cosmetic cases. CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) **are not required**. For non-surgical admissions, E&M 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 Affairs, Kaiser Permanente, Shriners Hospitals, Canada and international countries must also include CPT codes for all cases. A CPT coding tool is available in the Clinical Case Log.

    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 (e.g. X2, X3, etc. for multiple skin grafting procedures) during that case.

13. **Case classification fields** are two-part items 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. **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	

***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 Hand Surgery Examination (HSE) case collection.

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:

Case	Category	Anatomy
Abdominoplasty	Cosmetic	Trunk
Abdominoplasty & Abd. Hernia Repair	Cosmetic; Gen Reconstructive	Trunk
Flexor Tendon Repair	Hand	Hand
Carpal Tunnel Release	Hand	Hand
Reduction Mammaplasty	Gen Reconstructive Or Cosmetic	Breast
Breast Reconstruction	Gen Reconstructive	Breast
Cellulitis/in patient admission	Skin	Lower Extremity

14. **Providing "outcome" information is required.** A complications menu appears if "#3 Adverse Events" is selected. All cases do not "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 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 should 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.**

15. Complete the **"Mortality within 30 days of procedure"** box. This is treated as a required field.

16. **FINALIZE the list. Note: Once the case list is finalized it is not possible to add, delete or modify any data. Online credit card payment according to the fee schedule is required at the time of finalizing the case list.**

Notarized Signature by Medical Records or Administrator. The finalized lists must be signed by the medical record 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 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.

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.

Two copies of the Candidate Case Statistics Summary Report 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 of 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 19, 2017 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 the "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 the medical records administrator. 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 Clinical Case Log 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" to the top left-hand corner of the first institution's case list.** Follow the same procedure for the copy. The Candidate Affidavit prints as a separate sheet. It reads, **"The patients listed on the attached pages are ALL of my cases during the period 7/1/16 through 3/31/17 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 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**. **At the end of each facility's case list is the Medical Records Administrator's Affidavit**, which includes the candidate name, the six-digit Board ID number, finalized date, hospital name, number of pages and the notarized affidavit signed by the appropriate hospital or outpatient center official.

   Third: Facility #2. As above, for Facility #1, in numerical order with the last page as the notarized Medical Records Administrator's Affidavit. Do NOT include the Candidate Affidavit 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 Summary Report 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) listings, other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Candidates must also submit **selected** website content including: the candidate's and the practice's homepage, the candidate profile (About the Doctor) page, any page with candidate qualifications and credentials, any page that includes any Board or society emblem for the practice or the candidate and any page with references to Board Certification for the candidate or practice. Do NOT include multiple procedure information pages with photographs. **Audiovisual ads are not required to be submitted.** Please refer to the **Advertising Requirements** in the Advertising and Marketing section of the Booklet of Information. **The submission should be two identical packets of advertising material.**

   Also required are copies of third party physician search sites such as, but not limited to; Realself.com, Yelp,

Healthgrades.com, Doximitry, etc. **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. **Hospital Privileges**. A letter from **one** medical staff office verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice and the case collection period extending through the Oral Exam date. The privilege expiration or reappointment date must be listed. Candidates must have active inpatient admitting privileges in plastic surgery.

   Include a copy **of only one current hospital privilege letter** that demonstrates privileges throughout the case collection period but, note that **ALL hospital privilege letters will be 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 Fee or an Administrative Fee, as listed on the Fee Schedule. This is required when additional work is required to process or organize submissions. Help the Board avoid charging this fee by carefully following the instructions.

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 is the close of the business day on **April 19, 2017. No additions, deletions or modifications can be made after the late deadline date of April 25, 2017.**

The Board strongly recommends that candidates send materials **by a service that guarantees a delivery date**, included but not limited to Fed Ex, DHL or UPS, thus providing assurance and receipt of delivery. **The Board cannot confirm receipt of case lists due to the number of submissions received. Use of a guaranteed delivery service, which often can confirm receipt of delivery within 30 minutes is recommended.** Certified mail service from the U.S. Postal Service **does not** provide a guaranteed delivery date.

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

DOCUMENT CHECKLIST

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 it 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 verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice and the case collection period extending through the Oral Exam date. 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 late fee is charged automatically by credit card payment for Case Lists finalized from **April 20th up to and including April 25th**. However, if a case list is finalized prior to the late penalty period but is received in the Board Office from April 19th to April 25th, 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

The Board places particular emphasis on the necessity of photographic documentation. Preoperative and postoperative photographs are **mandatory** for all cases selected for case reports. 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** case from the collection period may be selected and all must have photographic documentation, including all hand cases (i.e. carpal tunnel cases, etc.).

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.** If your institution has a standard required photographic consent, the ABPS recommends that you have the patient agree and sign both the ABPS consent and your institution's consent. If you intend to create a consent, the following language must be included.

> "I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc."

_____Patient Signature
_____Witness Signature
_____Date

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 2017 Oral Examination. This **will not** count as an unsatisfactory performance.

Candidates with inadequate case lists must submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

The Board selects five cases from the candidate's case list and the candidate is required to prepare case reports for these selected cases. Starting in 2016, the Case Reports will be prepared online utilizing the Board's online Case Report Upload program. This will allow review of the case reports for completeness, by the Oral Examination committee prior to traveling to the Oral Examination. Candidates will be notified of missing items. There will be a limited time window during which the candidate may submit missing items to a special section in the online upload program.

After clearance by the Oral Examination committee, the candidate will be notified and sent a consolidated PDF of each selected case through the upload program. For the 2016 Oral Examination, the candidates will be asked to print the final PDF and assemble the case reports into books as in previous years. These books need to be brought to the Oral Examination and turned in during registration. **Candidates for the 2017 Oral Examination will be notified of any process changes for Case Report Book submissions.**

ANNOUNCEMENT INFORMATION FOR ADMISSION TO THE ORAL EXAMINATION

NOTIFICATION DATE FOR SELECTED CASES

An email will be sent no later than **July 17, 2017**. The email will include: Announcement Letter, the five Board-selected cases for preparation of Case Reports, Reply Form, and Travel Information. These documents will be available by logging in to the Board's website. Candidates whose case lists are denied will receive an email notification as well.

CASE BOOK DOCUMENTS

The Board advises candidates to:

- Review case files of the five selected cases for photographs, patient consent signatures and required documentation as soon as possible after the notification is posted on the Board's website.

- Carefully read the instructions on case preparation detailed later in this booklet. Failure to submit the cases according to the specific instructions may lead to disqualification.

- **Insufficient case materials.** Direct all questions regarding insufficient case data, especially photographs, by email to oral@abplasticsurgery.org **before the close of the business day on August 11, 2017**. **This is a firm deadline for candidates to identify to the Board any deficiencies in the documentation needed for complete case book preparation.**

UPLOADING OF CASE BOOKS

Beginning with the 2016 Oral Examination, the Board will utilize an online Case Book upload program. This program will benefit candidates by providing organized platforms to construct each case book and safeguards to insure complete submissions. An additional benefit is the online review of each case book by the examining teams to insure adequate materials to conduct the exam prior to traveling to the examination.

Detailed instructions on how to upload your case books will be sent to the candidates along with the five selected cases. Instructions are also directly available after logging on to the Board's website and also on the Case Book upload site. Once the case books have

been finalized by the candidate the materials will be combined into a single PDF file for each case. These files will be reviewed by the examiner teams and cleared as adequate to conduct an examination. The candidates will be notified by email in late September to md-October that their cases have been cleared.

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

While the Board transitions to a digital Oral Examination, candidates will still be required to print their case books from the Board's Case Book Upload site and physically bring them to the Oral Examination.

ATTENDING THE ORAL EXAMINATION

The Oral Examination will be conducted once 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.

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

Attire at the Examination

Implemented in 2016, the Board has a practice of relative anonymity at the Oral Examination with respect to training, practice type, practice location, or special circumstances. The Board requests that no uniforms or other garments reflecting any institutional affiliation, including military service, be worn during the examination.

ORAL EXAMINATION REPLY FORM & FEE

The Reply Form deadline for the Oral Examination is the close of the business day on **August 11, 2017**. 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.

Upload PDF files of the following:

3. All **state medical licenses** bearing an expiration date valid at the time of the examination.
4. All medical staff **hospital appointment/reappointment letters** held during the case collection and examination process. The letters must verify active inpatient admitting privileges in **plastic surgery and identify the dates the privileges were in effect.** At least one hospital privilege letter must document privileges from the start of the case collection period through the Oral Examination date. Hospitals may be in the United States, Canada or country where the candidate practices plastic surgery.
5. **Accreditation certificates. The candidate must provide an accreditation certificate** (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other) or a currently dated letter from the accrediting body documenting that certification is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). The name of the facility listed on the Reply Form must match the facility name on the certificate or letter. Hospital-based surgical centers accredited by The Joint Commission do not require documentation but the name of the affiliated hospital should be entered 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 intra-venous sedation at the location).

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

- **NOTE: The Board automatically applies an additional Late Fee if the Reply Form is finalized between August 12th and August 16th. Help the Board avoid charging 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 August 16, 2017.** 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 along with the Examination Fee by credit card payment **and all required materials uploaded as PDF files** to the Board's website by **August 11, 2017 to be scheduled for the 2017 Oral Examination. Refer to fees as listed on the Fee Schedule.**

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 binding the case books that will be printed from the Board Case Book Upload site.

Once the Reply is approved, candidates will 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** includes the candidate's name, current address, Board ID number, date and location of the examination, and the examination schedule.

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 REQUIREMENTS

The Board Case Book Upload site provides fields for all of the materials that need to be submitted for the five selected cases. Since the Case Book upload process cannot be finalized until all repositories have been filled this provides a safeguard to insure that the candidate has provided all materials.

Note: Patient identifiers should be de-identified using either the redaction tool available with Adobe Acrobat Pro (trial version available) or by blanking out all identifiers prior to scanning.

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

The following is a check list of required materials that will need to be uploaded on the Board Case Book Upload site. All materials for each repository tab/section will need to be combined into a single PDF file. Only one file may be uploaded per tab/section. Uploading the five selected cases will proceed smoothly if all

necessary PDF files are prepared before beginning the upload process.

Checklist
At the beginning of the process, the candidate will need to upload these forms which apply to all case book materials:

1. **Candidate Photographic Affidavit**
2. **Candidate Attestation for Electronic Medical Records (EMR)**
3. **Candidate Advertising files**

The forms for the Photographic Affidavit and the EMR Attestation are available on the website to download and sign. The forms must then be scanned and uploaded into the appropriate tabs.

The following tabs/sections must be completed as PDFs for each case:

1. **Title Page**
2. **Narrative Summary**
3. **Initial Consultation**
4. **Photographs and Patient Photographic Consent Forms:** 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.
5. **Operative Reports**: Operative notes, operative consent.
6. **Anesthetic Report:** Photocopies of the anesthesia records
7. **Laboratory Data:** Pertinent laboratory data
8. **Pathology:** Pertinent pathology reports
9. **Radiology:** Pertinent radiographs
10. **Progress Notes: The Discharge Summary should be the first document in this section**. Hospital progress notes will be uploaded in a separate section from office/clinic notes.
11. **Billing:** Photocopies of bills, including CPT codes and procedures, with notarized statements
12. **Other:** if needed (e.g. information from patient case before or after the nine-month case collection period)

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 the 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.

1. Candidate Photographic Affidavit Sheet

One Affidavit Sheet, provided by the Board, must be signed, notarized, and uploaded in the appropriate tab.

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: _____

2. Candidate Attestation for Electronic Medical Records
This form is available for download from the Board Case Book Upload site. **The Board may request to review the revision history of any notes in the casebooks. List all edits to medical records.**

Electronic Medical Records Attestation

I am aware of my pledge of Ethical Behavior signed at the time of application for Examination and Certification by The American Board of Plastic Surgery.

I now attest that, subsequent to the date I was notified of the cases selected for my Case Report examination, I have edited or appended notes in these medical records (circle one): YES - or - NO

I further attest that all alterations to the medical records in my Case Report Books that were made subsequent to notification of my selected cases are accurately reported below. I understand that the Board may request to review the revision history of any notes in my casebooks.

Candidate Signature _____

3. Title Page

Each Title Page 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 selected case number **(i.e. #1, 2, 3, 4, & 5 – not the number from the total 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.**

Sample Title Page For Each Selected Case #1, 2, 3, 4, & 5
Also refer to online upload page.

John L. Candidate, MD
Candidate Board ID # 999999 (six digits)

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

Category *	**Anatomy***
Congenital	Breast
Cosmetic	Hand/Upper Ext.
General Reconstructive	Head/Neck
Hand	Lower Extremity
Skin (including skin cancer	Trunk/Genetalia
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).

Diagnosis–include all.

Procedure(s) performed by the candidate.

If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Candidates should use their professional judgement about how best to clearly present the Title Page.

Sample Narrative Summary for Each Selected Case #1, 2, 3, 4, 5
Also refer to online upload page.

John L. Candidate, M.D. Candidate's Board ID #: 123456 (six digits)	
Patient:	BMJ
Board Case Number: Case List Number:	#5 (or #1, 2, 3, 4) #152 (per facility)
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/SECTION REQUIREMENTS FOR UPLOAD

These guidelines are provided to help standardize the case report materials and are also provided on the online upload screen for each tab/section.

The Board expects candidates to use professional judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to proscribe every component of the content.

If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Candidates

should use their professional judgement about how best to clearly present the Title Page.

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**
   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.

2. **Initial Consultation**
   Copies of the original consultation or History and Physical. If other consultants were involved in the pre-operative assessment of the patient, include their reports here as well.

3. **Photographs**
   Preoperative and postoperative photographs, **approximately** 4" X 6" images should be provided arranged 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 (preop, intra-op, post-op) below photos or to the side. Anatomic labels may be placed for clarification. Photos may be cropped and scaled but otherwise not altered. **Photos, legends and labels can easily be organized in a PowerPoint presentation. The presentation can then be saved as a PDF file for uploading into the online case book upload system.**

   Note: the one Candidate Photographic Affidavit 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 are 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 Patient Consent (Release) Forms allowing the use of patient photographs and records must be included in the Photograph tab of **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 de-identified with the exception of the initials, on the consent form and on all materials to protect patient confidentiality. The signature on the patient consent must be 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 each 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.

   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.**

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 anesthetic 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 determining how much detail to include. Please refrain from including huge files of normal lab values. Consider the patient's medical condition(s) and current medications, then provide appropriate lab work. Because the exam teams will review the files weeks in advance of the exam, they will have the opportunity to request select labs if indicated.

7. **Pathology**
   Copies of any pertinent pathology reports are required. All pathology reports should be organized in chronological order. Highlight key areas.

8. **Radiology**
   Reproductions of pertinent x-rays or scans are required. Each x-ray or scan must be dated in a manner that is easily visible.

Include in this section photocopies of corresponding reports from the radiologist for each imaging study. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the imaging study. Mammography reports without images are sufficient. For studies with numerous images the candidate must use their best judgement in determining the critical images that are needed to convey the pertinent findings.

9. **Progress Notes - Hospital Progress Records and Office/ Clinic Notes.**
Many EMR systems produce significant redundancy that is not pertinent. Additionally most nursing notes are documentation of normal findings, care plans and goals. Candidates are asked to limit the hospital notes submission to the candidate's own personal entries and critical entries from consultants.

Examination teams will review the files weeks in advance of the examination, they will have the opportunity to request additional documentation if needed. The candidate is reminded of the Code of Ethics and the honor system. Any attempt to conceal questionable management will impact the evaluation of professionalism. If critical documentation is contained in the nursing notes then only the limited pertinent sections should be included after the physician notes.

The progress notes tab in the Board Case Book Upload program has separate fields for 1) Hospital Progress notes and 2) Office/Clinic Progress notes. Separate PDF files will need to be created for each section.

Hospital Progress Notes (if applicable) Place the Discharge Summary as the first few pages of the Progress Note tab. Copies/scans of the original hospital progress notes including the patient's history and physical examination, and all postoperative progress notes are required. If legibility is a problem, a typewritten copy should be included. Copies of physician orders, vital signs, and nursing notes are not necessary, but limited select sections may be included if they are needed to clarify the patient's course.

When excessively long hospitalizations result in progress note sections that are unusually long and difficult to navigate the section may be edited of non-essential notes. After review by the exam teams the candidate may be asked to produce certain excluded materials.

Clinic/Office Progress Notes – The initial consult/History and Physical plus any preoperative reports from any other consultants, should be included in the Clinic/Office Progress Notes tab. All other clinic/Office progress notes during the case collection period should be included in this section in chronologic order. If your EMR system includes significant redundant non-pertinent entries, please limit this section to the notes actually entered by the candidate.

Progress notes from outside the case collection period may be included if they help to clarify the clinical course of the patient. These additional notes should be included in the Other tab.

10. Billing - including CPT Codes

- Each case must include a copy of all bills generated for the procedure(s) **with the dollar amount deleted**. Billing for Office visits need not be included.

- All CPT codes as listed on the case list must be included.

- The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent to the patient or third party payer or that a bill was not submitted. The notary 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 on a 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 payers
  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, CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.**

- **For candidates who work in Veterans Administration Hospitals, Shriners Hospitals, Kaiser Permanente, other self-insured health systems or who practice in Canada, CPT codes are required for all procedures performed on the 5 selected cases. This is required so that all candidates are evaluated equally across all exams. Services performed gratis should be coded exactly as any other case.**

11. Other tab/section. 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. If the exam teams request additional materials, there will be a separate tab for materials submitted after the original finalization of the case books.

DISQUALIFICATION OF CASE REPORTS

If a candidate is disqualified from the examination process because the Case Reports are judged unacceptable, because of insufficient volume, diversity, complexity, inadequate compilation or any other reason, the candidate will not be allowed to participate in the Oral Exam. This situation will not be recorded as a failure, however, because the Board has incurred expenses to provide a candidate with an examination, a partial refund, the Examination Fee less the processing charge, will be sent to the candidate.

PRESENTATION OF CASE REPORTS

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

1. Discuss patient workup.
2. Discuss choice of and execution of the operation.
3. Present alternate treatment plans considered.
4. Evaluate outcome
5. Discuss ethical or economic issues related to the case.

Hospital and office records must clearly identify the candidate as the attending physician and surgeon, however, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. **Cases performed by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.**

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgery procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized submission of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate from continued examination.

EXAMINATION SCHEDULE

The Oral Examination will occupy two and one half days. A detailed schedule is included in the Announcement Letter available in July. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination. **To avoid transportation delays the Board recommends utilization of the reserved room block at the examination hotel.**

INSTRUCTIONS AND PROCEDURES

Candidates will 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.**

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. Candidates will be allowed to review the Theory and Practice cases for 10 minutes prior to the start of the exam. It is not necessary for candidates to announce their presence. However, if a candidate has not been invited into the examination room by the examiners by five minutes after the scheduled examination time, candidates should notify the temporary Board Office at the hotel immediately.

The Board makes every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. Candidates have the opportunity to identify any examiner conflicts with the Reply Form and 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 with the completion of the Reply Form, the Board will assume the candidate is agreeable to all examiners.

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. For each session, the examiners are given scripted questions and response guidelines to follow. This approach facilitates a consistent exam among all candidates and conformity in scoring.

The examination consists of one Case Report Session and two Theory and Practice Sessions. Each session is **45 minutes** in duration. For any given case, one of the examiners may take the lead but each of the examiners will ask questions of the candidates.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the strength of their **combined** performance on all 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 candidate's approach to the problem presented, not what the candidate thinks examiners would do.
3. Answer questions thoughtfully, demonstrating concern for patient safety.

4. Commit to a single management plan of your choosing. Be able to explain your choice. Be prepared with a back-up plan if the original choice fails. Demonstrate mastery of problems without wasting time on questions that you cannot answer.
5. Demonstrate competence, safety, and ethics.
6. Examiners are interested in the plastic surgery aspects of cases, not necessarily irrelevant lab data, extensive testing, etc.
7. Examiners take notes during the exam and may rapidly move to a new topic in the interest of time constraints. An equal amount of time will be spent on each question.
8. Examiners will not lead, clue, or reinforce answers.

Performance Evaluation

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

1. Diagnosis/Planning: identifies general problem(s), notes key problem(s) and evaluates patient.
2. Management/Treatment: surgical indications, operative procedure, and appropriate anesthesia.
3. Complications/Outcome: unexpected problems, alternative plans and approaches.
4. 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 the following criteria:

1. A reasonable analysis of the problem.
2. An acceptable plan of treatment, that has a reasonable chance of success.
   - The plan must include a clear, single, initial approach and not simply provide a textbook list of the possible solutions. If challenged or questioned on the approach chosen, the candidate must be able to explain his/her choice.
   - The plan of action must be safe, that is, would not expose the patient to undue risk.
3. Recognition of possible complications of the initial plan with understanding of methods to avoid and treat such complications.
4. Knowledge of a "back-up" plan should the first plan fail.

A failing performance is characterized by one or more of the following four elements:

1. Ineffective analysis or lack of understanding of the problem.
2. Inability to develop a plan that would treat the problem, or presentation of a plan that is considered unsafe or dangerous.
3. Unclear or ambiguous presentation of plan.
4. Evidence of unethical behavior, for example, 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. They have been certified by the Board for a minimum of 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 will review the performance of the examining teams during the examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate's performance during the session observed.

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 posted online no later than December 29, 2017.

Each candidate will receive a report which will include information on his/her overall performance for the grading criteria as compared to the candidate group. The Board will send an email notification when the results are available. Program Directors are provided with performance reports for all former residents.

Reapplication requirements, should it be necessary, are explained in the Policy Section of this Booklet and are posted on the Board's website. NOTE: Examination Result decisions are final and not subject to appeal.

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

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, MOC-PS® or Hand Surgery Examinations, and the suspension and/or revocation of certificates. If an individual has a concern in any of these areas, it should be expressed in

writing to the Board Office. A copy of the Appeals Policy will be sent to that individual which is available on the Board's website under *Policies*.

NOTE: Examination Result decisions are final and not subject to appeal.

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. The performance of all candidates I 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 Pledge in the application can result in the Board seeking, in a court of law, the recovery of costs and civil damages, which could be substantial, as well as other actions by the Board. An Honor Code Agreement is also required at the time of the 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 Admissibility Policy is available on the Board's website, www.abplasticsurgery.org in the Policies Section. Refer to information in the Written and Oral Examination Sections of this Booklet.

Deferred Candidates and Reapplication

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.

After January 1, 2019, a **RE-ENTRY Application for Admissibility** will be required if more than eight years has transpired since completion of residency.

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 and/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. **RE-ENTRY requires successful completion**

of both the Written and Oral Examinations after approval of the re-entry application.

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. The Written Exam must be retaken and successfully passed even if it 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.

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 most current requirements and deadline dates.

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 American Board of Plastic Surgery is known as a **diplomate** of the Board.

It shall be the prerogative of the Board to determine the professional and ethical fitness of any candidate for certification; and the Board, for cause, may defer or deny certification to any candidate.

Certification by ABPS is a lifelong commitment to continued education, professionalism, and ethical behavior. Failure to maintain these principles similar to initial certification may result in action by the board to revoke, or suspend certification. To comply with its mission to protect the public, the board will

display state license actions on the board website concurrent with the length of the state action.

Certificates

Certificates issued by the Board shall be in such form as the Directors may, from time to time, determine. Certificates are signed by the Chair, Secretary-Treasurer and Executive Director of the Board and shall have placed upon them the official seal of the Board.

Certificates of the Board shall state that the holder has met the requirements of the Board and is certified by the Board as a medical specialist in plastic surgery and is entitled to be known as a "**diplomate of The American Board of Plastic Surgery, Inc.**" Effective 1995, certificates issued by the Board are dated and will be valid for ten years but subject to participation in the MOC-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.

Revocation of Certification

A diplomate is required to have a current, valid, full and unrestricted license which is not the current subject of any disciplinary action or sanction including, but not limited to, revocation, suspension, reprimand, qualification or other sanctions.

A diplomate of the Board may be subject to disciplinary action including revocation and suspension 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;

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.

Beginning in 2016, the Board will list the suspension or revocation of any ABPS certificate.In addition, if the Board can substantiate state action on a medical license, that action will be listed under the certificate status in the consumer verification of status program, Is your plastic surgeon ABPS certified? on the Board's website. Interested parties will be directed to the Federation of State Medical Boards website to obtain the details of the state's action.

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 or suspension 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.

Hand Surgery Certification (HSC) and Recertification

The Board offers a Hand Surgery Examination (HSE) for Hand Subspecialty Certification and Recertification (HSC). The examination is described in a separate Hand Surgery Booklet of Information, which is available on the Board's website. There is no requirement or necessity for a diplomate of The American Board of Plastic Surgery, Inc. to hold a Hand Subspecialty Certificate (HSC) 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 are 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 and self-assessment; 3) successful completion of a cognitive examination; and 4) improvement in medical practice. 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

Notification of the contribution is sent at the time of publication of the Annual Newsletter to Diplomates in February/March 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.

The Diplomate Contribution is requested, but not mandated, for 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.

Consumer Search Feature – "Is your Plastic Surgeon ABPS Board Certified?"

The Board's website homepage provides a search function for patients and credentiallers called "*Is your plastic surgeon ABPS board certified*?" Certification dates with Maintenance of Certification Participation status are reported. Beginning in 2016 actions or restrictions on any diplomate's license by a state licensing board will be listed along with certification status. Interested parties will be referred back to the appropriate state licensing board for any details leading to the license action.

Diplomate Profile

Once logged in to the Board's website, each diplomate may list a public office address and office phone number in the physician profile that will be viewable to the public the next business day. Retired Status can also be indicated in the secure physician profile.

Note that Social Security Numbers are not visible on the physician profile to protect the confidential nature of this information.

Inquiries as to Status

The Board does **not** consider a candidate's record to be in the public domain. The Board will consider only written requests for verification of a candidate's status during the process of certification.

When the Board receives a telephone or email inquiry regarding a candidate's status, a general, but factual, statement is made which indicates that candidate's status in the process of certification. The Board provides this information only to individuals, organizations, and institutions with reasonably valid professional reasons.

A Verification of Status Fee, as listed in the Fee Schedule, will apply to all individuals, institutions and/or organizations that submit a written request for information on the status of an individual.

THIS BOOKLET OF INFORMATION SUPERCEDES ALL PREVIOUSLY PUBLISHED BOOKLETS OF INFORMATION OF THE BOARD CONCERNING REQUIREMENTS, POLICIES AND PROCEDURES, AND MAY BE MODIFIED AT ANY TIME.

FORMER OFFICERS

CHAIRS

*Achauer, Bruce M., 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., M.D.	2000-01
*Robinson, David W., M.D.	1966-67
Robson, Martin C., M.D.	1996-97
Sadove, A. Michael, M.D.	2009-10
Slezak, Sheri, M.D.	2015-16
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
Thorne, Charles H. M., M.D.	2014-15
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
Mackay, Donald R., M.D.	2014-15
*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

* Deceased

VICE-CHAIRS (cont.)

*Paletta, Francis X., Sr., M.D.	1968-69
*Patton, Henry S., M.D.	1970-71
Persing, John A., M.D.	2003-04
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
Serletti, Joseph M., M.D.	2015-16
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
Chang, James, M.D.	2014-16
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
*Aufricht, 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
Chang, James, M.D.	2010-16
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

* Deceased

FORMER DIRECTORS (cont.)

*Dupertuis, Samuel M., M.D.	1951-59
Edgerton, Milton T., Jr., M.D.	1964-70
Erhardt, Walter L., Jr., M.D.	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
Havlik, Robert J., M.D.	2009-15
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

* Deceased

FORMER DIRECTORS (cont.)

Klimberg, V. Suzanne, M.D.	2010-13
*Koch, Sumner L., M.D.	1937-51
*Krizek, Thomas J., M.D.	1977-83
Krummel, Thomas M., M.D.	1999-03
Kuzon, William M., Jr., M.D.	2009-15
*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
McGuire, Michael F., M.D.	2010-16
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

* Deceased

FORMER DIRECTORS (cont.)

*Peacock, Erle E., Jr., M.D.	1970-76
*Peer, Lyndon A., M.D.	1954-58
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
Slezak, Sheri, M.D.	2009-16
*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
Thorne, Charles H. M., M.D.	2008-15
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

* Deceased

FORMER DIRECTORS (cont.)

*White, William L., M.D.	1966-72
Williams, H. Bruce, M.D.	1980-86
*Wolfort, Francis G., M.D.	1996-97
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

EXECUTIVE DIRECTOR EMERITUS

Noone, R. Barrett, M.D.	2015

FEE SCHEDULE 2017

Resident Registration/Training Evaluation	$185.00
Application Registration Fee	$450.00
Application Registration Late Fee	$250.00
Written Examination Fee	$1,380.00
Written Examination Late Fee	$545.00
Written Examination Withdrawal Fee (>30 days prior to exam)	$740.00
Written Examination Score Validation Fee	$255.00
Oral Examination Case List Review Fee	$685.00
Oral Examination Case List Late Fee	$545.00
Oral Examination Fee	$1,295.00
Oral Examination Late 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 Fee	$130.00
Administrative Fee	$250.00
MOC-PS® Annual Contribution	$235.00
Diplomate Annual Contribution Lifetime Certificate Holders	$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

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2. All other fees must be submitted in **United States currency** by check or money order.
3. Foreign currencies, including Canadian, are unacceptable.

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The fee schedule is applicable to current examinations and will apply regardless of when a candidate is approved for admission to the examination process.

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American Board of Plastic Surgery
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