

**THE AMERICAN BOARD  
OF UROLOGY, INC.**



**2018  
INFORMATION FOR APPLICANTS  
FOR RECERTIFICATION  
TWENTY SEVENTH  
EDITION**

*Please discard all earlier booklets.*

**Gerald H. Jordan, M.D.**

*Executive Secretary*

600 Peter Jefferson Pkwy, Suite 150

Charlottesville, VA 22911

434/979-0059



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

## **EXAMINATION DATES\***

October 12 or 19, 2018

October 12 or 18, 2019

*\*The Board reserves the right to change dates, procedures, policies, requirements, and fees without notice or issuance of new handbook.*

## **CHANGE OF ADDRESS POLICY**

The processes of Certification, Recertification, and LLL have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient. The cost involved is significant for the Board, having the potential to influence fees.

It is imperative that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time unlimited certificates, those in recertification, and those in the Life Long Learning Program (LLL). It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in LLL, recertification, or certification could be impacted. Diplomates are required to verify their contact information annually and if one's information changes, the ABU must be notified. A lapse in this information could result in the revocation of your certificate.

## **ADDRESS ALL CORRESPONDENCE TO:**

**Gerald H. Jordan, M.D.**

*Executive Secretary*

American Board of Urology

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*www.abu.org*

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- \* Dr. Clarence V. Hodges, 1971-1980
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 \* Dr. David C. Utz, 1977-1983  
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Dr. Ian M. Thompson, 2010- 2016  
Dr. J. Brantley Thrasher, 2010- 2016  
Dr. J. Christian Winters, 2011-2017  
Dr. Kevin R. Loughlin, 2011-2017  
Dr. H. Ballentine Carter 2011-2017  
Dr. Fred E. Govier 2011- 2017  
*\*Deceased*

## **MISSION STATEMENT**

The mission of the American Board of Urology is to act for the benefit of the public to insure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification for urologists.

## **ORGANIZATION**

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genitourinary Surgeons were Dr. William F. Braasch, Dr. Henry G. Bugbee, and Dr. Gilbert J. Thomas; those from the American Urological Association were Dr. Herman L. Kretschmer, Dr. Nathaniel P. Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G. Bandler, Dr. A. I. Folsom, and Dr. T. Leon Howard. The officers of the Board elected at this meeting were Dr. Herman L. Kretschmer, President; Dr. Clarence G. Bandler, Vice President; and Dr. Gilbert J. Thomas, Secretary-Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated May 6, 1935, and held its first legal meeting on May 10, 1935. The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genitourinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the U.S.A., the National Board of Medical Examiners, and the Council



of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

U.S. CORPORATION CO., DOVER, DELAWARE  
(Local Representation at Dover, Delaware)

## **PURPOSE OF RECERTIFICATION**

The American Board of Urology, Inc., hereinafter sometimes referred to as “the Board,” is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public’s knowledge those physicians who have satisfied the Board’s criteria for certification and recertification in the specialty of urology. Certification or recertification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this handbook.

## **FUNCTIONS OF THE BOARD**

The Board arranges and conducts examinations testing the qualifications of voluntary candidates and grants and issues certificates to accepted candidates duly licensed to practice medicine. The certificate is the property of the Board, and the Board holds the power to revoke such certificate. The Board also evaluates and examines Diplomates for purposes of recertification. The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of Diplomates of this Board are published annually in *The Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians of the American Medical Association*.

The Board is not responsible for opinions expressed concerning an individual's credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Application for certification is entirely voluntary. The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

## **RECERTIFICATION**

Certificates issued by the American Board of Urology on or after January 1, 1985 and before 2007 expire on the anniversary of the date of issue and are valid for 10 years only. The Diplomate must successfully complete the recertification process prior to that time in order to maintain his or her certification by the Board. Certificates issued from 2007 forward will be valid for 10 years, subject to the Life Long Learning Program.

Certificates issued prior to January 1, 1985 are time unlimited. A Diplomate with an unlimited certificate may voluntarily enter the recertification process at any time.

## **TIME-LIMITED CERTIFICATES**

The Diplomate with a time-limited certificate may enter the recertification process any of the three years prior to the expiration of his/her time-limited certificate. At that time, the office of the American Board of Urology will notify the Diplomate of the steps involved in the recertification process. The Diplomate has three annual opportunities to complete the recertification process. One year prior to the expiration of his/her certificate, the Diplomate will be notified by certified letter, sent to the address on file with the Board, that there is one year remaining to complete the recertification process. Upon successful completion of the recertification process, the Diplomate will be awarded a new certificate that will be valid for 10 years from the expiration date of the current certificate, subject to the Life Long Learning Program

For Diplomates whose original certificate was expired the new certificate will be valid for 10 years from the date of recertification, subject to the Life Long Learning Program.

A physician who fails to be recertified by the expiration date is no longer a Diplomate of the Board, and his/her name will be deleted from *The Official ABMS Directory of Board Certified Medical Specialists*.

In the event of failure to complete the recertification process, the Diplomate may re-enter the examination process the following year or any other year prior to the expiration date of his/her current certificate. The Diplomate may be required to repeat one or more of the elements the following year or any year prior to the expiration of the current certificate. If a practice log was approved in the previous year's cycle, the Diplomate will not have to submit a new log unless otherwise requested. Additionally, any applicant who fails to complete the recertification process and who wishes to re-enter it will be required to document 30 additional hours annually of urology-focused CME credits, at least 10 hours of which must be Category 1, as defined by the American Urological Association. This CME requirement is in addition to that described in *Continuing Medical Education* further in this handbook.

Candidates who fail to complete the recertification process by the end of year 9 will lose their certificate upon its February expiration. The candidate then has two grace years during which time he/she can apply to take the recertification exam another two times (year 10 and 11); if the candidate passes the recertification examination in the 10th year, the certificate is returned. If the candidate fails in year 11, he/she will have to repeat the entire certification process again in order to obtain a certificate. They also must submit an active medical license, a practice log, and a total of 150 urology focused CME credits since the time of expiration, have satisfactory peer review and pay a \$1500 reinstatement fee. At least 90 of the Urology focused CME credits must have been obtained in the year prior to taking the recertification examination.

## **UNLIMITED CERTIFICATES**

The Diplomate with an unlimited certificate may voluntarily enter the recertification process at the initiation of any class of applicants. The Diplomate will follow the recertification process as outlined in *The Recertification Process*. The applicant will have three opportunities to satisfactorily complete the recertification process.

Upon successful completion of the recertification process, the Diplomate will be awarded a Certificate of Recertification, valid for 10 years from the date of recertification, subject to MOC. In the event of failure to achieve recertification during the applicable time period, the Diplomate does not relinquish his/her original certificate, which is not time limited.

The Diplomate with an unlimited certificate who has failed the recertification process and who still wishes to be recertified may do so by documenting 30 additional hours annually of urology-focused CME credits, at least 10 hours of which must be Category 1, until he or she is recertified. This CME requirement is in addition to that described below in *Continuing Medical Education*. Upon completion of the CME requirement, and following approval of documentation by the Board, the applicant may re-enter the recertification process. The applicant must then repeat the entire recertification process, including examination, practice log, and peer review.

## **CLINICALLY-INACTIVE STATUS**

Diplomates who are not in the active practice of clinical urology may apply for recertification, clinically-inactive status. Clinically-inactive status is time-limited and subject to MOC. In order to obtain this status, the individual must certify that he or she is not practicing clinical urology, and must submit acceptable justification and documentation for such status. The designation of clinically-inactive status can be granted for a period of up to ten years.

Extension of clinically inactive status beyond 10 years requires approval of the Board. The diplomate may apply for up to 5 additional years of clinical inactivity. This extension is

renewable. At the completion of the period of clinical inactivity, the board will determine permissibility of the application and criteria for re-entry based upon the diplomate's situation and prior clinical activity.

Recertification for the clinically-inactive Diplomate requires all of the elements of the Recertification process except the practice log. Fees and time lines remain the same as for the clinically-active Diplomate. Clinically inactive Diplomates must notify the Board in writing if/when they return to clinical practice. Clinically inactive Diplomates are required to submit a practice log when they have acquired a minimum of six months of clinical practice. Upon review and approval of the log by the Recertification Committee, the Diplomate's status will be changed to clinically active. This process must be completed within 18 months of return to clinical practice.

## **PRACTICING OUTSIDE THE UNITED STATES**

Following certification, diplomates who practice outside of the United States and its territories, or Canada, will be considered "clinically inactive". They must comply with MOC and remain in contact with the ABU office on an annual basis. If these requirements are met, they can re-enter the MOC process at an appropriate level when they reacquire their state license and return to active clinical practice in the United States. If the Diplomate practices outside the United States or its territories for more than ten years and his/her certificate lapses, the Diplomate will be required to follow the current expired certificate reentry policy.

## **THE RECERTIFICATION PROCESS**

The various elements of the recertification process are viewed collectively and not as separate elements. **Regardless of the sequence by which the various steps of recertification may have been completed, the process itself is not considered complete until the Board's final action.**

The elements of the recertification process include:

*1. Information provided by the applicant*

- a. A completed online application for the current examination cycle. **Online applications are due by April 1.** Applications not completed through the Diplomate portal of the Board's website by April 1 will incur a late fee of \$750.  
**No applications will be accepted after April 15.**
- b. The applicant must validate possession of a United States or Canadian medical license from the state or province in which they practice that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he/she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Recertification Committee will determine whether the applicant satisfies the licensure requirement of the Board.
- c. A statement by the applicant regarding any:
  - 1) adverse actions in licensure;
  - 2) past and pending malpractice or professional responsibility suits and their outcomes;
  - 3) appearance before a hospital disciplinary board or adverse actions regarding hospital privileges;
  - 4) undergoing competency evaluation prescribed by state licensing board; and
  - 5) substance abuse/history of chemical dependency. Any applicant for recertification who does not respond to all questions on the application or who misrepresents the information requested will be subject to disciplinary

action as explained in the sections on the *Code of Ethics and Disciplinary Action* presented later in this Handbook.

## ***2. Practice Log***

Candidates must submit an electronic log of **all patient visits and procedures** in each hospital, ambulatory care center, and offices where the physician has privileges. The log must include all cases performed by the candidate and by physician health care extenders including nurse practitioners, physician assistants, or other auxiliary health care professionals that are billed under the candidate's name. Surgical cases performed outside of the U.S. are acceptable. Note: If you do not practice in the United States, contact the Board office for instructions.

Each worksheet included in the log submission must reflect the same six consecutive months from the eighteen months between August 1, 2016, and January 31, 2018.

Practice logs are due in the Board office by April 1. Logs received between April 1 and April 15 will be assessed a \$750 late fee. **No practice logs will be accepted after April 15.** It is recommended that you retain a copy of your practice log in the event formatting changes are needed or the Board has specific questions.

The practice log must be submitted in electronic format as an Excel workbook, text file, or .csv file. It must be submitted via the "Document Uploader" which is available through the Diplomate Portal. *Please do not submit duplicates of your log in a different format and* **DO NOT SEND A PRINTED COPY.**

It is imperative that you carefully review the data contained in your log submission. Your signature is required on a Practice Log Verification Statement attesting that you have reviewed the data contained in your log submission and that it is a true, complete, and accurate log of your consecutive office visits and surgical procedures for the required time period. If, following review by the ABU committee charged with reviewing logs, it becomes necessary to repeat processing on a log submission due to errors, oversights, or omissions, a \$500 fee will be assessed for this process.

Instructions for completing the electronic log are available on the Board's website: [www.abu.org](http://www.abu.org).

### *3. Continuing Medical Education*

The Board endorses the concept of lifelong learning in urology for its Diplomates. Candidates for recertification must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 hours of which must be Category 1, as defined by the American Urological Association, within a three-year period between March 31, 2015 and April 1, 2018. Continuing Medical Education documentation must be received by April 1, 2018 or a \$200 late fee will be assessed. Detailed instructions are available on our website [www.abu.org](http://www.abu.org). Please note: The Board does not have access to the AUA CME records; therefore, it is the applicant's responsibility to submit documentation of those credits.

### *4. Direct Queries from the Board*

- a. The Board will request information from the Federation of State Medical Boards databank regarding adverse actions taken against the applicant relative to licensure.  
**Note: the applicant must also notify the Board in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.**



- b. On the basis of practice log review and other file information, the Board may, at its discretion, request copies of specific hospital and/or office records. Such records must be identified by patient record number only, for purposes of patient confidentiality: names or Social Security numbers are not acceptable. It is the applicant's responsibility to remove all personal information from the submitted information. The applicant shall be responsible for providing requested patient records, and is expected to furnish them within the time frame specified by the Board.

## **5. Knowledge Assessment**

The Life Long Learning Program knowledge assessment is a 4 hour, 75 question assessment covering the domains of urology. In 2017, the knowledge assessment returned to a modular format. All candidates for the 2018 Life Long Learning Program Level 2 knowledge assessment must choose one of the four specific content modules on the application that he/she wishes to take in addition to the Core/General module. The four specific content modules are:

- A. Oncology, Urinary Diversion and Adrenal
- B. Calculus, Laparoscopy-Robotics and Upper Tract Obstruction
- C. Impotence, Infertility and Andrology
- D. Neurogenic Bladder, Voiding Dysfunction, Female Urology, BPH and Urethral Stricture

The core module will incorporate questions based on the AUA guidelines where possible. The proctored computerized examination will be administered at over 200 Pearson VUE testing centers located throughout the United States, Canada, and Puerto Rico. The Life Long Learning Program knowledge assessment will be offered on October 12 and October 19, 2018.

Unlike the MOC recertification exam, the Life Long Learning (LLL) knowledge assessment will not be used as a single metric that primarily influences certificate status, but rather one to help Diplomates identify those areas of strength versus weakness in their medical knowledge -- knowledge that is pertinent to their practice. To that end, the ABU will continue to employ a content-specific modular format for the LLL knowledge assessment. Based on criterion referencing, this knowledge assessment allows for the identification of three groups: those who unconditionally pass, those who pass with CME recommendations, and those receiving a CME conditional pass. Individuals scoring one standard error unit of measurement above the pass point and below receive a pass conditioned upon timely completion of additional CME in their area(s) of weakness. Once the designated CME requirement has been met, the condition is lifted and these Diplomates are able to continue in LLL. It is strongly recommended that all Diplomates elect to undergo Level 2 of LLL and take the knowledge assessment at the first opportunity, in year 7 of their 10 year Lifelong Learning cycle. Doing so affords the maximum time allowance before certificate expiration.

**Disability accommodations policy:** An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiate the disability must accompany the application. All documentation and requests must be submitted to the Board office by July 1.

The Board may have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation.

The Recertification Committee of the Board will make the final decision regarding the accommodations that will be of-

ferred if the request under consideration is made by a candidate for recertification.

**Unforeseeable events:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate

may have incurred to be present for the examination or may incur for any future or substitute examination.

## **IRREGULAR EXAMINATION BEHAVIOR**

The American Board of Urology is committed to maintaining the integrity of its examinations. These tests are a critical basis of the decision-making process for Urology Board certification.

Irregular behavior threatens the integrity of the ABU certification process. Irregular behavior is defined as any action by applicants, examinees, potential applicants, or others that subverts or attempts to subvert the examination process.

**Examples of irregular behavior include, but are not limited to:**

- Falsifying information
- Giving, receiving or obtaining unauthorized assistance during the exam.
- Altering or misrepresenting scores.
- Behaving in a disruptive or unprofessional manner at a testing site.
- Theft of examination materials.
- Unauthorized reproduction, by any means, and/or dissemination of examination content or other copyrighted materials.
- Posting or discussing content on any website, or asking other to do so

### ***6. Expired Certificates***

Diplomates who are candidates for recertification can take the

recertification examination in year 7, 8, or 9 of their certification cycle. Diplomates who fail to complete the recertification process by the end of year 9 will lose their certificate upon its February expiration. The candidate then has two grace years during which time he/she can apply to take the recertification process another two times (year 10 and 11); if the candidate completes the recertification process in the 10th year, the certificate is returned. In the 11th year, but not in the 10th year, the candidate must submit a new practice log. If the candidate fails to complete the recertification process in year 11, he /she will have to r e p e a t the entire certification process again in order to obtain a certificate.

Diplomates who let their certificate lapse due to not participating in the recertification process and who are within 5 years of active practice, are allowed two attempts to complete recertification during a consecutive two year period. They also must validate possession of an active medical license, submit a practice log, and a total of 150 Category 1 urology focused CME credits earned since the time of expiration, have satisfactory peer review and pay a \$1500 reinstatement fee. At least 90 of the Urology focused CME credits must have been obtained in the year prior to entering the recertification process.

If applicant has not been in practice for over 5 years, then the applicant is no longer eligible for recertification and will need to repeat the entire certification process in order to obtain a certificate.

### ***7. Other Concerns***

In the event of concerns raised by any of the above elements in the recertification process, the Diplomate may be:

- a. required to repeat one or more elements;
- b. invited to appear before the Board for a personal interview and/or oral examination to clarify concerns uncovered;
- c. required to complete and document a designated number of additional Category 1 CME credit hours in specified areas

of urology in order to complete the recertification process;  
and/or

- d. asked to receive an on-site visit to his/her practice setting by a representative of the Board. Site visits deemed necessary by the Board will be conducted at the applicant's expense. The Board has the option of reviewing office medical records at the time of an interview or site visit.

**At any point in the process, the Board may delay or even deny recertification upon consideration of information which appears to the Board to justify such action.** The Diplomate is subject to disciplinary actions as explained in the sections on *Code of Ethics* and *Disciplinary Action* that appear later in this handbook.

Any applicant for recertification who does not respond to all questions on the application or who misrepresents the information requested shall be deferred from the process for one year.

The Board may elect to defer continuation of the recertification process pending investigation and resolution of any inadequacies or deviations. It may deny recertification when deviations or unethical conduct are detected.

These deviations include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's status in the recertification process.

Appeal of any adverse decision by the Board may be made by complying with the appeals procedure described below in the section *Appeals Procedure*.

## **FEES FOR RECERTIFICATION**

(See summary chart on back cover)

Beginning in 2009, the B o a r d initiated a \$200 annual

certificate fee. This fee replaces the separate application fee for recertification. However, the Diplomate must be current with payment of the \$200 annual certificate fee to participate in recertification. Other fees may apply in certain circumstances.

The annual certificate fee is invoiced in January of each year and payment is due by April 1. It is the responsibility of the Diplomate to ensure that the Board has an accurate mailing address, as there will be no waiver of late fees due to outdated information. Non-payment of the fee by the April 1 deadline will result in a doubling of the fee to \$400. If the fee is not paid in full by July 1, the fee will double again to \$800. Non-payment by November 1 will result in revocation of certification.

**Reinstatement fee:** Any candidate entering the recertification process who is a Diplomate with a time-unlimited certificate or who is not currently certified will be required to pay a \$1,500 reinstatement fee, and must be current with the \$200 annual certificate fee.

**Late fees:** A \$750 late fee will be assessed for any application and/or documentation and/or fees and/or log not received in the Board office by the prescribed deadlines. Courier service for guaranteed receipt is recommended.

**Cancellation fees:** Cancellation fees are as follows:

\$750 for failure to appear;

\$500 for an unexcused absence;

\$250 for an excused absence (in cases of personal or family illness or death).

**Excused absences:** Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility for one year. The excused absence fee of \$250 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will

be no further extensions of admissibility and an unexcused absence fee and reinstatement fee will be assessed.

**Inactive status:** Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences.

If the candidate does not already exceed the ten-year time limit, he or she may regain active status by paying a reinstatement fee of \$700 plus an additional fee for an unexcused absence or non-appearance, and successfully completing all components of the recertification process.

If a candidate has exceeded the 10-year time limit and his/her certificate has expired, the fee for recertification is \$1500.

**Other fees:** A \$100 fee will be assessed for all returned checks. The fee for a site visit by a Board representative is \$2000 plus expenses.

## **LIFE LONG LEARNING PROGRAM**

Recertification was required for all Diplomates whose certificates were issued after January 1985 and before 2007. This process mandated a review of the Diplomates practice every ten years. Life Long Learning (LLL) is required for all Diplomates with certificates issued after January 1, 2007. LLL is a mandate of the American Board of Medical Specialties (ABMS). This program requires completion of different levels every 2 years. There are several components that are examined: Professionalism and Professional Standing (Licensure and Peer Review), Life Long Learning and Self-assessment (CME), Assessment of Knowledge, Judgement and Skills (Examinations) and Improvement in Medical Practice (Outcomes and Quality Improvement). The LLL process has been an evolving one and will continue to do so. The ABMS continuously re-evaluates these programs through the Committee for Continuous Certification (C3). ABMS standards for LLL

allow medical boards some flexibility in development of the programs. The C3 committee reviews all member boards annually. Each year they undertake a review of one of the four parts of the MOC process.

In recent years, many member ABMS boards have been making changes to the MOC process. The ABU has done the same. Prime in this process has been the evolution in mindset over the years concerning just exactly what MOC was designed to accomplish. In that evolution was the development of a concept that certification was not a singular process, but rather a process that needed to be “maintained continuously” throughout the physician’s practicing lifetime. However after significant discussion with our Diplomates we realize that in fact certification is a singular process that then is followed by a process where the ABU via a number of mechanisms assesses a physician’s performance in practice throughout that practicing lifetime, but from the standpoint of identification of potential areas of weakness. We then work with the physician to remediate those areas. We thus are not using the term Maintenance of Certification any longer as it implies a process contrary to our current process and in its place will use Life Long Learning (LLL) program.

Last year we made the decision to revert to a modular examination. This was due to the recognition that many urologists specialize in very narrow areas and the previous exam tested the entire spectrum of adult urology. We have also made a decision to include a large percentage of questions that have been used on the AUA SASP exam. We are also making an effort to have more questions on the exam that are related to AUA guidelines. The purpose of the exam is to assess our Diplomates to ensure that they are maintaining a good knowledge base. In the past, a poor exam score could result in “failure” but the rate has been generally quite low. We have noted in recent years that the “failure” is higher for our older Diplomates in their 3rd recertification/LLL cycle. As already



mentioned, we have listened to our Diplomates concerns about the MOC process, particularly the exam.

Our trustees have attended AUA section meetings to discuss the MOC program and this year we conducted a town hall at the AUA to listen to your concerns. The board recognizes that the MOC examination caused great anxiety. As a result, the ABU trustees no longer support a “high stakes” exam. We feel that our Diplomates are better served through Life Long Learning. We do expect that our Diplomates maintain criteria standards for safe and effective urologic care.

The ABU is now taking the approach that we will be assessing all the components of LLL to determine if our Diplomates can continue forward in the process. The examination is just one of these components. It is the entire process though, that will be used to make a summative decision. One advantage our board has is the submission of billing logs. Although this is time consuming for all involved (Diplomate, ABU staff and Trustees), it provides great insight into the actual practice of the Diplomate and assessment of their practice standards. We will use the billing logs to verify that our Diplomates are taking the modular exam that best fits their clinical practice. This allows a much better assessment of their knowledge base required for their individual practice. In addition, the practice logs allow the trustees to be certain that the Diplomate has a sufficient case load to maintain their skills. Most importantly we have the opportunity to provide feedback to the Diplomate.

In lieu of formal scoring, we will use the results of the modular exam to provide our Diplomates with metrics on their performance. We will be able to identify those individuals who demonstrate some knowledge gaps and then assign individually directed CME requirements. Diplomates will be required to complete CME related to content areas where they performed poorly. They will have to document completion of the assigned CME before proceeding in LLL. If one does not complete the required CME or does not elect to just retake the exam, you will not be allowed to continue in the LLL process. In addition, if one does not take the LLL exam assessment, you will not be allowed to

continue in the LLL process.

Another major change to our prior MOC process is the frequency of LLL cycles. In the past, we have required completion of some element of the process every two years. These components included: verification of licensure, completion of Practice Assessment Protocols (PAPs), submission of CME, peer review, professionalism/ethics modules, patient safety modules, peer review and billing logs and the exam. In the near future, we will be changing from four cycles to only two cycles. This will hopefully decrease the time required to participate in LLL throughout the 10-year window. Lastly other recent changes to the “MOC” program are the ability to use registry participation to obtain credit for LLL. We currently allow participants in the MUSIC registry in Michigan, and the AUA AQUA registry to receive credit for this quality improvement work. Another avenue to receive credit is participation in the ABMS Multi-specialty Portfolio program.

This is more likely to be used by Diplomates who are part of a large health system, e.g. Kaiser, or those in academic practices. However, the number of opportunities to receive credit will grow over time. The ABU only recently joined the Portfolio program. We will continue to annually reassess our Life Long Learning program. We do have to ensure that our program is compliant with the overarching standards developed by ABMS of which we are a part of that community. Just as medicine in general requires continuous learning, the ABU and ABMS also have to continue to learn. We will always welcome your feedback regarding the program.

## **POLICIES**

### **PROFESSIONALISM AND ETHICS**

The American Board of Urology is committed to the principle that patient welfare is preeminent. This principle presupposes a responsibility to the patient that transcends personal gain and thereby engenders both individual patient and public trust. It is the cornerstone of the ethical and moral framework by which the physician is bound.

The physician-patient relationship, however, is part of a more complex social network that also includes relationships within the profession and society as a whole. A variety of societal forces increasingly conflict with the responsibility of physicians to their patients and the public. Rapidly advancing technologies, relationships with commercial entities, increased demands for documentation, rising health care costs, declining reimbursement, and increasing patient autonomy place conflicting demands on the physician and potentially lead to compromise of patient welfare.

Urologists, in particular, are faced with technological advances that demand increased training but also offer increased opportunity for entrepreneurialism. From this perspective medicine is viewed as a specialized personal service at variance with public responsibility and one that belies the trust instilled in the physician. As a consequence, there has been a call for a renewed commitment to professionalism.

A number of organizations have attempted the development of a code of ethics and professionalism that sets forth principles and responsibilities the physician can consult for guidance when confronting an ethical dilemma. In these documents, a number of qualities or virtues are repeatedly espoused, including justice, honesty, competence, impartiality, preservation

of patient confidentiality, patient autonomy, and unbiased medical care. To address this need, representatives from the American Board of Internal Medicine Foundation, the European Federation of Internal Medicine and the American College of Physicians-American Society of Internal Medicine collaborated on the Medical Professionalism Project which was charged with developing a charter that provides a basic set of tenets for ethical and professional behavior. The group intended to create a document that is applicable across medical and surgical specialties, healthcare systems, and cultures. To that end, they set forth three Fundamental Principles and a set of ten core commitments that serve to guide the professional and ethical conduct of physicians.

Although this Physician Charter has met with widespread enthusiasm, it has not been uniformly endorsed by all physician groups; indeed it has been criticized for emphasizing a duty-based ethic (that is, duty to those around us), rather than a virtue-based ethic (which focuses on individual traits of human character). Likewise, some have objected to the emphasis on achieving “competence” rather than encouraging excellence, and to the contractual tone of the document that implies an inherent basis of mistrust. While these criticisms may be valid, the document serves as a starting point for a conversation about professional responsibility and provides a framework for moral, ethical and professional conduct. The American Board of Urology endorses the Physician Charter and encourages and expects the urologic community will uphold the commitments which support the fundamental principles set forth by the document.

## **CODE OF ETHICS**

Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Urology. The term

urologist as used here shall include all such candidates and Diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated. Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law.

The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others

who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (excluding those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive

Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to a urologist, such must be disclosed, unless the nature, format or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

Diplomates of the Board must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, and letterheads. Diplomates with expired time-limited certificates may not claim board certification and must revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

Diplomates of the Board must notify the American Board of Urology in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.

## **DISCIPLINARY ACTION**

The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any Diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure, suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

### **Notification**

If the action of the Board is to censure, suspend or revoke the certificate of a Diplomate, the Board shall send written notice thereof to the Diplomate. The notice shall state the reasons for the Board's decision.

### **Censure & Suspension**

A Diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the *Code of Ethics* of the American Board of Urology not warranting certificate revocation. The American Board of Urology shall have the sole power to determine the level of disciplinary action and the designed level of suspension.

**Censure:** A censure shall be a written reprimand to the Diplomate. Such censure shall be made part of the file of the Diplomate.



**Suspension:** A suspension shall require the Diplomate to return his or her certificate to the Board for a designated time so determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Prior to return of the certificate the Diplomate must meet with the Board within sixty (60) days prior to the end of the designated time period. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

**Revocation of Certificate**

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

- a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
- b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
- c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or

- d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or
- e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or
- g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the *Code of Ethics* of the American Board of Urology that adversely reflects on professional competence or integrity.
- h. Revocation may occur if a Diplomate, after repeated notification, fails to pay the required \$200 annual fee and applicable late fees by November 1 in a given year.
- i. If a Diplomate does not comply with MOC deadlines in the calendar year in which they are required, his/her certificate may be revoked.

### **Reinstatement of Certificate**

Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance. The Board of Trustees shall have the sole power to determine the time of initiation of the

reinstatement p r o c e s s . The applicant whose certificate has been revoked may be required to complete the certification or recertification process at the discretion of the Board. Prior to reinstatement, the applicant may be required to meet with the Board. The Diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

An applicant whose certificate has been revoked and who is within 5 years of active practice, is allowed two attempts to pass the recertification examination during a consecutive two year period. He or she must also submit an active medical license, a practice log, and a total of 150 Category 1 Urology focused CME credits since the time of revocation, have satisfactory peer review and pay a \$1500 reinstatement fee. At least 90 of the Urology focused CME credits must have been obtained in the year prior to taking the recertification examination.

If applicant has not been in practice for over 5 years, then the applicant is no longer eligible to enter the recertification process and will need to repeat the entire certification process in order to obtain a certificate.

### **Appeals Procedure**

1. **Recertification is a Matter of the Board's Medical Judgment and Discretion:** Final action regarding each applicant's recertification is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

Regardless of the sequence by which the various steps of recertification may have been accomplished, the process itself is not considered complete until the Board's

final action. At any point in the process, the Board may delay or even deny recertification upon consideration of information that appears to the Board to justify such action. The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

**2. Adverse Decision Inquiry - Individual Requirement:**

During the course of the recertification process, a candidate may receive an adverse decision regarding an individual requirement of the process. A candidate who believes he or she may have received such an adverse decision may inquire in writing to the Executive Secretary within 30 days after written notification by the Board of the adverse decision about which the candidate inquires. Adverse decision inquiries will be handled as follows:

- a. For inquiries concerning a candidate's failure of the Recertification Examination, the Board will review the candidate's Recertification Examination responses;
- b. For inquiries concerning peer review, practice logs, and/or malpractice and professional responsibility experience, the Board, will review the individual requirement in question.

For the purposes of conducting its review, in either situation (a) or (b) above, the Board may authorize the Chairman of the Recertification Committee, or the full Recertification Committee to act in its stead. In such cases the Chairman or the Committee shall act with full authority of the Board in reviewing the individual requirement in question.

After its review of the individual requirement in question, the Board shall make a determination as to the candidate's fulfillment of the requirement. The Board may (1) confirm the adverse decision; (2) determine that the candidate satisfied the individual requirement in question and reverse the adverse decision; (3) vacate

the adverse decision and direct the candidate to take action to fulfill the individual requirement in question; or (4) make another determination.

3. **Adverse Decisions - Recertification or Revocation:** After reviewing a candidate's application for recertification and the supporting materials thereof, the Board shall make a determination as to the candidate's fulfillment of the requirements for recertification. The Board may (1) determine that the candidate has satisfied the requirements, and grant recertification; (2) determine that the candidate has not satisfied the requirements, and deny recertification; (3) revoke the certificate of the Diplomate; or (4) make another determination.

Should the Board decide to deny recertification to a Diplomate or to revoke the certificate of a Diplomate, the Board shall send written notice thereof to the applicant or Diplomate. The notice shall state the reasons for the Board's decision.

4. **Request for Hearing; Hearing Fee and Deposit:** A Diplomate who receives a notice that either (1) his or her recertification was denied; or (2) his or her certificate was revoked, may request a hearing to appeal the denial or revocation. In order to request a hearing, the former Diplomate must, within thirty (30) days after notification by the Board, send written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant or Diplomate wishes to attend the hearing. In order to be considered by the Board, a Request for Hearing must be accompanied by two certified checks, made payable to the Board, as follows:

- (a) A certified check in the amount of \$2,000.00 in satisfaction of the required, non-refundable filing fee; and

- (b) A certified check in the amount of \$10000.00 as a deposit for costs of the hearing, pursuant to paragraph 6 below.

Any purported Request for Hearing that is not accompanied by two certified checks as provided above shall be considered untimely.

A Diplomate properly making a Request for Hearing in the manner provided above shall be referred to as an “appellant.”

For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

- 5. **Notice of Hearing:** If the Board receives an appellant’s Request for Hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least thirty (30) days prior written notice thereof.

**6 Fees, Costs, and Expenses of Revocation Hearing:**

- (a) As noted above, the appellant shall pay to the Board a \$2000.00 fee and a \$10000.00 deposit for the costs of the hearing. Board guidelines for travel, meals, and lodging shall apply to all such expenses.
- (b) The appellant’s costs and expenses shall be the sole responsibility and obligation of the appellant.
- (c) The Board’s costs and expenses shall be the sole responsibility and obligation of the Board.
- (d) The \$10000 deposit shall be refunded if the appellant notifies the Board in writing at least 30 days before the date of the hearing that he has decided not to pursue the appeal.

The \$2000 hearing fee is not refundable under any circumstances.

7. **Hearing:** The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board's decision was erroneous.
8. **Failure to Appear:** Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees (or the hearing panel) may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal. In all cases where a hearing panel is appointed, the hearing panel shall act with full authority of the Board, and its decisions shall be the Board's decisions.
9. **Hearing Procedure:** The appellant may appear at the hearing to present his or her position in person, at the time and place specified by the Board, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or be accompanied by legal counsel, except that the Board may have legal counsel present to advise the Board with respect to procedural issues.
10. **Notice of Decision:** Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.
11. **Finality:** The decision of the Board (or the hearing panel) shall be a final decision of the Board and shall be binding on the Board and on the appellant.

12. **Notices:** All notices or other correspondence described herein or otherwise pertaining to an appeal should be sent to the following address:

The American Board of Urology  
600 Peter Jefferson Parkway  
Suite 150  
Charlottesville, VA 22911  
ATTN: Executive Secretary

13. **Applicable Law:** All questions concerning the construction, validity, and interpretation of the certification, recertification and Life Long Learning procedures followed by the American Board of Urology and the performance of the obligations imposed thereby shall be governed by the internal law, not the law of conflicts, of the State of Virginia. If any action or proceeding involving such questions arises under the Constitution, laws, or treaties of the United States of America, or if there is a diversity of citizenship between the parties thereto, so that it is to be brought in a United States District Court, it shall be brought in the United States District Court for the Western District of Virginia.

### **FINAL ACTION OF THE BOARD**

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

**Regardless of the sequence by which the various steps of recertification may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny recertification upon consideration of information that appears to the Board to justify such action.**

The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the



nature of the business, objects and purposes proposed to be transacted and carried out by this corporation.

### **INQUIRY AS TO STATUS**

The Board considers a candidate's record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of \$50 per request will apply.

### **CHANGE OF ADDRESS:**

**It is the responsibility of the Diplomate to notify the Board office of changes in mailing address, telephone numbers or email addresses.** (See policy inside front cover.)

### **THIS HANDBOOK IS SUBJECT TO CHANGE**

The Board reserves the right to change dates, procedures, policies, requirements and fees without notice or issuance of a new handbook.

LIFE LONG LEARNING REQUIREMENTS

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	<b>Level 1 (year 4)</b>	<b>Level 2 (year 7, 8 ,9)</b>
Complete application online	yes	yes
ABU office verify licensure	yes	
ABU office complete peer review	yes	yes
Candidate: Complete online Practice Assessment Protocol	yes	yes
Candidate: Submit documentation of 90 hours of CME	yes	yes
Candidate: Complete Patient Safety Module	yes	yes

Candidate: Complete Professionalism and Ethics Module	yes	
Candidate: Submit 6 month electronic practice log, 12 month electronic log for subspecialty		yes
Candidate: Computer-based closed-book knowledge assessment		yes

American Board of Urology Fees
Qualifying (Part 1) Examination
Residents- \$1300 (may defer fee until Jan 5)
Practitioners & Fellows- \$1300 (fee must be submitted with application, Nov 1)
Certifying (Part 2) Examination- \$1800
Re-examination- \$1800
Preliminary Examination - \$1000
Pediatric Subspecialty Certification- \$2500
FPM-RS Subspecialty Certification- \$1845
Re-Examination after failure of any exam [except Certifying (Part 2) Exam]- \$350
Annual Certificate Fee- \$200 (increases to \$400 after April 1 and \$800 after July 1)
Other Fees
Administrative Fee- \$100
"NSF" (non-sufficient funds for returned check) Fee- \$100
Site Visit (plus expenses)- \$2000
Appeal hearing- \$2000 non-refundable filing fee; \$10000 deposit for costs (refundable)
Official Verification of Status- \$50
Log Resubmission Fee (for omission or error)- \$500
Deferral for inadequate log (balance of application fee returned)- \$200
Charge for Typing of Practice Log- \$500
Charge for Typing of Pediatric/Female Pelvic Medicine Practice log- \$750 (12 months)
Late Fees
For application, documentation, fees, log- \$750
For CME and all MOC requirements only- \$200
Cancellation Fees
Excused absence- \$250
Unexcused absence- \$500
Failure to appear- \$750
Reinstatement Fees
After expired or revocation of certificate- \$1500
After two successive absences from an examination- \$700

## Application Filing Deadlines for the 2018 Recertification Process

<p>▶ Application</p> <p style="text-align: center;"><b>April 1</b></p>	<p>▶ Application</p> <p>▶ \$750 late fee</p> <p style="text-align: center;"><b>April 15</b></p>		<p>▶ Practice log</p> <p>▶ Log documents</p> <p style="text-align: center;"><b>April 1</b></p>	<p>▶ Practice log</p> <p>▶ \$750 late fee</p> <p style="text-align: center;"><b>April 15</b></p>	<p>▶ CME documentation</p> <p>(\$200 late fee after April 1)</p> <p style="text-align: center;"><b>April 1</b></p>
<p style="text-align: center;">No applications accepted after <b>April 15</b></p>			<p style="text-align: center;">No practice logs accepted after <b>April 15</b></p>		