THE AMERICAN BOARD of UROLOGY, INC.
2018 APPLICATION FOR PEDIATRIC UROLOGY SUBSPECIALTY CERTIFICATION

Applications and practice logs are due March 1, 2018.

I hereby make voluntary application to The American Board of Urology, Inc. (hereinafter called the Board), for certification in the subspecialty of Pediatric Urology, and for examination relative thereto. I have read the current handbook, *Information for Applicants for Pediatric Subspecialty Certification,* published by the Board and agree to the provisions, requirements, limitations, restrictions, and regulations set forth therein. I hereby release, discharge, and exonerate the Board, its directors, officers, members, examiners, employees, and agents from any damage, claim, or complaint by reason of any action they, or any one of them, may take or fail to take in connection with this application, such examination, the grade or grades given me with respect to the examination, the failure of the Board to issue to me such certificate, and/or with the enforcement of any of the provisions of the Articles of Incorporation, the bylaws of the Board relative thereto or to the revocation of such certificate, if issued.

I have enclosed the required application fee and understand that payment of this fee in no way vests me with any right to subspecialty certification, and that my right and ability to practice the specialty of Urology is in no way restricted by this Board if subspecialty certification is denied. I understand that one of the main purposes of the Board is to ensure high ethical and professional standards for the practice of Urology. I agree to an on-site visit by a Trustee of the Board if it is deemed necessary. I understand that the Board may, in its sole discretion, utilize and evaluate data and information submitted in compliance with the required practice log submittal. I understand that the Board will not discriminate against any applicant on the basis of race, creed, sex, age, or handicap, consistent with constitutional and statutory mandate. The Board will defer for a minimum of one year any applicant who misrepresents or does not respond to all questions on the application.

I understand that the American Board of Urology will provide to each Program Director a list of the examination results achieved by the program's graduates in the pediatric urology subspecialty certifying examination process. I understand that the names of candidates may be made available to organizations offering review courses and to the other sponsoring organizations.

Signature _____

Please type or print clearly.

Name: _____
First Middle Last

Last 4 digits of Social Security Number: ____ ____ ____ ____ Date of Birth: _____

☐ Office Address: _____
Check box if this is your preferred mailing address.

City: _____ State/Country: _____ Zip: _____

Phone: _____/_____ Fax: _____/_____
(MANDATORY) **(MANDATORY)**

E-mail: _____
(MANDATORY)

☐ Home Address: _____ Phone: _____/_____
Check box if this is your preferred mailing address.

City: _____ State/Country: _____ Zip: _____

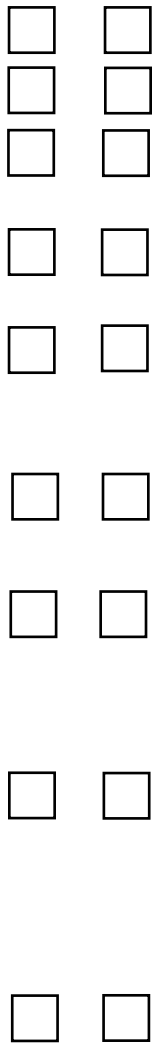
Original Certification by the American Board of Urology: Date: _____ Diplomate Number: _____

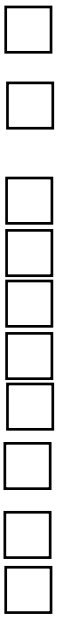
Urology Residency Program: _____ Chief Year: _____

Fellowship dates and locations: _____

Dates and locations of Pediatric practice: _____

_____





The Board requests completion of confidential peer review questionnaires from the Chief of Of Urology and/or Surgery, the Chief of Staff, the Chief of Pediatrics, and Chief of Anesthesiology for each facility in which the applicant performs at least 50 cases annually, documenting the applicant's. status in the medical community. If a certain position does not exist, please indicate this. List **all facilities where you actively practice urology and perfom at least 50 cases annually and submit accurate office address mailing labels for each physicians listed** using Avery 5162 labels. **If additional space is required, make copies of this page.** Please type to avoid delays in peer review processing. If desired, you may submit up to two additional letters of recommendation: It is your responsibility to supply the Board office with such letters.

NAME AND ADDRESS OF INSTITUTION:

______ % Practice ☐ Primary Privileges ☐ Provisional/Courtesy

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Chief of Staff

Chief of Urology/Surgery

Chief of Pediatrics

Chief of Anesthesiology

For ABU Use Only		
1st	2nd	Eval
___	___	___
___	___	___
___	___	___
___	___	___

NAME AND ADDRESS OF INSTITUTION:

______ % Practice ☐ Primary Privileges ☐ Provisional/Courtesy

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____

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Chief of Staff

Chief of Urology/Surgery

Chief of Pediatrics

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___	___	___

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1st	2nd	Eval
___	___	___
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___	___	___
___	___	___

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______ % Practice ☐ Primary Privileges ☐ Provisional/Courtesy

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For ABU Use Only		
1st	2nd	Eval
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Applicant Name: _____ ABU ID: _____

Do you perform more than 6 major open or laparoscopic procedures per 6-month period? Yes_____ No_____

If no, where do patients needing major surgery go? (Check appropriate response)

_____ I do not see this type of patient.

_____ Patient is referred to partner in practice.

_____ Patient is referred to another urologist outside my practice.

Which of the following populations best describes the metropolitan area where you practice?

(Check only one)

_____ Over 1,000,000

_____ 500,000 - 1,000,000

_____ 250,000 - 500,000

_____ 100,000 - 250,000

_____ Less than 100,000

Current Type of Practice: (Select below - check no more than three)

FT - Full time *PT = Part time*

FT _____	PT _____	Priv Prac Solo	FT _____	PT _____	Vet Admin Prac
FT _____	PT _____	Priv Prac Group/Partnership	FT _____	PT _____	Employed by Industry (PRAC)
FT _____	PT _____	Priv Prac Managed Care (HMO)	FT _____	PT _____	Employed by Industry (Research)
FT _____	PT _____	Military/Govt	FT _____	PT _____	State/Local Govt
FT _____	PT _____	Academic Faculty	FT _____	PT _____	Inactive
FT _____	PT _____	Medical Admin	FT _____	PT _____	Retired
FT _____	PT _____	Salaried Hosp/Clinic	FT _____	PT _____	Other (please specify)_____

_____

COMPLICATIONS NARRATIVES AND ANALYSIS INSTRUCTIONS

The Board is interested in how you approach and manage surgical complications.

1. Report all pre- and post- operative mortalities that you have experienced within 30 days of procedure since beginning practice.
2. Report all complications of Clavien Grade III or higher (see below) from your practice log.
3. Please provide a detailed narrative description of the complication and your management using the MANDATORY template indicated below. The vast majority of candidates do experience some complications and provide narratives; however, if it is your intention to claim no complications considered Grade III or higher on the table below during your practice log period, you are required to submit a signed notarized, statement to that effect.
4. In your complication narrative, indicate if you obtained any consultations during the care episode to assist with management of the complication and help with understanding why the complication occurred?
5. Describe to the Board how complications are tracked and/or reported at the hospitals in which you practice. Do you regularly participate in a morbidity and mortality conference?
6. Does your hospital perform root cause analysis of major adverse events?
7. What have you learned? In retrospect, what could you have done differently?

At the top of each page: Your name, diplomate number and institution: i.e., John Smith, M.D., #15361, Mercy Hospital
Patient's case #:
Age:
Gender:
Date of procedure:
Diagnosis:
Procedure(s) performed:
Grade:

Brief description of complication:

Narrative: Detailed narrative description of one or more paragraphs that includes the following elements.

Complication analysis: 1) Definition of problem 2) Causal relationships 3) Solution(s) to prevent future events (example below)

Definition of the problem: Sepsis after transrectal prostate biopsy

Causal relationships: 1) antibiotic choice 2) antibiotic timing 3) patient education 4) risk factors (e.g. diabetes)

Statement of solutions/intervention to prevent future event: 1) improved understanding of bacterial resistance patterns 2) methods for broader coverage and/or targeted prophylaxis with rectal swabs 3) process for patient education prior to prostate biopsy 4) consideration of risk factors (e.g., age, diabetes) that increase the likelihood of sepsis

CLASSIFICATION OF SURGICAL COMPLICATIONS

Definition

Grade I Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions. Allowed therapeutic regimens are: drugs such as antiemetics, antipyretics, analgesics, diuretics, electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.

Grade II Requiring pharmacological treatment with drugs other than such allowed for Grade I complications. Blood transfusions and total parenteral nutrition are also included.

Grade III Requiring surgical, endoscopic or radiological intervention.
Grade IIIa Intervention not under general anesthesia.
Grade IIIb Intervention under general anesthesia.

Grade IV Life-threatening complication (including CNS complications)* requiring IC/ICU management.
Grade IVa Single organ dysfunction (including dialysis).
Grade IVb Multiorgan dysfunction.

Grade V Death of a patient.

*Brain hemorrhage, ischemic stroke, subarrachnoidal bleeding, but excluding transient ischemic attacks, CNS, central nervous system; IC, intermediate care; ICU, intensive care unit.
Dindo et al Annals of Surgery- Volume 240, Number 2, August 2004

Send all complications narratives with your notarized Log Verification/Notarization Statement and completed Practice Breakdown no later than the practice log deadline (courier recommended for guaranteed delivery) to:

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911