

**THE AMERICAN BOARD OF UROLOGY, INC.
2019 CERTIFICATION EXAMINATION PROCESS
MANDATORY FORMAT FOR PREPARING PRACTICE CASE LOGS**

All logs are **due GYdh1**. Courier service is recommended for guaranteed delivery. Logs received after 0^] c^i must include a \$750 late fee. No logs will be accepted after 0^] c15. **Retain a copy for your records: The Board office disposes of logs after successful completion of certification.** Your practice log must be six (6) consecutive months in length between April 1, 2017 and 0E * ~ •c30, 2018. **DO NOT SEND** hospital computer printouts or include diagnosis/procedure codes in Lists 2, 3, and 4. ** *If you have been previously deferred due to submission of an inadequate log you must re-submit your prior log along with your current submission and include all case numbers in your summary.*

FOUR SEPARATE lists on 8 1/2 x 11" paper are required. All lists except List 1 must be typed using a font size **no smaller** than 10-point. A *Practice Log Verification/Notarization Statement* for all four lists is attached: It must be signed and **your signature must be notarized.**

LIST 1: PROCEDURES SUMMARY. One master summary list of procedures performed, including every setting and facility, for which you were the primary urologist. **Complete the attached form.** Procedures summarized on this form must reflect all procedures from Lists 2 and 3. Note: Procedures performed by auxiliary personnel under your supervision must be included. Total the number of cases on the last page.

LIST 2: ADULT LOGS of hospital, ambulatory care facility and office procedures for which you were the primary urologist, listed separately for each setting and facility, in chronological order.

LIST 3: PEDIATRIC LOGS of hospital, ambulatory care facility and office procedures for which you were the primary urologist, listed separately for each setting and facility, in chronological order.

Please use the following **MANDATORY** format for Lists 2 and 3:

At the top of each page: Name of Institution, Your Name, List Number & Name (i.e., Mercy Hospital, John Smith, M.D., List No. 3—Adult Log)

<u>^Case Number</u>	<u>Patient Age</u>	<u>Patient Sex</u>	<u>Date (Chron. Order)</u>	<u>Diagnosis (no codes)</u>	<u>Urologic Procedure (no codes)</u>	<u>Op/Post-op Morbidity Complication/Death</u>
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Printing the log horizontally will provide more space. If you practice adult or pediatric urology **exclusively**, only the pertinent list is required.

^Case # refers to the numerical record used by a facility to identify a particular patient (i.e. medical record #, patient #, admission #, hospital #, etc.) Names or numbers must insure patient anonymity: Social Security Numbers and full names will not be accepted.

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?

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:

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, subarachnoidal 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**

SAMPLE FORMAT FOR LISTS 2 AND 3:

Following is a sample of what Lists 2 and 3 should look like. Please note that each setting (that is: hospital, ambulatory care/outpatient facility, and office) should be listed on **separate sheets of paper**. For example: if you performed procedures on adults at two different hospitals, one ambulatory care facility and two offices, you will have five different headings on your List 2. If you also performed pediatric procedures, follow the same format, but label the heading List 3.

Example of procedures performed in a hospital:

General Hospital, Dr. John Smith, List 2-Adult Log, Hospital Procedures

Case #	Age	Sex	Date	Diagnosis	Procedure	Complication or Morbidity or Mortality
112233	65	M	6/1/2001	BPH	TURP	
224455	60	M	6/4/2001	TCC bladder	CBF	
335577	45	F	6/6/2001	Kidney donor	Left donor nephrectomy	

General Hospital Outpatient Clinic, Dr. John Smith, List 2-Adult Log, Ambulatory Care Procedures

Case #	Age	Sex	Date	Diagnosis	Procedure	Complication or Morbidity or Mortality
1010101	60	F	6/1/2001	Hematuria	Cystoscopy	
1020202	48	M	6/2/2001	Elevated PSA	TRNBx	
1030303	35	M	6/4/2001	Kidney Stone	Lithotripsy	
1040404	49	F	6/4/2001	Stress Incontinence	Sling, cystoscopy	

Example of procedures performed in an office:

Urology Associates of Anytown, Inc., Dr. John Smith, List 2-Adult Log, Office Procedures

Case #	Age	Sex	Date	Diagnosis	Procedure	Complication or Morbidity or Mortality
JW11111	65	M	6/1/2001	Urinary retention	Uroflow	
SM22121	70	M	6/1/2001	Incontinence	Needle EMG	
PT21211	54	F	6/1/2001	Bladder calculus	Uroflow	
RB31414	67	M	6/1/2001	Malignant bladder lesion	Bladder instillation	

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

Beginning Date: _____ Ending Date: _____

Procedures performed by: _____

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR

LYMPHATIC (as separate procedure)

1	Lymph node biopsy	38500						
2	Lymphadenectomy, inguinal	38760						
3	Lymphadenectomy, ilioinguinal	38765						
4	Lymphadenectomy, pelvic	38770						
5	Lymphadenectomy, retroperitoneal	38780						
6	Other (LYM) (Detail)	38999						
7	Other (LYM) (Detail)							

ABDOMEN

8	Exploratory laparotomy	49000						
9	Drainage, retroperitoneal abscess	49060						
10	Excision, retroperitoneal tumor/cyst	49200						
11	Herniorrhaphy, over 5 years	49505						
12	Herniorrhaphy, incisional	49560						
13	Closure of evisceration	49900						
14	Other (ABD) (Detail)	49999						
15	Other (ABD) (Detail)							
16	Other (ABD) (Detail)							

ADRENAL

17	Adrenalectomy, unilateral	60540						
18	... Bilateral							
19	Other (ADR) (Detail)	60699						
20	Other (ADR) (Detail)							

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
KIDNEY								
21	Drainage of perineal abscess	50020						
22	Nephrostomy, open	50040						
23	Nephrolithotomy, simple	50060						
24	Nephrolithotomy, staghorn	50075						
25	Pyelolithotomy	50130						
26	Biopsy, needle	50200						
27	Renal Biopsy, open	50205						
28	Nephrectomy, simple, unilateral	50220						
29	... Simple, bilateral							
30	Nephrectomy, radical	50230						
31	Nephroureterectomy	50234						
32	Heminephroureterectomy	50240						
33	Nephrectomy, partial	50240						
34	Renal cyst, unroofing	50280						
35	Harvest of cadaver kidneys	50300						
36	Nephrectomy, donor	50320						
37	Homotransplantation	50360						
38	Autotransplantation	50380						
39	Percutaneous Nephrostomy	50395						
40	Pyeloplasty	50400						
41	Pyeloplasty plus symphysiotomy	50540						
42	ESWL	50590						
44	Renal Ultrasound	76775						
43	Other (KID) (Detail)							
URETER								
45	Ureterolithotomy	50610						
46	Ureterectomy (separate procedure)	50660						
47	Ureterolysis	50715						
48	Ureteroureterostomy	50760						
49	Transureteroureterostomy	50770						
50	Ureteroneocystostomy, unilateral	50780						

**LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES
FOR SIX MONTHS**

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
51	... Bilateral							
52	Ureteroneocystostomy, with bladder flap or hitch	50785						
53	Ureterosigmoidostomy	50810						
54	Sigmoid conduit, separate procedure bilateral	50815						
55	Replacement of ureter with bowel	50840						
56	Cutaneous pyelostomy or ureterostomy, unilateral	50860						
57	... Bilateral							
58	Other (UTR) (Detail)	53899						
59	Other (UTR) (Detail)							
60	Other (UTR) (Detail)							
61	Other (UTR) (Detail)							

BLADDER

62	Repair of enterovesical fistula	44660						
63	Cystostomy, trocar	51010						
64	Cystostomy, open	51040						
65	Cystolithotomy	51050						
66	Excision urachal cyst or tumor	51500						
67	Diverticulectomy	51525						
68	Partial cystectomy	51550						
69	Partial cystectomy, with ureteroneocystostomy	51565						
70	Simple cystectomy complete	51570						
71	Simple cystectomy with cutaneous ureterostomy	51580						
72	Radical cystectomy with ureterosigmoidostomy	51585						
73	Simple cystectomy with ileal conduit	51590						
74	Radical cystectomy with ileal conduit	51595						
75	Radical cystectomy with continent diversion	51596						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
76	Pelvic exenteration with male urinary diversion	51597						
77	Bladder instillation	51720						
78	Cystometrics	51725						
79	Complex cystometrogram	51726						
80	Uroflowmetrics	51741						
81	Needle EMG	51785						
82	Voiding pressure studies	51795						
83	Intra-abdominal voiding pressure	51797						
84	Vesical neck plasty	51800						
85	Urethropexy (Marshall-Marchetti)	51840						
86	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Pereyra)	51845						
87	Repair of rupture	51860						
88	Cystostomy, closure	51880						
89	Repair of vesicovaginal fistula (abdominal)	51900						
90	Repair of exstrophy, initial	51940						
91	Enterocystoplasty	51960						
92	Vesicostomy	51980						
93	Bladder biopsy	52204						
94	Bladder Tumor Fulgeration	52224						
95	Cystourethroscopy with removal of calculus	52352						
96	Cystourethroscopy with lithotripsy	52353						
97	Urethroplasty with tubularization of posterior urethra and/or lower bladder, for incontinence	53443						
98	Dilation of urethral stricture	53620						
99	Anterior colporrhaphy	57240						
100	Combined anteroposterior colporrhaphy	57260						
101	Sling operation for stress incontinence	57288						
102	Repair of vesicovaginal fistula (vaginal)	57320						
103	Other (BLA) (Detail)	53899						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
104	Other (BLA) (Detail)							
105	Other (BLA) (Detail)							
106	Ultrasound of Bladder (PVR)	76856						

PROSTATE

107	Needle Bx Prostate	55700						
108	Prostatectomy, perineal, radical	55810						
109	Prostatectomy, perineal, radical plus pelvic lymphadenectomy	55815						
110	Prostatectomy, suprapubic	55821						
111	Prostatectomy, retropubic, simple	55831						
112	Prostatectomy, retropubic, radical	55840						
113	Prostatectomy, retropubic, radical plus pelvic lymphadenectomy	55845						
114	Open insertion of radioactive materials	55860						
115	... Percutaneous insertion of radioactive materials							
116	Other (PRO) (Detail)	55899						
117	Other (PRO) (Detail)							
118	Other (PRO) (Detail)							

URETHRA

119	Closure, urethro-rectal fistula	45820						
120	Urethrostomy, external (separate procedure)	53000						
121	Urethrostomy, perineal	53010						
122	Meatotomy	53020						
123	Incise and drain periurethral abscess	53040						
124	Biopsy of urethra	53200						
125	Urethrectomy, separate procedure	53215						
126	Diverticulectomy (female)	53230						
127	Diverticulectomy (male)	53235						
128	Excision of urethral prolapse	53275						
129	Urethroplasty for anterior stricture	53400						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
130	... Staged	53405						
131	Urethroplasty for anterior stricture, one stage	53410						
132	Transpubic repair membranous stricture	53415						
133	... Perineal							
134	Reconstruction for incontinence	53440						
135	Prosthesis for incontinence	53445						
136	Meatoplasty	53450						
137	Repair, urethral injury	53505						
138	Fistula repair	53520						
139	Urethral dilation male sound first	53600						
140	Urethral dilation female	53660						
141	Straightening of chordee with or without mobilization of urethra	54300						
142	Chordee correction for first stage hypospadias repair	54304						
143	Magpi/Mathieu	54322						
144	Major urethroplasty	54328						
145	Penoscrotal hypospadias	54332						
146	Repair of epispadias	54380						
147	Repair of epispadias with incontinence	54385						
148	Closure, urethro-vaginal fistula	57310						
149	Other (UTA) (Detail)	53899						
150	Other (UTA) (Detail)							

PENIS

151	Revascularization (microsurgery)	37788						
152	Meatotomy: Infant	53025						
153	Destruction of lesion, penis	54050						
154	Laser destruction, lesion penis	54057						
155	Surgical excision, lesion penis	54060						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
156	Destruction of lesion(s), penis (e.g., condyloma papilloma, molluscum, contagiosum, herpetic vesicle), extensive, any method	54065						
157	Biopsy, penis	54100						
158	Amputation, partial	54120						
159	Amputation, complete	54125						
160	Amputation plus ilioinguinal (inguinofemoral) lymphadenectomy	54130						
161	Circumcision, Newborn using clamp	54150						
162	Circumcision	54161						
163	Rigidity test	54250						
164	Correction of chordee without hypospadias	54304						
165	Insertion of penile prosthesis, non-inflatable	54400						
166	Insertion of inflatable penile prosthesis	54405						
167	Shunt, cavernosum to saphenous vein	54420						
168	Shunt, cavernosum to spongiosum, open	54430						
169	Shunt, cavernosum to spongiosum, percutaneous	54435						
170	Repair of major injury	54440						
171	Drainage, scrotal wall abscess	55100						
172	Other (PEN) (Detail)	55899						
173	Other (PEN) (Detail)							
174	Other (PEN) (Detail)							

TESTIS

175	Biopsy, testis	54505						
176	Excision lesion of testis	54510						
177	Orchiectomy, simple, unilateral	54520						
178	... Bilateral							
179	Orchiectomy, inguinal (radical)	54530						
180	Reduction plus fixation, torsion	54600						
181	Orchiopexy, unilateral	54640						
182	... Bilateral							

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
183	Insertion testicular prosthesis	54660						
184	Repair testis (trauma)	54670						
185	Vasovasostomy	55400						
186	Vasotomy for vasogram plus biopsy	55300						
187	Other (TES) (Detail)	55899						
188	Other (TES) (Detail)							

EPIDIDYMISS AND SPERMATIC CORD

189	Biopsy epididymis	54800						
190	Excision lesion epididymis	54830						
191	Excision spermatocele	54840						
192	Epididymectomy, unilateral	54860						
193	Epididymovasostomy, unilateral	54900						
194	Ligation internal spermatic vein	55530						
195	Other (EPI) (Detail)	55899						
196	Other (EPI) (Detail)							

SCROTUM

197	Hydrocelectomy	55040						
198	Incise and drain abscess	55100						
199	Resection of scrotum	55150						
200	Repair scrotum (trauma)	55175						
201	Vasectomy	55250						
202	Other (SCR) (Detail)	55899						
203	Other (SCR) (Detail)							

ENDOSCOPY

204	Percutaneous nephroscopy with calculus removal or lithotripsy up to 2 cm	50080						
205	... Over 2 cm	50081						
206	Percutaneous nephroscopy	50551						
207	Percutaneous endopyeloplasty	50575						

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#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
208	Endoscopic injection of implant material into the submucosal tissue of the urethra and/or bladder neck	51715						
209	Cystoscopy	52000						
210	Cystoscopy plus ureteral catheterization	52005						
211	ureter and/or renal pelvis	52007						
212	Cystoscopy plus cup biopsy, bladder	52204						
213	Cystoscopy and fulguration	52224						
214	Cystoscopy, TUR bladder tumor(s) (<2 cm)	52234						
215	... Medium bladder tumor(s) (2 - 5 cm)	52235						
216	... Large bladder tumor(s)	52240						
217	Cystoscopy, hydrodilation of bladder	52260						
218	Cystourethroscopy with direct vision internal urethrotomy	52276						
219	Cystoscopy, calibration and dilation, stricture	52281						
220	Cystourethroscopy with removal of foreign body, calculus or ureteral stent from urethra or bladder (separate procedure) simple	52310						
221	... Complicated	52315						
222	Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments simple, small <2.5 cm	52317						
223	... Large or complicated >2.5 cm	52318						
224	Cystoscopy, extraction ureteral calculus	52320						
225	Cystoscopy with placement of ureteral stent	52332						
226	Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method)	52351						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
227	Ureteroscopy with biopsy or fulguration	52354						
228	Ureteroscopy with resection of tumor	52355						
229	Cystourethroscopy, with incision, fulguration, or resection of bladder neck and/or posterior urethra (congenital valves, obstructive hypertrophic mucosal folds)	52400						
230	Transurethral incision of prostate	52450						
231	TUR bladder neck	52500						
232	Transurethral resection of prostate	52601						
233	TUR for regrowth of obstructive tissue longer than one year post-operative	52630						
234	Laser prostatectomy - coagulation	52647						
235	Laser prostatectomy - vaporization	52648						
236	Other (ENDO) (Detail)	53899						
237	Other (ENDO) (Detail)							
238	Other (ENDO) (Detail)							
239	Other (ENDO) (Detail)							
240	Other (ENDO) (Detail)							
241	Other (ENDO) (Detail)							
242	Other (ENDO) (Detail)							

LAPAROSCOPY

243	Laparoscopy, diagnostic	49320						
244	Laparoscopic lymphadenectomy/pelvic	38571						
245	Laparoscopic lymphadenectomy/retroperitoneal, single or multiple	38570						
246	Laparoscopic lymphadenectomy/retroperitoneal, bilateral	38571						
247	Laparoscopic repair of inguinal hernia	49650						
248	Laparoscopic ligation of spermatic vessels	55550						

LIST 1: OFFICE, HOSPITAL AND AMBULATORY CARE FACILITY PROCEDURES FOR SIX MONTHS

#	Procedure	CPT code	Number done					
			ADULT			PEDIATRIC		
			OFFICE	HOSPITAL	AMB. CARE CTR	OFFICE	HOSPITAL	AMB. CARE CTR
249	Laparoscopic nephrectomy	50545						
250	Laparoscopic orchiopexy, first or one stage	54699						
251	... Second stage	54699						
252	Laparoscopy, adrenalectomy	60650						
253	Laparoscopy, partial nephrectomy	50546						
254	Laparoscopy, nephroureterectomy	50548						
255	Laparoscopy, prostatectomy							
256	Laparoscopy, destruction of renal lesion (e.g. cryotherapy)	50541						
257	Laparoscopy, other (Detail)	53899						
258	Laparoscopy, other (Detail)							
259	Laparoscopy, other (Detail)							

OFFICE VISITS

260	New patient	99201						
261	Established patient	99211						
262	Normal newborn	99432						
263	Consultation	99271						
264	Outpatient visit-established	99211						
265	Outpatient visit-new patient	99201						
266	Prolonged services	99354						
TOTAL OF ALL PROCEDURES								

AMERICAN BOARD OF UROLOGY
PRACTICE LOG VERIFICATION STATEMENT

Name _____

Medical School: _____

Urology Residency Training Program: _____

Please indicate if you have an area of special focus in your practice (select one):

General Andrology Endourology Female Infertility Oncology Pediatric Urolithiasis

If you have had fellowship training, please state the subspecialty area, where and when the fellowship was done:

Please describe your current practice in 100 words or less:

The electronic log submission and documentation represent a true, complete, and accurate log of my consecutive office visits and surgical procedures for the required time period.

Candidate: _____ Office Phone: _____

Signature

(Signature must be notarized)

Office Fax: _____

Your signature on the Practice Log Verification Statement attests 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.

Notary:
